Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Wesley Andrew, a prisoner at HMP Wymott, on 11 August 2024

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

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 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.

Mr Wesley Andrew died on 11 August 2024 at HMP Wymott. He was 47 years old. I offer my condolences to Mr Andrew's family and friends. The cause of Mr Andrew's death will be determined at the inquest. However, the post-mortem toxicology results showed the presence of synthetic cannabinoids in his system.

Mr Andrew had a longstanding history of substance misuse and, during his time at Wymott, was actively working with the substance misuse team to address his issues. However, Mr Andrew was found under the influence of psychoactive substances (PS) on several occasions. Wymott appropriately supported him after such occasions and repeatedly warned him about the risks and dangers associated with PS use.

Over the course of the weekend of Mr Andrew's death, staff responded promptly and appropriately to an unusually high number of incidents on K wing (where Mr Andrew lived) involving prisoners under the influence of illicit substances. All staff involved worked diligently to mitigate the likelihood of further incidents and to manage the potential risk of harm this posed to prisoners. Unfortunately, a particularly potent batch of PS had already circulated around the wing, and despite their efforts, Wymott were unable to prevent Mr Andrew's death.

Regrettably, as with other prisons, the trading of PS remains an intractable problem that threatens the stability, safety and security of Wymott. I am satisfied that the prison is committed to tackling this issue and has made considerable efforts to combat drug supply and demand, both before and since Mr Andrew's death. I make no recommendations.

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 **April 2025**

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Summary

Events

1. Mr Wesley Andrew had a significant criminal history, largely acquisitive offending in order to fund his drug habit.

2. On 3 October 2019, Mr Andrew was sentenced to six years imprisonment for robbery. In September 2022, he was released from prison. In February 2023, he was recalled to prison for breaching his licence conditions.

3. On 2 June 2023, Mr Andrew moved to HMP Wymott. Mr Andrew was allocated a substance misuse recovery practitioner from Delphi, the prison's substance misuse provider.

4. Over the next eight months, despite regular engagement with Delphi, Mr Andrew was found under the influence of illicit substances on several occasions. Each time, Mr Andrew said he had taken psychoactive substances (PS). He was given ongoing support by Delphi recovery practitioners which included repeated warnings about the risks associated with PS and advice on how he could keep himself safe, and prevent potential overdose situations.

5. On 15 February, Mr Andrew moved to K wing. On 26 February, he began a drug rehabilitation programme on the Therapeutic Community (TC), based on K wing.

6. On 4 March, Mr Andrew asked to be deselected from the TC. He said he did not feel safe on K wing or anywhere in the prison due to his unpaid drug debts. On 7 March, after receiving support and encouragement from staff, Mr Andrew rejoined the TC.

7. On 27 March, a prisoner entered Mr Andrew's cell and assaulted him. Mr Andrew moved to another cell on K wing where he said he wanted to self-isolate. The next day, despite further support from staff, Mr Andrew again deselected from the TC. In June he applied to transfer to another prison; this had not happened before his death.

8. Over the weekend of 10/11 August, officers on K wing radioed over 20 separate emergency medical alerts after finding multiple prisoners unresponsive and/or under the influence of illicit substances.

9. On the evening of 11 August, staff found Mr Andrew lying unresponsive on the floor of his shower. Staff were unable to resuscitate Mr Andrew and, at 9.40pm, paramedics pronounced life extinct.

Findings

10. Mr Andrew had a history of substance misuse. While he was at Wymott, he was seen regularly by the substance misuse team who took appropriate steps to support his long-term recovery. They encouraged him to participate in substance misuse-related offending behaviour programmes, supported his engagement in the TC, ensured he was aware of the risks and dangers associated with drug use, and

advised him on how he could minimise these risks. We are satisfied that Wymott did all they could to manage the risks associated with Mr Andrew's substance misuse.

11. Wymott has recognised that, similarly with other prisons, PS continues to be the primary drug of choice among prisoners and poses the greatest threat to the prison's stability. In response, Wymott has developed a comprehensive drug strategy that incorporates the most up-to-date concerns and outlines a proactive approach to addressing emerging drug threats and trends. Wymott has taken considerable measures to reduce supply and demand for drugs at the prison, and these measures are ongoing. For this reason, we make no recommendation.

The Investigation Process

12. HMPPS notified us of Mr Andrew's death on 11 August 2024.

13. The investigator issued notices to staff and prisoners at HMP Wymott informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

14. The investigator visited Wymott on 22 August. She obtained copies of relevant extracts from Mr Andrew's prison and medical records and interviewed two prisoners. In September, the investigation was reallocated to another investigator.

15. NHS England commissioned a clinical reviewer to review Mr Andrew's clinical care at the prison. She and the investigator jointly interviewed seven members of staff at Wymott on 6 and 7 November. The investigator interviewed one further member of staff in December.

16. We informed HM Coroner for Lancashire and Blackburn of the investigation. The Coroner gave us the results of the post-mortem examination and toxicology tests. However, the cause of death will be determined at inquest. We have sent the Coroner a copy of this report.

17. The Ombudsman's office contacted Mr Andrew's next of kin, his mother, to explain the investigation and to ask if she had any matters she wanted us to consider. She asked several questions about the events leading up to his death and the circumstances of his death. These have been answered within this report.

18. Mr Andrew's mother received a copy of the initial report. She raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

19. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies, and this report has been amended accordingly.

Background Information

HMP Wymott

20. HMP Wymott is a category C training prison for convicted adult men. Over half of the population is made up of men who have been convicted of sexual offences. Physical and mental health care services are provided by Greater Manchester Mental Health NHS Foundation Trust, who also provide substance misuse treatment alongside Delphi Medical.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Wymott was in December 2023. Inspectors reported that drugs and the availability of other illicit items continued to be a significant risk to safety and well-being. It was a concern that far more prisoners with mental health problems said they had developed a drug problem while at the prison. On average, over the previous year, one in five prisoners who had been tested were found to have been positive for drugs. Most tested positive for PS, cannabis, and opiates. There was an up-to-date drug strategy and action plan, and partnership working with prison staff was good. Leaders were taking some steps to prevent drugs from getting into the prison, including joint operations with the police and regional search teams. However, this was undermined by a lack of technology to detect drugs and no enhanced gate security as seen in many other prisons.

22. Inspectors found that the therapeutic community on K wing provided a structured, therapeutic environment for prisoners with substance dependency issues and was highly valued by its community members. It had ‘recovery peers’ helping to support and mentor those undertaking the programme.

Independent Monitoring Board

23. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year 2023 to 2024, the IMB expressed concern about the spikes in the use of illicit substances, particularly following any reported drone drops. However, the IMB recognised that much was being done to try to reduce the use of illicit drugs, including the work of the drug and alcohol rehabilitation service (DARS).

Previous deaths at HMP Wymott

24. Mr Andrew was the thirty-first prisoner to die at Wymott since August 2021. Three of the previous deaths were self-inflicted and 27 were from natural causes. None of these previous investigations raised issues relevant to this investigation.

25. Up to the end of January 2025, there had been six further deaths at Wymott since the death of Mr Andrew. Four of these deaths were from natural causes and two were self-inflicted.

Psychoactive substances (PS)

26. The term psychoactive substances is a broad term that refers to a drug or other substance that affects mental process. Synthetic cannabinoids and synthetic opioids (including nitazene) are substances that mimic the effects of traditional controlled drugs such as cannabis, cocaine, heroin and amphetamines. Synthetic cannabinoids and synthetic opioids can be difficult to detect as the compounds used in their manufacture can vary and use of these substances presents a serious problem across the prison estate.

27. PS can affect people in a number of ways, including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of these substances can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, the use of PS is associated with the deterioration of mental health, suicide and self-harm. Testing for PS is in place in prisons as part of existing mandatory drug testing arrangements.

Therapeutic Community

28. The therapeutic community (TC) based on K wing is a community-led, living and learning environment that seeks to address drug and/or alcohol addiction and helps to promote social, psychosocial, and behavioural change. The TC is a 12-month intensive structured programme. The aim is to prepare prisoners for living and working on release and reduce substance related offending.

29. To be eligible for the TC programme, prisoners must have demonstrated a three-month period without any disciplinary warnings, must not be misusing substances, and must not be on any opiate substitution medication. The TC accepts prisoners both from other prisons and already at Wymott. Due to the increasing prison population, the TC unit also accommodates ‘lodgers’ - prisoners who are not participating in the programme but reside on the unit and follow the prison’s standard regime.

Robust Recovery

30. Every time a prisoner is suspected of being under the influence (UTI) of drugs or alcohol at Wymott, they are expected to see a member of the Delphi Drug and Alcohol Rehabilitation service (DARS) for a ‘robust recovery’ meeting. In the robust recovery meeting, the incident will be explored, and the prisoner will be given appropriate advice and support. Each incident is then discussed at the weekly multidisciplinary team meeting where they will decide upon any further appropriate actions and support.

Key Events

Background

31. Probation records note that Mr Wesley Andrew had a significant history of substance misuse during which he intermittently engaged with relevant support services. He had an extensive criminal history, primarily offences to fund his drug misuse.

32. In July 2019, Mr Andrew was remanded to prison after being charged with robbery. In October, he was sentenced to six years imprisonment.

33. On 27 September 2022, Mr Andrew was released from HMP Berwyn to Highfield House Approved Premises (AP – accommodation run by probation), on licence. Mr Andrew spent five months in the community during which time he repeatedly broke AP rules, provided positive drugs tests, and breached his licence conditions. Subsequently, in February 2023, Mr Andrew's community offender manager (COM) assessed that he could no longer be managed safely in the community. They recalled Mr Andrew and, on 27 February, he was taken to HMP Preston.

34. On 2 June 2023, Mr Andrew moved to HMP Wymott.

HMP Wymott, 2 June 2023 - 11 August 2024

35. On his arrival at Wymott, Mr Andrew agreed to be referred to the substance misuse service, Delphi. Mr Andrew was located on E wing, a standard residential wing.

36. On 13 June, Mr Andrew attended his initial substance misuse assessment with a Delphi recovery practitioner. Mr Andrew said that while in the community, he had misused amphetamines and cannabis and while at Wymott, he would like to complete the drug recovery programme on the Therapeutic Community (TC) unit, on K wing. After the assessment, Mr Andrew was assigned a Delphi recovery practitioner.

37. On 20 June, the recovery practitioner saw Mr Andrew to complete a triage assessment. Mr Andrew again expressed his interest in the TC programme, and she told him how he could apply. Mr Andrew said that he was fed up with the repetitive cycle of substance misuse, offending and prison sentences. Mr Andrew said he was currently drug free and wanted help to ensure he remained drug free when released. They agreed on a substance misuse care plan which included monthly individual sessions around coping strategies and harm minimisation.

38. The following week, the recovery practitioner helped Mr Andrew complete an application to the TC (he had difficulties with reading and writing). They sent this to K wing for consideration.

39. On 28 June, the recovery practitioner told Mr Andrew that he was not yet eligible for the TC (he needed to be three months free from any prison disciplinary warnings) and, as a result, they had declined his application.

40. On 24 August, another Delphi recovery practitioner saw Mr Andrew to complete a 'robust recovery' after he was found under the influence (UTI) of an illicit substance a few days previously. Mr Andrew admitted to being UTI and said that he had smoked psychoactive substances (PS) in a pipe. Mr Andrew said he would benefit from having some additional support with his substance misuse issues and would discuss this with his recovery practitioner in his next appointment.

41. On 29 August, Mr Andrew told his recovery practitioner that he was having difficulties with his current cellmate who used PS regularly and the temptations this brought, especially after hearing bad news. They agreed that Mr Andrew needed to develop other coping mechanisms when in a stressful situation and would benefit from completing some structured work around this. They agreed to start this work in two weeks' time. She warned Mr Andrew about the risks associated with PS and they explored ways to reduce harm and prevent potential overdose situations.

42. On 5 September, Mr Andrew was suspected to be UTI. At his robust recovery meeting with another Delphi recovery practitioner two days later, Mr Andrew said that he was not currently working as the workshop had temporarily closed for maintenance. He said he had used PS out of boredom. Mr Andrew said he had applied to do maths and English courses in education but was awaiting a response. She warned Mr Andrew about the risks and dangers associated with PS and they discussed ways to reduce the risk of overdose.

43. On 12 September, Mr Andrew completed a structured psychosocial intervention session about stimulant drugs. His recovery practitioner noted that he engaged well and reflected insightfully on his past drug use.

44. On 5 October, a programmes facilitator completed an initial Thinking Skills Programme (TSP) interview with Mr Andrew. TSP is an accredited offending behaviour programme which aims to enhance prisoners' emotional self-management and problem-solving abilities. Mr Andrew said he was very keen to start TSP so he signed the TSP compact and agreed to adhere to the required behaviours when attending programmes. He was added to the next course which started on 10 November.

45. On 1 November, Mr Andrew attended his appointment with his recovery practitioner, in which he said he was doing well and was looking forward to starting TSP. They completed some relapse prevention work, and she warned Mr Andrew about the dangers associated with amphetamine and PS misuse. They discussed how Mr Andrew's tolerance levels would be lower after a period of abstinence and explored ways to reduce the risk of overdose. This included avoiding using substances when alone in case he required urgent medical attention and starting with small amounts to test the drugs' potency. She noted that Mr Andrew engaged well and had a good understanding of their discussions.

46. On 10 November, Mr Andrew failed to attend his first TSP session. On 13 November, Mr Andrew failed to attend the second TSP session. When questioned about his absence, Mr Andrew said he no longer wanted to attend the course and he would prefer to complete it in the community after his release from prison. The programme facilitator encouraged Mr Andrew to remain on the course and explained how it would benefit him in managing his behaviour. However, Mr Andrew

was adamant he did not want to attend the course and was subsequently deselected from the programme.

47. On 12 December, staff suspected Mr Andrew was UTI. The next day, a Delphi recovery practitioner completed a robust recovery in which Mr Andrew admitted to taking PS. The recovery practitioner reiterated the dangers associated with taking PS and reminded Mr Andrew of ways to keep himself safe when using. Mr Andrew said he would like some extra support with his substance misuse, and this was subsequently relayed to his recovery practitioner after the session.

48. The following day, Mr Andrew told his recovery practitioner that he had relapsed several times recently after finding out about the death of his friend. They discussed alternative coping mechanisms, and she asked if he would reconsider joining the TC, to which Mr Andrew said he would think about. As requested, she agreed to see Mr Andrew on a more regular basis for extra support.

49. On 18 December, the recovery practitioner told Mr Andrew that due to his recent drug use, it was unlikely that he would be considered suitable for release at his upcoming parole hearing with the Parole Board (who decide whether a prisoner is suitable to be released from prison after serving the minimum portion of their sentence). She explained that the TC would provide the additional support he needed and would reflect positively on him in any further parole hearings. Mr Andrew said he would wait until the outcome of his parole hearing in February before making any decisions regarding the TC.

50. On 10 January 2024, Mr Andrew told his recovery practitioner that he was still using PS intermittently as he was apprehensive about his upcoming parole hearing and the outcome of this. They discussed distraction techniques, and she reminded Mr Andrew of ways to minimise the risk of overdose.

51. On 9 February, Mr Andrew attended his oral hearing with the Parole Board.

52. On 13 February, Mr Andrew saw his recovery practitioner on E wing landing and asked if he could speak to her in private. He told her he was in debt to prisoners on E wing, felt vulnerable, and wanted to move to K wing. He said he now wanted to complete the programme with the TC. She helped Mr Andrew submit a TC application and informed the officers on E wing of Mr Andrew's concerns. On 15 February, Mr Andrew moved to K wing whilst he awaited the outcome of his TC application.

53. On 22 February, during a welfare check, Mr Andrew told his recovery practitioner that his debt issues had followed him to K wing, and he felt vulnerable when not in his cell. He said that he did not want officers to speak to him about it as he did not want other prisoners to know that he had spoken to staff. He just wanted wing staff to be aware. She relayed this to K wing officers, submitted an intelligence report and wrote in the wing observation book.

54. On 26 February, Mr Andrew received notification from the Parole Board that he was not yet deemed suitable for release. The Board advised that he would benefit from completing further work around his substance misuse to support his rehabilitation before his next hearing. The same day, his TC application was accepted, and he started the programme.

55. The next day, the recovery practitioner completed a welfare check on Mr Andrew. Mr Andrew said he felt in a much better place since starting the TC and felt safe to move around the wing. She discharged him from the care of the Delphi team and explained that he would be allocated a new recovery practitioner, based on the TC.

56. On 4 March, Mr Andrew asked to deselect from the TC. He said he did not feel safe on K wing or anywhere in the prison. The next day, staff started a Challenge, Support and Intervention Plan (CSIP) investigation. CSIP is a process used to support and manage prisoners who are considered to pose a risk to (and in some prisons to support those who are a victim of violence). On 7 March, after encouragement from staff, Mr Andrew rejoined the TC.

57. On 27 March, a prisoner from K wing entered Mr Andrew's cell and assaulted him by hitting his face with the back of a plug socket. Prison intelligence received at the time suggested that Mr Andrew was assaulted as he was in debt to another prisoner for drugs and vape cartridges. Mr Andrew sustained head and facial injuries and attended hospital for further assessment. On his return, Mr Andrew was moved to another cell on K wing where he said he wanted to self-isolate. (Self-isolation is when a prisoner chooses to isolate themselves from the prison's regime and remain locked in their cell for an extended period.)

58. The next day, Mr Andrew told a TC recovery practitioner that he wanted to deselect from the TC. Mr Andrew was encouraged to stay but he was adamant that he wanted to deselect and transfer to another prison. His former recovery practitioner was re-allocated to him.

59. On 29 March, Mr Andrew's sister rang Wymott's Safer Living helpline with concerns for his welfare. As a result, wing staff visited Mr Andrew in his cell to complete a welfare check before returning the call and reassuring Mr Andrew's sister of the measures in place to support him.

60. On 4 April, an administrator working in Safer Living emailed a Custodial Manager (CM) informing her that Mr Andrew's CSIP investigation had been concluded and that it was to be progressed to a full CSIP. The administrator requested that the CM complete the CSIP. She advised the administrator that she was about to begin a period of night duties and so the CSIP should be allocated to someone else. There is no evidence that this was actioned, and the CSIP investigation was later closed.

61. On 24 June, an officer assisted Mr Andrew in completing an inter-prison application, as he said he wanted to transfer to another prison. They sent this to the Offender Management Unit.

62. On 17 July, Mr Andrew's prison offender manager (POM) spoke to Mr Andrew about his prison transfer request. The POM advised him that the request was being held with the Offender Categorisation and Assessment unit (OCA, a department within the prison's Offender Management Unit responsible for identifying suitable prisoners for transfer). Mr Andrew had not received any updates on the transfer before his death.

63. On Friday 9 August, officers on K wing radioed three separate code blues (indicating a prisoner is either unresponsive or having difficulty breathing) after

finding prisoners UTI. (Wymott's local UTI policy instructs staff to either radio a code blue or call healthcare to attend every time a prisoner is suspected to be UTI.)

64. On 10 August, officers on K wing radioed approximately ten separate code blues after finding multiple prisoners unresponsive and/or UTI. This was far more than normal on the wing. Healthcare staff attended each incident and assessed the prisoners for signs of clinical deterioration. Although ambulances were automatically called by the control room, they were stood down and the prisoners concerned were placed on 15-minute welfare checks. Wing staff removed suspected drug paraphernalia from prisoners throughout the day including vape pens and pieces of paper thought to be soaked in PS.

Events of 11 August

65. The investigator watched CCTV footage, body worn video camera (BWVC) footage and listened to staff radio communications from 11 August. She also obtained information from the North West Ambulance Service. The following account has been taken from all sources.

66. In the morning, staff told prisoners on K wing that a reduced regime would be in effect for the duration of the day. This included a more controlled association period to limit the number of individuals out of their cells simultaneously, thereby reducing the potential for drug trading.

67. Throughout the day, there were approximately ten code blue incidents on K wing attributed to prisoners UTI. As with the previous day, healthcare staff assessed the affected prisoners while wing staff confiscated drug-related paraphernalia from their cells and conducted regular welfare checks. Additionally, these prisoners were prohibited from attending afternoon association, and four prisoners were relocated to the Care and Separation Unit. (CSU, where prisoners are separated from the general prison population.)

68. At 4.41pm, CCTV shows Mr Andrew waiting at the landing gate to collect his evening meal. Approximately four minutes later, Mr Andrew returned to his cell where he was locked in for the remainder of the evening. Nobody else entered or left his cell after that time.

69. At approximately 8.45pm, an Operational Support Grade (OSG) began her night shift on K wing. She received a full handover from the previous officer in charge who told her about the drug related incidents and that several prisoners had been moved to the CSU as a result. She made a list of the empty cells on K wing before starting her roll count (a visual check of all prisoners) at approximately 8.55pm.

70. Around 9.00pm, the OSG reached Mr Andrew's cell. As she could not see him, she called out and banged on the door. She waited a few moments before going to the wing office to double check the prisoner roll board, which confirmed that Mr Andrew should be present in his cell. She returned to Mr Andrew's cell before shouting and banging on his door. As she still had not received a response, at 9.05pm, she radioed an officer to attend the cell to assist her. At interview, she explained that, given the high number of wing moves that day, she was still unsure whether Mr Andrew's cell was occupied or not, so she radioed the officer for clarification.

71. At approximately 9.08pm, three officers arrived at Mr Andrew's cell and spoke to the OSG about her concerns. At 9.10pm, staff decided to enter the cell and found Mr Andrew lying unresponsive on the floor of his shower (the shower was not turned on) with a broken vape pen next to him. An officer immediately radioed a code blue, and the other two officers took it in turns to give cardiopulmonary resuscitation (CPR). The control room immediately requested an ambulance.

72. At approximately 9.15pm, two nurses arrived with a defibrillator (a device that gives shocks to the heart to restore a normal heartbeat) and continued efforts to revive Mr Andrew. After taking some initial observations, a nurse concluded that Mr Andrew was showing clear signs of death (his fingers and toes were blue in colour and his body was rigid) and resuscitation attempts were therefore futile. At 9.23pm, the nurse advised staff to cease CPR.

73. At 9.39pm, paramedics arrived and one minute later, pronounced life extinct.

Contact with Mr Andrew's family

74. On the evening of Mr Andrew's death, following discussion between the prison and local police, the police attended his mother's address and broke the news of Mr Andrew's death. At 9.00am the next morning, a chaplain was allocated as the family liaison officer. A few hours later, he and the Drug Strategy Lead visited Mr Andrew's mother at her home to explain processes and offer their condolences. The prison offered a contribution to Mr Andrew's funeral costs in line with national guidance.

Support for prisoners and staff

75. Postvention is a joint HMPPS and Samaritans initiative that aims to ensure a consistent approach to providing staff and prisoners support following all deaths in custody. Postvention procedures should be initiated immediately after every self-inflicted death and on a case by case basis after all other types of death. Key elements of postvention care include a hot debrief for staff involved in the emergency response and engaging Listeners (prisoners trained by the Samaritans to provide confidential peer-support) to identify prisoners most affected by the death.

76. After Mr Andrew's death, a CM debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support. A few hours later a senior prison manager rang all staff involved to check on their welfare and offer further support.

77. The prison posted notices informing other prisoners of Mr Andrew's death, and offering support. Prisoners on the wing told us they felt supported by staff following Mr Andrew's death. TC staff organised a reflection session, providing an opportunity for the wing to come together and speak about Mr Andrew.

Post-mortem report

78. Mr Andrew was subject to a digital autopsy (when the autopsy is conducted by a scan rather than the physical examination of the body). The post-mortem author did

not have the results of the toxicology tests at the time of writing but concluded that – if there was no evidence that substances had caused Mr Andrew's death – left ventricular hypertrophy (when the heart does not pump efficiently) could be the cause of death.

79. The toxicology results showed the presence of synthetic cannabinoids, but no other unprescribed substances. Severe toxic effects of synthetic cannabinoids include chest pains, stroke and psychosis and death has been known to occur due to arrhythmia, convulsion and multi-organ failure.

80. The cause of Mr Andrew's death will be established by the Coroner at inquest.

Findings

Substance misuse support

81. While the cause of Mr Andrew's death has not yet been ascertained, given the presence of synthetic cannabinoids in his body, we have considered it likely that his death was drug related.

82. Mr Andrew had a history of substance misuse. On his arrival at Wymott, Mr Andrew was promptly allocated a Delphi recovery practitioner. She saw Mr Andrew for regular recovery sessions in which she responded appropriately and compassionately to his concerns. She proactively took measures to help Mr Andrew understand and address his substance misuse issues. She also consistently warned Mr Andrew about the risks and dangers associated with substance misuse, focusing specifically on PS. Finally, she advised him how he could keep himself safe and reduce the risk of overdose if he did choose to misuse drugs whilst in prison.

83. In February 2024, Mr Andrew moved to K wing to start a drug rehabilitation programme on the therapeutic community (TC). After being assaulted on K wing in early March, Mr Andrew made the decision to deselect from the programme. Staff encouraged Mr Andrew to remain on the TC and tried to make him feel safer whilst residing on K wing. Despite this, Mr Andrew was adamant that he wished to be removed from the programme and this was actioned the same day.

84. Overall, we are satisfied that Wymott did everything they reasonably could to manage the risks associated with Mr Andrew's substance misuse and appropriately supported him. The clinical reviewer concurs with this view.

Measures taken after the death of Mr Andrew

85. Over the weekend of Mr Andrew's death, staff on K wing radioed over 20 code blues in response to prisoners being UTI. This was an exceptionally high number to occur in a single weekend. Overall, we found that the situation was handled well by both prison senior leaders and officers on the wing. Even under significant pressure, staff on K wing followed the correct procedures for prisoners found UTI, and managers took measures to minimise the potential for further drug trading and mitigate any risk of further harm. Those who were persistently causing issues or being found UTI were moved off the wing to the CSU and a restricted regime was enforced on K wing for the weekend to minimise the opportunities for drug trading. Healthcare attended each code blue to assess and provide appropriate medical intervention, and all prisoners considered UTI were subject to a period of monitoring by wing staff to ensure their ongoing welfare.

86. After the death of Mr Andrew, Wymott took appropriate steps to contain the batch of suspected PS to K unit by temporarily implementing a restricted regime whereby prisoners on K wing were not permitted to leave the unit and were only permitted to associate in small cohorts on their individual spurs. Staff tried to locate the source of the PS and remove it from the wing through targeted cell searches with the support of drugs dogs, and the analysis of drug related intelligence reports. The intelligence suggested that a prisoner who transferred to Wymott on 8 August

brought a significant quantity of PS with him. Further intelligence suggested that another prisoner on K wing had purchased a significant amount of this PS and gave it away to drug users on the wing to cause maximum disruption and distress to staff. A prison manager explained that upon being notified of this information, staff investigated fully and the prisoners involved were identified and transferred to another prison. Additionally, several individuals were deselected from the TC programme and moved off the wing, and approximately five further prisoners were transferred to other prisons to disrupt drug dealing activities.

87. Finally, each prisoner on K wing was drug tested, given additional keywork sessions and seen for a one-to-one appointment by a DARS practitioner who warned them about a potentially dangerous batch of PS present on the wing, gave them harm reduction advice, and offered ongoing support. We consider the prison's response to have been an example of good practice.

Drug supply and demand at Wymott

88. Wymott's drug strategy for the years 2023-2025 notes that PS continues to be the most popular drug. When incidents of PS use spike, there is a correlation with a spike in violence, self-harm and other debt related issues, causing real concerns for safety and stability within the prison.

89. We spoke to a prison manager about drug supply and demand at Wymott. He reiterated that PS continues to be the most popular drug at Wymott due to how cheap, readily available, and undetectable it is. He said that PS-soaked paper burnt in a vape is still the most popular method of ingesting PS. Drug ingress routes into the prison include packages being thrown over the wall, being delivered via drones or through the external post. They also enter the prison via families and friends on visits or through members of staff.

Restricting Supply

90. Wymott takes a zero-tolerance approach to anyone they identify as supplying drugs into the prison or those trafficking drugs within the prison. They use a variety of methods to prevent drugs entering the prison which include:

- Ensuring that staff working with incoming mail are well trained, follow procedures and utilise all tools available to them to detect drugs coming into the prison via post. All domestic mail is routinely photocopied and the validity of legal mail is checked via the use of a Rapiscan machine (which detects the presence of drugs). Property parcels are not permitted to be sent in directly from family, and additional property can only be obtained via one of the prison's authorised catalogues.

- The use of enhanced measures to detect drugs on any individual entering the prison. Body scanners are used on new receptions entering Wymott to detect for secreted items. If the scanner detects a secreted item, the prisoner is located in the CSU until he produces a negative scan, preventing the drugs being circulated within the prison. For social visits, the officer in charge receives a daily intelligence brief and area drugs dogs are used to support the staff carrying out the searches of the visitors.

- The installation of window grills to act as physical barriers to prevent passing between windows and restrict drone access. A prison manager told us that currently, most of the cell windows on the outer side of the prison have window grills, however most of the inward facing windows do not. He said that although they have manufactured the grills to cover the inner windows, they are waiting for funding to have them installed.

- The possibility of borrowing specialist drone detection equipment. The prison manager explained that Wymott rely solely on human sightings and reviewing CCTV to detect drone activity at Wymott, meaning that they have no means of tracking drone activity unless physically spotted. As drone detection equipment is very expensive and predominantly reserved for use in the high security estate, Wymott are currently in negotiations with HMP Garth (situated next door to Wymott) and the local police to fund the borrowing of the police' drone detection equipment, which will be shared between the two prisons. This will enable the early detection of drone activity and provide a more accurate intelligence picture on the use of drones in the trafficking of illicit items into Wymott.

- The use of external wall checks and patrols prior to unlock and prisoner movement to ensure the fence and external wall is undamaged, and to look for any potential throw overs.

- The use of external CCTV monitoring of the perimeter and other vulnerable areas within the prison with bids submitted for additional CCTV for evidential purposes and the detection of offences.

- A clear searching strategy to proactively disrupt the trade of drugs within Wymott. This includes the use of intelligence led, targeted searches supported by drugs dogs, when available.

- Effective use of mandatory drug tests with new drug testing processes implemented.

- A focus on improving the quality of intelligence to create a more accurate intelligence picture of drug supply and demand at Wymott. Wymott holds a variety of weekly and monthly security meetings to discuss responses to emerging drug trends and agree on actions to combat the risks associated with these. The Tactical Tasking and Coordination Group uses intelligence to establish areas of conveyance and identify (and close) any gaps.

- An established relationship with all key stakeholders to effectively work together using intelligence strands to respond to emerging drug threats. This includes working with the serious organised crime unit to identify key organised crime nominals as well as the sharing of intelligence between the local police force to determine and disrupt local supply routes.

Reducing Demand

91. Wymott aims to reduce the demand for drugs by actively supporting and encouraging prisoners into sustainable recovery through a wide range of clinical services and non-clinical interventions. Programmes, such as the TC, offer an intensive structured programme in which staff encourage prisoners to participate in

a wide range of enrichment activities and services designed to alleviate boredom and promote recovery. Substance misuse recovery peers, recovery focus groups, and mutual aid support groups (such as Narcotics Anonymous) are used to support and enhance the substance misuse services. Therapeutic activities such as art, drama, music and 'recovery gym' exercise sessions are promoted, and prisoners are encouraged to attend educational courses to support their resettlement.

92. Wymott also aim to reduce demand by balancing supporting prisoners found under the influence of drugs with more punitive measures for those persistently using. On the first occasion a prisoner is found under the influence, a DARS practitioner will see them to offer harm reduction advice, warn them about the risks associated with drug misuse, and signpost them to the appropriate avenues of support. Those prisoners refusing to engage with support or persistently using however will be subject to prison disciplinary procedures.

93. Overall, we recognise the significant challenges inherent in preventing drugs entering Wymott. PS is especially prevalent in category C prisons because their lower security measures and stable population allows for the maintenance of distribution networks. In addition, Wymott has a substantial and diverse population, a large perimeter and is situated in an open and accessible semi-rural area making it vulnerable to throwovers and drones. The illicit drugs market in prison is controlled by organised crime gangs and the scale of the problem requires a co-ordinated approach. We found that Wymott fully recognises the above challenges and has taken considerable steps to address them. The prison has both clinical and operational staff dedicated to roles involving drug rehabilitation, strategy and security, and those we spoke to were clearly passionate about their work and were committed to delivering a safe, secure and stable environment.

94. Mr Andrews' death was the first drug related death at Wymott in four years. This is significantly lower than many other category C prisons with similar issues. Given the proactive steps that Wymott are taking, we make no recommendation.

Challenge, Support and Intervention Plan (CSIP)

95. Challenge, Support and Intervention Plans (CSIP) are a violence reduction case management model used to support and manage prisoners who are considered to pose a risk to other prisoners. In some prisons, CSIPs are also used to provide support to victims or suspected victims of bullying, intimidation, and those who self-isolate.

96. At the time of Mr Andrew's death, Wymott's violence prevention strategy outlined that, upon receiving a CSIP referral, the wing CM would hold a face-to-face meeting with the prisoner. Based on the findings of this meeting, the wing CM would decide whether to initiate a full CSIP.

97. A CSIP referral for Mr Andrew was submitted to the Safer Living department in March 2024, after he was assaulted by another prisoner on K wing. As per policy, the department tasked the K wing manager with conducting a face-to-face meeting with Mr Andrew to decide on an appropriate course of action. As she ell was due to start two weeks of night duties, she was unable to complete this meeting. We found no evidence that the CSIP was reallocated, and we have been unable to ascertain

what happened with the investigation after this date. The CSIP appears to have been closed on the prison computer system on 5 May.

98. After Mr Andrew's death, Wymott introduced a single case manager approach to CSIPs. Each prisoner now has a designated CSIP manager who will continue to be responsible for the management of their CSIP, should they be moved to another area of the prison. This places more accountability on individual case managers and should minimise the likelihood of actions being missed. This is supported by a quality assurance process in which spot checks are being undertaken to ensure that staff and managers are following the procedures to the required standards. We therefore make no recommendation.

Clinical care

99. The clinical reviewer found that the care Mr Andrew received at Wymott was of a good standard and was equivalent to that which he could have expected to receive in the wider community. She made no recommendations.

Governor to note

100. After Mr Andrew's death, a box of pain relief medication prescribed to a different prisoner (not one who had previously resided in the cell) was found in his cell. The clinical reviewer advised that the medication was not known for illicit use or trading and had no known desirable effects aside from managing pain. The toxicology tests conducted did not test for the medication.

101. We do not know if Mr Andrew had obtained the medication illicitly. We bring the matter to the Governor's attention.

102. We note that it took staff around 10 minutes to go into Mr Andrew's cell when he could not be seen and did not respond during a routine roll check. We consider that, in the circumstances of numerous cell and wing moves in response to the clear issues on K wing that weekend, and uncertainty about whether Mr Andrew was in the cell or not, this was not entirely unreasonable. However, the Governor will want to be assured that staff understand their responsibility to quickly go into a cell in an emergency.

Inquest

103. The inquest into Mr Andrews' death ended on 16 December 2025. It concluded that the medical cause of Mr Andrews' death was synthetic cannabinoid toxicity and he had died as a result of misadventure.

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