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HM Prison & Probation Service

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Patricia Harding HM Senior Coroner
Mid Kent and Medway Coroners' Service
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October 2024

Dear Ms Harding

Thank you for your Regulation 28 report of 19 July 2024 addressed to the Governor of HMP Rochester, following the inquest into the death of Benjamin Noah Frances Harrison on 10 May 2022 at HMP Rochester. I am responding as Director General of Operations for His Majesty's Prison and Probation Service (HMPPS).

I know that you will share a copy of this response with Mr Harrison's family, and I would first like 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.

Following evidence heard at the inquest, you have raised concerns about the appropriate monitoring of prisoners suspected to be under the influence of illicit substances during the night state and that prison staff were not sufficiently briefed about prisoners keeping medication in their possession. You have also raised a concern in relation to healthcare staff sharing relevant medical information with prison staff. I note that you have also addressed your report to Oxleas NHS Foundation Trust and therefore I will only be responding to the first two concerns as these relate to prison responsibilities. I am grateful to you for bringing your concerns to my attention.

You have expressed concern that there does not appear to be a clear process at HMP Rochester for escalating concerns when prisoners appear to be under the influence of an illicit substance outside of the hours in which healthcare staff are present. I have received assurance from the Governor of HMP Rochester that following the inquest an order has been issued to all staff setting out that at times when there is no on-site healthcare team, such as during the night state, prison staff must escalate concerns about prisoners suspected to be under the influence of illicit substances to the Orderly Officer. The Orderly Officer will then attend to conduct a welfare check on the prisoner. Although the welfare check is not a medical check, if there are any concerns for the wellbeing of the prisoner the Orderly Officer will make a decision on whether to contact the on call doctor service or the emergency services. The briefing also confirmed that any welfare checks undertaken and requirements for further checks and/or follow up action must be recorded in the wing observation book to ensure that relevant information is available to all staff on the wing.

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HMPPS is currently developing national guidance for all staff managing prisoners who are under the influence of illicit substances. The guidance has been developed by the national Substance Misuse Group with contributions from internal and external stakeholders, including from areas such as health and safety. Its purpose is to provide structured guidance for prisons to support the development of local under the influence guidance that will ensure that there is a consistent and safe response to the management of prisoners. It is important to note that this guidance does not replace healthcare advice and in a medical emergency instructions and advice from healthcare colleagues must be followed as a priority. The guidance is currently in the consultation stage, and while I am hopeful that this will go live by the end of the year this will be dependent on what the consultation identifies and whether further changes are required.

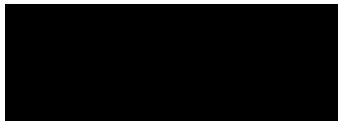
Once agreed, the guidance document will be rolled out via the regional and local drug strategy leads who will be responsible for developing local guidance. The Substance Misuse Group will deliver additional training and support if necessary, and through their rolling programme of support assurance checks will be conducted to ensure that under the influence guidance has been developed and embedded at each prison.

You have also raised a concern that night staff did not receive a briefing about prisoners who had medication in their possession. I have been informed by the Governor that the prison is working with the healthcare provider to embed a process for sharing relevant information about at risk prisoners who have medication in their possession. This will include time to discuss in possession medication at the weekly safety intervention meeting where complex and high risk prisoners are discussed by a multi-disciplinary team including prison and healthcare managers.

Oxleas will be providing a separate response to address the action that they are taking in relation to healthcare staff and their understanding of what information should be shared with prison staff. However, I wish to assure you that the prison will fully support healthcare colleagues to improve relevant information sharing around in-possession medication, particularly during the night state.

Thank you again for bringing your concerns to my attention. I trust that this response provides assurance that action is being taken to address the matters you have raised.

Yours sincerely



Director General Operations