July 2024

Prisons & Probation Ombudsman
Independent Investigations

Learning lessons bulletin

Fatal incident investigations | Issue 19

Post-release death investigations 2

Foreword

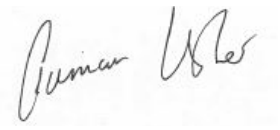
This learning lessons bulletin summarises the learning from Prisons and Probation Ombudsman (PPO) investigations into the deaths of those who died within 14 days of release from prison. Prison leavers often have multiple and chronic co-morbidities or risk factors, including substance misuse and mental health issues.

This can present difficulties with release planning, especially when combined with external factors, such as a lack of available accommodation. Homelessness on release was a considerable issue in our investigations and has a detrimental impact on the individuals involved. Based on our period of research and reporting 32% of the prisoners who died within two weeks of release were homeless. When viewed in the context of other MOJ research, it seems that prisoners who are released homeless may be overrepresented in our post-release death investigations.

While we are seeing positive changes to policy and examples of positive practice, analysis of our investigations also found that of those who died within 14 days, just over 50% died within the first four days of being released. This stark finding demonstrates how acutely vulnerable prison leavers are, especially in those first few days after release.

There is a desperate need for more joined-up and partnership working between HM Prison and Probation Service (HMPPS) and community services. More needs to be done to ensure that prisoners are released with suitable accommodation and that support measures (such as substance misuse or mental health services) are in place and readily available on release.

I hope the learning in this bulletin will be acted upon to improve the care and safety of prison leavers. We will continue to play a crucial role in sharing the learning from our investigations to help achieve this.



Adrian Usher
Prisons and Probation Ombudsman

Context

Since 6 September 2021, the PPO has investigated all deaths that meet the following definition:

> **Any death (except homicide) where the individual died within 14 days of release from prison into the community.**

This learning lessons bulletin covers investigations started between 6 September 2021 and 31 December 2023. During this time, the PPO started investigations into 137 post-release deaths.[1,2,3]

We published our first post-release deaths learning lessons bulletin in January 2023, and this bulletin now adds to the findings and learning previously published.

PPO data

Of the 137 investigations started, 105 cases had either an initial or final report issued.[4] This bulletin looks at the further learning gathered from these 105 investigations and initial data from the 137 cases where we have started an investigation.

Diversity data

Of the 137 post-release death investigations started, the majority were male (125), compared to female (12).

In 86% of cases the individual's ethnicity was reported as 'White-British'. 3% (4) were 'Black or Black British – other' and 2% (3) were 'White – other'.[5]

Of the 137 post-release death investigations started, 77% were aged between 30 and 50. Just over a quarter (26%) were aged between 40 and 45 years old.

Geographical factors

We looked at whether there was any learning in relation to the location of the fatal incidents. Our reports did not provide a sufficient level of information to allow us to draw conclusions.

1 This includes five cases where the individual was released while in hospital or under end of life care.

2 This data was frozen on 16 February 2024.

3 This includes a case that was investigated on a discretionary basis as the death was 27 days post-release, and therefore not within the 14-day timeframe we ordinarily investigate.

4 At the time the data was frozen on 16 February 2024.

5 Ethnicities 'White – Irish', 'Black or Black British – African' and 'Black or Black British – Caribbean' were each reported twice. 'Mixed – White & Asian', 'Other – Arab', 'Asian or Asian British – Indian', 'Mixed – Other', 'Asian or Asian British – Bangladeshi' and 'Mixed – White and Black African' were reported once.

Death classification

Of the 137 deaths that we started investigating, the majority (83) were drug-related.[6, 7]

89 other non-natural deaths	21 self-inflicted deaths	20 natural causes deaths
▪ 83 drug-related ▪ 4 accidents ▪ 2 not ascertained from post-mortem	▪ 14 hangings ▪ 1 self-strangulation ▪ 1 fall from height ▪ 1 cutting ▪ 1 deliberate overdose ▪ 3 classified as 'other'	▪ 4 circulatory system ▪ 4 neoplasms (cancer) ▪ 3 respiratory system ▪ 2 endocrine, nutritional and metabolic ▪ 1 COVID-19 ▪ 1 digestive system ▪ 1 infections and parasitic diseases ▪ 4 classified as 'other'

Table 1. Death classification breakdowns for investigations started by the PPO.

6 7 cases were awaiting classification.

7 Of the 12 deaths of female prison leavers, nine were other non-natural drug-related deaths, two were self-inflicted by hanging and one died of natural causes neoplasms (cancer).

Days in the community before death

Of the 137 investigations, just over 50% of the individuals died within the first four days of release and of these, 72% were drug-related.

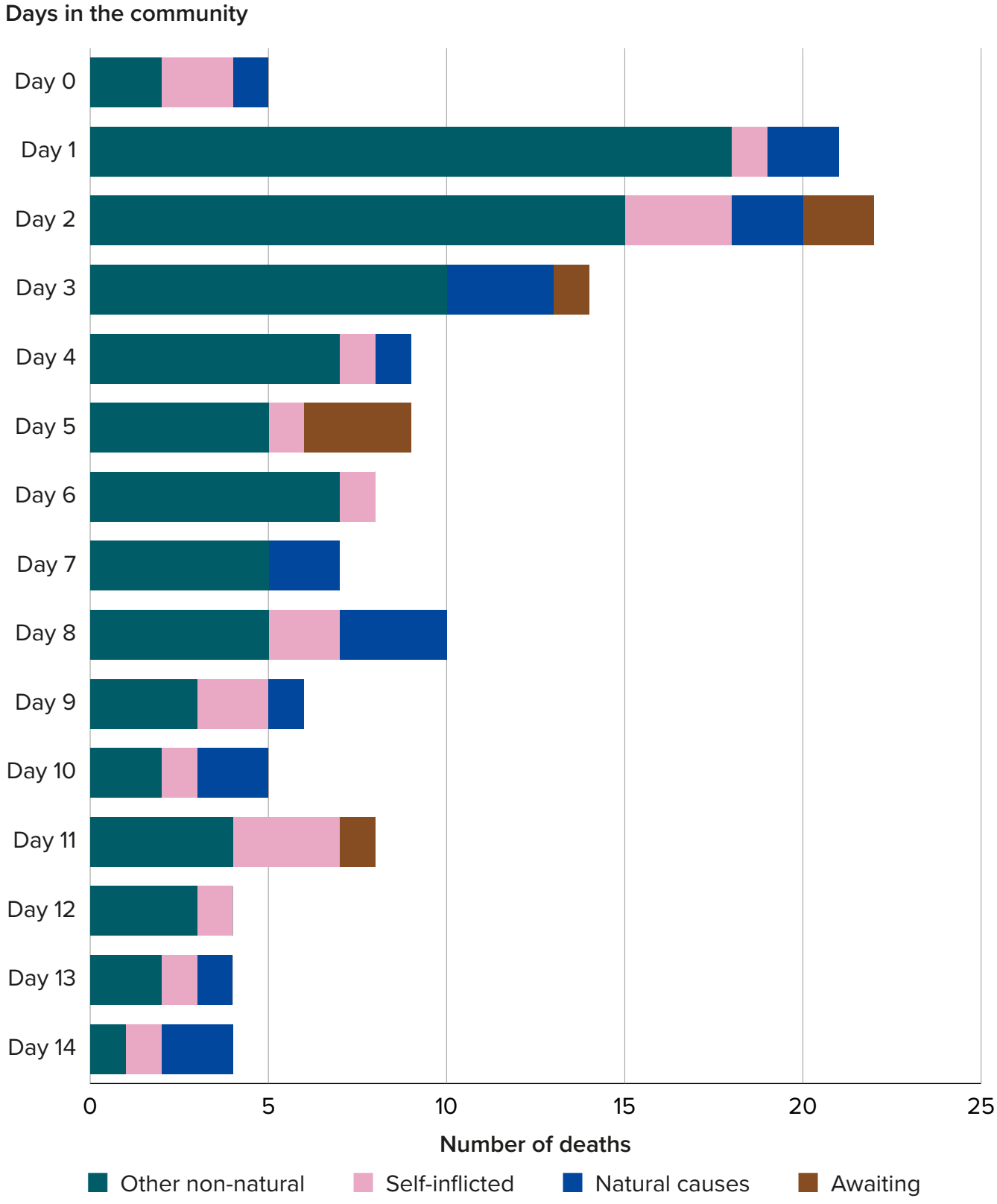


Figure 1. Days in the community before death, by category, with day 0 being day of release.[8]

8 This does not include a case where the death occurred 27 days after release.

Drug-related deaths

Out of the 83 drug-related deaths, 20 occurred within one day of release, including two deaths that occurred on the day of release. This means that out of the 14 days post-release, more drug-related deaths occurred within the first day of release than on any other day. This highlights the difficulties faced by prison leavers to maintain drug abstinence and avoid drug use once released into the community. We cannot stress enough the importance of release planning to ensure that individuals are released to safe and suitable environments with early access to substance misuse services.

Substance misuse services and referrals

On reviewing the 105 post-release death investigations with a report, we found that 64% of the individuals had a recorded history of substance misuse while in prison, and 57% had enrolled in substance misuse services in prison.[9] Following their engagement with the services, many prisoners were positive that they would stay away from substance misuse, but they quickly relapsed following release.

A fairly common issue we identified was that referrals were not made for substance misuse services in the community because a prisoner did not engage with substance misuse services in prison.

Case study 1

Mr A was recalled to prison in March 2022 for breaching his licence conditions. On his return to prison, Mr A asked to be placed on an opiate detoxification programme. He was prescribed methadone (an opiate medication used as a heroin replacement) in reducing doses until May, when he took his last dose. Mr A declined the support offered by the substance misuse service at the prison and signed a withdrawal form. He was able to collect his methadone in prison without engaging in the additional support offered. Because Mr A did not engage with substance misuse services in prison, no referral was made to the community substance misuse services before his release.

In light of the evidence and learning about the risk of relapse on release, it is important that post-release support for substance misuse is offered to those who have completed detoxification programmes in prison, but may not be engaging with substance misuse services at the time of their release.

Lessons to be learned

- Post-release support for substance misuse should be offered to anyone who has completed a detoxification programme in prison, even if they are not engaging with substance misuse services in prison at the time of their release.

9 These substance misuse services included: detox, opiate substitution maintenance, psychosocial support, placement in a therapeutic community or drug wing, assigned to a CARAT or drug worker and contact with outside agencies.

Naloxone provision and uptake

Naloxone is a medicine that rapidly reverses an opioid overdose. Given the number of drug-related deaths, issuing naloxone to prison leavers is vital in helping to save lives. While we have seen some examples of positive practice, our investigations showed inconsistent practices in relation to naloxone being offered on release. Information on the provision of naloxone was available in 76 cases.[10] In these 76 cases, 38% of prisoners were trained to use and accepted a naloxone kit on release. However, nearly half (49%) of prisoners were not offered a naloxone kit on release.

Since we started investigating post-release deaths, we have continued to see examples of cases where prisoners have received training on how to use naloxone, but they have not been provided with the naloxone kit on release. On some occasions, this was the result of a short notice or early release.

Case study 2

Mr B had a long history of substance misuse. The prison's resettlement team and probation services worked together to put measures in place to support Mr B on release and manage his risks in the community. This included training Mr B on how to use naloxone. Mr B saw the healthcare team before leaving prison. They confirmed he was registered with a GP in the community and he was given the appropriate supply of his medication. However, despite having received the training for naloxone, he was not issued with a naloxone kit as planned. Mr B died of drug poisoning the day after his release.

Mr B was released early on home detention curfew (HDC) and at short notice.[11] We found that the process for issuing naloxone did not identify these releases, as the release data report used to issue naloxone was not run often enough to capture short notice releases. The prison amended their processes to capture short notice releases.

Lessons to be learned

- Prison healthcare teams should ensure that prisoners assessed as being at risk of a drug overdose are offered a naloxone kit when they leave prison.
- Prisons must have processes in place to enable healthcare to identify prisoners being released early, or at short notice, to ensure they are offered naloxone on release where appropriate.

Local policies and naloxone provision

Naloxone provision is determined by local policy and there is no national position on this. This leads to inconsistent practices across the prison estate, and different criteria being applied. HMPPS and NHS England should consider having a national policy on the provision of naloxone for prison leavers to address these inconsistent practices.

As with referrals to community substance misuse services, we have seen a number of cases where prisoners are not offered naloxone because they did not engage with the substance misuse service in prison or were not engaging at the time of their release. Under the local policy, this made them ineligible for naloxone on release. We have also seen a case where under the local policy, they only offered

10 The data relating to the provision of naloxone was available in 76 of the 105 investigations that had an initial or final report issued.

11 HDC is a scheme that allows some prisoners to be released early to serve the last part of their sentence in the community, living at an approved address with an electronically monitored curfew.

naloxone to prisoners currently on an opiate replacement programme, regardless of their history of substance misuse.

Case study 3

Mr C died in September 2022 from a heroin overdose the day after his release from prison. While in prison, Mr C completed a gradual withdrawal programme using methadone. His drug addiction therapist informed him of the risk of overdose on release and planned regular meetings with him to develop a relapse prevention plan. Mr C told his drug addiction therapist that he did not want to engage with substance misuse services once his withdrawal from methadone was complete. He completed his methadone detoxification programme five days early and continued to liaise with his drug addiction therapist following this.

Mr C was given good substance misuse advice in preparation for his release. However, he was not offered a naloxone kit on release because he had completed his detoxification programme and was not engaging with substance misuse services in prison at the time. Since Mr C's death, the prison ensures that all individuals who have been supported by substance misuse services are offered naloxone, regardless of the level of their engagement at the time of their release.

We have concerns about local policies that prevent naloxone being offered to those who have not engaged or are no longer engaging with substance misuse services. The risk of overdose is increased for those who have completed a detoxification programme (such as Mr C) due to their lower drug tolerance levels.[12] Therefore, it is important that those who have completed a detoxification programme while in prison are offered naloxone on release.

Lessons to be learned

- HMPPS and NHS England should consider adopting a national policy for the provision of naloxone to address the inconsistent practices identified in this bulletin.
- The criteria for offering naloxone training and/or naloxone on release should not be determined by the prisoner's level of engagement with substance misuse services in prison.
- Prisoners who have completed a detoxification programme in prison should be offered naloxone (regardless of their level of engagement with substance misuse services at the time of their release).
- The criteria for offering naloxone should not require prisoners to be undergoing a detoxification programme at the time of their release.

12 Care Quality Commission (2020), Brief guide: substance misuse services – detoxification or withdrawal from drugs or alcohol. Available online at: https://www.cqc.org.uk/sites/default/files/Brief_guide_SMS_Detoxificatoin_and_withdrawal_from_drugs_and_alcohol.pdf

Case study 4

Mr D died from a drug overdose following his release from prison two days earlier. While in prison, Mr D engaged with the substance misuse service and completed a methadone detoxification programme. However, Mr D was not offered naloxone before his release.

The head of healthcare has since implemented a more robust process and naloxone training is included in the induction of all prisoners with a substance misuse history. Medical record alerts also now prompt healthcare staff to supply naloxone on release.

While we have concerns about local policies, we were pleased to see some policies stipulated that naloxone would be provided on an opt-out basis. We consider this to be a positive step in encouraging the uptake of naloxone.

Lessons to be learned

- Heads of healthcare should consider arranging for naloxone training to be included in the induction of all prisoners with a substance misuse history.
- HMPPS and NHS England should consider whether to adopt a national policy that provides naloxone on an opt-out basis to prisoners on release.

Accommodation and homelessness

Homelessness was identified as a considerable issue in the PPO's post-release death investigation reports. 32% of individuals who died within two weeks of release were released homeless. This is a high proportion when framed in the context of MOJ data suggesting that the proportion of persons released from custody without housing is around 14%.[13]

On reviewing the 105 post-release death reports we repeatedly saw that being released homeless has a detrimental impact on the individuals involved. This is in line with previous research that homelessness can increase the likelihood that they will commit further offences or seek shelter and support in harmful places.[14] Those who are the most vulnerable due to suffering from mental health and substance misuse issues made up many of those released homeless.

There is a clear link between substance misuse and homelessness. Our investigations showed that multiple prisoners who had substance misuse issues stated that if they were released homeless, they would most likely return to drugs and/or alcohol on release. This was despite the fact they had enrolled in and completed a detoxification programme in prison. On a few occasions, where an individual was released homeless, they stayed with friends or family members who were also drug users and they struggled to remain drug-free in this environment.

As well as the link between substance misuse and homelessness, our cases showed that some individuals were worried about being released into accommodation that might lead them back to substance misuse, such as approved premises (Community Accommodation Services Tier 1), due to their reputation for heavy drug use.

13 Ministry of Justice (2023), Accommodation on Release statistical release to March 2023. Available online at: https://assets.publishing.service.gov.uk/media/64774c0d5f7bb700127fa262/Accommodation_Ad-Hoc_publication.pdf

14 Ministry of Justice (2012), Accommodation, homelessness and reoffending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey. Available online at: https://assets.publishing.service.gov.uk/media/5a757ec340f0b6397f35edf3/homelessness-reoffending-prisoners.pdf

Table 2. Table showing the accommodation status of released individuals

Homeless	34	32%
Third sector (e.g. accommodation provided by charity)	13	12%
Local authority provided	11	10%
CAS1/CAS2/CAS3[15]	12[16]	11%
With family or friends	10	10%
Own accommodation	8	8%
Unknown	8	8%
Hospital/care home/hospice	7	7%
Emergency accommodation in hotel	2	2%

Release planning

The proximity between release and death, along with the link between drug use and homelessness, means it is critical that prisoners are released to safe and suitable accommodation with early access to and engagement with substance misuse services. The release planning carried out by HMPPS and community service providers is key to this.

Our investigations found instances where staff did not make the correct referrals, made the referrals too late or did not communicate key information to the prisoner about their accommodation.

Case study 5

Mr E died after falling into a canal while intoxicated with drugs. He had been released homeless from prison. His intentions on release were unknown and there had been no prior discussion about this with his community offender manager (COM). Mr E was serving a 28-day sentence following a recall. The resettlement officer at the prison contacted the COM early in his sentence to advise that Mr E would be homeless on release. There was a short period of time before release to arrange accommodation, and Mr E's history of offending would have made it even more difficult to find housing for him. Despite the notice from the resettlement officer and the potential difficulties that the COM would face to secure accommodation, the referral to the accommodation provider was only submitted two days before Mr E's release date. The referral had the incorrect release date on it which meant the accommodation provider did not prioritise it as there appeared to be a couple of weeks before Mr E's release, rather than only two days.

15 Community Accommodation Service (CAS) to meet the specific accommodation needs of individuals. This covers three types of accommodation:
- Tier 1 - approved premises provision for high-risk ex-offenders with a public protection focus and intensive partnership working.
- Tier 2 - formerly known as Bail Accommodation and Support Services. This is for low and medium risk offenders predominantly released from custody on Home Detention Curfew (HDC) but can also include those released on bail.
- Tier 3 - temporary accommodation for those at risk of being homeless on release from prison or moving on from tier 1 and tier 2 accommodation. Tier 3 provides temporary accommodation for up to 84 nights for homeless prison leavers and those moving on from approved premises (CAS1) or the Bail Accommodation and Support Service (CAS2), and assistance to help them move into settled accommodation.

16 This included 2 approved premises cases. Within these, the individuals did not arrive at the approved premises to take up the placement. Deaths of those residing at approved premises are investigated separately by the PPO and are not classed as a post-release death for the purposes of this bulletin.

Lessons to be learned

- Release planning should start as early as possible, involving the individual as much as possible, particularly in cases where securing accommodation is likely to be particularly complex and challenging.

Availability of accommodation

One of the reasons for homelessness is a lack of suitable accommodation or housing places. Finding suitable accommodation for those classed as high risk is especially challenging as they are often deemed unsuitable for and therefore rejected from community housing properties. While an approved premises might be suitable, due to the lack of available spaces, prison leavers cannot always be given a placement in time for their release, which results in them being released homeless.

Homelessness on release from prison is a significant and complex challenge that cannot be addressed by HMPPS alone. Our post-release death investigations showed that in some cases, there was a lack of urgency in the probation practitioner's referral or within community services when responding to queries or referrals from HMPPS. Instead of locating suitable accommodation in advance of release, often local authorities required the prisoner to report to the housing officer on the day of their release, in the hope they could be given emergency housing. This meant prisoners were released homeless with the uncertainty of where they would live.

Case study 6

Mr F died of an overdose the day after his release from prison. He had a history of substance misuse and prison staff warned him of his reduced drug tolerance before his release. Probation staff identified that releasing Mr F with no accommodation was likely to lead to a relapse in his drug use and they made a housing referral to the local authority. However, the local authority was unable to provide accommodation. Mr F was released homeless, despite the known risks this presented to him.

Lessons to be learned

- HMPPS and local authorities need to work together to reduce the number of prisoners released homeless.

Mental health

Analysis of 105 post-release death investigations with a report showed that almost 40% of the individuals had experienced mental health issues in prison. Women had a higher prevalence of reported or diagnosed mental health issues and had highly complex needs. We were pleased to see that in many cases, those on medication were released from prison with a supply of their medication.

28% of the individuals who were experiencing mental health issues in prison were managed under the Prison Service suicide and self-harm prevention procedures (known as ACCT) and given support from mental health services within the prison.

Referrals to community mental health teams

While there were a few occasions where prison staff did not share the mental health history of an individual with the COM, there were also examples of this being done well. However, there were times when referrals from HMPPS were not accepted by the community mental health services. This meant that, despite the efforts of HMPPS staff, there were occasions when the support available on release did not reflect the high risk of suicide or self-harm the prison leaver presented.

Case study 7

Mr G died after jumping from the roof of a car park on the day of his release. While in prison, Mr G was supported under ACCT procedures on several occasions and needed regular mental health input. On one occasion in prison, Mr G was found with a bedsheet wrapped around his neck, following which he expressed concerns about his future outside prison. On another occasion, Mr G was found unresponsive in his cell following a suspected overdose. In preparation for Mr G's release, prison staff appropriately shared information about his risk of suicide and self-harm with his COM.

Mr G was well supported by the mental health team while in prison and remained on their caseload until his release. However, when the COM contacted the community mental health team, he was told that they did not consider Mr G to have an acute mental illness but rather he was struggling with his current circumstances. As a result, Mr G was not eligible for a community mental health referral and instead needed to speak to his community GP on release.

As well as cases like Mr G, we are aware of an occasion where a prison could not make a mental health referral because the community mental health team would not accept referrals without an address, and the individual did not have a release address. This demonstrates that there needs to be more recognition from community mental health services of the additional challenges and vulnerabilities that prison leavers face. It is outside HMPPS' control whether a community service will accept a referral. However, if as part of the release planning, staff have concerns about the lack of mental health support available on release, they could consider whether a referral and appointment with the community GP is required.

Lessons to be learned

- Where a referral is not accepted by community mental health services, healthcare staff could consider whether a referral and appointment with the community GP is required.

Recall

Out of the 105 post-release deaths with a report, 38% of the individuals were in prison on recall for further offending or breach of licence conditions. The percentage of post-release deaths involving a prisoner who had been recalled is higher than the recall prison population, which was 14%.[17] Most individuals were released shortly after their recall because they had completed their sentence. We also saw some cases where the individual was released at short notice following a Parole Board review of the recall decision. The evidence suggests that those on recall can be subject to very short notice releases, giving limited time for any meaningful release planning.

17 As of 31 December 2023: Offender management statistics quarterly: July to September 2023. Available online at: www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2023/offender-management-statistics-quarterly-july-to-september-2023. Prison population: 31 December 2023

Case study 8

Mr H died of a suspected drug overdose in June 2022, three days after his release from prison. He was recalled to prison in April 2022 for breaching his licence conditions. A month later, the Parole Board reviewed the recall decision and directed Mr H's immediate release. As soon as the Parole Board directed Mr H's release, the COM made an emergency approved premises referral. Mr H was released the next day (a Friday), by which point the approved premises referral had not been processed. This meant that Mr H was released homeless. There was very little more that the COM could have done given the tight timescale. The approved premises referral would not have been progressed over the weekend and was not considered before his death, three days later.

The case of Mr H demonstrates the need for further consideration to be given to the release-planning process for last minute releases following Parole Board hearings. The same consideration will also need to be given to last minute and short notice releases under early release schemes, such as HDC or the End of Custody Supervised Licence Scheme.

Lessons to be learned

- HMPPS should consider how to improve release-planning processes for those who may be released under an early release scheme or with short notice following a Parole Board hearing.

The case of Mr I (below) is an example of what can be achieved if time is given to make release plans. As the release was not immediate, there was time for suitable accommodation to be arranged and for the substance misuse worker to explore all possible options for opioid substitution treatment before Mr I was released.

Case study 9

Mr I was recalled to prison and was dependent on heroin and cocaine when he returned to prison. Mr I was highly motivated to engage with the substance misuse team and completed a methadone and alcohol detoxification programme.

The Parole Board directed Mr I's release. His release was arranged for a future date to allow time for accommodation to be provided. Mr I was released to CAS3 accommodation in his local area. He was also working with a community housing service to secure more permanent accommodation.

Before Mr I's release, the substance misuse worker recognised his risk of potential overdose and tried to explore opioid substitution treatments. The treatment Mr I had agreed to was not available from pharmacies in his area. The substance misuse worker liaised with others to explore alternatives. Mr I chose to leave prison without a prescription for opioid substitution therapy. Mr I was also offered naloxone on several occasions but declined it. An initial appointment with the substance misuse team was arranged for the day after his release.

Lessons to be learned

- In recall cases, when deciding on a release date following a Parole Board direction for release, HMPPS staff should consider the complexity of a prisoner's release plans and how much time will be needed to address these.

Friday releases

Being released on a Friday can give prisoners limited time to access accommodation support (as was the case for Mr H), register with a GP or access drug and mental health support services before the services close for the weekend. The issue of Friday releases has since been addressed by new policy measures that came into effect from the end of November 2023.[18] The new policy allows prisoners to be released up to two days early to avoid a Friday or bank holiday release.

As this bulletin covers investigations started up to 31 December 2023, all (except two) of the deaths covered by this bulletin occurred before implementation of the new policy. As we continue to investigate post-release deaths, we will monitor the application of the policy and Friday releases. In the meantime, analysis of the post-release death investigations we started between 6 September 2021 and 31 December 2023 showed that more deaths occurred following a Friday release than any other day of the week. This highlights why avoiding Friday releases is an important step in improving outcomes for prison leavers.

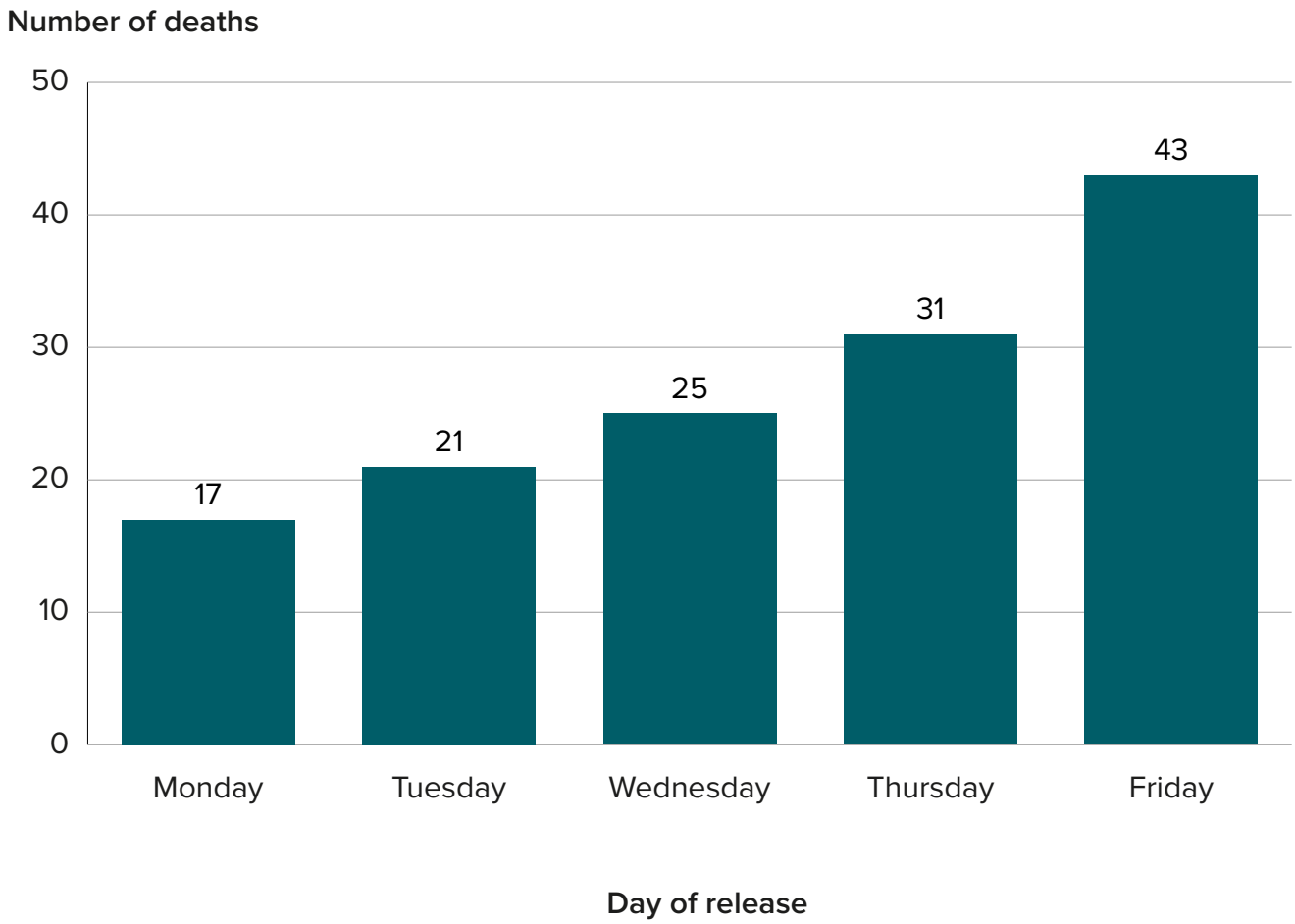


Figure 2. Number of deaths of individuals by the day they were released

18 The policy was introduced as a result of the Offenders (Day of Release from Detention) Act 2023.

Natural cause deaths

Out of the 137 post-release deaths, 20 were recorded as deaths from natural causes. In some of these cases, we identified poor record keeping and poor communication about the prisoner's healthcare needs during their time in prison. In some cases, this meant that the individuals were left uneducated about their medical conditions and did not manage to seek help in time once they left prison.

Case study 10

Mr J died from a complication of diabetes following his release from prison eight days earlier. While in prison, blood tests indicated that Mr J was at high risk of developing diabetes. Mr J did not attend several follow-up appointments for blood tests and he was not offered any further advice or guidance about his high risk of developing diabetes. Instead of being released from prison, Mr J was detained by the Home Office pending an immigration decision and remained in prison. A few weeks later, Mr J was released on bail by the Home Office. As Mr J was released on bail at short notice, there was no healthcare release plan and he was not referred to a community GP.

Lessons to be learned

- Prison healthcare departments must have a release care planning process in place so that prisoners released at short notice receive appropriate discharge care.

Summary of lessons to be learned

Drug-related deaths

- Post-release support for substance misuse should be offered to anyone who has completed a detoxification programme in prison, even if they are not engaging with substance misuse services in prison at the time of their release.
- Prison healthcare teams should ensure that prisoners assessed as being at risk of a drug overdose are offered a naloxone kit when they leave prison.
- Prisons must have processes in place to enable healthcare to identify prisoners being released early, or at short notice, to ensure they are offered naloxone on release where appropriate.
- HMPPS and NHS England should consider adopting a national policy for the provision of naloxone to address the inconsistent practices identified in this bulletin.
- The criteria for offering naloxone training and/or naloxone on release should not be determined by the prisoner's level of engagement with substance misuse services in prison.
- Prisoners who have completed a detoxification programme in prison should be offered naloxone (regardless of their level of engagement with substance misuse services at the time of their release).
- The criteria for offering naloxone should not require prisoners to be undergoing a detoxification programme at the time of their release.
- Heads of healthcare should consider arranging for naloxone training to be included in the induction of all prisoners with a substance misuse history.
- HMPPS and NHS England should consider whether to adopt a national policy that provides naloxone on an opt-out basis to prisoners on release.

Accommodation and homelessness

- Release planning should start as early as possible, involving the individual as much as possible, particularly in cases where securing accommodation is likely to be particularly complex and challenging.
- HMPPS and local authorities need to work together to reduce the number of prisoners released homeless.

Mental health

- Where a referral is not accepted by community mental health services, healthcare staff could consider whether a referral and appointment with the community GP is required.

Recall

- HMPPS should consider how to improve release-planning processes for those who may be released under an early release scheme or with short notice following a Parole Board hearing.
- In recall cases, when deciding on a release date following a Parole Board direction for release, HMPPS staff should consider the complexity of a prisoner's release plans and how much time will be needed to address these.

Natural cause deaths

- Prison healthcare departments must have a release care planning process in place so that prisoners released at short notice receive appropriate discharge care.

About the data

The data for reports was frozen on 23 February 2024.

The PPO does not determine the cause of death. This is determined by a coroner following an inquest. Cases are separated into administrative categories, but these categories may differ from a coroner's conclusion. Classifications may change during the course of an investigation. However, they are not altered following conclusion of the inquest. PPO classifications may differ from those used by HMPPS. Some totals may not add up to 100% due to rounding.