Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Stephen Proctor, a resident at Elm Bank Approved Premises, on 16 January 2026

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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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 Stephen Proctor died on 16 January 2026, at Bradford Royal Infirmary while a resident at Elm Bank Approved Premises (AP). His cause of death was synthetic cannabinoid, cocaine, methadone and pregabalin (medication not prescribed to him) toxicity. He took these drugs while away from the premises. Mr Proctor was 52 years old. I offer my condolences to his family and friends.

Mr Proctor had a history of substance misuse and in the months prior to his death had twice been recalled to prison after being released to approved premises. On one occasion he was recalled due to drug use and on the other occasion was recalled due to aggressive behaviour when challenged about possible use of drugs.

Mr Proctor was released from prison to Elm Bank the final time on 13 January. While there he was observed to be under the influence of substances and he was warned that his bed would be withdrawn if he did not address the problem. I am satisfied that this was a reasonable measure in trying to gain Mr Proctor's compliance with premises' rules while also assisting the overall aim of helping him reintegrate into the community.

I make one recommendation.

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 **August 2026**

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Summary

Events

1. On 21 May 2024, Mr Stephen Proctor was remanded to HMP Leeds charged with assault. He was later convicted and sentenced to 29 months in prison.

2. On 13 November 2025, Mr Proctor was released on licence to Elm Bank Approved Premises (AP). He was recalled to prison the same day due to aggressive behaviour towards staff who believed him to be under the influence of an illicit substance.

3. Mr Proctor was released to another AP on 24 November, but was recalled to prison on 11 December due to his use of illicit substances and his failure to abide by other requirements of his licence conditions.

4. On 13 January, Mr Proctor was once again released from Leeds to Elm Bank. On arrival, Mr Proctor said that he had not been given discharge medication by Leeds so staff at Elm Bank obtained a fresh supply of medication from the local pharmacy.

5. On 14 and 15 January, Mr Proctor was noted to be under the influence of an unknown substance. The AP manager issued Mr Proctor a bed withdrawal warning advising him that he would lose his place at the AP if he continued to use substances and that he would most likely be recalled to prison.

6. At a meeting with his probation officer and keyworker on 16 January, Mr Proctor acknowledged that he had used drugs, and he agreed a referral to mental health support services and agreed to a further meeting with his probation officer the following week.

7. Mr Proctor left Elm Bank at 1.33pm on 16 January saying that he was going into town. At 7.47pm, a paramedic telephoned the AP to say that Mr Proctor was being taken to hospital having apparently taken drugs. Mr Proctor died in hospital at 11.20pm that night.

Findings

8. We are satisfied that the AP staff responded appropriately when they identified that Mr Proctor was under the influence of illicit substances and that the incident did not warrant his recall to prison at that stage.

9. We are satisfied that prison and AP staff appropriately supported Mr Proctor for his substance use issues and warned him about the associated risks. We do not consider that Elm Bank could have reasonably prevented Mr Proctor’s actions on the afternoon and evening of 16 January.

10. Staff at Elm Bank should have contacted Leeds to try to establish whether or not Mr Proctor had been given discharge medication.

Recommendations

- The manager of Elm Bank should ensure that staff make all reasonable effort to establish whether residents have received prison discharge medication and should record and alert all AP staff of the potential dangers of overdose associated with the medication in question.

The Investigation Process

11. We were informed of Mr Proctor's death on 19 January 2026.

12. The investigator issued notices to staff and prisoners at Elm Bank AP informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

13. The investigator obtained copies of relevant extracts from Mr Proctor's probation, substance support, prison and medical records.

14. The investigator interviewed six members of staff at Elm Bank on 3 March.

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

16. We contacted Mr Proctor's brother to explain the investigation and to ask if he had any matters he wanted us to consider. Mr Proctor's brother did not respond.

17. We shared our initial report with the National Approved Premises Team (NAPT). NAPT did not find any factual inaccuracies in our report and provided us with an action plan in response to our recommendation.

Background Information

Elm Bank Approved Premises

18. Approved premises (APs, formerly known as probation and bail hostels) mostly accommodate offenders released from prison on licence and those directed there by courts as a condition of bail. Their purpose is to provide a supportive and structured environment. Residents are responsible for their own healthcare and are expected to register with a GP.

19. Elm Bank is an enhanced AP and therefore accommodates critical public protection cases and national security division cases. It is one of four APs operated by the West Yorkshire Probation Area. Elm Bank accommodates up to 22 residents. Residents are required to sign in an out of the building and to follow agreed curfew times. Each resident has a key worker to oversee their progress and wellbeing and to ensure that they adhere to their licence conditions and AP rules. Elm Bank is staffed 24 hours a day.

Recall

20. Recall refers to the process of returning to prison an individual who does not follow their licence conditions. It is the responsibility of the Probation Service to initiate recall of individuals on licensed supervision through the Public Protection Casework Section (PPCS).

21. The recall process is set out in the Recall, Review and Re-Release of Recalled Prisoners Policy Framework. In addition to breaching a licence condition, probation practitioners must consider whether the recall threshold has been made based on an the individual's behaviour or circumstances presented whilst on licence.

22. At the point of initiating recall, it is the responsibility of the police to attend a known address and arrest the individual.

Psychoactive substances (PS)

23. 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 as well as in the wider community. PS is referred to by a variety of other names, including Spice.

24. 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.

Previous deaths at Elm Bank

25. There had been three previous deaths since January 2023 of people resident at Elm Bank. Of the previous deaths, two were self-inflicted and occurred while the residents were away from the premises. The other death was drug related and occurred in January 2023 while the resident was in his room. We found no similarities between Mr Proctor's death and the previous deaths.

Key Events

26. On 21 May 2024, Mr Stephen Proctor was remanded to HMP Leeds charged with assault. Mr Proctor had a history of anxiety and depression although he was not in receipt of any medication for this. He also reported a history of heroin and crack misuse and said he 'craves for drugs'. Mr Proctor was prescribed methadone (for opioid addiction).

27. During 2024 and 2025, Mr Proctor was found under the influence of drugs on 11 occasions. He also provided a number of mandatory drug tests that were positive either for illicit substances or unprescribed medicines.

28. In June 2025, Mr Proctor pleaded guilty to grievous bodily harm and in August, he was sentenced to 29 months in prison. On 22 August, Mr Proctor transferred to HMP Wealstun.

29. On 13 November, Mr Proctor was released on licence to Elm Bank Approved Premises (AP). Mr Proctor arrived at Elm Bank, but he left the building before his induction had been completed. He returned to Elm Bank in the late afternoon showing signs of being under the influence. Ms A, the AP manager, tried to speak to Mr Proctor but he would not engage with her repeated efforts to speak to him and he refused to be drug tested. He also displayed aggressive behaviour. Ms A told the investigator that she maintained a zero-tolerance stance on aggression to staff and in consultation with the on-call senior manager decided that Mr Proctor's bed should be withdrawn and they started recall procedures. Police took Mr Proctor into custody that evening and took him to HMP Leeds the following day.

30. On 24 November, Mr Proctor transferred back to Wealstun.

31. On 11 December, Mr Proctor was released on licence to Cardigan House AP. While there, he was observed at times to be under the influence and he was too incoherent for staff to complete all of his induction work. He also failed to comply with some of his sign-in conditions. The AP activated Mr Proctor's recall to prison. Police officers took him into custody on 17 December and took him back to Leeds on 18 December.

32. Plans were again made for Mr Proctor to move to an AP and Ms B, a recovery co-ordinator at Leeds, spoke with him a number of times about his drug use and giving him harm minimisation advice. Ms B told the investigator that Mr Proctor remained drug free during his last time at Leeds.

33. On 7 January, Mr Proctor's probation officer, Mr A, emailed Ms C, a Probation Service Officer at Elm Bank to say that he had asked Mr Proctor to report directly to Elm Bank following his release from Leeds where he was in receipt of methadone, amitriptyline (an antidepressant) and Epilim Chrono (for epilepsy).

34. On 13 January, Mr Proctor was released on licence to Elm Bank AP. Leeds' head of healthcare confirmed that Mr Proctor left the prison with his discharge medication of amitriptyline and Epilim Chrono. He was also given a naloxone nasal spray (medication used to reverse the effects of opioid overdose). This information was detailed in his ongoing medical record.

35. Ms D, a substance misuse worker with Change Grow Live (CGL) told the investigator that she had been Mr Proctor's key worker on his first release to Elm Bank and was again his key worker for his second time there. She said that if possible, CGL in the Kirklees area transfers people by car between the discharging prison and the AP to which they are moving. She said that the system helps provide continuity of care by ensuring the person arrives promptly at the AP. She said that she and a CGL driver collected Mr Proctor on the morning of 13 January and took him to Elm Bank. She said that during the drive she reminded Mr Proctor about all the dangers associated with drug misuse. She said that Mr Proctor told her that he had been given naloxone, but he did not mention any other medication.

36. Ms E, a probation service officer at Elm Bank, saw Mr Proctor for a welfare assessment. She told the investigator that Mr Proctor was very happy to be at the AP as his brother lived nearby. He said that his brother would cut contact with him if he continued to use substances, so he was going to try his best not to do anything wrong. He also said that he did not have his discharge medication.

37. Ms C noted in Mr Proctor's electronic record:

> 'Stephen arrived at the AP today [and said] he had been released without medication … prioritised call to NHS 111 … call handler took details and said they will call back within 2 hours. [Stephen] has taken morning dose … while still in custody … usually takes Epilim about [6.00pm] and amitiriptyline just after as this enables him to sleep. Discussion with AP [manager] regarding collection of medication. Night staff to pick up if directed to Kirklees pharmacy.'

38. Ms C told the investigator that the AP would try to obtain information about discharge medication prior to the arrival of new residents, but obtaining information could be difficult to obtain for a variety of reasons. She said that Mr Proctor told her that he had fits if he did not take Epilim so due to the time, she prioritised contacting 111 to ensure he had this medication. (Later that day the AP staff arranged for an out-of-hours GP to prescribe amitriptyline and Epilim Chrono and which they collected from the local pharmacy. Mr Proctor also continued to receive daily methadone at the local pharmacy.)

39. Also on 13 January, Mr Proctor had a video meeting with Mr A and Ms C. Mr Proctor and Ms C were at the AP and Mr A joined the meeting from his office in Bradford.

40. In common with all approved premises, residents at Elm Bank must abide by set curfew hours (times when the resident must be present at the premises). Standard curfew times are from 11.00pm to 6.00am. As with all new residents, Mr Proctor's initial curfew times were 7.00pm to 6.00am. Staff at Elm Bank conduct regular welfare checks on residents both inside and outside of curfew hours. Welfare checks are made at 6.00am, 11.00am, 4.00pm, 7.00pm and 11.00pm. Mr Proctor also received additional welfare checks at 9.00pm and 2.30am due to his history of drug and alcohol misuse. Staff explained the various AP rules to Mr Proctor during first and second stage induction meetings on his first two days at the AP.

41. On the afternoon of 14 January, Ms F, a residential worker noted that Mr Proctor's speech was slurred, his eyes were very red, and he was slightly unsteady on his feet.

42. Ms A noted that staff would speak to Mr Proctor the following morning about improving his behaviour. She noted that Mr Proctor had not been aggressive towards staff this time but if he displayed any aggression that evening and overnight the on-call manager would trigger his immediate recall to prison. Staff made regular welfare checks on Mr Proctor that evening and overnight and he responded appropriately and without any concern each time.

43. On the morning of 15 January, Ms F noted that Mr Proctor's speech was extremely slurred, and she had great difficulty understanding him.

44. Ms D said that she was due to visit another resident at Elm Bank on 15 January and while there she decided to have a follow-up meeting with Mr Proctor. She said that she saw Mr Proctor together with Ms C. She said that Mr Proctor seemed to be under the influence, but a urine test for amphetamines, morphine, cocaine, methadone, buprenorphine and benzodiazepines was negative. Ms D said that the test does not check for use of PS. Staff searched his room but found nothing.

45. Ms A noted that staff had been unable to discuss a behaviour improvement plan with Mr Proctor that morning due to him being heavily under the influence. She issued him a bed withdrawal notice that day which stated:

> '… I am issuing you with a 7-day bed withdrawal notice. Unless you start to address your drug misuse and present in the AP as not heavily intoxicated then I reserve the right to withdraw your bed after 7 days. If you are aggressive or abusive to staff at any time it will result in an immediate bed withdrawal.'

16 January

46. On 16 January, Mr Proctor was noted to be present at the AP and responsive at welfare checks at 2.30am, 6.00am and 11.00am. At midday, Elm Bank had a lunch gathering to celebrate winning a Christmas tree competition. Ms A told the investigator that she chatted to Mr Proctor at the gathering. She said that he was sober and he ate a lot of food. She told him that it was wonderful to see him sober and he seemed very happy and positive.

47. At around 12.30pm, Mr Proctor had a video meeting with Mr A and Ms C. Mr Proctor and Ms C were at the AP and Mr A again joined the meeting from his office in Bradford. At the meeting they discussed Mr Proctor's drug use. Ms C noted that Mr Proctor admitted that he had used cannabis, but he denied using PS. She noted that he spoke about several bereavements he had experienced, and he said he used drugs as a coping mechanism. She also noted that she would refer him to a mental health service for further support. Mr A arranged a further meeting with Mr Proctor at his office for 21 January. Mr Proctor said that he would ask his brother to take him to and from the meeting so he could avoid Bradford city centre (where he was in danger of obtaining drugs). Mr A said that he always sensed that Mr Proctor wanted to change his life, but he had had an entrenched lifestyle over a number of years which made it difficult for him to move forward.

48. Mr Proctor left Elm Bank at 1.33pm telling staff that he was going into town. He failed to return to the AP at his 7.00pm curfew time and at 7.35pm, AP staff contacted the police to check if he was in their custody. Staff also contacted Bradford Royal Infirmary and Dewsbury Hospital to check if he had been admitted

there but none of the enquiries established Mr Proctor's whereabouts. At 7.47pm, a paramedic telephoned the AP to say that Mr Proctor was being taken by ambulance to Bradford Royal Infirmary. The paramedic said that a member of the public had telephoned 999 when seeing Mr Proctor apparently taking drugs at Bradford bus station and then having a fit. A doctor at Bradford Royal Infirmary later contacted the AP to say that Mr Proctor had died at 11.20pm.

Contact with Mr Proctor's family

49. Bradford Royal Infirmary contacted Mr Proctor's brother to tell him of his brother's admission and he went to the hospital where he learned of his brother's death. Ms A contacted Mr Proctor's brother to offer her condolences and to inform him of the processes that would follow, including the role of the PPO. The Probation Service contributed to the cost of Mr Proctor's funeral in line with national instructions.

Support for prisoners and staff

50. On the evening of 16 January, a senior manager, Ms G, went to Elm Bank to inform the other residents of Mr Proctor's death and to offer support to them and the staff. Ms A carried out a further debrief with staff and residents on 19 January with offers of professional support.

Post-mortem report

51. Toxicological examination of Mr Proctor's blood and urine found presence of a synthetic cannabinoid (also known as PS), cocaine and pregabalin (a medication used to treat a range of conditions, that Mr Proctor was not prescribed). Examinations also detected the presence of Mr Proctor's prescribed medicines.

52. Examination of Mr Proctor's organs showed oedema in his lungs and brain (oedema is the build-up of excess fluid in body tissues or organs).

53. The pathologist explained that synthetic cannabinoids have a much greater potency than the major metabolite of cannabis and severe toxic effects, such as rapid loss of consciousness, cardiopulmonary arrest and death, had been reported following use of some synthetic cannabinoids. The pathologist explained that Mr Proctor's prescribed methadone, in combination with synthetic cannabinoids and cocaine can cause cardiac arrhythmias (abnormal heart rhythm). The pathologist also explained that the pregabalin would have further compromised Mr Proctor's cardio-respiratory function. The pathologist noted that pulmonary and cerebral oedema are commonly seen in death due to toxicity. The pathologist gave Mr Proctor's most likely cause of death as synthetic cannabinoid, cocaine, methadone and pregabalin toxicity.

Findings

Substance misuse and support

54. Mr Proctor died of combined drug toxicity while away from Elm Bank. He had a significant history of substance misuse and had been observed at Elm Bank to be under the influence. Staff warned him that his place at Elm Bank was in jeopardy unless he addressed the problem. At a three-way meeting with his probation officer and keyworker at midday on 16 January, Mr Proctor acknowledged using substances and he agreed to a referral to mental health services and he agreed to attend a further meeting with his probation officer five days later. Mr Proctor was also receiving substance misuse support from CGL.

55. We are satisfied that Mr Proctor received appropriate support for his substance misuse problems both prior to his release from Leeds and then on moving to Elm Bank. This included warnings about reduced tolerance and risk of overdose.

Bed withdrawal notice

56. When Mr Proctor was observed to be under the influence at Elm Bank, Ms A issued him with a bed withdrawal notice giving him seven days to modify his behaviour. APs have an important role in reintegrating offenders back into the community. Mr Proctor had been recalled to prison twice in in the previous two months. We do not consider that it would have been in Mr Proctor's long-term interests for Ms A to have immediately triggered his recall to prison again. Instead, we consider her decision to issue him a seven-day bed withdrawal notice was a reasonable and appropriate response.

Discharge medication from Leeds

57. On release from Leeds, Mr Proctor's medical record states that he left with discharge medication comprising amitriptyline, Epilim Chrono and naloxone nasal spray. However, on arrival at Elm Bank, Mr Proctor reported that he had not been given either the amitriptyline or Epilim Chrono and the AP arranged a supply from the local pharmacy.

58. Leeds' Head of Healthcare told the investigator that Mr Proctor had been given his discharge medication but it is not possible for us to determine precisely on this. We acknowledge Ms C's evidence on the difficulty at times in obtaining information from prison healthcare teams and the need to try to ensure that Mr Proctor obtained replacement medication. However, both amitriptyline and Epilim Chrono can be dangerous in overdose so Ms C should have made some effort to contact Leeds and should have recorded the outcome of any discussion including the potential danger in overdose of the medicines in question. We make the following recommendation:

    The manager of Elm Bank should ensure that staff make all reasonable effort to establish whether residents have received prison discharge medication and should record and alert all AP staff of the potential dangers of overdose associated with the medication in question.

Inquest

59. An inquest into Mr Proctor's death held on 6 August 2026 concluded that his cause of death was synthetic cannabinoid, cocaine, methadone and pregabalin toxicity.

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