

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Jeffrey a prisoner at HMP Hewell on 21 September 2016

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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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.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Christopher Jeffrey collapsed in his cell at HMP Hewell on 21 September. His cellmate said that he had injected himself with an illicit substance. Nursing staff attended but despite the efforts of staff to resuscitate him, Mr Jeffrey was pronounced dead. He was 37 years old. I offer my condolences to Mr Jeffrey's family and friends.

The clinical reviewer has concluded that the healthcare provided to Mr Jeffrey at Hewell, including the management of his substance misuse, was of a standard equal to that to be expected in the community.

Mr Jeffrey was clearly determined to continue to use illicit drugs which are evidently a serious problem at Hewell. However, we have seen evidence that the prison is making a concerted effort to address the problem, even if there is much still to do. In the circumstances, I do not consider that prison or healthcare staff could reasonably have done more to prevent Mr Jeffrey'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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

May 2017

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Summary

Events

1. Mr Christopher Jeffrey was remanded into custody at HMP Hewell on 16 May 2016, charged with burglary. This was not his first time in custody. During his reception, a nurse completed a healthscreen with Mr Jeffrey. The healthscreen identified that Mr Jeffrey was a regular user of illicit drugs and alcohol. No other physical or mental health issues were identified.
2. Mr Jeffrey was placed on a detoxification programme and assigned a drug support worker, whom he saw on a regular basis to discuss his treatment and seek support. On 17 June, Mr Jeffrey was found guilty and sentenced to four years and eight months in prison. After this, Mr Jeffrey agreed with his support worker that he would gradually reduce his intake of methadone, which he had been taking since arriving at Hewell.
3. Mr Jeffrey was initially placed on the drug and alcohol detoxification unit (houseblock four). In July, he asked to move to a normal residential unit (houseblock three). Mr Jeffrey was open about his previous drug use, but told his support workers he was committed to addressing it. Mr Jeffrey attended courses on parenting and became involved in helping other prisoners.
4. Mr Jeffrey failed mandatory drug tests which indicated he had used cannabis and synthetic cannabis (NPS). He was also caught concealing methadone by staff, after which his methadone treatment was stopped.
5. On 21 September, at approximately 12.44pm, Mr Jeffrey's cellmate alerted staff to inform them that that Mr Jeffrey had collapsed. Staff found Mr Jeffrey on his bed, unconscious and unresponsive. Mr Jeffrey's cellmate stated that Mr Jeffrey had injected himself with an illicit substance just before he collapsed. Nursing staff attended immediately, and nurses and officers attempted to resuscitate Mr Jeffrey. An ambulance was requested and paramedics arrived at the prison within minutes. Despite the efforts of officers, nursing staff and paramedics, a prison GP pronounced Mr Jeffrey dead at 1.20pm.

Findings

Illicit drug use

6. Mr Jeffrey had a long history of illicit drug use, and medical notes indicate that prior to this period of custody his use had been escalating. Mr Jeffrey admitted using a number of illicit substances and alcohol, and staff appropriately initially placed him on a methadone maintenance programme. After Mr Jeffrey was sentenced in June, he agreed to a gradual reduction programme.
7. Staff identified Mr Jeffrey's need for detoxification as soon as he arrived at Hewell, and he received appropriate treatment. Mr Jeffrey had regular contact with a designated support worker who discussed appropriate interventions with him and made them available to him. The support worker said that Mr Jeffrey had shown a desire to address his drug issues during their meetings.

8. Despite this, Mr Jeffrey was still using illicit substances. He was caught concealing methadone and failed two mandatory drug tests. Clearly illicit drugs are a serious problem at Hewell, but staff said that concerted efforts to disrupt the supply of illicit drugs into the prison were ongoing. The prison has a comprehensive Drug Supply Reduction Strategy which now links into the Security Committee meeting, Violence Reduction and Safety Custody Meetings. An integral part of this is the strategy aimed at reducing the supply of NPS. The prison is aware of the relatively new 'synthetic heroin', which, it was said, Mr Jeffrey had used on 21 September. We are satisfied that the staff at Hewell are being proactive in tackling the increasing drug problems. As a result, we have made no recommendations.

Clinical care

9. The clinical reviewer has concluded that the healthcare received by Mr Jeffrey was equivalent to the care he would have received in the community. The reviewer has stated that Mr Jeffrey chose to continue using illicit substances while in prison, and this was high-risk behavior. He does not feel that staff could have predicted or prevented his death. No recommendations for healthcare have been made.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Hewell informing them of the investigation and asking anyone with relevant information to contact him. No responses were received.
11. HMP Hewell provided copies of relevant extracts from Mr Jeffrey's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Jeffrey's clinical care at the prison.
13. The investigator and clinical reviewer interviewed four members of staff at Hewell.
14. We informed HM Coroner for Worcestershire of the investigation. The results of toxicology tests indicate that Mr Jeffrey had a number of both illicit and prescribed substances in his system including a synthetic opioid analgesic. The report notes that this drug is 7.5 times more potent than morphine. The report concludes that the presence of this drug along with both heroin and methadone would possibly result in respiratory failure. The Coroner has not yet given a definitive cause of death.
15. One of our family liaison officers contacted Mr Jeffrey's father on 7 November to explain the investigation. Mr Jeffrey's father raised the following issues, which we hope this report addresses.
 - Was the emergency response appropriate and were there any delays in staff entering the cell? Was Mr Jeffrey's cellmate involved in the emergency response and delivery of first aid?
 - Was Mr Jeffrey's on medication and if so, why, and was this appropriate?
 - Was Mr Jeffrey subject to any form of monitoring at the time of his death?
16. Mr Jeffrey's father received a copy of the draft report, but no response was received in respect of our finding or any factual inaccuracies.

Background

HMP Hewell

17. HMP Hewell is an amalgamation of two prisons: the former HMP Blakenhurst, and HMP Hewell Grange. The Hewell Grange site continues to operate as an open prison and the Blakenhurst site is a secure, local prison. Mr Jeffrey was housed at the former Blakenhurst site, which comprises six houseblocks, holding around 1,100 men. Care UK provides health services at Hewell. Worcestershire Health and Care NHS Trust provided health services until 31 March 2016.

HM Inspectorate of Prisons

18. The most recent inspection of Hewell was conducted in September 2016 and the report published in January 2017. The Inspectorate comment that Hewell remained a prison with many challenges and areas of serious concern. However, the inspection team also found some notable improvements and the report comments that it was striking how very good and poor outcomes existed side by side. The Inspectorate states that the main concerns were regarding issues of safety and respect, and these issues were highlighted by the Inspectorate by way of a number of recommendations around first night procedures and levels of violence. The Inspectorate comment that drug supply reduction efforts were developing, but 60% of prisoners at Hewell said it was easy to obtain illegal drugs. Mandatory drug testing rates had exceeded the target for the previous six months.

Independent Monitoring Board

19. 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 published annual report up to September 2016, the IMB noted that, throughout this recording period members had observed an alarming increase in prisoner on prisoner and prisoner on officer violence. They comment that many of the serious incidents in Hewell have been because of the use of new psychoactive drugs (NPS). The IMB also note that the increased use of drones to smuggle in prohibited objects and substances has also contributed to this disturbing development.

Previous deaths at HMP Hewell

20. Mr Jeffrey's death is the third drug-related death at Hewell since 2014. In recent investigations, we have raised concerns about the management of suicide and self-harm procedures. However, these procedures were not relevant in this investigation.

New Psychoactive Substances (NPS)

21. New psychoactive substances, or NPS, previously known as 'legal highs', are an increasing problem across the prison estate. They are difficult to detect and 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 NPS can present as less inhibited, with heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence

of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

22. In July 2015, we published a Learning Lessons Bulletin about the use of NPS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.
23. NOMS now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements. Testing has begun and NOMS continue to analyse data about drug use in prison to ensure new versions of NPS are included in the testing process.

Key Events

24. On 16 May 2016, Mr Jeffrey was remanded into the custody at HMP Hewell, charged with burglary. This was not his first time in custody. When he arrived at Hewell, a nurse assessed him as part of an initial reception health screen. He recorded that the Prisoner Escort Record (PER) form that accompanied Mr Jeffrey from court identified no concerns. He recorded that Mr Jeffrey had a history of drug and alcohol misuse and that, as a result, he had suffered from seizures in the past.
25. Mr Jeffrey displayed mild withdrawal symptoms from his substance misuse and the nurse referred him to the GP and substance misuse services. Mr Jeffrey provided a urine sample, which tested positive for opiates, cocaine, benzodiazepines and cannabis. Mr Jeffrey said that he had been injecting up to “10 bags” of opiate daily, smoked around £100 worth of cocaine per day and used 50-100mg benzodiazepines daily. He also said that he drank around 150 units of alcohol per week.
26. Mr Jeffrey also told the nurse that he had seen his community GP two weeks earlier and been prescribed 75mg pregabalin three times per day. Pregabalin is used to treat a number of medical conditions including seizures. A locum GP re-prescribed the pregabalin at Hewell, once confirmation of Mr Jeffrey’s prescription was received from his community GP.
27. Once staff had completed the reception procedures, staff escorted Mr Jeffrey to houseblock four where he was to be located. Houseblock four provides Integrated Substance Misuse Services (ISMS) at Hewell. A prison GP assessed the notes made by the nurse and prescribed 5ml diazepam in order to reduce withdrawal symptoms overnight. He did not see Mr Jeffrey in person, but recorded that another GP would assess Mr Jeffrey the following day, 17 May.
28. On 17 May, a nurse completed a secondary reception screen with Mr Jeffrey. The secondary screen is an opportunity for prisoners to disclose any details of their medical history that they may have forgotten on reception. Mr Jeffrey reported that he had occasional seizures linked to withdrawals, but no other health issues were recorded. The nurse identified Mr Jeffrey as being fit for normal location, work and cell occupancy. A prison GP also saw him. He recorded that this was Mr Jeffrey’s third time in custody, and his drug use had been escalating each time. He prescribed Mr Jeffrey 5ml diazepam daily for a further 30 days and 1mg methadone (a heroin substitute) for five days.
29. Due to Mr Jeffrey’s drug history, a nurse had referred him to substance misuse services at reception and a support worker saw him on 17 May to complete a substance misuse assessment. The support worker recorded Mr Jeffrey’s substance misuse history, and that Mr Jeffrey had indicated to him that he was prepared to engage in a treatment programme. He met Mr Jeffrey fortnightly to provide support and monitor his drug treatment. Mr Jeffrey was placed on a methadone maintenance programme of 40mls daily. He told the support worker during their conversations that he had no thoughts of reducing his methadone, but would discuss a reduction plan once his court case was over.

30. On 17 June 2016, Mr Jeffrey appeared at Crown court, via video link, and was found guilty of burglary. He was sentenced to four years and eight months imprisonment.
31. On 20 June, Mr Jeffrey met his support worker and, as his court case had now been completed, he understood that he would need to reduce his methadone intake. However, it was agreed that this would be left for a couple of weeks, while Mr Jeffrey came to terms with his sentence.
32. On 22 June, the support worker met Mr Jeffrey again. He told the support worker that he had asked to be moved from houseblock four to three. He was advised by the wing manager that he would be able to do so, but would be required to come off his methadone programme, and he had reluctantly agreed to do so. The support worker spoke with nursing staff, who said Mr Jeffrey would have to agree a reduction plan. Mr Jeffrey agreed to begin reducing his methadone by 2mls per week.
33. Prison staff raised no concerns about Mr Jeffrey's behaviour, and he continued to reduce his methadone by 2mls per week. On 6 July, staff carried out a random mandatory drug test (MDT). Staff noted that Mr Jeffrey appeared dazed, and when asked about this, said that he was tired as he had returned from the gym and had not been sleeping much. Mr Jeffrey later moved to houseblock three as he had requested.
34. On 11 July, the prison received the results of the MDT, which indicated positive for methadone, benzodiazepines and cannabis. On 14 July, Mr Jeffrey told his support worker that he had used cannabis, but had not knowingly used benzodiazepines, and had not used illicit drugs since moving to houseblock three. Mr Jeffrey attended his adjudication for failing the drug test later that day. It was adjourned.
35. On 16 August, the support worker met Mr Jeffrey, who said that he was doing fine and wanted to come off his methadone as soon as possible. Mr Jeffrey agreed that his methadone would be decreased by 4mls for that week and then 5mls per week thereafter. The support worker also discussed the possibility of Mr Jeffrey being prescribed lofexidine (also known as Britlofex and used to reduce the side effects of opiate withdrawal). During the meeting, Mr Jeffrey spoke positively about working towards a transfer to another prison and completing parenting and gym courses.
36. On 18 August, Mr Jeffrey submitted a healthcare application, which stated that he did not feel that his current dose of 75mg pregabalin was adequate. The clinical team lead recorded on his medical record that a mental health assessment would need to be completed to establish whether there was a need to increase the dose. A routine referral was made to the mental health team.
37. On 24 August, the support worker had his final meeting with Mr Jeffrey. Another key worker was to be allocated to him. Mr Jeffrey said that he had completed the parenting course, was continuing with his gym course, and was training to become a restorative justice peer mediator (RJPM). Mr Jeffrey also told the support worker that he was happy with the way his methadone reduction was going and that he was currently on 15mls per week.

38. RJPMs are prisoners who are trained to help reduce and resolve violence, intimidation and conflict at HMP Hewell. Prisoners from all the houseblocks are recruited onto a six-week training course. Once fully trained, there are options for them to be employed in the role full time, or continue in other paid roles and help on a voluntary basis. Mr Jeffrey was part-way through this training, and staff said that he was showing a great deal of promise and wished to join the team when his training was complete.
39. On 29 and 30 August, a nurse visited houseblock three in an attempt to see Mr Jeffrey and complete a mental health screen. On both occasions, she was unable to locate him as he was attending a course at the gym. Wing staff told her that they had no concerns about Mr Jeffrey. She recorded that Mr Jeffrey would be placed back onto the waiting list. Another nurse also attempted to see Mr Jeffrey on 9 and 12 September, but again he was off the wing and not available.
40. Mr Jeffrey was now on 10ml methadone daily. On 3 September, an officer working on the houseblock observed a prisoner passing Mr Jeffrey something, which he then attempted to conceal. When she challenged Mr Jeffrey, he was initially resistant to disclose what he had but then showed the officer some pregabalin. Staff then searched Mr Jeffrey and found a bottle which, nursing staff confirmed, contained methadone. Mr Jeffrey's attempts at concealing medication were reported by officers to the healthcare team and Mr Jeffrey's methadone was stopped with immediate effect.
41. On 6 September, Mr Jeffrey attended the adjourned adjudication from July. He pleaded guilty to the charge of 'administers a controlled drug to himself or fails to prevent the administration of a controlled drug to him by another person'. He received a stoppage of 50% of his earnings, 14 days loss of canteen and association, all suspended for six months. Mr Jeffrey also agreed to take part in the frequent testing programme (FTP) as part of the prisons drug strategy, agreeing to be drug-tested every six weeks.
42. Mr Jeffrey was allocated new key worker in September. She attempted to see Mr Jeffrey at the start of the month, but was unable to do so as he was off the wing, either at work or at the gym.
43. The key worker told the investigator that her colleagues had informed her that on 7 September Mr Jeffrey had presented as being intoxicated. When she finally saw Mr Jeffrey for assessment on the 14 September, he admitted to her that he had been smoking cannabis and purchasing zopiclone (a sedative) illicitly on the houseblock. During the meeting with her, Mr Jeffrey expressed some anger as he had been refused lofexidine to assist with his withdrawal symptoms. She said that she explained to Mr Jeffrey that, while he continued to use illicit drugs, lofexidine could not be prescribed safely.
44. The key worker discussed a number of psychosocial interventions with Mr Jeffrey and agreed to see him two weeks later, in order to review his progress with a workbook she had provided. She also agreed to refer Mr Jeffrey for group sessions. She told the investigator that her contact with Mr Jeffrey was limited, but he had appeared genuinely committed to managing his substance misuse issues.

45. The key worker told the investigator that, like an increasing number of other prisons, Hewell had a significant issue with NPS. She also said that there had been a recent increase in the use of synthetic opiates, commonly referred to as 'china white.' Synthetic opiates are a mixture of fentanyl (a powerful opiate-based painkiller used in palliative care and anesthesia) and heroin. Like all these drugs, the precise composition is often unknown and the risk of adverse reactions or overdose significant.
46. On 16 September, Mr Jeffrey provided a urine sample as part of the FTP that he had agreed to at his adjudication. The results of this test were not reported until after 21 September, but indicated a positive test for NPS.
47. The same day, Mr Jeffrey spoke with an officer and told her that he was keen to move on from Hewell as he wished to progress, and he was finding custody difficult. She recorded that Mr Jeffrey was always polite, but she suspected that he was, at times, intoxicated as his speech was often "mumbled."
48. On the evening of 17 September, drone activity was reported around the window of the cell occupied by Mr Jeffrey and his cellmate. The cellmate told the investigator that he had not been sharing a cell with Mr Jeffrey for long. On 18 September, due to the overnight drone activity, staff conducted a search of their cell, but nothing was recovered.
49. On 21 September, over the lunch period, at approximately 12.44pm, the cellmate began banging his cell door and pressed his cell call bell. Officer A was on lunchtime patrol and went to answer the cell call. When he arrived at the cell, the cellmate told him that Mr Jeffrey was not breathing.
50. The cellmate told the investigator that, over the lunch period, Mr Jeffrey had injected himself with 'china white'. He denied using the drug himself and claimed that he told Mr Jeffrey not to do it. He said that he had not seen Mr Jeffrey inject before and was not sure where he had obtained the drugs. He said that he was at the sink washing out the syringe that Mr Jeffrey had used, when he heard Mr Jeffrey make a strange noise and then slump backwards onto the bed. He told the investigator that he shouted to other prisoners and told them what had happened, and then proceeded to bang on his door and press his cell call bell to alert staff.
51. When the cellmate alerted Officer A, he called to his colleagues, who were taking their lunch break on the houseblock, for assistance. A radio call was also made for healthcare to attend. Officers did not initially put this out as a medical emergency code blue call, which alerts all staff that a prisoner is unconscious and/or not breathing, allowing staff to call an ambulance and make available the appropriate equipment.
52. Officer A entered the cell with Officer B. It was quickly established that Mr Jeffrey was not breathing, and no pulse could be detected. Officer B then called a code blue, and the officers began cardiopulmonary resuscitation (CPR.)
53. Officer B is a regular member of staff on houseblock three and had known Mr Jeffrey for some time. He told the investigator that Mr Jeffrey had always appeared polite and respectful and he had never had cause to be concerned

about him. When asked about any concerns he may have had relating to Mr Jeffrey's previous drug use, he said that he had never had any such concerns. He said it was his belief that Mr Jeffrey had begun mixing with what he described as the "wrong crowd".

54. The nurse designated on the radio network as Hotel 1, the emergency response nurse, had been making her way to houseblock three in response to the initial radio alert when, at 12.46pm, the call was upgraded to a code blue.
55. Other nursing staff also responded and arrived on the houseblock within minutes to find Mr Jeffrey lying on his bed, unresponsive, with officers attempting CPR. The cellmate had told officers that Mr Jeffrey had injected a substance that he believed to be 'china white'.
56. The nurse inserted an airway into Mr Jeffrey's throat and attached a bag valve mask (BVM) to assist his breathing. Nursing staff attached an Automated Electronic Defibrillator (AED) to Mr Jeffrey's chest, which advised the staff to continue CPR. Nursing staff made unsuccessful attempts to insert an intravenous cannula so they could administer medication. Instead, they gave Mr Jeffrey an intra-muscular injection of naloxone (a drug used to reverse the effect of opiate overdose) and continued with CPR.
57. The control room at Hewell requested an emergency ambulance at 12.48pm, and paramedics from West Midlands Ambulance Service (WMAS) arrived at Mr Jeffrey's cell at approximately 1.00pm. They assisted nursing staff with CPR, inserted an intravenous line into Mr Jeffrey's neck, and administered adrenaline to stimulate the heart. A prison GP attended the cell to assist, but Mr Jeffrey did not respond to treatment. He pronounced Mr Jeffrey dead at 1.20pm.

Contact with Mr Jeffrey's family

58. A Supervising Officer (SO) was appointed as the prison's family liaison officer. He visited the home of Mr Jeffrey's partner within a few hours of Mr Jeffrey's death and then the home of his mother and father to inform them of their son's death. He offered condolences and support, and informed the family of the processes that would follow. He attempted to answer any immediate questions. The prison contributed to the funeral costs, in line with national policy.

Support for prisoners and staff

59. After Mr Jeffrey's death, a prison governor de-briefed the staff involved in the emergency. The staff care and welfare team made themselves available to those staff that required their support.
60. The prison posted notices informing other prisoners of Mr Jeffrey's death, and offering support. Staff reviewed all prisoners considered to be at risk of suicide and self-harm prevention in case they had been adversely affected by Mr Jeffrey's death.

Post-mortem report

61. Post mortem was inconclusive and the Coroner requested a toxicology report. The results of toxicology tests were provided on 16 March and indicated that Mr

Jeffrey had a number of both illicit and prescribed substances in his system. Most notably, the tests carried out included tests for the new illicit substances referred to as NPS or designer drugs. The tests confirmed the presence of a synthetic opioid analgesic. The report notes that this drug is not used as an analgesic and is 7.5 times more potent than morphine. The report concluded that the presence of this drug, along with both heroin and methadone, would possibly have resulted in respiratory failure. Coroner has not yet given a definitive cause of death.

Findings

Illicit drug use

62. Mr Jeffrey had a long history of illicit drug use, and medical notes indicate that prior to this period of custody his use had been escalating. Mr Jeffrey admitted using a number of illicit substances and alcohol, and staff appropriately placed him on a methadone maintenance programme. This continued until Mr Jeffrey was sentenced in June, after which he agreed to a gradual reduction programme.
63. Staff identified Mr Jeffrey's need for detoxification as soon as he arrived at Hewell, and he received appropriate treatment. Mr Jeffrey had regular contact from a designated support worker, who discussed with him appropriate interventions and made these available to him. The support worker said that Mr Jeffrey had shown a desire to address his drug issues during their meetings.
64. Mr Jeffrey continued to access illicit drugs. In July 2016, Mr Jeffrey failed a drug test for cannabis and, in September, staff found him to be concealing methadone. Mr Jeffrey admitted that he had been smoking cannabis and purchasing zopiclone (a sedative) illicitly on the houseblock. The results of a test taken on 16 September indicate that he had been using NPS. On the evening of 17 September, staff reported drone activity around Mr Jeffrey's cell window and staff conducted a search, but nothing was recovered.
65. The increasing use of NPS across the prison system and its adverse impact on safety has been well documented, including by this office. In addition, the use of drones as a means of trafficking illicit items into prisons have also been well documented. Hewell, like many other prisons, has experienced an increase in drone activity and, while they have had some successes in intercepting parcels, some get through.
66. During the investigation, staff at Hewell said that concerted efforts to disrupt the supply of illicit drugs into the prison were ongoing. The prison has a comprehensive Drug Supply Reduction Strategy, which now links into the Security Committee meeting, Violence Reduction and Safety Custody Meetings. An integral part of this is the strategy aimed at reducing the supply of NPS. The Drug Supply Reduction Strategy includes:
 - Support from local enforcement agencies, including development and sharing of intelligence to disrupt drone activity;
 - Increased operational support around the perimeter wall, including the use of tactical support dogs;
 - Repositioning of overt cameras, to support the coverage of vulnerable areas, and use of covert cameras to develop local intelligence;
 - Increased Police presence at vulnerable times when risks have been identified;
 - Use of automatic number plate recognition - cameras have been strategically placed to capture vehicle details where incidents have occurred;
 - Local operations to manage and disrupt high profile individuals associated with drug activity;

- Information sharing with intelligence executive team to assist in the disruption of high profile individuals;
 - Increased awareness and use of crime referral using the independent adjudicator / police investigation teams; and
 - Local guidance document for staff, to support drone awareness and immediate action.
67. It is clear that the prison is aware of the very serious issues it faces with illicit drugs and, while it has much still to do, is being proactive in trying to tackle them. We are also satisfied that the prison provided Mr Jeffrey with appropriate support for his drug problems. We therefore make no recommendation.

Clinical care

68. The clinical reviewer completed the review into the medical care provided to Mr Jeffrey while at Hewell. He has concluded that the substance misuse services provided were of a good standard. Attempts to offer Mr Jeffrey a mental health triage were acceptable. Record keeping was of an acceptable standard and the emergency response was delivered to a good standard by healthcare staff and officers. Overall, he concludes that the healthcare received by Mr Jeffrey was equivalent to the care he would have received in the community. He says that Mr Jeffrey chose to continue using illicit substances while in prison, which was high-risk behavior, and he does not feel that staff could have predicted or prevented his death. No recommendations have been made.

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