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31 May 2019

Dear Ms Hassell

Thank you for your Regulation 28 Report of 23 January following the inquest into the death of Mr Tyrone Givans at HMP Pentonville. I am responding, as Director General of Prisons, to the matters of concern you have raised for Her Majesty's Prison and Probation Service (HMPPS). I am sorry for the delay in providing this response, which was due to the number of contributions required in order to provide you with a comprehensive reply.

I know that you will share a copy of this response with Mr Givans' family and I would like first to express my condolences for their loss. Every death in custody is a tragedy and the safety of those in our care is my absolute priority.

In response to your concern about the dangers posed by the use of Spice, the joint Ministry of Justice (MOJ) and HMPPS Drugs Taskforce has brought together operational and policy colleagues and key partners to help tackle the problem of drugs, including psychoactive substances like Spice, in our prisons. As part of this, we have been working closely with those in law enforcement, health, and other government departments to develop a national Prison Drugs Strategy which was published in April this year. It provides strategic direction on how to reduce the use of drugs in prisons by restricting supply, reducing demand and building recovery. Alongside this, a Drugs Guidance Document provides examples of best practice for consideration by all those working within and in partnership with HMPPS to reduce the misuse of drugs in our prisons.

At a local level, in recognition of the dangers posed by the use of psychoactive substances, HMP Pentonville is revising and republishing its drug strategy and a Drug Strategy Committee has been reinstated as part of the local Safety Programme. The prison's strategy takes an approach whereby access to psychoactive substances and other illegal substances is, as far as possible, limited, while meaningful support, in the form of education and psycho-social interventions, is provided to those who have used drugs or may be tempted to use them.

Sophisticated intelligence systems designed to stem the supply of illicit substances into the prison involve collaboration with a range of HMPPS and Police colleagues. Searching, the use of specialist drug-detection dogs, and the use of technology to identify secreted substances are also part of the prison's efforts to limit the availability of drugs.

You have raised the issue that when the name of a prisoner who has previously been in custody is spelt differently, a new record, which will not contain all the information about the prisoner, is created. At HMP Pentonville a monthly report is now run to identify any such cases and merge the records. Because NOMIS and SystmOne are separate IT platforms, designed and operated by separate government departments, the level of connectivity is limited. However, there are good local working practices now in place which encourage communication between prison and health teams. I understand that Care UK are also writing to you about this.

The last matters you have raised are about Mr Givans' deafness and the issue that there is no national questionnaire to record equality or disability information on first reception.

In June this year, HMPPS will publish a Policy Framework document which will replace the existing Ensuring Equality Prison Service Instruction. It will include guidance on the implementation of reasonable adjustments, and will be complemented by the publication this summer of guidance for frontline staff on disability and reasonable adjustments.

In terms of the recording of information about disability, we are working with colleagues in the MOJ to refresh the categorisation system for disabilities so that the recording of such information on NOMIS is carried out more efficiently and is more descriptive, moving away from the 'Yes/No' method of recording. This will provide staff with more valuable and usable information about the needs of prisoners in their care and across the estate. The categorisation of disabilities will be based upon the categorisation of impairment used by the Office for National Statistics and Government Statistical Service.

In addition to the above, a resource tool is being developed that will digitally collect more personalised information from prisoners, allowing staff to better understand their needs and identify adjustments that could be implemented to improve their quality of life and reduce unequal outcomes. This is currently in early development but we are looking to finalise proposals this month and to begin implementation in June/July 2019.

Thank you again for bringing these matters of concern to my attention.

Yours Sincerely,

P. Copple

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