Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Robinson, a prisoner at HMP Lancaster Farms, on 14 December 2023

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

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.

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.

Mr John Robinson died on 14 December 2023 at HMP Lancaster Farms. He was 38 years old. I offer my condolences to Mr Robinson's family and friends. The post-mortem did not establish the cause of Mr Robinson's death. However, the post-mortem toxicology results showed the presence of synthetic cannabinoids and concluded that his death was likely to be drug related.

Mr Robinson had a history of substance misuse but often denied using illicit substances in prison. Three days before he died, prison staff suspected that he was under the influence of drugs. They acted appropriately by removing suspected drug paraphernalia, conducting cell searches and monitoring Mr Robinson via regular welfare checks. They also offered him support from the prison's substance misuse service. I am satisfied that Lancaster Farms did all they could to manage the risks associated with Mr Robinson's substance misuse. They have also made considerable efforts to combat drug supply and demand, both before and since Mr Robinson's death.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Adrian Usher
Prisons and Probation Ombudsman **October 2024**

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Summary

Events

1. On 24 February 2023, Mr John Robinson was remanded to custody and taken to HMP Forest Bank, charged with violent offences. Mr Robinson had a history of substance misuse and was prescribed detoxification medication.

2. Over the next few months, Mr Robinson was suspected to be under the influence of illicit drugs on several occasions. He admitted to using psychoactive substances (PS) and engaged with the substance misuse service (SMS) until 30 May.

3. On 15 September, Mr Robinson attended court and was sentenced to two years imprisonment. He returned to Forest Bank. On 30 November, Mr Robinson moved to HMP Lancaster Farms. Mr Robinson told a nurse that he did not have substance misuse issues, and that he did not want to be referred to the prison's SMS. The next day, he repeated this to a SMS recovery worker.

4. On 11 December, staff suspected that Mr Robinson was under the influence of drugs. They called a medical emergency code and more staff attended Mr Robinson's cell. As Mr Robinson refused to let a nurse take his medical observations, the nurse asked prison staff to monitor him. Staff searched the cell for drug paraphernalia and removed some suspicious pieces of paper. (These tested positive for PS after Mr Robinson's death.)

5. Thirty minutes later, staff found Mr Robinson with a telephone cord wrapped around his neck. When questioned, Mr Robinson was disorientated and incoherent. Staff started suicide and self-harm support procedures, known as ACCT. Mr Robinson continued to behave erratically, and when he refused to give staff a suspicious vape, they used force to retrieve it. Staff put Mr Robinson on regular observations and found more suspicious paper when searching his cell.

6. On 12 December, staff put Mr Robinson's ACCT into post-closure as he said he had no thoughts of suicide and self-harm and had plans for the future.

7. On 14 December at approximately 6.54pm, a prisoner alerted an officer that Mr Robinson was lying unresponsive on the floor of his cell. The officer went to Mr Robinson's cell, immediately called a medical emergency code, and started cardiopulmonary resuscitation (CPR). Healthcare staff responded and continued CPR.

8. At 7.18pm, paramedics arrived and took over Mr Robinson's medical care. They took him to hospital but at 8.01pm, hospital doctors pronounced that Mr Robinson had died.

9. Toxicology tests found psychoactive substances (PS) in Mr Robinson's system. The post-mortem concluded that the cause of his death was unascertained but was likely to be drug related.

Findings

10. Mr Robinson had a history of substance misuse. While he was at Forest Bank, he was seen regularly by the SMS team and warned about the risks and dangers of taking drugs. At Lancaster Farms, he was offered the opportunity to engage with the substance misuse service three times but declined any help.

11. Lancaster Farms has taken considerable steps to try and reduce supply and demand for drugs at the prison. We are satisfied that they did all they could to manage the risks associated with Mr Robinson's substance misuse. For this reason, we make no recommendations.

The Investigation Process

12. HMPPS notified us of Mr John Robinson's death on 15 December 2023.

13. The investigator issued notices to staff and prisoners at HMP Lancaster Farms informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

14. The investigator obtained copies of relevant extracts from Mr Robinson's prison and medical records.

15. The investigator interviewed seven members of staff at Lancaster Farms on 29 February 2024, and one member of staff on 12 March.

16. On 22 April, the investigation was reallocated to another investigator.

17. NHS England commissioned a clinical reviewer to review Mr Robinson's clinical care at the prison.

18. We informed HM Coroner for Lancashire of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

19. The Ombudsman's office contacted Mr Robinson's next of kin, his mother, to explain the investigation and to ask if she had any matters she wanted us to consider. She asked for a copy of our report and if the coroner would carry out toxicological tests. The toxicological findings have been included in this report.

20. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

21. Mr Robinson's next of kin received a copy of the initial report. They did not make any comments.

Background Information

HMP Lancaster Farms

22. HMP Lancaster Farms is a category C resettlement prison. Physical health care and substance misuse treatment are provided by Spectrum Community Health CIC. Mental health care is provided by Tees, Esk and Wear NHS Foundation Trust.

HM Inspectorate of Prisons

23. The most recent inspection of HMP Lancaster Farms was in August 2022. Inspectors reported that access to and the quality of health care services was reasonably good.

24. Inspectors reported that around 80 mental health referrals were received each month and prisoners were routinely seen within four working days. Urgent cases were reviewed on the day by a duty worker, which included attending all initial ACCT reviews. A multidisciplinary team reviewed new cases each week and patients were assigned to practitioners based on need and risk.

25. Every prisoner was offered support with substance misuse problems by the psychosocial team and advised how they could self-refer. At the time of the inspection, support was being provided to 202 prisoners and included harm minimisation advice as well as self-directed help through the use of workbooks, one-to-one work, group sessions and pre-release targeted support. Caseloads were high and priority was given to patients receiving treatment and/or preparing for release. This had led to some short waits for non-urgent care, but these were reducing and support for prisoners was good. The team was competent and motivated, and prisoners valued their support. Naloxone treatment (to prevent opiate overdose) was routinely provided.

Independent Monitoring Board

26. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year 2022 to 2023, the IMB reported that the drug free wings provided a supportive environment where prisoners were empowered and given ownership of their recovery. The IMB were impressed by the drug programmes and the positive impact they had on prisoners.

Previous deaths at HMP Lancaster Farms

27. Mr Robinson was the third prisoner to die at Lancaster Farms since December 2020. Both the previous deaths were from natural causes. There were no issues from those investigations relevant to the death of Mr Robinson

Assessment, Care in Custody and Teamwork

28. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be irregular to prevent the prisoner anticipating when they will occur. There should be regular multidisciplinary review meetings involving the prisoner.

29. As part of the process, a caremap (plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions of the caremap have been completed. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

Psychoactive substances (PS)

30. The term 'psychoactive substances' is a broad term that refers to a drug or other substance that affects mental process. Synthetic cannabinoids and synthetic opioids (including nitazene) are substances that mimic the effects of traditional controlled drugs such as cannabis, cocaine, heroin and amphetamines. Synthetic cannabinoids and synthetic opioids can be difficult to detect as the compounds used in their manufacture can vary and use of these substances presents a serious problem across the prison estate.

31. PS can affect people in a number of ways, including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of these substances can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, the use of PS is associated with the deterioration of mental health, suicide and self-harm. Testing for PS is in place in prisons as part of existing mandatory drug testing arrangements.

Key Events

32. Mr John Robinson had a significant offending history and had been in prison several times. He had last been released from prison in November 2022.

HMP Forest Bank, 24 February – 30 November 2023

33. On 24 February 2023, Mr Robinson was remanded to custody and taken to HMP Forest Bank, having been charged with violent offences. Mr Robinson told a nurse that he had no thoughts of suicide or self-harm. He said that he did not have any diagnosed mental health conditions, although he had received medication for depression in the past.

34. The same day, a substance misuse service (SMS) nurse at Forest Bank saw Mr Robinson to discuss his substance misuse issues. The nurse completed drug tests which showed that Mr Robinson tested positive for cocaine, buprenorphine (a synthetic opioid used to treat opioid addiction), and benzodiazepines (sedatives). The nurse identified that Mr Robinson was withdrawing from alcohol and benzodiazepines, so she prescribed him a combined detoxification programme and referred him to the SMS caseload.

35. On 27 February, Mr Robinson told a SMS recovery worker that he had been taking illicit substances and drinking alcohol since he was 15, and that he would like help to address these issues whilst at Forest Bank. The recovery worker created a substance misuse care plan for Mr Robinson. They also told Mr Robinson about the risks associated with psychoactive substances (PS) and they explored ways to reduce harm and prevent potential overdose situations.

36. On 1 March, Mr Robinson completed his combined detoxification programme. On 7 March, a nurse suspected that Mr Robinson was under the influence of an illicit substance. Mr Robinson denied this.

37. On 21 March, Mr Robinson told an SMS recovery worker that he had been taking PS whilst at Forest Bank. He said that his mum was terminally ill and that he was using PS to block out the thoughts in his head. Mr Robinson agreed to continue his recovery care plan and said that he would like to attend substance misuse support groups.

38. Over the next two months, Mr Robinson attended his substance use recovery appointments and completed various recovery and relapse prevention workbooks.

39. On the afternoon of 22 May, an officer suspected Mr Robinson to be under the influence of an illicit substance. The officer alerted healthcare staff but due to staffing issues, a nurse was not able to assess Mr Robinson until later that evening. The nurse assessed him as no longer being under the influence and advised him to contact staff should his condition change.

40. The next day, a nurse completed a welfare check on Mr Robinson. Mr Robinson told the nurse that he had been smoking PS for a couple of months, and that he was using daily. He asked for additional substance misuse support, so the nurse

contacted his recovery worker to advise of this. The recovery worker saw Mr Robinson later that afternoon and gave him some workbooks to complete.

41. On 30 May, Mr Robinson received the results from a recent random drug test. He tested positive for PS. There is no evidence that Mr Robinson was seen by the SMS after this date, nor is there any reason documented as to why his contact with them stopped.

42. On 20 August, Mr Robinson requested to speak with the mental health team at Forest Bank as he was feeling anxious and low in mood. Staff referred him to the mental health team. On 29 August, a mental health nurse assessed Mr Robinson. They discussed Mr Robinson's concerns and possible treatment options. They agreed that Mr Robinson would benefit from the intuitive thinking skills service, specifically the intuitive recovery course. The nurse completed the relevant referral to the Psychological Wellbeing Practitioner (PWP) Service.

43. On 15 September, Mr Robinson attended court and was sentenced to two years imprisonment. He returned to Forest Bank.

44. On 26 September, a nurse from the PWP team discussed treatment options with Mr Robinson. They agreed to work on his low mood management. Over the next two months, Mr Robinson attended most of his PWP intervention sessions, although he did not always fully engage and appeared disinterested in the sessions.

45. On 8 November, Mr Robinson saw a GP after he reported having digestive problems. The GP concluded that his symptoms were likely to be caused by his low mood and anxiety and prescribed him mirtazapine to treat this.

HMP Lancaster farms

46. On 30 November, Mr Robinson moved to HMP Lancaster Farms. During his initial health screening, Mr Robinson told a nurse that he did not have substance misuse issues and that he did not want to be referred to the prison's substance misuse service. She undertook the Alcohol Use Disorders identification test known as AUDIT PC (a screening tool used by health and social care professionals to assess a person's level of risk of alcohol harm). Mr Robinson scored 0, which indicated there were no issues regarding alcohol use. When asked, Mr Robinson said he had mental health problems and had been treated by the mental health team in Forest Bank. He denied any thoughts of suicide and self-harm. Staff continued his prescription of mirtazapine. They also referred Mr Robinson to the mental health team on his request.

47. On 1 December, a senior drug and alcohol practitioner saw Mr Robinson to complete an initial assessment as part of his induction process. Mr Robinson again said that he did not want any support from the SMS at Lancaster Farms. The practitioner gave Mr Robinson a leaflet on harm reduction and told him about different substance misuse referral pathways, should he change his mind in the future.

48. The same day, Mr Robinson moved from the induction wing to a single cell on a standard wing.

49. On 2 December, a nurse reviewed Mr Robinson's referral to the mental health team (for anxiety, depression and thoughts of violence), and completed a desk top triage. She noted that he had no recorded history of self-harm and was currently prescribed mirtazapine. She added Mr Robinson to the talking therapies triage waiting list and sent him a letter explaining this.

Events of 11 December 2023

50. On 11 December at around 9.00am, a prisoner told Officer A that he was concerned about Mr Robinson. When the officer went to Mr Robinson's cell and looked through the observation panel, it looked like Mr Robinson was having a seizure. He went into the cell while simultaneously radioing a code blue (used when a prisoner has stopped or is having difficulty breathing). Mr Robinson was initially unable to speak, but quickly became alert and conscious. Mr Robinson presented as confused as to why staff were in his cell. Staff noted that there was a smell in the cell associated with smoking PS.

51. A few moments later, a Custodial Manager (CM) and a nurse responded to the code blue and arrived at Mr Robinson's cell. The nurse agreed that the ambulance could be cancelled and instructed wing staff to monitor Mr Robinson. The CM told us that wing staff searched Mr Robinson's cell for drug paraphernalia and removed some suspicious pieces of paper. These were tested and came back positive for PS after Mr Robinson had died.

52. Shortly afterwards, the CM and nurse returned to Mr Robinson's cell so that the nurse could complete some medical observations. As they approached his cell door, Mr Robinson appeared to be ringing someone from his in-cell phone. The CM unlocked and opened the cell door and tried to engage in conversation with Mr Robinson. Mr Robinson ignored staff despite repeated requests to speak to them. As Mr Robinson's speech was coherent and he appeared to be angry, staff left the cell and asked wing staff to monitor him.

53. At around 9:30am, Officer A went to Mr Robinson's cell to complete a welfare check. At interview, he said that he found Mr Robinson with a telephone cord wrapped around his neck. He told Mr Robinson to remove the cord from around his neck and asked him if he was okay, but his response did not make much sense. Staff started Prison Service suicide and self-harm monitoring and support procedures, known as ACCT. They set ACCT observations at one every two hours, and the CM arranged Mr Robinson's initial ACCT review for the following morning. Staff submitted an intelligence report.

54. At approximately 10.00am, wing staff completed a welfare check on Mr Robinson and noted that he still appeared under the influence (he was slurring his words and having muscle spasms) and was throwing things around his cell. Staff radioed another code blue. Moments later, both healthcare staff and additional wing staff attended the cell. A Senior Officer (SO) noticed that Mr Robinson had a vape in his hand, which he suspected contained illicit drugs. He told Mr Robinson to give the vape to staff. However, Mr Robinson became aggressive and refused. As a result, staff had to use force to take the vape. They left the cell and waited for healthcare staff to arrive.

55. When a nurse arrived at Mr Robinson's cell, he was still being aggressive and was shouting and kicking his cell door. As a result, she did not go into his cell but noted that Mr Robinson appeared orientated and alert. Mr Robinson became angry when she suggested he had taken illicit substances and he refused to allow her to take his physical observations. She noted that his movements and presentation now appeared normal. She advised the wing staff to conduct 15-minute welfare checks for the next hour and to report any concerns to healthcare staff. Staff removed Mr Robinson from the cell to search for any illicit items. They found some more suspicious pieces of paper which they put in evidence bags. Staff returned Mr Robinson back into his cell. They charged Mr Robinson with being found under the influence and for disobeying a lawful order and scheduled his adjudication (disciplinary hearing) for the next day. Both Mr Robinson's vape, and the additional pieces of paper, tested positive for PS after Mr Robinson died.

56. At 2.04pm, an officer saw Mr Robinson and attempted to complete an ACCT assessment with him. Mr Robinson refused to engage and stated that "he doesn't need to be on an ACCT". When asked how he felt after the morning's incident, Mr Robinson said that he was completely fine, that he could not recall much about the incident and did not want to talk about it anymore. Mr Robinson said that he had no thoughts of suicide or self-harm. The officer assessed that Mr Robinson was not suicidal or depressed, and given that he was due to be released in two months' time, had a sense of hope for the near future.

57. That afternoon and evening, staff recorded that Mr Robinson appeared to be in a good mood and watched television in his cell. He was issued with his adjudication hearing paperwork.

Events of 12 and 13 December 2023

58. On 12 December at 9.00am, the CM, SO and an Officer went to Mr Robinson's cell to complete his first ACCT case review. No mental health staff were available to attend the review that morning due to staffing constraints. Mr Robinson declined to leave his cell for the ACCT review, and said he was embarrassed by his actions and had been just messing about with the phone line. The CM asked him if he had any thoughts of suicide or self-harm to which he replied "no, can you close the ACCT, I do not need it". Mr Robinson went on to say that he had never been monitored under ACCT procedures before and would never kill himself. He said that he had plans for the future which were to get out of prison in a few weeks' time and help look after his terminally ill mother.

59. The CM, officer and SO agreed that the ACCT would be put into post-closure. The CM advised Mr Robinson that he would still be monitored daily and to inform staff if he felt low. Mr Robinson appeared happy with this and thanked staff. A post-closure review was scheduled for 19 December.

60. The next day, Mr Robinson attended his adjudication hearing for disobeying a lawful order. Due to his positive presentation at the hearing and positive conduct report, a senior prison manager gave him a suspended sentence, which Mr Robinson appeared happy with. The adjudication for being suspected to be under the influence of illicit substances was adjourned pending legal advice and for tests to be carried out on the illicit items seized from Mr Robinson's cell.

61. A few hours later, Mr Robinson also attended an appointment with his Prison Offender Manager (POM). They discussed Mr Robinson's offence, sentence plan, and what was expected of him whilst at Lancaster Farms. The POM advised Mr Robinson to refer himself to the substance misuse service and to engage with them to address his substance misuse issues.

62. Overall, staff recorded that Mr Robinson had a good day, ate food, and mixed with his peers. Staff recorded no concerns about Mr Robinson.

Events of 14 December 2023

63. The investigator watched CCTV footage, body worn video camera (BWVC) footage and listened to prison radio transmissions from 14 December. She also obtained information from the Northwest Ambulance Service. The following account has been taken from all sources.

64. On the afternoon of 14 December, Mr Robinson asked Officer C about his eligibility for category D status. The officer referred his query to the offender management unit (OMU) and was informed that Mr Robinson would not be assessed for category D status because there was insufficient time to evidence a reduction in his risk factors. Instead, Mr Robinson would be released on his conditional release date of 22 February 2024 and would probably have to live at an approved premises. The OMU had informed Mr Robinson's community offender manager of this so that they could start the appropriate assessments. When the officer told Mr Robinson, he said he took the news in "good spirits".

65. Some prisoners on the wing were let out of their cells for association from 5.45pm. As Mr Robinson was not due to have association that evening, he remained locked in his cell. Several prisoners spoke to Mr Robinson through his observation panel.

66. At approximately 6.56pm, a prisoner went to the wing office and told Officer C that something was wrong with Mr Robinson, and that he was lying on the floor of his cell. The officer went to check on Mr Robinson, looked through his observation panel and found him slumped at the back of his cell, unresponsive. He immediately unlocked his cell, opened the door, and radioed a code blue. Control room staff immediately telephoned for an ambulance. He checked Mr Robinson for signs of life and found none, so he started cardiopulmonary resuscitation (CPR).

67. A nurse and a Healthcare Assistant (HCA) arrived at Mr Robinson's cell at 7.01pm. Mr Robinson was laid on the floor at the back of his cell under the window. The nurse checked Mr Robinson for signs of life. He was not breathing, he was cold, and he had no pulse. She told the staff to move Mr Robinson onto the wing landing, so they had more space to treat him.

68. Once on the landing, staff attached a defibrillator which did not initiate a shock but advised the officers to continue giving CPR. Due to Mr Robinson's suspected intoxication, the nurse administered naloxone at 7.04pm, and repeated this dose every two minutes. (Naloxone is a drug that is used to rapidly reverse opioid overdose.)

69. At 7.14pm, paramedics arrived at Lancaster Farms. At 7.18pm, the paramedics arrived at Mr Robinson's cell and took over his medical care, assisted by the nurse.

At around 8.00pm, paramedics took Mr Robinson to hospital by ambulance. At 8.10pm, hospital doctors pronounced that Mr Robinson had died.

Contact with Mr Robinson's family

70. The prison assigned two family liaison officers (FLOs). At 10.50pm, they arrived at Mr Robinson's mother's address, informed her of the death of her son and offered their condolences. The prison contributed to Mr Robinson's funeral costs in line with national policy.

Support for prisoners and staff

71. After Mr Robinson's death, the Drugs Strategy Lead debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

72. The Head of Healthcare provided a debrief to primary healthcare staff on duty on the evening of Mr Robinson's death. Another debrief was provided the next morning.

Post-mortem report

73. The post-mortem and toxicology examinations did not establish Mr Robinson's cause of death. The toxicology results showed the presence of synthetic cannabinoids, but no other unprescribed substances. Severe toxic effects of synthetic cannabinoids include chest pains, stroke and psychosis and death has been known to occur due to arrhythmia, convulsion and multi-organ failure. The pathologist concluded that the circumstances surrounding Mr Robinson's death suggested that it was likely to be drug related.

74. At an inquest held in March 2025, the coroner concluded that Mr Robinson died of aspiration of gastric contents as a result of synthetic cannabinoid toxicity.

Findings

75. The pathologist did not establish Mr Robinson's cause of death but noted PS in Mr Robinson's system. They concluded that the circumstances surrounding his death suggested that it was drug related. We have therefore focused our findings on Mr Robinson's drug misuse.

Substance misuse support

76. Mr Robinson said he had a history of drug and alcohol misuse dating back to when he was 15. Mr Robinson initially engaged with SMS at Forest Bank although there is nothing documented as to why he did not have contact with the SMS between June and November 2023.

77. On his arrival at Lancaster Farms, Mr Robinson told a nurse that he did not have substance misuse issues, and that he did not want to be referred to the prison's substance misuse service. The next day, Mr Robinson again said that he did not want any support from the SMS team at Lancaster Farms. Staff gave Mr Robinson a leaflet on harm reduction and told him about substance misuse referral pathways, should he change his mind in the future.

78. Mr Robinson was only at Lancaster Farms for two weeks before he died. Three days before he died, he was suspected to be under the influence of an illicit substance. Prison and healthcare staff assessed him and regularly observed him. However, he was not referred to the substance misuse team. We spoke to a practitioner about referral pathways at Lancaster Farms. He explained that every prisoner entering Lancaster Farms is seen by a member of the substance misuse team and is offered support from their service. He explained that as a referral requires a prisoner's consent, when a prisoner is suspected to be under the influence, they are not automatically referred to the SMS. If the prisoner is repeatedly found under the influence however, a member of the SMS team would speak to them to offer further support. He said that ultimately, a prisoner's engagement with the SMS service is voluntary, and that the prisoner needs to want to stop taking drugs and actively engage to benefit from their services.

79. The practitioner said that if every prisoner who was suspected to be under the influence was referred to their service, they would be inundated and would not be able to undertake psychosocial interventions. He said that there were typically more than ten prisoners each day suspected to be under the influence. However, he also said that there was heightened awareness around PS and prisoners were often suspected to be under the influence when they were not.

80. Mr Robinson also attended an adjudication hearing the day after he was found under the influence. A prison manager told us that if he had admitted his guilt (which he did not) he could have had a 'Chance to Change' adjudication. This offers the prisoner a chance to receive a supportive, more rehabilitative outcome, rather than a punitive one. In the adjudication, the prisoner is able to explore the reasons for their substance misuse and discuss recovery treatments. With the prisoner's consent, referrals can then be made to any additional support services. Mr Robinson's adjudication was adjourned while items taken from his cell were tested.

81. Overall, we are satisfied that Mr Robinson was offered appropriate substance misuse support at Lancaster Farms. The clinical reviewer concurs with this view.

Monitoring prisoners under the influence of illicit substances

82. When Mr Robinson was found under the influence of illicit substances on 11 December, a nurse attended to take clinical observations twice. Staff also tried to ensure that Mr Robinson had no further access to illicit substances on his person or in his cell. After the first code blue, staff searched his cell and removed some suspicious pieces of paper. After the second code blue, Mr Robinson became aggressive and refused to hand over his vape to staff. Staff used force to ensure they retrieved the vape that they suspected contained illicit substances. They also searched his cell and found some more suspicious paper. Both the vape and the paper tested positive for PS.

83. The drug strategy team also tried to identify the source of the drugs and as a result, moved three prisoners to the segregation unit before transferring one out of the establishment.

84. We are satisfied that when Mr Robinson was suspected to be under the influence, staff appropriately monitored him, as well as taking steps to reasonably mitigate the potential of him accessing any further illicit substances.

Drug Supply at Lancaster Farms

85. Between December 2023 and April 2024, Lancaster Farms had between 30 and 67 positive drugs finds per month, of which between two to 15 related to PS. In April 2024, the prison introduced a local dedicated search team which increased the amount of drugs found. Drugs were found across the prison but with the majority generally being on D wing.

86. A prison manager told us that she is responsible for the prison's drug strategy which covers joint working with security and operations to reduce the supply and demand of illicit substances. She said that the prison has taken steps to reduce the supply of drugs into Lancaster Farms including the use of enhanced gate security measures, X-ray machines, body scanners, stringent monitoring of visits, and anti-drone netting. She said that although the population and drug culture is constantly evolving, these measures had had a positive impact in the reduction of the supply of drugs at Lancaster Farms.

87. We acknowledge that Mr Robinson's death was the first likely drug-related death at Lancaster Farms since 2017. The prison has made considerable efforts to combat drug supply and demand, both before and since Mr Robinson's death. We therefore make no recommendation.

Clinical care

88. The clinical reviewer found that the care Mr Robinson received at Lancaster Farms was not of a satisfactory standard and was not equivalent to that which he could have expected to receive in the community. The clinical reviewer found that Mr Robinson was not seen by the mental health team within five days of referral, which

is not compliant with the NHS standard. He made one recommendation around this issue as well as one other issue unrelated to Mr Robinson's death, which the Head of Healthcare will wish to address.

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