

Action Plan in response to the PPO Report into the death of Mr Kevin Kane on 29 January 2024 at HMP Grendon

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	<p>The Governor and Head of Healthcare should update the out of therapy policy, ensure staff are familiar with it and that it includes guidance on:</p> <ul style="list-style-type: none"> • How to ensure that a prisoner's risk to himself is explicitly considered holistically once they stop therapy; • The regime that an out of therapy prisoner will have access to; and • How the therapy team should engage with a prisoner when they stop therapy. 	Accepted	<p>The Head of Clinical Services will lead a review of the Out of Therapy Policy and include all points raised within this recommendation. This will be completed alongside the Head of Residence and the Head of Psychotherapy. Once completed HMP Grendon will republish the policy, which will be implemented and shared through full staff briefings, staff meetings and meet and greet days.</p> <p>The terms of reference for the monthly Therapy Policy Meeting have been updated to include "Out of Therapy" as a standard agenda item. Any current issues or concerns are discussed, recorded and relevant actions taken.</p>	Head of Clinical Services & Head of Healthcare Practice Plus Group, Head of Residence HMPPS, Head of Psychotherapy Oxford Health NHS Foundation Trust	<p>October 2024</p> <p>Complete</p>
2	The Governor should ensure that staff are aware of, and effectively implement, Grendon's safeguarding policy and that potential allegations of abuse are not solely dealt with in group meetings.	Accepted	The Safeguarding Policy will be republished, and the Safeguarding Concerns Form will be promoted to all members of staff through awareness sessions at full staff briefings, daily staff briefings and at staff meet and greet days.	Head of Residence & Head of Safety HMPPS	September 2024

			Annual reminders will also be shared with all staff.		
3	The Governor and Head of Healthcare should ensure that all relevant information about a prisoner is documented and shared appropriately and that there are robust quality assurances process in place to check this is happening routinely.	Accepted	<p>A proforma will be developed for a monthly wing quality assurance check, which will include reviewing written information regarding risk to self and others, and testing compliance with expected actions that should be taken. The results of these checks will be documented in a log held in the safety department, and any feedback or learning will be provided to staff.</p> <p>A notice to staff will be reissued regarding the sharing of therapy notes. This will be repeated every 6 months and compliance will be tested through the above system.</p> <p>The guidance on information sharing will be made available in all wing offices. Additionally, staff will be reminded through briefings and will be issued a wallet size information sheet, which will also be included in the induction for all new staff.</p> <p>All healthcare staff will be given access to NOMIS and it will be ensured that there is enough IT resource to enable healthcare staff to document risk (with appropriate consent or in line with information sharing policy) on NOMIS and access information recorded by wing staff and other stakeholders relating to risk.</p>	<p>Head of Residence & Head of Safety HMPPS</p> <p>Head of Healthcare Practice Plus Group & Head of Business Assurance HMPPS</p>	<p>October 2024</p> <p>January 2025</p>

			Existing healthcare documentation audits include identifying whether risk is documented and managed in line with policy. Healthcare will continue to share the outcomes of these through Quality Assurance, Local Delivery Quality Board Meetings and Contract Meetings. Feedback and learning are also documented and reviewed in staff one to ones, monthly PSIRG and Quality Assurance meetings.	Head of Healthcare Practice Plus Group	
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