

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Daniel Curran, a prisoner at HMP Bullingdon, on 8 July 2020

A report by the Prisons and Probation Ombudsman

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 Daniel Curran died on 8 July 2020, after taking heroin and pregabalin (a prescription drug that is widely abused) at HMP Bullingdon. He was 48 years old. I offer my condolences to Mr Curran's family and friends.

Mr Curran had a long history of substance misuse. While he seemed to engage well with substance misuse services and seemed motivated to address his issues, he frequently relapsed into using drugs.

I am concerned about the easy availability of drugs at Bullingdon. HM Inspectorate of Prisons highlighted this as an issue when they last inspected Bullingdon in July 2019. While the prison has taken some steps to reduce drug supply, work to update its drugs strategy has stalled because of the COVID-19 pandemic. This work needs to be revived to ensure that drug supply at Bullingdon is properly addressed.

The investigation found that Mr Curran received excellent support from his substance misuse worker at Bullingdon and his clinical care was equivalent to that he could have expected to receive in the community.

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

Sue McAllister CB
Prisons and Probation Ombudsman

April 2021

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Summary

Events

1. Mr Daniel Curran was given an Imprisonment for Public Protection (IPP) sentence in August 2006. He was released on licence in April 2016 but was recalled to prison in November because he committed further offences. He was moved to Bullingdon on 8 October 2019.
2. Mr Curran had a long history of substance misuse. During his time in custody, he engaged with substance misuse services and seemed motivated to address his drug use. However, he frequently relapsed into taking drugs, usually psychoactive substances (PS).
3. Mr Curran worked as a cleaner on the unit for newly arrived prisoners. On 23 June 2020, an officer found Mr Curran under the influence of PS while he was doing his cleaning duties. She submitted an intelligence report. A manager in the security department recommended that Mr Curran should be removed from his cleaning job. However, wing staff decided that Mr Curran should stay in his job.
4. On 8 July at around 9.30pm, while completing a roll check, an operational support grade (OSG) saw Mr Curran lying on the floor of his cell. She shouted to him to try to get a response. An officer heard her and went to the cell. When he failed to get a response, he radioed a medical emergency code. Staff opened the cell and found Mr Curran unresponsive. Prison and healthcare staff started cardiopulmonary resuscitation (CPR). Paramedics arrived at 9.53pm and continued CPR, but at 10.44pm, they declared that Mr Curran had died.
5. Toxicology tests showed that Mr Curran had taken heroin and pregabalin (a prescription drug that is widely abused for its euphoric effects) before he died. The post-mortem examination concluded that Mr Curran died from mixed drug intoxication and aspiration (inhalation) of vomit.

Findings

6. We are concerned Mr Curran had apparently easy access to drugs at Bullingdon. HM Inspectorate of Prisons expressed concern at the easy availability of drugs at the prison following their inspection in July 2019. Bullingdon took some steps to reduce supply but work to update its drugs strategy stalled because of the COVID-19 pandemic. This work needs to be revived so that Bullingdon's drug supply issues are properly addressed.
7. The clinical reviewer found the standard of care Mr Curran received for his substance misuse issues in prison was excellent and equivalent to that he could have expected to receive in the community. Mr Curran's substance misuse worker should be commended for the high-quality support she provided.
8. The clinical reviewer found that Mr Curran had no formal mental health or medication review by the GP during his time in Bullingdon, though she was satisfied that overall, his clinical care was equivalent to that he could have expected to receive in the community.

Recommendations

- The Governor should identify and address the key weaknesses in reducing the supply of drugs at Bullingdon and revise the substance misuse strategy in light of the findings.
- The Governor should share this report with a substance misuse worker and ensure she is aware of the Ombudsman's findings.
- The Head of Healthcare should ensure that all prisoners under the mental health caseload being managed in primary care have regular reviews of their mental health care, medication and that care plans are in place.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Bullingdon informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator obtained copies of relevant extracts from Mr Curran's prison and medical records.
11. NHS England commissioned a clinical reviewer to review Mr Curran's clinical care at the prison. The investigator interviewed Mr Curran's substance misuse keyworker with the clinical reviewer, and six other staff during August, September and October 2020. All the interviews were conducted by telephone because of the restrictions imposed in response to COVID-19. Prisoners on Finmere Unit declined to be interviewed but one prisoner agreed to submit a written response to questions.
12. We informed HM Coroner for Oxfordshire of the investigation. We have sent the Coroner a copy of this report.
13. The PPO's family liaison officer contacted Mr Curran's father to explain the investigation and to ask if he had any matters he wanted us to consider. Mr Curran's father wanted to know the circumstances of his son's death and, if drugs were involved, how he managed to get them.
14. Mr Curran's father received a copy of the initial report. He did not identify any factual inaccuracies.
15. The prison also received a copy of the report. They corrected two names and asked for amendments for clarity. An action plan for the recommendations is annexed to the report.

Background Information

HMP Bullingdon

16. HMP Bullingdon is a local and resettlement prison, serving the courts of Oxfordshire and Berkshire. It holds approximately 1,100 prisoners. Care UK (on 1 October they changed their name to Practice Plus Group) provides healthcare services and Cotswold Medicare Ltd provides GP services. There is an inpatient healthcare unit, with 24-hour nursing care.

HM Inspectorate of Prisons

17. The most recent inspection of Bullingdon was in July 2019. Inspectors reported that even though there were indications that illicit drugs were becoming harder to obtain, the fact remained that more than half of the prisoners believed it was easy to get hold of them, and around one in five said that they had acquired a drug habit since coming to Bullingdon. Inspectors said that an overarching drug supply reduction strategy needed to be implemented, and more suspicion testing carried out.
18. Inspectors noted a substantial amount of intelligence was received from across the prison, and this was efficiently collated and analysed. The security department held weekly meetings, where appropriate actions were set out in response to this intelligence. However, too many of those actions, mostly intelligence-led searches and suspicion drug tests, were not completed owing to staff not being available.
19. Inspectors found that the healthcare provision had improved since their previous inspection in May 2017, and that it was now generally a very good service.

Independent Monitoring Board

20. 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 most recent annual report for the year to 30 June 2020, the IMB noted that there was a larger quantity of drugs found this reporting year than last, although that may reflect improved detection.
21. The Board noted that there continued to be a serious problem with the availability of drugs and no consistent sign of it being brought under control, despite stronger actions to stem the supply of drugs using sniffer dogs and the screening and copying of incoming mail. They found that during the first month of lockdown the presence of drugs was considerably lower as visits were suspended and prisoner movement much reduced, but that during late May and into June their availability rapidly increased.

Previous deaths at HMP Bullingdon

22. Mr Curran was the tenth prisoner to die at Bullingdon since July 2018. Of the previous deaths, six were from natural causes, two were self-inflicted, and in one case the cause of death was unascertained.

23. We note that the man whose cause of death was unascertained, had PS and cannabis in his system when he died two months before Mr Curran, and that he worked as a cleaner on the same unit as Mr Curran.

Incentives and Earned Privileges Scheme (IEP)

24. Each prison has an incentives and earned privileges (IEP) scheme which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and wear their own clothes. There are three levels: basic, standard and enhanced.

Imprisonment for Public Protection (IPP) sentences

25. Sentences of Imprisonment for Public Protection (IPPs) were created by the Criminal Justice Act 2003 and started to be used in April 2005. They were designed to protect the public from serious offenders whose crimes did not merit a life sentence. Offenders sentenced to an IPP were set a minimum term (tariff) of imprisonment, after which they can apply to the Parole Board for release. The Parole Board will release an offender only if it is satisfied that they no longer pose a risk to the public. People released on an IPP remain subject to recall indefinitely if they breach their licence conditions.
26. IPP sentences were abolished in December 2012. However, as at 30 September 2020, there were still 1,895 IPP prisoners who had never been released. There remains a growing problem of IPP recall. In September 2020, there were 1,357 people back in prison having previously been released, a 13% increase on the previous year. Those recalled must again convince the Parole Board that they are safe to be released. Recalled IPP prisoners who were re-released between July 2019 and June 2020 had spent an average of 18 and a quarter months in prison post-recall.

Psychoactive substances (PS)

27. Psychoactive substances (PS - formerly known as 'new psychoactive substances' (NPS) or 'legal highs') are a serious 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 PS 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, there is potential for PS to precipitate or exacerbate the deterioration of mental health, and they are linked to suicide or self-harm.
28. In July 2015, we published a Learning Lessons Bulletin about the use of PS (still at that time, 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 PS, the need for more effective drug supply reduction strategies, better monitoring by drug treatment services and effective violence reduction strategies.

Key Events

29. In August 2006, Mr Daniel Curran was given an Imprisonment for Public Protection (IPP) sentence for robbery. He was released on licence in April 2016 (almost six years after his earliest release date) but was recalled to prison on 18 November 2016 after committing a further offence of threatening and abusive behaviour.
30. Mr Curran spent time at several different prisons. He had a long history of substance misuse both in custody and the community. Although at times he was motivated to address his substance misuse and worked with addiction services, he often relapsed.
31. On 17 January 2019, the Parole Board informed Mr Curran they considered he was unsuitable for release and should remain in closed conditions. The Parole Board set four targets for Mr Curran to achieve before his next review: engage with the progression regime and/or any additional recommended treatment interventions; attain the enhanced level of the incentives and earned privileges (IEP) scheme; engage with substance misuse services; and demonstrate a prolonged period of positive behaviour without adjudications. Mr Curran was told that his next parole review would start in December 2019, and the target month for consideration of his release by the Parole Board was June 2020.
32. On 21 May 2019, Mr Curran was moved to HMP Warren Hill.
33. In September, staff found Mr Curran under the influence of drugs on at least three occasions. Mr Curran was given a final warning and downgraded to the standard IEP level.
34. On 3 October, staff again found Mr Curran under the influence of drugs and engaging with other prisoners who were taking drugs. He told staff that he had resorted to using psychoactive substances (PS) because as an IPP prisoner he felt hopeless about his prospects of being released.

HMP Bullingdon

35. On 8 October 2019, Mr Curran was moved to HMP Bullingdon. He completed his induction and contacted the offender management unit as he wanted to complete offender behaviour programmes. On 11 October, the programmes team assessed Mr Curran. The programmes team told him that he was suitable for the Building Better Relationships (BBR) course (although he had already completed the course earlier in his sentence at HMP Erlestoke) but that it was not available at Bullingdon. Mr Curran's offender supervisor was informed of the outcome of the assessment and of the referral process for this course.
36. On 13 October, staff suspected that Mr Curran was under the influence of drugs. On 15 October, Mr Curran was placed on transfer hold at Bullingdon because of his upcoming parole review (due to start in December 2019).
37. On 15 November, the programmes team wrote to Mr Curran to say that they had reviewed and revised the assessment for the BBR course and that he needed to be assessed for the Kaizen course, before he could be considered for BBR.

38. On 4 December, an officer held his first key worker session with Mr Curran. The officer noted that Mr Curran got visibly frustrated and upset when talking about his IPP sentence, and said he saw 'no light at the end of the tunnel'. He said that he occasionally had low moods that led to occasional substance misuse.
39. The same day Mr Curran was placed on a disciplinary charge because a urine sample he had provided on 25 November had tested positive for PS and opiates. At an adjudication hearing on 5 December, Mr Curran pleaded guilty and received seven days confined to his cell as punishment. Mr Curran was allowed to continue working in the recycling unit.
40. On 13 December, during his key work meeting, Mr Curran spoke of 'smoke and mirrors' by the offender management unit (OMU) and Parole Board over their decisions and confusion about what was required of him, and about the uncertainty of being an IPP prisoner, as he did not think he would be released.
41. On 3 January 2020, Mr Curran told a substance misuse worker, that if he was not granted parole in June, he would consider 'having a big old pipe [to smoke drugs] in the context of he did not care if he overdosed or died [as opposed to intending to overdose]... as this would be the alternative way he could get out of his current situation (prison)'. She noted this should be flagged as a risk when Mr Curran received his parole decision. He was reviewed several times by the substance misuse worker during January, when they discussed how to work towards Mr Curran's Parole Board hearing, and she recorded that he always engaged well.
42. On 16 January, the programmes team told Mr Curran that he did not fit the criteria for the Kaizen course as his risk was not considered high enough, or the BBR programme as he had not committed any further violent offences in a domestic context.
43. On 22 January, Mr Curran was upgraded to the enhanced level of the IEP. Over the next few months he engaged well with the prison regime and received good reports for his work. He told staff that he was positive about his future and progress towards a rehabilitation place in the community. The substance misuse worker reviewed and met with Mr Curran very frequently and they discussed what he needed to achieve to improve his chances with the Parole Board.
44. On 16 March, an administrator completed a work/activity allocation risk assessment, which was endorsed by a Security Collator, to show that Mr Curran was a medium risk prisoner and was permitted to work in low or medium risk areas in the prison. There was no information recorded on this form that Mr Curran had previously been found under the influence of drugs. Mr Curran moved to Finmere Unit (also known as F Wing), the unit for newly arrived prisoners, where he worked as a wing cleaner.
45. In March and April, Mr Curran continued to meet with the substance misuse worker. They discussed his rehabilitation and she referred him to Narcotics Anonymous (NA) and discussed the Yeldall Rehabilitation Centre (a Christian-based rehabilitation centre) as an option for release. Mr Curran was also attending the Alpha Group (a faith-based counselling course). The substance misuse worker explained there were limited places available for NA and funding for release to Yeldall would have to be secured. During these discussions Mr

Curran remained motivated, although he did disclose that he had on occasion lapsed and used PS. The substance misuse worker discussed him attending various initiatives to reduce Mr Curran's risk of lapse, such as relapse prevention group work, in-cell prevention work and harm minimisation.

46. On 13 May, staff told Mr Curran that his mother had died. On 22 May, he became angry and upset that he was not granted release on temporary licence (ROTL) to attend her funeral because of the restrictions imposed due to COVID-19.
47. During his key work session on 27 May, Mr Curran told an officer that since he had moved to the Finmere Unit to work as a cleaner his pay was incorrect, and he was owed money by the prison. Mr Curran said this was affecting his work ethic and moved on to share his frustrations about being an IPP prisoner and said that he was tempted to go back to his 'old ways' as he did not think he was being treated fairly. The officer noted that Mr Curran said he was worried about his father's health and talked about how his mother's death had affected him. Mr Curran said he was 'living in an emotional bubble' and that he was worried that he would not be able to grieve properly in prison. The officer noted that he was concerned that Mr Curran would relapse, but that he was due to know the outcome for a placement at a drug rehabilitation centre, if granted parole.
48. On 8 June, Mr Curran attended his mother's funeral via Zoom. He was supported by the prison chaplaincy team and was able to speak to his relatives after the service.
49. The substance misuse worker continued to meet regularly with Mr Curran. Although he told her he was still at times using PS, he engaged well, remained motivated towards his release and was discussed regularly at multidisciplinary team meetings.
50. On 23 June, an officer submitted an intelligence report, as she had found Mr Curran under the influence of PS that evening while he was completing his cleaning duties. When challenged, Mr Curran apologised.
51. On 28 June, a Custodial Manager (CM) in the security department recommended that Mr Curran should be removed from the cleaning group because of this incident. On 4 July, a security collator, sent an email to three managers on Finmere Unit – a CM, a Supervising Officer (SO) and a SO - asking if Mr Curran had been removed. There is no evidence that the managers on Finmere Unit responded to the security collator's email.
52. Mr Curran was not removed from the cleaning group. The CM said that he and the wing SOs spoke with the member of staff from the substance misuse team, as well as with Mr Curran, and agreed that to remove Mr Curran from his cleaning job would not be in his best interests. The CM said Mr Curran would have immediately lost his support network as he would have had to move to another wing, away from staff that knew him well and who provided daily support, including the substance misuse worker, that he would have lost his single cell and would have removed his hope of being released, having secured a place in a rehabilitation centre.

53. On 5 July, a SO completed a monthly IEP review with Mr Curran. The SO noted that he told Mr Curran that this was his final chance to retain his Enhanced IEP status and he must not get any more negative behaviour warnings.
54. Mr Curran had a Parole Board hearing scheduled for 1 September. The substance misuse worker was told that Mr Curran had provisionally been accepted for release to the Yeldall Rehabilitation Centre and that they would have a placement available in November 2020. The substance misuse worker was confident she would be able to secure funding for this placement, which she hoped would coincide with Mr Curran receiving his parole decision. Mr Curran had completed the targets set by the Parole Board and both the substance misuse worker and Mr Curran's Probation Officer were going to support his release.
55. On 7 July, the substance misuse worker spoke to Mr Curran and they discussed the importance of him maintaining focus and behaving impeccably for the remainder of his time at Bullingdon.

8 July 2020

56. During the morning of 8 July, the substance misuse worker briefly saw Mr Curran who told her that he was very grateful for the support from her and the substance misuse services and that he was pleased that things were working out. The substance misuse worker had no concerns.
57. There is no Closed-Circuit Television (CCTV) on Finmere Unit. Prisoners on the unit spent much of the day locked in their cells due to the COVID-19 restrictions. However, Mr Curran was unlocked to undertake his cleaning duties. The CM said that he was working a late shift and spent time talking to Mr Curran after he had finished cleaning the shower area. Mr Curran told him that a meeting with his solicitor had gone well, that he had secured a place at a rehabilitation centre and that he was looking forward to release and ending his addiction. The CM Gilbey said Mr Curran appeared positive, that he spoke of having an end in sight to his prison time and said that 'everything was going his way'. The CM had no concerns about Mr Curran. At 7.10pm, an officer locked Mr Curran in his cell for the night.
58. At around 9.32pm, while carrying out a roll check (count of prisoners), an operational support grade (OSG), arrived at Mr Curran's cell. The OSG could see Mr Curran lying on the floor, there was loud music coming from the cell and she shouted to him through the door to get a response. An officer heard the OSG shouting and joined her at Mr Curran's cell. When he got no response, he immediately radioed a code blue medical emergency, and they entered the cell and started cardiopulmonary resuscitation (CPR). The officer described Mr Curran as motionless and blue in the face.
59. Three other officers responded to the code blue. A CM also responded and coordinated the emergency response. An officer activated her body-worn video camera (BWVC) and they entered the cell. The investigator viewed the BWVC footage which showed the resuscitation attempts.

60. Officers took it in turns to administer CPR and an automatic defibrillator was attached, which advised there was no shockable heart rhythm. A short time later, two nurses arrived at the cell in response to the code blue. They continued to coordinate CPR until paramedics arrived.
61. When the code blue was radioed, an OSG working in the control room, immediately contacted South Central Ambulance Service and requested an ambulance. Ambulance Service records show an ambulance was despatched at 9.37pm and the first ambulance arrived at Bullingdon at 9.53pm. Two further ambulances arrived at 9.57pm and 10.00pm, followed by an air ambulance and HEMS doctor (the helicopter emergency medical service provide advanced emergency and medical care). A drug used to block the effects of opioids (naloxone) was administered, but with no effect. Despite continued efforts to resuscitate Mr Curran, the air ambulance doctor confirmed at 10.44pm that Mr Curran had died.
62. After Mr Curran's death, several pieces of tinfoil and a tampered vape with black marks on were found in Mr Curran's cell, an indication he may have used drugs.
63. A prisoner on the same wing as Mr Curran, said he was a well-liked prisoner on the wing, and he had known him for around six to eight months. He said he had seen Mr Curran under the influence of drugs on occasions and would try and support him to 'talk him round' away from using drugs. He said that on the day Mr Curran died there had been a 'really bad mixture of drugs' on the wing, including heroin, PS and crack cocaine.

Contact with Mr Curran's family

64. Bullingdon appointed a prisoner offender manager, as the family liaison officer (FLO) and an officer as his deputy. Under normal circumstances next of kin should, wherever possible, be informed of a death in person by a FLO. However, this has not been permitted during the pandemic lockdowns. The FLO therefore informed Mr Curran's next of kin of his death by telephone as soon as he obtained contact details from Mr Curran's solicitor. He offered his condolences and ongoing support. In line with Prison Service instructions, the prison contributed towards the costs of Mr Curran's funeral, which was held on 10 August.

Support for prisoners and staff

65. After Mr Curran's death, the duty governor debriefed the staff involved in the emergency response to ensure that they had the opportunity to discuss any immediate issues and to offer support. The staff care team also attended and offered their support.
66. The prison posted notices informing prisoners of Mr Curran's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm in case they had been adversely affected by Mr Curran's death.

Post-mortem report

67. Toxicology tests showed that Mr Curran had used heroin and pregabalin (a highly tradeable prescription drug which can be used to enhance the euphoric

effects of other drugs) before he died. The post-mortem examination found vomit in Mr Curran's airway and lungs. The pathologist gave the cause of death as mixed drug intoxication with aspiration (inhalation) of vomit.

Findings

Bullington's Drug Strategy

68. We are concerned that Mr Curran was able to access drugs with apparent ease at Bullington.
69. During their inspection of HMP Bullington in July 2019, HM Inspectorate of Prisons identified that despite evidence of drug availability reducing, over half of prisoners said drugs were still too readily available. Inspectors found that the drug supply and demand reduction strategy at Bullington was not supported by an up-to-date needs analysis and drug strategy meetings did not discuss the MDT rate in order to monitor or analyse trends. Neither the strategy nor the meetings were supported by a plan to coordinate and drive drug supply and demand reduction further, or to measure the effectiveness of the actions taken so far.
70. Bullington accepted the recommendations made by HMIP and said they would revise the monthly Drug Strategy meetings by January 2020 to include the monitoring and analysis of trends, which would inform a coordinated and cross-department action plan to reduce supply and demand and aid recovery. Bullington also committed to complete a needs analysis by March 2020 to inform a revised Drug Supply and Demand Reduction Strategy.
71. Bullington revised its Drug Strategy meetings and completed a Reducing Reoffending Needs Analysis in March 2020 to understand the needs of the prison's population, looking at the pathways to reduce reoffending, including substance misuse. However, Bullington has not yet produced a revised Drug Supply and Demand Reduction Strategy, which was delayed because of the COVID-19 pandemic.
72. We note that Bullington has taken some steps to address its drug supply issues, including the installation of a body scanner in reception to identify drugs being brought into the prison by new prisoners. The prison has also taken some action in response to HMIP's recommendation but has not yet issued a revised drug strategy. While we accept that it may have been difficult to progress this work during the pandemic, it is important that these issues are addressed. We recommend:

The Governor should identify and address the key weaknesses in reducing the supply of drugs at Bullington and revise the substance misuse strategy in light of the findings.

Mr Curran's substance misuse

73. The clinical reviewer found that the standard of care Mr Curran received for his substance misuse issues throughout his time in prison was good and equivalent to that he could have expected to receive in the community.
74. Mr Curran had a long history of using drugs both in the community and in prison. He was assessed by substance misuse services soon after he arrived at

Bullington and although he initially declined contact, he subsequently engaged with them and Ms Bradbury was appointed as his drug worker.

75. The substance misuse worker worked with Mr Curran diligently and comprehensively not only to support him with matters concerning his drug use, but also with the issues surrounding his upcoming Parole Board hearing and his desired rehabilitation. She supported him with his worries and concerns around his IPP sentence, which was a constant issue for him. We found from the evidence provided and our interview with her that she made great efforts to support Mr Curran and he felt able to raise his concerns with her.
76. The substance misuse worker should be commended for her level of diligence and the ongoing support she provided to Mr Curran, including her tenacity to secure accommodation and funding for his release should he be granted parole. The clinical reviewer commented that her engagement and level of support was exemplary. We therefore recommend:

The Governor should share this report with a substance misuse worker and ensure she is aware of the Ombudsman's findings.

Clinical Care

Management of Mr Curran's mental health

77. Mr Curran suffered from longstanding anxiety and depression, which was managed with antidepressant medication. Although he was frequently discussed and his case reviewed in MDT meetings, there is no record of any formal mental health or medication review by the GP during his time in Bullington. We therefore make the following recommendation:

The Head of Healthcare should ensure that all prisoners under the mental health caseload being managed in primary care have regular reviews of their mental health care, medication and that care plans are in place.

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