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By email only:

Our Ref:

Your Ref:

Date:

19 September 2025

Dear Madam

Inquest touching the death of Lewis Petryszyn

We write in response to your Regulation 28 report to prevent future deaths dated 31 July 2025 addressed to The Chief Executive Cwm Taf Morgannwg University Health Board and G4S Care & Justice Services UK Ltd.

Ongoing Concerns Identified

1. **There was, and remains, an absence of specified prescribed timeframes in policies and procedures within which intervention, ongoing support, and/or case load allocation to/from Dyfodol must occur for prisoners likely to be at risk of substance misuse.**
2. **The absence of prescribed timeframes poses the real risk of delayed support and intervention to drug users.**

Response

On 15 December 2022, the contract for the provision of healthcare services at HMP & YOI Parc (HMP Parc) transferred to the new provider Cwm Taf Morgannwg University Health Board (CTMUHB). Pursuant to this contract responsibility for the provision of clinical and non-clinical substance misuse services at HMP Parc transferred to CTMUHB, the new provider.

CTMUHB commissioned Dyfodol, part of G4S Community, to provide non-clinical, psychosocial substance misuse services at HMP Parc from approximately September 2023. Responsibility for provision of clinical substance misuse services at HMP Parc remains with CTMUHB.

The specification requirements for psychosocial substance misuse services at HMP Parc include the following relevant provisions:

1. The overriding principle of the contract is that all residents of HMP Parc will have access to the same range and quality of services as the general public receives from the National Health Service (NHS).
2. Service Description:
 - a. Acceptance of all referrals made to the provider by the early days in custody team.
 - b. Develop and support the delivery of the Drug Education Programme that provides education and awareness of drug misuse in prison to staff, prisoners and children.
 - c. Where it is deemed ongoing support is required by prisoners and children, they will be accepted onto the service caseload.

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- d. Those prisoners and children who are accepted on the caseload will be allocated a case worker who is responsible for assessment, care planning, coordinating the care plan, 1 to 1 support and providing appropriate reports for the prisoner or child eg parole reports.
 - e. Provide a brief intervention service that includes short-term, targeted, structured support for prisoners and children with an identified treatment need for substance misuse.
 - f. Operate an open access service that allows all prisoners and children in HMP Parc to access support as and when required upon request or in response to a specific incident.
 - g. Operate a "Duty Line" Monday to Friday within specified hours which allows prisoners and children to speak directly to a member of the team or via the CMS messaging system.
 - h. Deliver a minimum of 20 hours per week group work through the psychosocial substance misuse team and external partners.
 - i. Include the provision of a specialist counselling service for 3 days per week.
 - j. Provide an open access responsive service that includes Psychoactive Substances (PS) Rapid Response which supports all adults and children who have been involved in an incident relating to psychoactive substances and provide harm reduction advice and brief intervention support with the aim of keeping people safe.
 - k. Provide information to support the ongoing care or treatment of a resident post release.
 - l. For those prisoners and children who test positive as part of Mandatory Drug Testing (MDT) provide information and advice in relation to the substance they have tested positive for and details of how to contact the service.
 - m. For frequent MDT failures provide brief intervention.
 - n. Employ and line manage prisoner recovery peer mentors who provide support, advice and information to prisoners and children in recovery.
 - o. Participate in release planning for prisoners and children to ensure a collaborative approach where all needs are met.
3. Performance:
- a. The Provider must ensure that all prisoners identified as having substance misuse have an initial care plan completed within 3 days (this considers the initial assessment and contact completed during the early days in custody period).
 - b. The Provider must ensure that all prison releases with ongoing substance misuse needs that are clinically managed have transfer of care arrangements in place with community services prior to release to ensure continuity of care.
 - c. The Provider must deliver a minimum of 20 hours of intervention work a week (including group work and counselling).
 - d. The Provider must deliver a weekly consultation clinic jointly with healthcare providers.
 - e. The Provider must ensure that all prisoners identified as suitable for brief intervention treatment will receive support within 4 weeks of referral date.

As outlined in the previously provided statements of Mike Vigar, Functional Head of Rehabilitation at HMP Parc, dated 10 March 2025 and 15 April 2025:

- At the heart of the HMP Parc Drug Strategy is the prison's dedicated recovery service. The psychosocial service is contracted by the Health Board (CTMUHB) and delivered by G4S Community, rather than by HMP Parc.
- The Dyfodol service moved to a 3 tier case management model, with individuals either on caseload, receiving targeted brief intervention sessions or accessing the open access service where required, allowing resources to be focused on those most in need whilst also being able to respond and support those in crisis and delivering effective intervention and support to those with a short term identified treatment need.
- Recovery peer mentors are a crucial part of the HMP Parc Drug Strategy who provide training and oversight to staff and prisoners.
- The PS Rapid Response Service ensures all prisoners identified as using psychoactive substances in custody are seen within 24 working hours by a member of the Dyfodol service with the offer of education, advice, guidance, support and onward referrals.
- The SMOR (Substance Misuse Observation Record) is the key process of safeguarding those identified as being under the influence of substances.

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- The Drug Education Programme provides a non-judgmental overview of the presence of substances in custody, the potential risks, choices and support available. It is presented to all prisoners arriving at HMP Parc as part of the induction process. It is presented collaboratively by members of the Dyfodol service and peer mentors with lived experience of the issues being considered.
- All prisoners receive a mandatory initial substance misuse induction assessment within the first 24 working hours of arrival at HMP Parc. Recovery peer mentors also visit prisoners during the early days period to signpost prisoners to Dyfodol services, to support referrals and to provide information about the prison's two Recovery Pathways Units.
- There is a twice weekly Clinical Substance Misuse Assessment Clinic attended by clinicians and Dyfodol caseworkers.
- There are two dedicated Recovery Pathways Units at HMP Parc. Assessments, interventions, peer group work and activities all take place on the units and more widely around the prison. Prisoners are able to engage in structured recovery focused interventions, peer-led groups and holistic activities, alongside clinical interventions.
- Prisoners receiving ORT (opiate replacement therapy) are automatically taken onto the Dyfodol caseload.
- Every prisoner and member of staff at the prison is encouraged to undertake naloxone training.
- The Dyfodol team is made up of dedicated caseworkers, early intervention practitioners and assistant psychologists. Dedicated counselling is provided by New Pathways.
- A case conference model has been developed to ensure a multidisciplinary approach to support people using substances.
- There are no nationally prescribed timescales set out for delivery of substance misuse services other than those relating to initial assessment, care plan creation and release planning.
- The Dyfodol team carries out the initial induction assessment for all newly arriving prisoners on the next working day after their arrival at the prison.
- During the induction assessment interview, the Dyfodol early interventions practitioner decides what tier of service is best suited for each individual.
- A prisoner who is assessed as requiring caseload allocation is referred on the day of the initial induction assessment to the Dyfodol administrator for caseload allocation. The prisoner is allocated to a Dyfodol caseworker within 3 working days of the initial induction assessment in compliance with the service guidelines.
- A prisoner may be identified as requiring a brief intervention either during the initial induction assessment or at any other point during the prisoner's period in custody. The referral to brief intervention is triaged using a RAG (Red, Amber, Green) scale to determine urgency and need. The prisoner will then be allocated to the next available brief intervention - which may be a group session or 1 to 1 session or a mixture of group work and 1 to 1 sessions. Initially, a prisoner has up to 10 brief intervention sessions available to them.
- Dyfodol early interventions practitioners offer brief interventions on a daily basis as part of their weekly rota.
- Dyfodol are contracted to deliver either group brief interventions or individual brief interventions within 4 weeks of allocation for brief intervention. This requirement is complied with and 4 weeks is the maximum length of wait, with many brief interventions provided much more quickly. This timeframe applies regardless of whether the referral for brief intervention is made at the initial induction assessment or at any other time during the prisoner's period in custody at HMP Parc.
- Whilst a prisoner is on the waiting list for a 1 to 1 brief intervention they have immediate access to and are able to attend group brief intervention sessions and ongoing rolling programmes running throughout the week which are offered every working day by the Dyfodol service and which are run by Dyfodol staff and/or peer recovery mentors.
- The Dyfodol duty telephone line is available for prisoners to call every working day between 08:00 and 09:00 and 13:15 and 14:15. Any request made using this service is dealt with on the same day it is received as part of the responsibilities of the Dyfodol worker allocated to that role that day. Prisoners can access the duty helpline using their in-cell telephone.
- Dyfodol responds to all SMORs, positive MDTs/voluntary drug tests (VDTs) or drug finds within 24 hours. All SMORs when opened/positive MDTs/VDTs and drug finds are noted on the Duty Director's log for the day. The following day, the Dyfodol administrator creates a list of all relevant prisoners (SMOR/positive MDT/VDT/drug find) using the information from the Duty Director's log. That list is

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emailed to all members of the Dyfodol team. Every individual on the list is visited by a member of the Dyfodol team as part of the PS Rapid Response Service. This visit is in itself a brief intervention. A prisoner may be allocated to caseload, or referred for further brief intervention or allocated to open access service as a consequence of the PS Rapid Response visit. If an individual is allocated for a further brief intervention, this will take place within a maximum period of 4 weeks as per the contract specification.

- Every prisoner before they are released from the prison has a pre-release appointment with a Dyfodol case worker. This appointment takes place up to 4 weeks before the prisoner leaves and is to check that all necessary referrals have been made to community services and that all support required is in place.
- All prisoners receive a naloxone kit with their property when they leave the prison.
- PS Rapid Response Service and SMORs, including related interventions and engagements, are not nationally required but enhanced support initiatives run by Dyfodol at the prison.

As outlined above, the responsibility for the provision of substance misuse services at HMP Parc lies with CTMUHB. CTMUHB has determined the specification requirements for the psychosocial substance misuse services at HMP Parc. The psychosocial element of substance misuse services is subcontracted by CTMUHB to Dyfodol which is part of G4S Community. In the circumstances, other interested persons to whom the Regulation 28 report has been addressed are better able to consider the concerns raised, take action and/or explain why no action is proposed.

It can be seen from information already provided that the contractual specification agreed for the provision of psychosocial services by Dyfodol at HMP Parc includes timeframes regarding initial assessment, allocation to caseload, creation of care plans and timeframes for provision of brief interventions. All these timeframes are complied with as outlined in evidence previously submitted and as reiterated above.

Those prisoners who are at the highest level of risk regarding substance misuse would usually be taken onto caseload for 1 to 1 support from a dedicated Dyfodol caseworker. Brief intervention should be targeted where there is a specific identified treatment need that can be addressed over a defined period of time. Dyfodol is contracted to provide therapeutic interventions, working with individuals to develop new lifestyles to allow them to build for a better future.

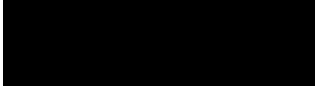
Psychosocial support is crucial and offers the opportunity to engage, to provide advice, support and encouragement, however, prisoners ultimately have the choice whether they participate and opt in to work towards long-term change.

No action is proposed regarding timeframes for intervention, ongoing support and/or caseload allocation because there are already timeframes contained within policies and procedures as required nationally and pursuant to the service level agreement with CTMUHB, and those timeframes are complied with.

Dyfodol is present at every touch point of the justice system across South Wales, including at police custody suites, court custody suites and HMPPS and privately operated prisons. Dyfodol Community sits within all those services to offer continuity of care and consistency of support for individuals with substance use issues.

We trust this information is of assistance and provides reassurance to the extent that G4S Care & Justice Services is able to take action.

Yours faithfully



Clyde & Co Claims LLP