

Action Plan in response to the PPO Report into the death of

Mr John Henderson on 27/05/2021 at HMP Rochester

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should ensure that staff taking physical observations of prisoners are aware of and take appropriate follow-up action when they record abnormal results.	Accepted	<p>On reflection, Healthcare have stressed the importance of using the NEWS 2 score when taking observations during First Night, Secondary screening, medical emergencies, and triages. Any high NEWS 2 score needs to be acted on immediately and reported to the GP. If not available, the nurse would need to urgently assess the patient in healthcare.</p> <p>We have printed off the Oxleas NEWS 2 chart which very clearly delineates low, medium, and high-risk patients. This will need to be easily accessible to the nurses and HCA's during their assessment. We have laminated copies and disseminated them in the treatment rooms in reception, Old/New Healthcare, and the segregation unit. Copies of the NEWS 2 charts are also kept in the emergency bags for easy access in emergencies.</p>	Head of Healthcare	30 June 2022



			Some staff have already received the training for interpreting NEWS 2. There is still ongoing training for newly recruited staff (HCAs and Nurses).		
2	The Head of Healthcare should ensure that prisoners with long-term conditions have a robust care plan in place in line with National Institute of Clinical Excellence (NICE) guidance.	Accepted	<p>The BP guidelines have been relayed to the HCA's and nurses. NICE guidelines state that definition of Hypertension in clinic is a reading >140/90mmHg. Healthcare staff are aware of this and have consolidated their knowledge on Essential Hypertension.</p> <p>Moving forward, patients are now on the Long-Term Conditions (LTC) caseload. All new patients from reception with identified chronic illnesses are added immediately onto the LTC triage waiting list. They are reviewed within seven days of admission with care plans generated (with the patient present).</p> <p>Patients with Hypertension need annual bloods including HbA1c and non-fasting lipids. It is important for the General Practitioners to review the chronic disease medications on their rescript lists and ensure their bloods and BP tests are up to date. This proposal has been assimilated to the GP's.</p>	Head of Healthcare	30 June 2022
3	The Head of Healthcare should ensure that all telephone consultations with outside hospitals are facilitated and their outcomes	Accepted	Robust plans have been implemented and incorporated onto SystmOne. After a GP referral has been generated and signed, the healthcare administrators send off the paperwork to secondary care with healthcare's telephone numbers and a functional email address. This is for secondary care	Head of Healthcare	30 June 2022



	are recorded on prisoners' medical records.		<p>to contact Rochester Prison Healthcare and enables appointments to be facilitated in a smooth manner.</p> <p>This plan is further consolidated by the fact the clinic appointments are added to the escort ledger on SystemOne and added onto the admin's team excel spreadsheet, reducing the chances of missed appointments.</p> <p>The GPs have been made aware, if they receive clinic letters from secondary care with a DNA outcome, this will need to be documented in the notes and forwarded to the healthcare administrators. This enhances the chances of an appointment being rebooked unless the patient declines to be assessed in clinic.</p>		
4	<p>The Governor should review the prison's local instructions on unlocking and welfare checks to ensure that:</p> <ul style="list-style-type: none"> • staff are clear about the type of check required, when they should do it, and how the check should be carried out; 	Accepted	<p>A Notice To Staff was issued on 30 June 2022 reiterating the requirement that staff are to assure themselves of the wellbeing of prisoners during or shortly after unlocking. For example, if a prisoner is expected to leave their cell for an activity shortly after being unlocked, then it will be sufficient for there to be a check on any prisoner who does not do so. Where prisoners are not necessarily expected to leave their cell, staff will need to check on their well-being, for example by obtaining a response during the unlock process.</p>	Head of Safety	Complete



	<ul style="list-style-type: none"> • a welfare check is carried out on all prisoners at or before unlocking; and • staff carry out checks in accordance with the prison's local instructions and relevant national guidance. 				
5	The Governor and Head of Healthcare should ensure that staff are given clear guidance about the circumstances in which resuscitation is inappropriate in accordance with European Resuscitation Council Guidelines.		<p>It is imperative the healthcare team and prison officers are fully acquainted with the guidelines on when to/not to start cardiopulmonary resuscitation (CPR).</p> <p>The nurses and HCA's have attended the Life Extinct Training, following a few significant events, this course is now mandatory for healthcare staff.</p> <p>In accordance with the RCGP, RCN and National Offender Management Service, the following applies:</p> <p>a) Resuscitation must be started on all patients who are found not breathing and/or pulseless unless certain conditions exist.</p> <p>b) The European Resuscitation Council Guidelines for Resuscitation 2015; Section 11: 'The ethics of resuscitation and end-of-life decisions state that 'Resuscitation is inappropriate and should not be</p>	The Governor & Head of Healthcare	30 June 2022



		<p>provided when there is clear evidence that it will be futile’.</p> <p>c) According to the guidelines, there are seven conditions that are unequivocally associated with death and would not warrant resuscitation.</p> <p>This guideline will be disseminated to Rochester Healthcare and the Officers via a Notice to Staff.</p> <p>The guideline will state that in prison and IRC estate, if in doubt regarding resuscitation, the primary judgement is based on whether rigor mortis is present.</p> <p>Rochester Healthcare and Officers are aware that rigor mortis is the stiffening of the body after death and occurs around two hours after the deceased has died. The guideline also mentions if rigor mortis is unable to be identified, resuscitation should be commenced until advised by a competent member of staff. It is important to note, if Rochester Healthcare advise not to resuscitate, this should not be overruled by a trained prison officer.</p>		
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