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

Mr Garrick Pierson on 23 September 2024 at HMP Bullingdon

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should review: • The in-possession medication risk assessment process, to include consideration of whether the medication is high-risk.	Accepted	An In-Possession Risk Assessment (IPRA) is currently in use at HMP Bullingdon. This is the national template required of all healthcare providers within Health in Justice (HiJ) and is therefore not within PPG's scope to amend. While the template does not explicitly account for the risk of individual medications, it provides a structured framework to support clinical decision-making by the prescribing clinician, in line with the PPG HiJ In-Possession Policy. The risk assessment ensures that whilst risk is assessed, medication prescribing continues to be equal to the community. *"The final decision on each medicine should be made following discussion with the patient and at the discretion of the prescriber, who retains overall responsibility for ensuring medication is prescribed safely."* Key points of the current process:	Practice Plus Group Local Pharmacist Lead	31st December 2025

			• The initial IP assessment is undertaken prior to a patient being prescribed medication in the establishment for the first time, wherever reasonably practicable. This includes own medication. In order to maintain independence and community equity where possible medications are continued. • The assessment is completed using the national IPRA template on SystmOne. • Results are recorded on SystmOne and generate a risk score, categorising patients as standard, medium, or high risk**.** • Possession status decisions are based on both the individual patient's risk profile and the risk associated with the medication. • It is therefore appropriate that patients may, at times, receive medicines with differing possession statuses (e.g., some prescribed as in-possession and others as not-in-possession simultaneously). • Placement in segregation (or equivalent) does not automatically require all medicines to be prescribed as not-in-possession. Instead, the risks relating to the individual, the medication, and the container/device must all be considered. To strengthen practice, staff awareness will be raised regarding NICE guideline NG57: Physical health of people in prison, section 1.4.5**,** which outlines when IPRA reviews should be undertaken.		

	• In-possession medication compliance checks, to include consideration of focusing checks on those at greater risk.	Accepted	PPG has a Standard Operating Procedure (SOP) in place for monitoring high-risk in-possession (IP) medications.
			
			Spot Checks and Cell Counts of Medication
			
			• For drugs within the amber and red risk categories, it may be appropriate for patients to continue holding them in-possession.
			• To support concordance and reduce the risk of diversion or stockpiling for overdose, random spot checks will be undertaken.
			• Checks must be recorded using the spot check template on S1, documenting medication quantities and any actions taken.
			• Spot checks are to be conducted by a member of the healthcare team, supported by prison disciplinary staff.
			• Where discrepancies are identified between the expected number of tablets and those found:
			
			  • The patient must be reviewed to determine whether the medication remains clinically required.
			  • Consideration should be given to whether the medication should be moved to not-in-possession (NIP) status.
				Healthcare governor and Matron	31st December 2025

	• Ensure that a robust audit process is in place to check in-possession medication risk assessments are being completed correctly and that medication compliance checks are undertaken.	Accepted	Nationally PPG are currently reviewing the audit process to include IPRA status and compliance checks are in place. Until the national audit is agreed and signed off the Head of Healthcare will work with the Prison to design and complete an internal audit, results will be discussed as part of local PSIRG and medicine management meetings with regional oversite and reviews being undertaken	Head of Healthcare	31st December 2025
2	The Head of Healthcare should develop an agreed local policy for medication management during night state, which should set out: • responsibilities for the prescriber, pharmacy, Head of Healthcare, the night healthcare team and where applicable, night prison staff; • how evening medications are to be accessed and administered; • what action to take in the event of missed medication, including incident reporting (i.e. Datix) and advising the prescribing clinician or team; and • the audit process to ensure compliance.	Accepted	Healthcare at night LOP covers medication management during night state. Review of responsibilities of prescribers, pharmacy, and prison colleagues to be reviewed and added to Health at night LOP if applicable. All medications should be given prior to 1700, but if clinically required after this, we have a pharmacy technician who works until 1930 to support this process. To reshare process with team to avoid delay or missed medications. Ensure staff are aware and LOP includes what steps to take to access medications out of hours and details medications stored in the emergency cupboard and how these can be accessed. On call support available from PPG GPs who can give advice and support in complex cases or for prescribing medications when on site prescriber unavailable. Missed medication LOP, providing	Pharmacist, Senior Pharmacy Tech Matron GP lead	31st January 2026

			guidance on how to manage missed medications, already in place. Will reshare with the team. Whilst we await sign off of new national audit process HMP Bullingdon will continue to monitor reporting of missed medicines through PSIRG and medicine management meetings.		
3	The Head of Healthcare should review the mental health process to ensure that prisoners are not lost to follow-up and that upcoming important dates are highlighted and appropriately escalated.	Accepted	When a patient is allocated to caseload, the frequency in which the patient will be seen by practitioner will be set and booked in accordingly. In the weekly MDT the Mental health lead will have a discussion point for caseload. During this time all practitioners will discuss those on caseload that are presenting with complexities, concerns or are moving towards discharge along with escalations taken as an action and to be followed up with set timescales. This should also form part of supervision to ensure that all care plans, crisis safety plans and risk assessments are up to date. The minutes of the meeting will be kept in a shared point on the local Bullingdon drive and notes pertaining to that patient along with any escalations will be recorded in SystmOne.	MH Matron	31st January 2026