

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Alex Howe, a prisoner at Ashley House Approved Premises, on 3 July 2022

A report by the Prisons and Probation Ombudsman

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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.

If my office is to best assist HMPPS in ensuring the standard of care received by those within service remit is appropriate then our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

Mr Howe died from heroin and cocaine toxicity on 3 July 2022 at Ashley House Approved Premises. He was 26 years old. I offer my condolences to Mr Howe's family and friends.

Mr Howe had lived at Ashley House Approved Premises less than two weeks when he died. During this time, staff had no concerns about him. However, I am concerned that when Mr Howe became unwell and had to be taken to hospital on 2 July 2022, he told staff that he had taken drugs. Staff checked his room and found no evidence of drug use. Although they did not probe him further about his possible substance misuse when he returned to the AP from hospital, it might not have been appropriate and would not have been reasonable for them to do so as it was 3.45am in the morning, and particularly as Mr Howe had told them that he had had a reaction to the ibuprofen.

The clinical reviewer concluded that the clinical care Mr Howe received at HMP Exeter, and Ashley House AP was equivalent to that which 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.

Adrian Usher
Prisons and Probation Ombudsman

September 2023

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Summary

Events

1. On 21 June 2022, Mr Howe was released from HMP Exeter on post-sentence supervision (PSS) to Ashley House Approved Premises (AP), where he was to live for two weeks and then move to a local housing project. Mr Howe had attention deficit hyperactivity disorder (ADHD), anxiety and depression and had received appropriate medications for his conditions. He also had a long history of illicit drug and alcohol use and, while in prison, he had completed a methadone detoxification programme. Prison staff reported no incidents of illicit drug use or poor behaviours during his time at Exeter. Given his substance misuse history, they gave him a precautionary naloxone kit (to reverse the effects of an opioid overdose) on release and referred him to substance misuse services in the community.
2. On the afternoon of 2 July, Mr Howe told AP staff that he thought he had sunstroke. The staff told him to buy some over-the-counter pain relief at a local shop. Staff believed that Mr Howe bought some ibuprofen (pain relief medication). Mr Howe reported no other concerns that day.
3. At 11.00pm, AP staff found Mr Howe in his room, coughing up blood. He became unconscious and staff began cardiopulmonary resuscitation (CPR). Paramedics attended and stabilised him. Mr Howe told the AP staff that he had used illicit drugs. They offered him naloxone, but he declined. Mr Howe was taken to hospital for further treatment. He was vomiting blood and was diagnosed with opiate overdose, but he discharged himself against hospital advice.
4. At 3.45am on 3 July, Mr Howe contacted staff at Ashley House and told them that he had been discharged from hospital. A member of staff picked him up from hospital and they returned to the AP. When they arrived, Mr Howe told them that he had had a reaction to ibuprofen. AP staff did not ask him about what he had told them earlier that day, when he said that he had taken illicit drugs. Staff escorted Mr Howe to his room and completed welfare checks on him throughout the night.
5. At 6.58am, staff checked on Mr Howe in his room and found him unresponsive on his bed. Staff started CPR until the paramedics arrived at 7.12am. Paramedics took over Mr Howe's care and treatment, but at 7.36am, they confirmed that Mr Howe had died.

Findings

6. While Mr Howe had a history of substance use, he had completed a methadone programme during his initial period in prison custody. There were no reported incidents of drug use while he was in prison. Mr Howe had engaged with substance misuse workers at HMP Exeter and was aware of his low tolerance levels to drugs. He was also given a naloxone kit on release. Mr Howe told his probation officer that he had no desire to return to illicit drug use and AP staff raised no concerns about substance misuse during the two weeks he lived at Ashley House.
7. When Mr Howe became unwell and had to be taken to hospital on 2 July 2022, he told staff that he had taken drugs. Although staff checked his room and found no

evidence of drug use, they did not probe him further about his possible drug misuse when he returned to the AP from hospital in the early hours of the next morning. We accept that it might not have been appropriate to do so at that time of the morning, particularly as he told them that he had reacted to ibuprofen.

8. The clinical reviewer concluded that the clinical care Mr Howe received at HMP Exeter, and Ashley House AP was equivalent to that which he could have expected to receive in the community.

The Investigation Process

9. The investigator issued notices to staff and prisoners at Ashley House Approved Premises informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
10. The investigator spoke to the AP manager at Ashley House and Mr Howe's Offender Manager on a number of occasions. He obtained copies of relevant extracts from Mr Howe's prison and probation records and staff statements. The National Approved Premises Team responded to our initial report and identified no omissions or factual inaccuracies.
11. NHS England commissioned a clinical reviewer to review Mr Howe's clinical care and clinical pre-release planning while at HMP Exeter. She also looked at the care he received while at Ashley House AP.
12. We informed HM Coroner for Avon of the investigation. The coroner gave us the results of the post-mortem examination and toxicology reports. We have sent the coroner a copy of this report.
13. The Ombudsman's family liaison officer will usually contact the next of kin, to explain the investigation and to ask if they have any matters that they would like us to consider. It was highlighted by Mr Howe's next of kin, after we issued our initial report, that a letter of introduction and the opportunity to raise questions did not happen as it should. We apologise to the family for this oversight. Mr Howe's mother did respond to the findings of our initial report, highlighting a number of factual inaccuracies, which have been amended.

Background Information

Ashley House Approved Premises (AP)

14. Approved Premises (formerly known as probation or bail hostels) accommodate offenders released from prison on licence and those directed to live there by the courts as a condition of bail. Their purpose is to provide a supportive, structured environment and an enhanced level of supervision in the community for high risk and difficult to manage offenders. Residents are responsible for their own healthcare and are expected to register with a GP.
15. Ashley House is one of four Approved Premises in the Avon & Somerset Probation Area. It is an independent, voluntary AP run as a registered charity, although there are plans for its management to be transferred to the Probation Service in the future. It provides accommodation for up to 22 male residents.
16. Residents at Ashley House are subject to curfew restrictions, usually from 11:00pm to 6:00am for those not working. CCTV cameras provide oversight of communal rooms and corridor areas throughout the day and night. The AP is staffed by an operational manager, six assistant managers and two permanent waking night supervisors, all of whom are directly employed by Ashley House. In addition, two waking night assistants are provided by an agency providing 24 hour waking cover.
17. Each resident is allocated an assistant manager as a key worker (also known as a support officer). Key workers are responsible for monitoring the behaviour of their residents and for providing advice and encouragement. Residents are expected to meet weekly with their key workers. The meetings are recorded, and any areas of concern are noted.

Previous deaths at Ashley House

18. Mr Howe was the third resident to die at Ashley House AP since July 2020. The two previous deaths were self-inflicted. There are no similarities between those deaths and Mr Howe's death.

Post-sentence supervision (PSS)

19. Post-sentence supervision is a requirement for those who receive a sentence of less than 2 years imprisonment. It was designed to provide a second supervision period of an additional year to help with rehabilitation after the licence period is completed. Those subject to PSS will have reduced restrictions in place but will continue to have appointments with offender managers. They cannot be recalled to custody in the same way as when they were on a licence, but offender managers have the discretion to request a breach of PSS in court which can result in a maximum sentence of 28 days.

Key Events

20. On 8 December 2021, Mr Howe was sentenced to 28 weeks in prison for assault. He was initially sent to HMP Exeter and was later transferred to HMP Channings Wood. He was released on licence on 15 March 2022 but recalled to HMP Exeter on 31 March. He was due to be released on 21 June.

HMP Exeter

21. Mr Howe had been subject to suicide and self-harm procedures, known as ACCT, on a number of occasions during his time in prison. He was last monitored under ACCT procedures in April 2021. Mr Howe had ADHD, anxiety, and depression. He received appropriate medications for his conditions but had not been taking medication for his ADHD regularly. He also had a long history of illicit drug and alcohol use. While in prison, he had demonstrated a desire to address this and remain abstinent and had completed a methadone detoxification programme. Prison staff reported no incidents of illicit drug use or poor behaviours during his time at Exeter.
22. Mr Howe was due to be released on 21 June 2022. Mr Howe's Offender Manager (also known as a probation officer) contacted the AP Manager at Ashley House Approved Premises and asked whether he would be able to provide a place for Mr Howe for around two weeks, as he was due to move on to the Amber Project on 5 July. (The Amber Project houses and supports homeless young people facing complex challenges.) The AP Manager confirmed that a space would be made available.
23. On 15 June, in preparation for his release, the prison's substance misuse team saw Mr Howe and trained him on how to use a naloxone kit. (Naloxone is an opioid antagonist which is used to reverse the effects of a drug overdose.) Mr Howe demonstrated a good level of understanding on how to use it and he said that he had no intentions to use drugs once released. The prison's substance misuse team saw him again the day before his release on 20 June. Mr Howe said that he was happy to be going to Ashley House AP. Staff referred him to community drug and alcohol services and reminded him about his low tolerance levels to drugs and alcohol and encouraged him to engage with the drug and alcohol services in the community.
24. On 21 June 2022, Mr Howe was released from HMP Exeter. Staff gave him a naloxone kit to take with him.
25. Following his release, Mr Howe attended an appointment with probation staff at the local probation office in Exeter. Mr Howe was not subject to any specific licence conditions because he was on PSS. His Offender Manager explained to the investigator the conditions that Mr Howe would be expected to adhere to, which included good behaviour and staying connected with his supervisor (he was required to meet her twice a week). He was also required to give a sample of oral fluid or urine to test for specified Class A and Class B drugs. Mr Howe signed a document to confirm that he agreed with the conditions. Once the induction paperwork was completed, Mr Howe travelled alone to Ashley House AP in Bristol.

Ashley House Approved Premises

26. When Mr Howe arrived at Ashley House on the afternoon of 21 June, an Assistant AP Manager saw him and recorded that Mr Howe felt good and was engaging and personable. He also recorded that Mr Howe appeared uncomfortable when they discussed his history of attempted suicide and self-harm, but he said that he was feeling fine. The Assistant AP Manager reminded him that staff were aware of his history of depression and anxiety and explained that as a precautionary measure, they would conduct extra checks to monitor him which they would review after a week. Mr Howe said that he was happy with this.
27. The Assistant AP Manager told the investigator that during Mr Howe's keywork sessions, he was positive and engaging. Mr Howe said that he was enjoying being in Bristol and was behaving himself as he did not know anyone locally. He said that in the past, he had succumbed to the temptation of alcohol and drugs due to peer pressure and bad influences.
28. On 22 June, Mr Howe made a pre-arranged telephone call to his Offender Manager. He told her that he had settled in well. They talked about his risk behaviours such as his alcohol use. Mr Howe said that he did not know anyone in the area, unlike previous occasions, which had been his downfall. He said that as a result, he was limiting his alcohol consumption and actively trying to manage this. Mr Howe said that he had no issues with being tested for alcohol use at the AP and that staff had been clear with him about the testing requirements. Mr Howe told her that he did not want to be around people who were using illicit drugs and said that he believed that an old acquaintance, who was a known user, might be arriving at Ashley House the following week. He did not name the individual but said that he intended to keep away from him. It is not clear whether this person arrived at Ashley House, but staff noted no issues between Mr Howe and the other residents.
29. Mr Howe said that he was reluctant to move to the Amber Project. He said that he had money that he could use for private renting, and he was planning to speak to staff from the project the following week. Mr Howe said that he struggled with structure and routine and to focus without his ADHD medication. His medication had been stopped while in prison custody and he said that he had not resumed using it. Mr Howe told his Offender Manager that he did not feel he needed the medication at that time and would only need it if he was in 'a bad place'. She recorded that she and AP staff would continue to monitor Mr Howe's emotional wellbeing. Mr Howe agreed that she would liaise with the community mental health team about his ADHD medication, which she did. She considered that Mr Howe presented as stable and settled, but that his twice weekly reporting would continue.
30. During his time at Ashley House, Mr Howe had not been asked to provide an oral fluid or urine sample for drug testing, and staff raised no suspicion or concerns that he was using drugs. His Offender Manager said that Mr Howe's alcohol consumption was considered the biggest concern in relation to any potential risk of re-offending, but there was also no evidence that Mr Howe was abusing alcohol.

Events of 2 and 3 July

31. During the afternoon of 2 July, Mr Howe told AP staff that he thought he had sunstroke. The staff told him to go to a local shop and buy some over-the-counter pain relief. Staff believed that Mr Howe went out and bought some ibuprofen (pain relief medication). Mr Howe reported no other concerns and staff had no concerns about his presentation for the remainder of the afternoon and evening.
32. At 11.00pm, two AP staff were completing routine curfew checks on all residents at the AP. On reaching Mr Howe's room, Mr A knocked on his door before entering. When he went in the room, he saw Mr Howe bent over on his bed making 'agonal breathing sounds' (gasping for air). Mr A called to Mr B, who was outside the room, and when they checked on Mr Howe, they noted that he was face down in a 'pool of deep purple blood'.
33. Mr A said that he and Mr B eased Mr Howe back onto the floor and placed him in the recovery position. They called the emergency services and asked for an ambulance. In his statement, Mr A said that it took around four to five minutes before he was connected to Southwest Ambulance Service. When the emergency operator came on the line, Mr Howe was unconscious. The emergency operator instructed them to begin CPR. Mr A said that he called the sleep-in AP worker and he asked her to bring the defibrillator to Mr Howe's room, which she did. The sleep-in AP worker then waited in the reception area for the paramedics to arrive.
34. Mr A said that they carried out CPR for only around 15 seconds and Mr Howe started to respond, but he then slipped into unconsciousness again. They continued with CPR and Mr Howe regained consciousness. He was confused and was slurring his words. At 11.40pm, the paramedics arrived. Mr Stacey briefed them on Mr Howe's medical history and on what they had found. Mr Howe was confused and stressed. Paramedics took over his treatment and stabilised him. They told the AP staff that they were concerned that the blood might be coming from Mr Howe's lungs. As he was being taken to the waiting ambulance, Mr Howe told staff that he had 'taken a bag of gear earlier'. He did not say what this was. Staff believed that he was referring to heroin. Staff offered him a naloxone injection, but he declined. At 12.30am, Mr Howe was taken to hospital by emergency ambulance.
35. After he had been taken to hospital, staff searched Mr Howe's room, but they did not find any evidence of drug use or drug paraphernalia. Mr A contacted the duty manager and told them what had happened. He told the duty manager that he would continue to make welfare calls to the hospital during the night to check on Mr Howe's condition.
36. In hospital, Mr Howe was diagnosed with opiate overdose and haematemesis (vomiting blood). At around 2.00am, Mr Howe discharged himself from hospital against medical advice. Hospital staff explained to Mr Howe the risks of leaving hospital untreated, but they considered that Mr Howe had the mental capacity to make this decision. Due to his self-discharge, no discharge letter was given to Mr Howe. There is no evidence that any information about his diagnoses was shared with staff at Ashley House.

37. At 3.45am, Mr Howe telephoned the AP and told Mr A that he had been discharged. He said that he only had one percent charge on his mobile phone, had no money and did not know any numbers for taxis in the Bristol area. Mr A decided to send Mr B to drive to the hospital and collect him.
38. Mr A said that when Mr Howe returned to Ashley House, he was walking unaided, talking coherently, and looking better than he had earlier. Mr A escorted Mr Howe to his room and as they made their way upstairs, he asked Mr Howe what had happened at hospital. Mr Howe told him that he had been told he had experienced a reaction to the ibuprofen that he had taken earlier. Mr Howe did not tell the AP staff that he had taken any illicit drugs. There is no evidence to indicate that staff asked Mr Howe about what he had said before being taken to hospital when he said that he had taken drugs. Mr Howe said that he was tired and just wanted to sleep. Mr A said that he went into Mr Howe's room with him and watched him lie down on his bed before leaving him to rest.
39. At 4.45am, Mr B checked on Mr Howe. He was asleep and he noted no concerns.
40. At 6.55am, Mr B went to check on him again. When he entered Mr Howe's room, he saw that Mr Howe was lying on his bed with blood around his mouth. He called down to Mr A and said that Mr Howe had 'gone again'. Mr A ran up to the room immediately. When he arrived in the room, Mr B had already begun CPR. Mr A called the emergency services immediately and asked for an ambulance. The emergency call handler advised the staff to move Mr Howe onto the floor. They continued with CPR and attached a defibrillator to Mr Howe, which advised that there was no shockable rhythm.
41. At 7.12am, paramedics arrived at Ashley House followed by more paramedics at 7.20am. They took over Mr Howe's care and treatment, but at 7.36am, they confirmed that Mr Howe had died.

Contact with Mr Howe's family

42. During late afternoon of 3 July, the police informed Mr Howe's mother of his death. The AP Manager also contacted Mr Howe's mother to offer his condolences and to arrange for her to visit the Ashley House.
43. The Probation Service contributed towards the costs of Mr Howe's funeral in line with national instructions.

Support for residents and staff

44. Following Mr Howe's death, AP managers provided support to the residents and staff. Mr Pitman ensured that staff and residents had the opportunity to talk about what had happened individually or as a group, and contact details for the Samaritans were provided to those residents who attended the meeting.

Post-mortem report

45. The coroner gave Mr Howe's cause of death heroin and cocaine toxicity.

Findings

Substance misuse and drug testing

46. While Mr Howe had a history of illicit drug use, he had completed a methadone programme during his time in prison and while there, there were no reported incidents of drug use. Mr Howe had engaged with substance misuse workers at HMP Exeter and was aware of his low tolerance levels. Prison staff also gave him a naloxone kit when he was released on 21 June. Mr Howe told his probation officer that he had no desire to return to illicit drug use. AP staff raised no concerns about Mr Howe. He also had issues with alcohol, which was a risk factor for him. No concerns were raised about his misuse of alcohol or drugs while at Ashley House.
47. The Offender Manager told us that while the AP had the ability to conduct drug tests, there were no tests completed during the short period that Mr Howe was at Ashley House or under supervision. They had had no suspicions or concerns about his use of drugs, and testing would only have been completed based on a belief that he had taken something rather than routine. She also confirmed that alcohol use was the more recent concern.
48. Information obtained by the clinical reviewer indicates that on 2 July, when he was taken to hospital and was diagnosed with an opioid overdose and was vomiting blood, he had discharged himself at 2.00am on 3 July. It was not until 3.45am that Mr Howe telephoned the AP and told Mr A that he had been discharged. We have no way of knowing what Mr Howe did between 2.00am and 3.45am.
49. AP staff were not aware of Mr Howe's diagnosis and when he returned from hospital, he told them that he had had a reaction to ibuprofen. AP staff had no reason to doubt that this was true. Mr Howe was at the hospital for 90 minutes, including the time it took for him to arrive by ambulance. Although staff said that they intended to stay in contact with the hospital and check on his condition, it was only three hours and 15 minutes from when he left the AP until he returned. We consider that it was reasonable that Mr A did not call the hospital in this short window of time. Also, staff told us that had a telephone call been made to check on Mr Howe, very little, if any, medical information would have been shared with them.
50. As Mr Howe was being taken to the ambulance on 2 July, he told staff that he had had 'taken a bag of gear' which is thought to have referred to illicit drugs. There is no evidence that on his return from hospital, staff probed him further about what he had said before he went. We acknowledge that to do so at that time of the morning (3.45am) perhaps would not have been the right time. Mr Howe told staff that he had been diagnosed as having a reaction to ibuprofen, which was not related to illicit drug use. He did not display any signs that indicated that he was under the influence of illicit substances and told staff that he was tired and wanted to sleep. We consider that it was reasonable that staff did not ask more at the time and acknowledge that the hospital considered that he had mental capacity to discharge himself from hospital.

Clinical care

51. The clinical reviewer concluded that the clinical care Mr Howe received at HMP Exeter was equivalent to which he could have expected to receive in the community. She found that the pre-release planning for Mr Howe's substance misuse needs were good. Staff gave him comprehensive training and advice about the use of naloxone, and he was given a naloxone kit to take with him on the day of his release. Staff also referred him to community drug and alcohol services before his release.
52. The clinical reviewer also considered that clinical care extended to Mr Howe at Ashley House was appropriate and of a good standard. The emergency response when Mr Howe was found unresponsive on 2 and 3 July 2022 was of a good standard.

Additional information provided in post-mortem report

53. The post-mortem and toxicology report indicated that following Mr Howe's death, the police had found drug paraphernalia (namely syringes) in Mr Howe's room. Mr A and Mr B told the investigator that when they had checked the room after Mr Howe had been taken to hospital on 2 July, they did not find any items of this nature in his room.
54. The investigator asked the coroner's officer whether the syringes recovered by the police could have been left by paramedics when they treated him on 3 July. The coroner's office said that items such as syringes should be disposed of under strict protocols, but that they would make further enquiries.

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