

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr James Murphy, on 23 April 2024, following his release from HMP Brixton**

**A report by the Prisons and Probation Ombudsman**

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## OUR VISION

**To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.**

## WHAT WE DO



## WHAT WE VALUE



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## Summary

1. 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.
2. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
4. Mr Murphy died from bilateral pneumothoraces (a rare condition where both lungs suddenly collapse) on 23 April 2024, following his release from HMP Brixton on 22 April 2024. The pathologist found that asthma and smoking synthetic cannabinoids also contributed to his death. He was 42 years old. We offer our condolences to those who knew him.
5. We are satisfied that Mr Murphy's community offender manager appropriately prepared for his release. Mr Murphy was released with accommodation in place. We found that the appropriate accommodation referrals to homelessness support services were made.
6. We found that Mr Murphy accessed satisfactory support for his substance misuse issues at Brixton.
7. Mr Murphy did not report any concerns about his physical health in the lead up to, or on the day of his release. He told healthcare staff he felt well and declined a nurse taking his clinical observations on the day of his release.
8. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Mr Murphy. We make no recommendations.

## The Investigation Process

9. HMPPS notified us of Mr James Murphy's death on 25 April 2024.
10. The PPO investigator obtained copies of relevant extracts from Mr Murphy's prison and probation records.
11. We informed HM Coroner for West London of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
12. The Ombudsman's Office contacted Mr Murphy's next of kin, his sister, to explain the investigation and to ask if she had any matters she wanted us to consider. She had questions relating to Mr Murphy's healthcare and the day of his release. Her questions have been addressed in this report and in separate correspondence.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
14. Mr Murphy's family received a copy of the draft report. They did not make any comments.

## Background Information

### HMP Brixton

15. HMP Brixton is a category C prison which holds convicted and remanded male prisoners. Practice Plus Group provides healthcare services. Barnet, Enfield and Haringey NHS Trust provide mental health services and Forward Trust provide substance misuse services.

### The Probation Service

16. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

## Key Events

### HMP Wormwood Scrubs

17. On 15 February 2021, Mr Murphy was convicted of drug offences and sentenced to four years imprisonment. He was released on 15 August 2022. On 23 May 2023, having been recalled and released for further offences previously, Mr Murphy was again recalled to prison following convictions for theft offences while subject to licence conditions. He was sent to HMP Wormwood Scrubs.
18. During his first reception screening, Mr Murphy told healthcare staff that he had a history of Chronic Obstructive Pulmonary Disease (COPD - a lung condition that causes breathing difficulties), asthma and depression. Mr Murphy told the nurse that he used heroin and crack cocaine in the community. He was unable to provide a urine sample for a drug test. Mr Murphy was taken to the segregation unit due to a positive body scanner result (suggesting he had concealed drugs).
19. During a secondary reception screening the following day, Mr Murphy provided a urine sample which tested positive for opiates, cannabinoids and cocaine. He produced two further positive body scanner results that day. On 25 May, Mr Murphy provided a negative body scanner result and moved from the segregation unit.
20. On 25 May, Mr Murphy saw a nurse for a substance misuse assessment. He said that he had last used heroin and cocaine on 21 May and rarely smoked cannabis. Mr Murphy was prescribed methadone (a medication used to treat heroin dependence). He declined support from Forward Trust (a substance misuse service).
21. On 29 May, Mr Murphy attended a five day substance misuse review and agreed to his methadone dose being increased from 30mg to 40mg. On 7 June, a nurse requested that Mr Murphy was prescribed inhalers.
22. On 19 June, a prison GP prescribed Mr Murphy mirtazapine (an antidepressant medication) and inhalers for his asthma.
23. On 21 June, Mr Murphy attended a substance misuse review with a nurse. The nurse recorded that Mr Murphy remained on 40ml of methadone but was having stomach cramps, flushes and aches and pains. She prescribed a gradually increasing dose of methadone to 50ml over the following weeks. He also saw a Forward Trust worker on the same day and told them that he had changed his mind and wanted substance misuse support. The Forward Trust worker told him that because he was due to be released soon, they would refer him to a community substance misuse service to continue his treatment. (This was incorrect – Mr Murphy was not due to be released. It seems the error arose due to Mr Murphy's multiple recalls and Forward Trust working towards the wrong release date.)
24. On 12 July, a Forward Trust worker noted that they had completed a referral as Mr Murphy had spoken to them on the wing requesting support. He was added to a waiting list.

**HMP Brixton**

25. On 1 August 2023, Mr Murphy transferred to HMP Brixton. He attended a reception screening with a nurse and was prescribed 50ml of methadone.
26. On 2 August, Mr Murphy was discussed during a multi-disciplinary team meeting (MDT) with mental health staff as he wanted counselling for bereavement. He was added to the waiting list.
27. On 3 August, Mr Murphy attended an initial assessment with Forward Trust. He told the Forward Trust worker that he was settled on his methadone dose and would like to eventually reduce his dose.
28. On 22 August, a healthcare worker noted that Mr Murphy would start the living safely programme with Forward Trust that week.
29. On 12 September, Mr Murphy saw a nurse and Forward Trust staff. A plan was made to reduce his methadone dose by 5ml each week with regular reviews to monitor this.
30. On 4 October, Mr Murphy was given a COVID-19 booster vaccination.
31. On 10 October, Mr Murphy started auricular acupuncture (ear acupuncture) with Forward Trust as part of his drug treatment. The next day, a nurse recorded that Mr Murphy was on 30ml of methadone and reported no withdrawal symptoms.
32. On 26 October, staff reduced Mr Murphy's methadone dose to 20ml.
33. On 27 October 2023, Mr Murphy was convicted of theft offences and sentenced to a 24 week concurrent sentence in prison (when you serve more than one sentence at the same time).
34. On 9 November, Mr Murphy told healthcare staff that he was struggling on 10ml of methadone and wanted a slow reduction. It was agreed that he would have a 1ml reduction every three days. No other issues or concerns were raised.
35. On 16 November, A new case manager was allocated to Mr Murphy with Forward Trust. On 23 November, a nurse recorded that Mr Murphy had requested a healthcare appointment regarding his detox and wanted pain relief medication. The nurse referred Mr Murphy to the GP. On the same day, the GP prescribed Mr Murphy paracetamol.
36. On 30 November, Mr Murphy started counselling with the mental health team for bereavement issues. On 21 December, Mr Murphy discussed in a counselling session that he had stopped taking methadone completely, which had been difficult for him. In February 2024, Mr Murphy was discharged from counselling having completed his six sessions.
37. On 21 January, Mr Murphy was allocated a new key worker. (Keyworkers provide prisoners with an allocated officer that they can meet regularly to discuss how they are and any day-to-day issues they would like to address.) The keyworker saw Mr Murphy for monthly key work sessions.

In their last session, at the end of March, Mr Murphy said that he was enjoying working which had kept him busy and did not raise any issues or concerns.

38. On 31 January 2024, Mr Murphy attended a video link appointment with his community offender manager (COM) to prepare for his oral hearing and discuss release plans. (Oral hearings are held by the Parole Board to decide whether it is safe to release a prisoner). On 13 March, the COM completed a referral to St Mungo's for homelessness support.
39. On 26 March, Mr Murphy had an asthma control test. The nurse noted that Mr Murphy had experienced one asthma exacerbation (severe asthma symptoms) in the past year and received fifteen reliever inhalers per year. Mr Murphy told the nurse that he experienced very few symptoms and rated his asthma as 'well controlled'.
40. In the same appointment, Mr Murphy also discussed his COPD and agreed to a self-management plan. He told the nurse that his COPD was well controlled, he had no recent exacerbations and was managing well with his inhalers. Mr Murphy also agreed to try and stop smoking in the community. His oxygen saturation levels were 97% which is within the normal range.

### **Pre-release planning**

41. On 25 March, Mr Murphy's COM referred Mr Murphy to the local authority as he would be homeless when released. The COM was also asked by a Public Protection Casework Section (PPCS) case manager to complete a Community Accommodation Service Tier 3 referral (CAS3, a service open to adult prison leavers who are at risk of homelessness on release from prison which provides access to up to 84 days of accommodation). On 27 March, Mr Murphy was accepted into CAS3 accommodation when his release date was confirmed.
42. Mr Murphy attended an oral hearing on 3 April. On 4 April, the Parole Board decided that Mr Murphy would be granted executive release (where a prisoner can be released from prison before the end of their recall period) with the date to be confirmed.
43. On 9 April, Forward Trust staff provided feedback to the COM that they had completed an initial assessment with Mr Murphy over the phone, following a referral for community substance misuse support. Forward Trust staff agreed to follow up with the COM to arrange substance misuse support in the community.
44. On 10 April, a pharmacy technician prescribed Mr Murphy an inhaler and two future prescriptions for inhalers dated 8 May and 13 May in preparation for his release. On 12 April, she prescribed a future prescription of mirtazapine dated 26 April 2024.
45. On 11 April, Mr Murphy saw a substance misuse worker to prepare for his release. She noted that she provided reassurance and told Mr Murphy that she was arranging him an appointment with community substance misuse services. Mr Murphy told her that he was doing well and was looking forward to leaving prison.



46. On 12 April, the substance misuse worker noted that she provided naloxone training (naloxone is used to reverse the effects of an opioid overdose) and five days later she completed a release plan.
47. On 15 April, Mr Murphy's release date of 22 April was confirmed. The COM secured him CAS3 accommodation from this date.
48. On 22 April, the day of his release, staff searched Mr Murphy's cell due to intelligence they had received and found a mobile phone. He was subject to disciplinary charges. This may have delayed his release as it has not been possible to establish any other reason why Mr Murphy was not released in the morning. The COM emailed prison staff to ask what time Mr Murphy was being released. At 12.00pm, prison staff responded that he was currently being assessed by a nurse in reception and would be released imminently. They also emailed the COM a GP letter, hospital letter for a future appointment and list of medications he was on.
49. A nurse recorded that Mr Murphy declined having his clinical observations taken prior to release (which involves checking body temperature, blood pressure, pulse rate and breathing rate). Mr Murphy told the nurse that he was fit and well.
50. Mr Murphy was instructed to report to Richmond Probation Office at 2.00pm. He was aware of his licence conditions, which had been agreed by the Parole Board. Mr Murphy was released from HMP Brixton at 1.00pm.

### **Post-release management/release from HMP Brixton**

51. Mr Murphy attended his appointment with his COM, as required, on 22 April. Mr Murphy arrived at the probation office at 2.30pm. Mr Murphy signed his licence and probation agreement and went through some of his induction paperwork. Due to being released late, he could not attend his CAS3 induction at the property. The COM told him to either return to the probation office the following day or telephone Mr Parker to reschedule his induction.
52. Mr Murphy went to stay with his sister temporarily because he needed to attend an induction before he could move into his accommodation.

### **Circumstances of Mr Murphy's death**

53. On the morning of 23 April, Mr Murphy collapsed while at his sister's address. He was taken to hospital, where he was pronounced dead. Mr Murphy's sister called the Probation Service to inform them of his death.

### **Post-mortem report**

54. The pathologist concluded that Mr Murphy died from bilateral pneumothoraces (where both lungs collapse). This is a rare condition which happens suddenly and spontaneously. There was evidence that Mr Murphy had used synthetic cannabinoids in the hours before he died. He also tested positive for cocaine and morphine (which may have been due to taking morphine itself or another substance such as heroin or codeine). The pathologist concluded that Mr Murphy's pre-existing asthma in combination with smoking synthetic cannabinoids had increased

the likelihood of Mr Murphy developing pneumothoraces and were therefore contributory factors in his death.

## **Inquest**

55. At the inquest held on 8 January 2025, the Coroner concluded that Mr Murphy's death was drug-related.

## **Findings**

### **Healthcare services**

56. Mr Murphy attended appointments to review his asthma and COPD in March 2024 and no issues or concerns were raised. We are satisfied that Mr Murphy was released with appropriate medication for his asthma and mental health needs. In the lead up to, and on the day of Mr Murphy's release, he did not report any concerns about his physical health and was not observed to be physically unwell by healthcare or prison staff. A nurse offered to take Mr Murphy's clinical observations on the day of his release but he declined as he said that he felt fit and well.

### **Accommodation**

57. We consider that Mr Parker appropriately prepared for Mr Murphy's release and secured accommodation in a timely manner. We found that considerable efforts were made by probation to prepare for his executive release. Mr Murphy was unable to attend his accommodation on the day of his release as he was released late from prison. Fortunately, Mr Murphy was able to stay at his sister's address and his COM made plans to contact Mr Murphy the following day to rearrange his induction at his accommodation.

### **Substance misuse services**

58. Mr Murphy took synthetic cannabinoids in the hours before he died, and the pathologist concluded that this contributed to his death.
59. However, we are satisfied that Mr Murphy accessed satisfactory substance misuse support at Brixton. We found that the COM put appropriate measures in place to address Mr Murphy's substance misuse issues when he was released from prison. The COM identified that Mr Murphy's offending was linked to his substance misuse, and he included drug testing and engagement with community drug services as a condition of his licence.

## **Good Practice**

### **COM Liaison**

60. From the evidence we have seen, the COM provided diligent and effective support to Mr Murphy when he was in prison. He was tenacious in his attempts to secure Mr Murphy's release as soon as possible and with accommodation in place. This should be commended.

**Adrian Usher**  
**Prisons and Probation Ombudsman**

**April 2025**

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