

Action Plan in response to the PPO Report into the death of Mr Christopher Baptiste on 31 October 2023 at HMP Swaleside

Rec No	Recommendation	Accepted / Not accepted	Response Action Taken / Planned	Responsible Owner and Organisation	Target Date
1	The Head of Healthcare should ensure that CGL staff consider all relevant information from a prisoner's medical and prison record, either by accessing the medical record themselves, or asking a member of the healthcare team to provide this information to them.	Accepted	<p>Oxleas NHS Foundation Trust subcontracts psychosocial substance misuse services to Change, Grow, Live (CGL) and therefore they are responsible for ensuring good quality screening assessments for prisoner's referred to them is carried out.</p> <p>Changes to the process have been made, this includes CGL having live access to SystmOne, this has introduced new templates for all CGL staff to use.</p> <p>CGL staff are present at daily Multi-Disciplinary Team (MDT) handovers, they contribute positively to discussions and accept verbal referrals.</p> <p>Every quarter there is a substance misuse team audit, which CGL form part of, to ensure accuracy of documentation.</p>	Head of Healthcare, Oxleas NHS Foundation Trust	Completed

			Oxleas are also currently reviewing the substance misuse service to continue to develop joined up care planning and reviews within the prison.		
2	The Head of Healthcare should ensure that staff completing medication in possession risk assessments consider all relevant information, including recent drug or alcohol use.		<p>The Kent Medication in Possession policy, updated October 2024, details that when completing an in-possession risk assessment, a review of the patients notes and the events leading up to the day of the assessment should be carried out. Consideration needs to be given as to when they last had been found to be abusing illicit substances and make an assessment dependant on what medication they are on and the illicit drug use frequency.</p> <p>The assessment and supporting RAG (red, amber, green) rating of medication is designed to inform the decision-making process. 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.</p> <p>The initial medication in-possession (IP) assessment will be performed prior to a patient being prescribed medication in the establishment for the first time.</p> <p>The medication in-possession (IP) assessment would be carried out using the In Possession</p>	Head of Healthcare, Oxleas NHS Foundation Trust	Completed

		<p>Risk Assessment Template on SystmOne which CGL now have access to.</p> <p>Prisoners must sign the prisoner's agreement or compact and the person carrying out the assessment must make sure that the prisoner understands the agreement and their responsibilities. If there is any doubt about a prisoner's ability to understand, then they should revert to Not In possession status. Use of translation services should be considered where appropriate.</p> <p>Any prisoner refusing to sign an agreement will not be eligible to retain any prescribed medication In Possession. In the event of this happening the prisoner should be re-assessed, and the risk managed accordingly.</p> <p>Staff should utilise the Mental Capacity Act 2005 to ascertain individuals' capacity to consent when capacity is unclear.</p> <p>A compact will be scanned by the Administrative Team on to the prisoner's SystmOne records promptly and within two working days of the assessment being completed.</p> <p>There will be regular and ongoing review and reassessments where applicable to ensure prisoners remain safe when handling medicines.</p>		
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3	<p>The Governor and Head of Healthcare should ensure that suspected drug use is recorded and reported in line with local guidelines, with appropriate testing and support provided to prisoners suspected of using illicit substances.</p>	Accepted	<p>HMP Swaleside issued a notice to colleagues in December 2024 reminding staff of the process for managing prisoners found to be under the influence (UTI).</p> <p>Any prisoner who is either suspected of using illicit substances, suspected of being under the influence or confirmed as being under the influence is referred to the substance misuse team, CGL. The prison has introduced quality assurance processes to ensure that any missed referrals to CGL are identified and appropriate follow up action taken. There are also several meetings, such as the weekly Safety Intervention Meeting, that representatives from CGL attend and any suspicion of substance misuse is taken as a referral directly from the meeting.</p> <p>The UTI process has also been updated and prisoners will no longer be placed on report for being under the influence. Instead, when a security intelligence report is submitted, a request should be made for a mandatory drugs test and a subsequent adjudication if a positive result is returned. Where the result is positive, adjudications for those under the influence will be referred back to the wing to manage via the Incentives Policy Framework. The aim of this updated process is to aid the building of relationships, prevent double jeopardy and assist</p>	<p>Head of Safer Custody and Head of Drug Strategy, HMPPS</p> <p>Head of Healthcare, Oxleas NHS Foundation Trust</p> <p>Head of CGL provision, Change Grow Live</p>	Completed
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			with understanding why prisoners are using substances.		
4	The Governor should ensure all discoveries are retrieved in a timely manner, adequately recorded, referred to the police as appropriate and properly stored.	Accepted	<p>Any discoveries of illicit substances or related paraphernalia are reported by staff through a security intelligence report and a case note is made on NOMIS. The prisoner is placed on report and subject to an adjudication that is chaired by an operational governor. Subject to the evidence, the matter may be referred to the police from the first adjudication hearing.</p> <p>When evidence is discovered by staff, it is sealed in an evidence bag and stored in a secured evidence store. The evidence may be tested locally using a Rapid Scan machine and where there is a positive indication, the evidence may be referred for further external testing where appropriate.</p> <p>These actions are completed immediately after discovery and will be included in the daily operational report.</p> <p>On occasion, evidence may be stored in a safe by the orderly officer to be collected by a member of the Dedicated Search Team and then transferred to the evidence store. Photographic evidence and testing results are provided to the adjudicating governor and physical evidence is only produced where necessary.</p>	Head of Security, HMPPS	Completed