

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Lucas Kidd, on 19 October 2023, following his release from HMP Ranby

A report by the Prisons and Probation Ombudsman

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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
4. Mr Lucas Kidd died of cocaine, buprenorphine and pregabalin toxicity on 19 October 2023, following his release from HMP Ranby on 13 October 2023. He was 34 years old. I offer my condolences to those who knew him.
5. We did not identify any significant learning and we make no recommendations.

The Investigation Process

6. HMPPS notified us of Mr Kidd's death on 24 October 2023.
7. The PPO investigator obtained copies of relevant extracts from Mr Kidd's prison and probation records and interviewed the community offender manager and senior probation officer on 25 June. Transcripts of the interview are annexed to this report.
8. We informed the Procurator Fiscal's office of the investigation (as Mr Kidd died in Scotland). They provided us with a copy of the post-mortem and toxicology report. We have sent the Procurator Fiscal a copy of this report.
9. We contacted Mr Kidd's mother to explain the investigation and to ask if she had any matters she wanted us to consider. She did not have any questions. Mr Kidd's sister asked us for a copy of the report.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
11. Mr Kidd's family received a copy of the draft report. While they raised some concerns about our report, we were not provided with any further information.

Background information

HMP Ranby

12. HMP Ranby is a category C adult male training and resettlement prison in Nottinghamshire. Nottinghamshire Healthcare NHS Foundation Trust provides physical and mental health services, including substance misuse, at Ranby.

Probation Service

13. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation and prepare reports to advise the Parole Board. They have links with local partnerships to which they refer people for resettlement services, where appropriate. Post-release, the Probation Service supervise people throughout their licence period and post-sentence supervision, where applicable.

Key Events

14. On 13 October 2022, Mr Lucas Kidd was convicted of driving under the influence and a number of other driving-related offences, including the theft of a vehicle. He was sentenced to 17 months in prison. On 30 January 2023, he was released on licence but was arrested on 10 April for further driving offences.
15. On 11 April, Mr Kidd was convicted and sentenced to 20 weeks in prison. (He had to serve the full 20 weeks in prison because his probation officer had also recalled him for not attending probation appointments.)
16. That day, Mr Kidd was sent to HMP Leicester, where he told a nurse that he had used heroin and cocaine every day before returning to prison. He was prescribed methadone (an opiate used to treat drug addiction) and it was agreed that he would move to Espranor (an alternative opiate substitute) before leaving prison.
17. On 20 April, a resettlement officer completed a basic custody screen for Mr Kidd. She noted that he would be homeless on release and his Community Offender Manager (COM) should refer him to the local authority for help in finding accommodation and to Commissioned Rehabilitative Services (CRS which works in partnership with probation staff to support post-release rehabilitation) within 56 days before his release.
18. On 5 May, Mr Kidd's COM completed an assessment of Mr Kidd's risks and needs in the community. She assessed that he posed a medium risk to the public and known adults.
19. On 30 May, Mr Kidd was transferred to HMP Ranby. Following an initial health assessment with a nurse, Mr Kidd was referred to the substance misuse team and the mental health team. He had previously been diagnosed with acute transient psychosis disorder for which he took medication. He told her that he was waiting for an attention deficit hyperactivity disorder (ADHD) assessment.
20. On 2 June, a nurse from the substance misuse team met Mr Kidd to discuss his drug use. The nurse warned him about the dangers of drugs, including Spice (a psychoactive substance), cocaine and opiates.
21. On 3 June, it was recorded that Mr Kidd was to remain on methadone which would be gradually reduced over the coming months and the substance misuse team would see him every four weeks.
22. On 6 June, Mr Kidd emailed the healthcare team to say that he was still hearing voices and seeing things. He said he had been told that his medications would be increased but he had not heard anything. He asked for this to be resolved as soon as possible. Later that day, a nurse saw Mr Kidd. He noted that Mr Kidd had said he had visual and oral hallucinations and that his morning dosage of quetiapine (an antipsychotic medication) was not enough. He noted that Mr Kidd would be allocated a mental health nurse and was due to have a medication review with the doctor.

23. On 8 June, a prison offender manager (POM) met Mr Kidd who said that he was unhappy that he had been recalled. He said he was not interested in engaging in offence-focused work.
24. On 15 June, a nurse met Mr Kidd. They talked about his symptoms when his mental health deteriorated, coping strategies and how he could access support in prison. They discussed his medication dosage and Mr Kidd was told that any change would need to be explored with a psychiatrist.
25. On 20 June, a management oversight supervision discussion took place between the COM and a Senior Probation Officer, who was her supervisor. They noted that Mr Kidd was not engaging with her because she had recalled him.
26. On 21 June, Mr Kidd was discussed at a mental health multidisciplinary meeting. It was agreed that he should see a psychiatrist.
27. On 22 August, a nurse from the substance misuse team carried out a thirteen-week review and agreed that Mr Kidd could change from methadone to Espranor a week or two before his release. Mr Kidd declined the offer of naloxone (which can reverse the effects of an opioid overdose). There is no record to explain why.
28. On 23 August, a prison psychiatrist met Mr Kidd and noted that he did not want an increase in his medication. He concluded that Mr Kidd's medication did not need to be changed. He asked the nursing team to follow up on his ADHD assessment.
29. A nurse conducted monthly mental health reviews with Mr Kidd but had no particular concerns.
30. On 4 September, following a second management oversight session, the Senior Probation Officer noted that the COM had been trying to contact Mr Kidd, but he was refusing to engage. She noted that Mr Kidd would be homeless on release and the COM would try to engage with him through the email a prisoner scheme (which enables approved people to contact a prisoner by email). The COM told the investigator that she never contacted Mr Kidd using email a prisoner and he did not contact her either.
31. The Senior Probation Officer told the investigator that because Mr Kidd was managed as an integrated offender (which involves probation working very closely with other agencies to manage an individual) to try to engage him, she would have advised the COM to use police colleagues, refer him to peer mentoring and, where appropriate, contact his family members to try to build a relationship before his release.
32. That day, the COM made an accommodation referral to Nacro (a social justice charity that supports individuals in areas such as housing and education) and a referral to Leicester City Council. HMPPS has a legal duty to refer prisoners to the local authority if they are at risk of homelessness on release from prison.
33. The medical records on 20 September indicate that a release pack had been prepared for Mr Kidd, including information and infographics on drug harm reduction and how and when to use naloxone.

34. On 22 September, a prison resettlement officer carried out a pre-release review with Mr Kidd to discuss his resettlement needs. It was recorded that Mr Kidd would be homeless on his release and his COM had submitted a CRS referral for help with accommodation. Mr Kidd told her that he had engaged with the mental health team in prison and was registered with a GP in Leicester. He said that he had misused drugs previously and intended to work with substance misuse services in the community.
35. On 26 September, a nurse asked for an appointment for Mr Kidd with Turning Point (a community-based substance misuse team) in Leicester so he could continue to access support once released.
36. On 29 September, the COM made a second housing referral to Rutland County Council under the legal duty to refer those at risk of homelessness. She told the investigator that two weeks before Mr Kidd's release, she had a video call with him to tell him where his housing advisor was based. She said that Mr Kidd had expected the video link to be with housing and not probation.
37. On 6 October, a nurse visited Mr Kidd to discuss his release arrangements. She told him that if he was not notified of an appointment with Turning Point before his release, he should go there before 4.00pm on the day of his release. She gave him advice about the use of illicit drugs and offered him a naloxone kit which he again declined. There is no record why he declined it.
38. On 9 October, the prison was notified that Mr Kidd had an appointment at Turning Point on 19 October. It is not clear from the records if this information was passed on to Mr Kidd.
39. That day, a nurse completed her last review. Mr Kidd said that he had received his mental health discharge plan and letter for his GP. He was told that he would be given seven days of medication on release. No concerns were noted.
40. On the same day, Mr Kidd also had a meeting with CRS to discuss his accommodation post-release. It was recorded that the referral to Rutland County Council needed to be chased up and Mr Kidd should contact them on the day of his release to make a homeless declaration and to give them a letter from the healthcare team about his medical information. It was also documented that referrals would be made to other accommodation projects (outside of Leicester) and that Mr Kidd would be supported to explore private, rented accommodation. A follow-on appointment with the CRS provider was booked for 18 October.
41. The COM told the investigator that a referral to HMPPS' Community Accommodation Service (CAS3) was not made because the scheme was very new and due to the limited number of beds, it was only offered to a certain category of service users 'by invite only' based on availability of accommodation and the suitability of the individual. (CAS3 is open to adult prison leavers who are at risk of homelessness on release from prison. The service provides access to up to 84 days of accommodation.)
42. On 13 October, the substance misuse team saw Mr Kidd before his release. It was recorded that Mr Kidd had his Espranor and had no concerns about his release. He was given a release letter and harm minimisation information. He was again offered

naloxone but declined. He was then released on licence, homeless. He had to meet his COM at 1.00pm but did not attend the appointment.

43. On 15 October, Mr Kidd's licence ended and he started a period of post-sentence supervision, the conditions of which included keeping in touch with probation and attending Turning Point appointments.
44. On 16 October, Mr Kidd failed to attend another appointment at the probation office. An enforcement letter was sent to the address of one of his parents and the police were notified.
45. On 18 October, Mr Kidd failed to attend a housing appointment with CRS.
46. On 19 October, Mr Kidd became unwell while travelling in a car in Scotland as a passenger. Witnesses, who were travelling with him, told the police that Mr Kidd had been taking drugs in the car. They said that Mr Kidd got out of the car at a service station, where he collapsed and had a seizure. Members of the public tried to help and performed CPR but Mr Kidd could not be resuscitated. Paramedics arrived at 11.28am and Mr Kidd was pronounced dead at 12.10pm.

Post-mortem report

47. The post-mortem report concluded that Mr Kidd died of cocaine, buprenorphine and pregabalin toxicity. The toxicology examination showed a massively elevated level of cocaine in the blood. Pregabalin (which had not been prescribed to him) was also detected at a toxic/fatal level in the toxic/fatal range.

Inquest

48. The Procurator Fiscal's office informed the PPO that a Fatal Accident investigation did not take place.

Findings

Substance misuse

49. Mr Kidd had a history of substance misuse. He was given appropriate support to address his substance misuse issues while at Ranby. He was reviewed in a timely manner when he was recalled to prison, was placed on a methadone detoxification programme and was then prescribed Espranor before his release. The substance misuse team appropriately warned him of the risks of taking drugs and offered him naloxone a number of times in preparation for his release. Although Mr Kidd repeatedly declined it, he was appropriately referred to the community substance misuse team (although it is not clear from the records whether he was told of this).

Pre-release engagement and planning

50. Homelessness on release from prison is a significant and complex challenge. Like many leaving prison, Mr Kidd had significant vulnerabilities: a history of substance misuse, poor mental health and homelessness.
51. When we asked the COM why Mr Kidd's housing referrals were only made within the final five weeks of his sentence, she told us that she had previously made referrals in January 2023 (before he returned to custody) and as they were not starting a new application, there was no need to do them earlier. She said that she would routinely make a referral thirteen weeks before a prisoner was due to be released but this was not necessary for Mr Kidd due to his previous applications. She also explained that even when a local authority accepted that they had a duty to provide accommodation, the prisoner was still required to present as homeless at the council office following their release from prison. It was not until this point that the local authority would seek to place them in accommodation which was normally temporary in the first instance.
52. We identified that there was no record of any contact between Mr Kidd and his COM following his recall into custody. She told the investigator that she had had two conversations with Mr Kidd while he was in prison. The first was in his first three weeks back in prison and the second was two weeks before he was due for release. She said that in the first meeting, Mr Kidd had told her he had no intention of engaging with probation, either in custody or after release. She said that at the second meeting, Mr Kidd had only turned up as he thought the meeting was with a housing professional and not her.
53. The COM appropriately discussed Mr Kidd's non-engagement with her supervisor (the Senior Probation Officer) on 20 June and 4 September. The supervisor suggested that she should try to make contact using email a prisoner. The supervisor told the investigator that she would also have suggested other options to her to try and re-engage Mr Kidd. The COM told the investigator that she did not try to contact Mr Kidd by email as she did not know how to use the email a prisoner system.
54. The Senior Probation Officer explained that it was not always possible to track actions agreed at management oversight sessions because a senior probation officer may manage a team of 15 people, with in excess of 200 cases each. However, she said she generally asked COMs to update her on cases that they had

previously discussed. She explained that due to the caseload volumes, these sessions typically focused on high risk or complex cases, or where the practitioner needed help or advice.

55. The Senior Probation Officer told us that Mr Kidd's engagement with probation had always been poor, and he often did not engage with probation and the services offered to him. She acknowledged that they should have kept trying to engage with him regardless but also told us that at the time, the local probation delivery unit (PDU) had been placed in 'red status' (when the PDU has less than 60% of staff in place, with caseloads in excess of 120% for four weeks or more). She told us that this meant that staff had to prioritise cases and tasks. While it would have been better if the COM had tried more proactively to engage Mr Kidd, we recognise the significant pressures faced balanced with the fact that Mr Kidd's engagement had been consistently poor. We therefore do not make a recommendation.

Regional Probation Director to note

56. It is important that probation staff record any actions they take and conversations they have about an individual.
57. Senior probation officers should ensure that all of their staff know how to use the email a prisoner system.

Adrian Usher
Prisons and Probation Ombudsman

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