

Action Plan – Mr Semsetin Zihni at HMP Thameside – Natural Causes on 21/11/2019

No	Recommendation	Accepted/ Not Accepted	Response	Target date for completion and function responsible
1	<p>The Head of Healthcare should ensure that:</p> <ul style="list-style-type: none"> • staff obtain and check community GP records and other relevant records; and • these are passed to prison GPs for clinical assessment to ensure Continuity of healthcare. 	Accepted	<p>From November 2020 Oxleas Admin team will contact community GPs regarding all new arrivals. All documents received from the community are passed on to the GPs, and or clinicians so that there will be a continuity of care.</p> <p>The GPs, and or clinicians are tasked via system 1 as all clinicians have access to see and review patient medical summary.</p> <p>We also use SCR (Summary of care record) to ensure that patients' are getting the medication while we wait for the GP to forward the patient's record.</p>	Complete Head of Healthcare
2	<p>The Head of Healthcare should ensure that staff consistently use the Modified Early Warning Score (MEWS) system to assess and monitor patients with acute symptoms and to support clinical decision-making.</p>	Accepted	<p>The modified Early Warning Signs is embedded in Immediate Life Support training and was introduced September 2019. All registered staff have been trained and we have now introduced the NEWS. Also, there is continuous rollout training offered for new starters.</p>	Complete Head of Healthcare
3	<p>The Head of Healthcare must ensure that full and detailed care plans are produced for prisoners with complex health needs such as diabetes and hypertension, in line with NICE guidelines.</p>	Accepted	<p>Hypertension and other long-term conditions are managed using evidence base practice (NICE).</p> <p>Care plan training was delivered to staff in May 2020. Additionally, one to one supervision and training has been offered to the long-term condition nurses and has been documented in their supervision records (in November 2020).</p>	Complete Head of Healthcare
4	<p>The Head of Healthcare should ensure that there are procedures in place and documented</p>	Accepted	<p>There are procedures and instructions for long-term condition patients with end stage renal failure and receiving dialysis. This is in the form of a protocol and</p>	Complete Head of Healthcare

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	instructions for the long-term care of prisoners who are in the end stages of renal disease and receiving dialysis.		Standard Operating Policy include that includes the management plan for end-stage renal decease.	
5	<p>The Head of Healthcare should ensure that all healthcare staff receive clear guidance and sufficient training to deal with monitoring complicated medical conditions effectively, including:</p> <ul style="list-style-type: none"> • management and leadership training for staff expected to lead in the long-term care of prisoners with complicated medical conditions; • all staff are made aware of their roles and how to perform tasks assigned to them; and • all information must be recorded when conducting a cell visit. 	Accepted	<p>The Trust has provided a nurse trainer to deliver training (in November 2020) on dealing with emergencies, how to manage the emergency response and how to lead the team during an emergency incident.</p> <p>The role of GPs during emergencies was discussed at the GP meeting in August 2020 and the lead GP will be taking action forward to train other GPs. A radio will be allocated to the duty GP who will attend and support in serious emergencies.</p> <p>Dialysis training/presentation has been delivered by the Lead GP in October 2020. In September 2019, before Mr Zihni's death ILS and NEWs training was introduced to training staff identifying and dealing with patients with complex physical health needs. This has been reinforced after his death. Immediate Life support (ILS) was introduced. All prison registered nurses are expected to update their skill with a high percentage already trained in ILS.</p> <p>Documentation training was delivered in September 2019 and there is a monthly audit on documentation.</p> <p>A Standard Operating Policy (SOP) is being developed for use in emergency incidents and will support and guide staff to manage and lead emergency</p>	Complete Head of Healthcare

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			<p>responses. The SOP will cover staff roles and expectations in line with the training received by the nurse trainer, ILS training and management of airways. The SOP will also include advice and guidance on gathering relevant information on a prisoner.</p>	
6	<p>The Director should ensure that recategorisation after recall is completed promptly, in line with PSI 40/2011.</p>	Accepted	<p>Categorisations are conducted by Catch22 (provides Offender Management services/support to prisons).</p> <p>As of June 2019, and in line with the new Digital Categorisation System, recategorisation is now completed within 10 days of a prisoner’s recall to custody, provided a recall pack has been received into custody and a Police National Computer (PNC) record has been generated. If the prisoner has been given a 14 day or 28-day recall, under the new PSI, they would not need to have a categorisation completed as there is no requirement for recategorisation for those prisoners with a sentence of 28 days or less. If the prisoner has been recalled on a standard basis, s/he would be categorised within 10 days.</p> <p>In response to an identified IT anomaly, we will now complete a paper categorisation review if a prisoner is outside of the establishment (i.e. on bed watch). This can act as a holding review until they return and the DPS review can be completed.</p> <p>All categorisations will be completed by a Case Manager and then given to a Co-ordinator for approval who will also complete checks and then sign off if they agree with the proposed category. Checks would be made using the PNC and PNOMIS to ensure all information is correct and relevant and reflects what the</p>	December 2020 Catch22

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			<p>proposed category is. If the Co-ordinator does not agree with the proposed category, the assessment will be returned to the Case Manager with feedback to be amended or the assessment overridden by the Co-ordinator to reflect the appropriate category.</p>	
7	<p>The Director and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, 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.</p>	Accepted	<p>In line with legal requirements the security department will follow the mandated instructions from the National Security Framework as well as our LSS (SCSS) and PSI-033 2015 external Prisoner escorts which will take into account any medical and mobility concerns.</p> <p>Healthcare are required to see the prisoner in person and check the S1 record prior to completing any escort risk assessment. Senior managers are now involved in completing the risk assessment. The risk assessments are discussed at daily staff meetings and handovers</p> <p>As with all prisoners that leave the establishment on escort, the initial risk assessment would be completed based on risk of security but will include health needs. Once the escort turned into a bedwatch a new risk bedwatch risk assessment is completed. During the course of the bedwatch management checks are completed and if there is new information regarding the prisoners health, i.e. it is deteriorating, then the risk assessment will be updated to take into account the risk to the public and security against the healthcare needs of the prisoner.</p>	Complete Head of Healthcare/ Head of Security

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8	<p>The Director should revise the risk assessment form for hospital escorts to make it clear that:</p> <ul style="list-style-type: none"> • healthcare staff must provide information on the prisoner's current state of health and mobility; and • prison managers must confirm that they have read and taken into account the healthcare information about the prisoner's current state of health and mobility in determining the level of security needed. 	Accepted	<p>All escort risk assessments have a medical assessment form enclosed which is completed by Healthcare, in which Healthcare staff are required to confirm whether the prisoner's condition will limit his ability to escape. In line with legal requirements, this is given full consideration by the manager completing the risk assessment prior to discharge. The risk assessment covers mobility and cuffing suitability.</p> <p>The authorising manager will document their considerations and suitability for the escort to commence and are they required to sign off their actions in regard to type of cuffing arrangements, staffing levels, and type of transport required.</p> <p>We will, however, review it based on the recommendations made in this report and compliance with the Local Security Strategy and respective PSI's.</p>	December 2020 Head of Security
9	<p>The Director should ensure that:</p> <ul style="list-style-type: none"> • prisoners with limited mobility are allocated suitable cells; and • lift breakdowns are quickly resolved to ensure the minimum 	Accepted	<p>The system for allocating cells to prisoners with mobility issues will be reviewed to ensure that all prisoners, including those with specific medical concerns are discussed during the daily cell allocation board and will be allocated to the most appropriate cell to manage their medical needs.</p> <p>All mechanical aides in need of repair are reported to the Facilities Department through the formal channels. The process is already in operation and repairs are prioritised and dealt with as soon as possible, according to their priority.</p>	December 2020 Head of Residential

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	disruption for prisoners with mobility issues.			
10	The Director should ensure that the control room keeps an accurate log when requests for an ambulance are made.	Accepted	The system for recording requests for and attendance of ambulances will be revised to ensure that Thameside COMMS room maintain a log to record when an ambulance has been requested, and the nature of the call (Code). Staff will be required to log the time the ambulance arrives at the prison, and the time it leaves.	December 2020 Head of Operations
11	The Director and Head of Healthcare should ensure that any staff named in this report are given the opportunity to read the report at the draft stage in line with paragraph 1.11 of PSI 58/2010.	Accepted	All named staff were given the opportunity to read the Ombudsman's draft report in November 2020.	Complete Head of Healthcare/ Assistant Director for Safer Custody