

**Action Plan – Mr Tudor Allsop at HMP Cardiff – Natural Cause on 25/02/2019**

No	Recommendation	Accepted/Not Accepted	Response	Target date for completion and function responsible
1	<p>The lead GP/Clinical Director and Head of Healthcare at Cardiff should ensure that immediate steps are taken to assess, monitor and improve the standard of note keeping in the medical records. (This should include, but need not be restricted to, the actions set out in paragraph 6.1 of the Clinical Reviewer's report.)</p>	Accepted	<p>A Significant Event meeting has been held with staff examining the findings of a previous report and this included positive practice examples and areas where improvement is necessary. We will establish a quarterly Significant Event meeting to learn from PPO reports.</p> <p>Note-keeping training was delivered in July 2019 and this training will be provided by a UHB Solicitor which will continue on an annual rolling programme. In addition training sessions on note keeping will take place for the whole team which will be delivered by the Senior Nurse.</p> <p>Two initial record keeping audits have been undertaken. The GP audit has been completed and the nursing audit is almost complete. The audits have taken a sample of patients at HMP Cardiff using SystmOne. The audits will be repeated at 6 monthly intervals and fed back to staff to promote continuous learning.</p> <p>A structured action plan will be developed working with the National Early Warning Score Wales team and the Practice Development Nurses.</p> <p>We will review the feasibility of remote access to SystmOne for Out of Hours (OOH) GPs and develop an SBAR tool for Nurses to communicate information to OOH GPs.</p> <p>By way of assurance, an audit of GP records was undertaken in Jan 2021 by the previous Clinical Director (CD). The use of the NEWS Early warning system is now embedded as routine practice within HMP. In terms of ongoing regular audits of both medical and nursing notes on SystmOne, unfortunately this has not been sustained as the frequency originally indicated given a) covid pressures and restricted access to external auditors during covid outbreaks within HMP over the past 12 months and b) staff turnover. An audit of nursing notes is however planned for November 2021; the current CD has also been asked to undertake an audit of medical notes. The ability for onsite/training via</p>	<p>March 2020 Head of Healthcare</p> <p>February 2020 Head of Healthcare</p> <p>January 2020 Head of Healthcare</p> <p>June 2020 Head of Healthcare</p> <p>November 2021 Locality Manager</p>

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			<p>Microsoft Teams from Legal and Risk dept on note keeping is also being reinstated. In terms of remote access to SystmOne- the UHB has a commissioned OOHrs GP service and this service does have remote SystmOne access.</p>	
2	<p>HM Prison and Probation Service should discuss with NHS England and NHS Improvement, the Welsh Government likewise with Public Health Wales whether a protocol for the management of prisoners with abdominal pain should be introduced in all prisons in England and Wales (see section 6.4 of the Clinical Reviewer's report).</p>	Accepted	<p>NHS England and NHS Improvement (NHS E/I) require all healthcare providers within English prisons to deliver services under the principle of equivalence. This is also the basis of prison health delivery in Wales.</p> <p>Patients within secure settings should receive the same quality and access of healthcare as those people in the community – both in terms of the range of interventions available to them which meet their needs, and the quality and standards of those interventions.</p> <p>The following definition of equivalence has been agreed by the national prison health partnership and signed off by DHSC, MoJ, HMPPS, NHS E/I and PHE, and is also the basis of the Partnership Agreement for Offender Health, signed by HMPPS in Wales, Welsh Government and Public Health Wales:</p> <p><i>'Equivalence 'is the principle which informs the decisions of the National Prison Healthcare Board so that member agencies' statutory and strategic objectives and responsibilities to arrange services are met, with the aim of ensuring that people detained in prisons in England are afforded provision of and access to appropriate services or treatment (based on assessed population need and in line with current national or evidence-based guidelines) and that this is considered to be at least consistent in range and quality (availability ,accessibility and acceptability) with that available to the wider community, in order to achieve equitable health outcomes and to reduce health inequalities between people in prison and in the wider community.'</i></p>	<p>Complete</p> <p>NHS England and NHS Improvement &amp; HMPPS</p> <p>Welsh Government and Public Health Wales</p>

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			<p>NHS E/I have revised the Health and Justice Primary Care specifications. The revised specification requires all prison healthcare providers to deliver services in line with NICE Clinical Guidelines, or relevant evidence-based guidelines this includes all assessment, care planning and treatment for all chronic and acute conditions.</p> <p>In Wales, healthcare services are also delivered in line with NICE Clinical Guidelines, or relevant evidence-based guidelines this includes all assessment, care planning and treatment for all chronic and acute conditions.</p>	
3	<p>HM Prison and Probation Service should discuss NHS England and NHS Improvement, the Welsh Government likewise with Public Health Wales, whether the measures recommended by the Clinical Reviewer to ensure that details of serious but acute health issues are documented in prisoners' medical records, should be introduced in all prisons in England and Wales (see sections 6.2 and 6.3 of the Clinical Reviewer's report).</p>	Accepted	<p>NHS England and NHS Improvement (NHS E/I) require all healthcare professionals to adhere to their professional code of conduct required under their registration. This includes standards for record keeping.</p> <p>For doctors GMC registration the standards applied are described on Good medical Practice (2006 &amp; 2013) and Good Medical Practice for General Practitioners (2002, revised in 2008) Good Medical Practice sets out the standards of conduct and clinical are which society and the profession expects from all doctors, irrespective of their area of practice throughout their careers.</p> <p>Record keeping standards for nurses are described in the NMC Code of Conduct (updated April 2015) and are applied to all nurses regardless of speciality and training.</p> <p>Where registered staff do not meet the standards outlined in their professional codes of practice, their employing organisation is required to address this through formal processes such as clinical supervision, professional revalidation and appraisal and HR processes, as appropriate.</p> <p>In Wales, healthcare staff also follow professional standards for record keeping.</p>	<p>Complete</p> <p>HMPPS, NHS E/I</p> <p>Welsh Government and Public Health Wales</p>

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4	The Governor and Head of Healthcare should ensure that all members of staff are offered support after a death in custody, including offering support when staff return to work.	Accepted	Staff are offered support via HMP after managing a death in custody policy/process.	Complete Locality Manager