

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Patrick Maughan, a prisoner at HMP Lowdham Grange, on 17 November 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



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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 Patrick Maughan died on 17 November 2024 from the toxic effects of cocaine and synthetic cannabinoids, while a prisoner at HMP Lowdham Grange. He was 50 years old. I offer my condolences to Mr Maughan's family and friends.

Between 17 November 2024 and 6 April 2025, there were five suspected drug-related deaths at Lowdham Grange, of which Mr Maughan's was the first.

The substance misuse team supported Mr Maughan and offered opportunities for meaningful engagement.

The clinical reviewer found that the healthcare that Mr Maughan received was equivalent to that which he could have expected to receive in the community.

In December 2023, HMPPS took back interim control of Lowdham Grange and on 1 August 2024, the prison was formally taken back into public sector control. I commented at that time that the prison was in a period of transition and faced significant challenges. This remains the case, and the recent drug-related deaths are of particular concern. I acknowledge that the prison has developed an action plan to address these issues and is receiving additional support from the national safety team. Following a recent investigation into another of the five suspected drug-related deaths, I recommended the prison ensure there is a programme to educate and communicate the risks of drug use to prisoners. A new Governor has also recently taken up post at Lowdham Grange, with a view to tackling the current issues facing the prison

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**

**November 2025**

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## Summary

### Events

1. On 8 August 2004, Mr Patrick Maughan was remanded into custody, charged with robbery. Following convictions for further violent offences committed in prison, he was sentenced to an indeterminate sentence for public protection in 2009 and an extended determinate sentence in 2013.
2. On 6 February 2024, Mr Maughan was transferred to HMP Lowdham Grange. He had a history of using drugs, including psychoactive substances in prison. When he arrived, he told staff that he had no substance use problems and did not need support from the substance misuse service.
3. Mr Maughan was suspected of being under the influence of drugs several times. The substance misuse team regularly offered him support and gave him harm reduction advice. He told them he was aware of the risks and declined to engage.
4. In April and September, Mr Maughan twice referred himself to the substance misuse team for assessment. He asked for the assessment to take place on the wing as he did not want to go to the healthcare unit. He said he did not want to leave the wing due to his cleaning job. He was told this was not possible and he would need to attend the healthcare unit. Mr Maughan did not attend either assessment.
5. At 9.58am on 17 November, Mr Maughan went into another prisoner's cell. At 10.10am, prisoners in the cell became concerned about Mr Maughan and called staff who immediately radioed a medical emergency code blue (used when a prisoner is not breathing or is unconscious). Nurses began cardiopulmonary resuscitation, and paramedics later assisted. Despite their efforts, at 11.37am, paramedics pronounced life extinct.

### Findings

6. Mr Maughan's was one of several drug-related deaths at Lowdham Grange within a short space of time. Mr Maughan frequently used illicit drugs and was suspected of being under the influence less than a day after he arrived at Lowdham Grange. The substance misuse team offered him support and interventions to stop and he was aware of the risks associated with psychoactive substances.

## The Investigation Process

7. HMPPS notified us of Mr Maughan's death on 18 November 2024.
8. The investigator issued notices to staff and prisoners at HMP Lowdham Grange informing them of the investigation and asking anyone with relevant information to contact her. Four prisoners responded.
9. The investigator visited HMP Lowdham Grange on 28 November. She obtained copies of relevant extracts from Mr Maughan's prison and medical records.
10. The investigator interviewed two members of staff and three prisoners at Lowdham Grange on 26 November 2024, 13 and 14 January 2025. She interviewed five members of staff by video conference in January 2025.
11. NHS England commissioned a Clinical Reviewer to review Mr Maughan's clinical care at the prison. The investigator and the clinical reviewer jointly conducted interviews with healthcare staff.
12. We informed HM Coroner for Nottingham City and Nottinghamshire the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
13. The Ombudsman's office contacted Mr Maughan's sister to explain the investigation and to ask if she had any matters she wanted us to consider. She wanted to know Mr Maughan's cause of death, why he was in another cell when he died, what he was doing in the cell and whether anything was given to him in that cell. She asked us to speak to his cellmate and the person in whose cell Mr Maughan died.
14. We have addressed these questions within this report but are unable to say with certainty why Mr Maughan was in another prisoner's cell. Mr Maughan did not have a cellmate. We spoke to a number of prisoners who were in the cell at the time of the incident. We were unable to speak to the prisoner in whose cell Mr Maughan died.
15. We shared the initial report with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
16. Mr Maughan's sister received a copy of the draft report. She did not make any comments.

## Background Information

### HMP Lowdham Grange

17. HMP Lowdham Grange is a category B training prison for adult males in Nottingham. Northamptonshire NHS Trust provides healthcare services, including mental health services and substance misuse services.
18. Lowdham Grange was privately managed, first by Serco when the prison opened in 1998 and then Sodexo from February 2023. In December 2023, the government announced 'step in' action to stabilise the prison and took over control on an interim basis. On 1 August 2024, HMPPS took full public sector control of the prison.

### HM Inspectorate of Prisons

19. The most recent inspection of Lowdham Grange was in March 2025. Inspectors noted the prison was three months into a complex and difficult transition between contractors. They concluded that outcomes for safety, respect and preparation for release were not sufficiently good, and outcomes for purposeful activity were poor. A new Governor had recently arrived and had a clear sense of the challenges and seriousness of the concerns identified.
20. Inspectors found that drugs were a serious problem. The number of prisoners found to be under the influence of illicit substances had continued to rise in 2025. Drones were a particular concern, and many drones were not intercepted. Anti-drone netting in outdoor areas accessible to prisoners was in the process of being renewed, and some other measures were in place or planned. The positive rate of random drug testing for the previous 10 months was 40.6% and 56% of prisoners at Lowdham Grange said it was easy to get hold of drugs.
21. Prevention and detection of staff corruption had improved, especially through better collaboration with the police, which had resulted in arrests inside and outside the prison. Enhanced gate security was also a useful recent addition, but the small space available created queues of staff outside the prison and an occasionally rushed searching process, reducing its effectiveness.

### Independent Monitoring Board

22. 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 to January 2024, the IMB concluded that safety in the prison deteriorated throughout the whole reporting period. They noted outcomes were strongly influenced by the ready availability of illegal drugs, as well as the associated violence and inexperienced staff who lacked the skills and confidence to manage prisoners with challenging behaviour.
23. By the end of 2023, positive drug test results had gradually increased to over 50%, and there were daily incidents of prisoners being under the influence of psychoactive substances and/or alcohol. There was widespread evidence of

psychoactive substances and drones were increasingly being used to drop off drugs and other contraband.

24. The board found that since HMPPS took over in December 2023, more thorough staff and visitor searches had taken place, including wing searches and a full lockdown in January 2024. There were plans to install mesh over exercise yards to stop items being dropped by drones.

### **HMPPS' Substance Misuse Group**

25. In September 2024, following a PPO recommendation in relation to the death of a prisoner in 2023, HMPPS' Substance Misuse Group (SMG) conducted a drug strategy support visit at the prison. The aim of the visit was to understand the scale and nature of substance misuse problems at Lowdham Grange and understand the scale of the prison's vulnerability to the conveyance of illicit drugs.

26. Their findings included:

- Drugs predominantly used were cannabis and synthetic cannabinoid receptor antagonists (otherwise referred to as psychoactive substances).
- Security & analyst team colleagues had developed a strong understanding of illicit substances within the prison through detailed intelligence reports, enabling them to produce a detailed Local Tactical Assessment to shape action plans at departmental level. There was scope for this to help drive the drug strategy and safety teams to work collaboratively.
- There were knowledge gaps among staff about substance misuse.
- Several vulnerabilities were observed in the visit area, including staff not being given a security briefing before visits, lack of zonal patrolling and a lack of secure communication means between officers and CCTV operators.
- There were no staff trained to operate the baggage X-ray machine, yet visitors' equipment was passed through it which caused further friction between visitors and staff.
- Legal visits presented a risk of drug ingress, notably in the form of paper-based illicit substances. The team suggested Lowdham Grange should adopt a digital approach to minimise the amount of paper coming into the prison.
- The prison highlighted drone incursions as a primary route of ingress.
- Revised monthly drug strategy meetings had started. However, residential staff had little knowledge of the strategy and how their roles contributed to its effective delivery.
- Prisoners were frustrated about the lack of activities to keep them occupied, resulting in increased levels of boredom and frustration, with some using substances as a coping mechanism.

27. The SMG made six recommendations. These included that:

- Activity should be undertaken to raise awareness of substance misuse and drug strategy across the prison.
- Widespread understanding should be driven across the prison to ensure all staff were aware of what action to take if they found a prisoner under the influence of a substance.
- The Senior Management Team should ensure there is closer strategic alignment between security, safety and drug strategy activity.
- The prison should conduct a full review of existing visits procedures.
- The prison would benefit from conducting a review of its parcel process.
- Social mail should be photocopied.

### **Previous deaths at HMP Lowdham Grange**

28. Mr Maughan was the ninth prisoner to die at Lowdham Grange since November 2021. Of the previous deaths, two were from natural causes, one was drug-related, and five prisoners took their own lives. There are no similarities between the findings in our previous investigations and those following our investigation into Mr Maughan's death.
29. Since Mr Maughan's death until the beginning of June 2025, seven prisoners have died. Three died of natural causes and four were suspected to be drug-related. All remain under investigation.

### **Psychoactive substances**

30. The term psychoactive substances (PS) is a broad term that refers to a drug or other substance that affects mental process. Synthetic cannabinoids and synthetic opioids 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.
31. 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.

## Key Events

32. On 8 August 2004, Mr Maughan was remanded into custody at HMP Bedford, charged with robbery. He had been in prison before. On 14 February 2005, he was convicted and sentenced to seven years and one month in prison. Mr Maughan was convicted of further violent offences in custody. In January 2009, he was sentenced to an indeterminate sentence for public protection, with a minimum tariff of four and half years. In January 2013, he was sentenced to an extended determinate sentence, totalling ten years.
33. On 6 February 2024, Mr Maughan was transferred to HMP Lowdham Grange from HMP Peterborough. He had been at Lowdham Grange before. At 4.47pm, a reception officer interviewed Mr Maughan and noted he appeared happy to have moved. The officer recorded no concerns.
34. Nurse A completed Mr Maughan's initial health screen. Nurse A noted that Mr Maughan engaged well and told her he had asked to move to Lowdham Grange and was happy to be there. Nurse A recorded Mr Maughan's history of drug use but did not identify any current substance misuse issues.
35. The following day, Officer A met Mr Maughan for a key work session as part of his induction. Mr Maughan told Officer A he was happy to be at Lowdham Grange and saw the move as an opportunity for a fresh start. He said he was planning on keeping his head down and maintaining telephone contact with his sister. Mr Maughan stated he had no problems with alcohol or drugs and did not need to be referred to substance misuse support services.
36. At 6.10pm on 8 February, officers radioed a medical emergency code blue (used when a prisoner is unconscious or not breathing) as they found Mr Maughan conscious but unresponsive. Staff suspected Mr Maughan was under the influence of an illicit substance, believed to be PS. Nurses attended and opened a PS log.
37. At around 9.02am on 9 February, a staff member from the substance misuse team reviewed the PS log and spoke to Mr Maughan. Mr Maughan admitted he had been under the influence of PS. He said he did not think his PS use was problematic and was aware of the risks of taking it. The staff member gave harm reduction advice and told Mr Maughan that if he continued to use illicit substances, his prescribed medication may be reviewed to manage the increased risk of overdose. Mr Maughan declined ongoing support. The staff member advised Mr Maughan of the self-referral process if he changed his mind.
38. Over the next two months, staff suspected Mr Maughan of being under the influence of PS four times. Prison intelligence during this time suggested Mr Maughan may have been under threat and being bullied.
39. At 2.20pm on 3 April, the substance misuse team staff member spoke to Mr Maughan to review the PS log which had been opened the previous day. Mr Maughan told her he had used PS and wanted support from the substance misuse team. The staff member told him she would put him on the waiting list for an assessment and gave further harm reduction advice.

40. On 16 April, another staff member from the substance misuse team sent Mr Maughan a letter apologising for a previous cancelled appointment and offering him an assessment appointment on 24 April. There is no record of this appointment taking place.
41. Mr Maughan did not attend further assessment appointments offered on 7 and 21 May. On 24 May, a substance misuse team member spoke to Mr Maughan about his missed appointments. Mr Maughan told her he still wanted support from the service but preferred an assessment on the wing as he was a wing cleaner. The staff member told him that the initial assessment needed to happen in the healthcare unit but work after that could take place on the wing. Mr Maughan accepted this.
42. Later that day, the staff member sent Mr Maughan a letter offering an assessment appointment on 3 June in the healthcare unit. Mr Maughan did not attend the assessment and was discharged. Prison intelligence around this time indicated that Mr Maughan was under threat and was isolating in his cell.
43. At 2.11pm on 17 June, Officer B observed Mr Maughan and suspected he was under the influence of drugs. Nurses attended. A substance misuse team staff member met Mr Maughan the following day. He denied being under the influence of drugs and said he did not need support from the substance misuse service. The substance misuse team staff member repeated harm reduction advice and encouraged Mr Maughan to refer himself to the service if he wanted support.
44. On 31 July, Mr Maughan attended his parole hearing. He told the panel that he was drug-free. The panel set directions for Mr Maughan and his newly allocated community offender manager (COM) to spend time getting to know each other by video conference and telephone.
45. On 11 September, the Deputy Treatment Manager emailed a member of staff from the substance misuse team to say that Mr Maughan had been offered a place on an offending behaviour programme. She said Mr Maughan had shared that he had an addiction to PS and wanted help to manage it so he could engage with the programme. She recorded that he was very motivated to engage with any support offered. The member of staff emailed back and asked for Mr Maughan to submit an application, following several instances of declining support in the past.
46. On 16 September, the Deputy Treatment Manager was walking back to the wing with Mr Maughan. He told her he had had an altercation with a prisoner the day before but decided not to stab him and threw his weapon away. He did not give any further detail.
47. On 20 September, a member of staff from the substance misuse team received an application from Mr Maughan and added him to the substance misuse assessment waiting list.
48. At 4.11pm on 22 September, a prisoner assaulted Mr Maughan. He punched Mr Maughan in the head and told staff this was in response to Mr Maughan threatening him with a weapon earlier that day. Staff searched Mr Maughan's cell but nothing was found. Mr Maughan was referred to Challenge, Support and Intervention

Planning (CSIP, a scheme to manage the most violent and supporting the most vulnerable prisoners).

49. At 10.15am on 27 September, staff observed Mr Maughan on CCTV damaging the cell door observation panel of the prisoner who assaulted him and squirting an unknown liquid into the cell.
50. On 8 October, a substance misuse team member updated Mr Maughan's medical records to say that the substance misuse assessment needed to be rescheduled due to staff issues. The assessment was rescheduled for 25 October. Mr Maughan did not attend the assessment.
51. At an unknown time on 27 October, an officer spoke to Mr Maughan following the CSIP referral on 24 September. Mr Maughan denied the assault took place and said he did not need any support.
52. Prison intelligence at the end of October continued to suggest Mr Maughan was involved in the wing drug culture. During interviews, prisoners told the investigator that Mr Maughan was a frequent PS user and took the drug daily at times.
53. At 10.35am on 5 November, Officer C met Mr Maughan for a keywork session. Mr Maughan told him he felt safe and settled on the wing. He said he had no substance use issues, and Officer C noted he often saw Mr Maughan socialising with others.
54. Mr Maughan continued to maintain telephone contact with his sister and spoke to her four times about general matters during the first week of November. Mr Maughan told his sister about another prisoner who had come into his cell and that the only thing preventing him from reacting was his parole review.
55. At 12.45pm on 7 November, a member of staff from the substance misuse service recorded in Mr Maughan's medical records that he was reluctant to leave the wing and wanted his assessment completed on the wing.
56. Mr Maughan maintained telephone contact with his sister in early November. During these calls, Mr Maughan appeared positive and said he could not wait to come home. He said he felt positive about his parole review.

### **Events of 17 November**

57. The investigator watched closed circuit television (CCTV) and body-worn video camera (BWVC) footage, listened to staff radio communications and obtained prison statements and East Midlands Ambulance Service records. The following account is taken from all those sources.
58. Mr Maughan was unlocked at 8.52am. CCTV footage showed Mr Maughan eating and socialising with prisoners. He appeared calm and relaxed.
59. At 9.58am, an officer unlocked the cell next to Mr Maughan, where Prisoner A lived. Mr Maughan walked in. CCTV footage showed he did so in a calm manner. Prisoner B walked in around 25 seconds later.

60. Prisoner B told the investigator that he was in Prisoner A's cell when Mr Maughan came "flying in" and jumped onto the bed. Prisoner B said he looked like he was having a fit and was not speaking to them. He knew Mr Maughan used PS, but he had rarely seen him under the influence and thought he would use PS overnight in his cell. Prisoner B said this seemed different and he did not think Mr Maughan had used drugs at that time.
61. Two more prisoners went into the cell and at 9.59am, one stood in the cell doorway and beckoned a prisoner, who ran over. The cell door was closed. Prisoner C told the investigator that Mr Maughan smoked PS daily. He had sometimes seen him under the influence during the day but thought he mostly used PS at night. Prisoner C said he turned Mr Maughan onto his side, wiped his face to make sure his airway was clear and tried to reassure him. He said he thought he was calming as Mr Maughan was no longer staring with blankness and started noticing who was in the cell. Prisoner C said he was then called out of the cell.
62. Prisoner B told the investigator that he and Prisoner A were worried as Mr Maughan did not seem to be improving. Prisoner B came out of the cell, where Prisoner D was outside looking in.
63. Officer D and Officer E were on A Wing that morning. At around 10.10am, they were on the bottom floor of A Wing, moving a mattress from a cell. Prisoner B and Prisoner D called to them, and they went into Prisoner A's cell. Officer E immediately radioed a medical emergency code blue. An officer in the control room called 999 at 10.13am and told them that a prisoner appeared to be having a seizure. The call handler advised an ambulance would arrive within an hour.
64. At 10.14, Nurse C arrived with an emergency bag, followed by Nurse D and Nurse E a minute later. At 10.16am, nurses observed that Mr Maughan had stopped having seizures but was not talking.
65. At 10.21am, staff moved Mr Maughan onto the landing so they had more space to treat him. The control room officer telephoned emergency services, told them that Mr Maughan had deteriorated and asked for an ambulance to be sent immediately. An ambulance arrived at Lowdham Grange four minutes later.
66. At 10.33am, Mr Maughan stopped breathing. Nurse C began cardiopulmonary resuscitation. Nurse D assisted. Fire fighters, who were at the prison undertaking a training exercise, went to the wing at 10.34am and assisted.
67. At 10.35am, paramedics arrived on A Wing and took over resuscitation efforts. At 10.56am, helicopter emergency medical services (HEMS) arrived at the prison. At 11.09am, HEMS paramedics arrived on A Wing and assisted.
68. At 11.37am, paramedics pronounced life extinct.

### **Contact with Mr Maughan's family**

69. At 11.06am, the prison appointed the Offender Management Unit (OMU) Hub Manager, as the prison's family liaison officer. An administrator from the Offender Management Unit was appointed as the deputy family liaison officer. The OMU Hub Manager, the OMU administrator and a member of the chaplaincy team tried to visit

Mr Maughan's sister at 3.50pm. The occupants at the address told them that she no longer lived there, and they did not have contact details for her. The OMU Hub Manager obtained a telephone number from Mr Maughan's prison records and informed his sister of his death by telephone a short while later.

70. The prison kept in contact with her subsequently and contributed towards the cost of Mr Maughan's funeral in line with national policy.

### **Support for prisoners and staff**

71. 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.
72. After Mr Maughan's death, the Head of Residence 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.
73. The prison posted notices informing other prisoners of Mr Maughan's death and offering support. Staff reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Maughan's death.

### **Post-mortem report**

74. The pathologist established that Mr Maughan died from the toxic effects of cocaine, MDMB-4en-PINACA, 5F-MDMB-PINACA and ADB-CHMINACA (synthetic cannabinoids). The post-mortem and toxicology reports identified the presence of ketamine in Mr Maughan's system and indicated use in the week before his death.
75. Mr Maughan's prescribed medications were detected and indicated therapeutic use.

### **Inquest**

76. At an inquest held between 13 and 16 April 2026, the Coroner concluded that Mr Maughan died due to the use of cocaine and synthetic cannabinoid drugs.
77. The Coroner concluded that the prevalence of drugs at Lowdham Grange was recognised as being a major problem. Mr Maughan was offered opportunities to engage in voluntary substance misuse services but did not want to engage with the programme in the format that was offered and wanted appointments away from the wing, which was not possible.

## Findings

### Clinical review

78. Mr Maughan was suspected of being under the influence of drugs several times, and staff and prisoners told the investigator that it was well known that he used PS. The Substance Misuse Service (SMS) appropriately followed up Mr Maughan after an incident where he was found under the influence of a substance, gave him harm reduction advice and offered support. In February 2024, Mr Maughan told a nurse he was aware of the risks associated with taking PS and declined support from the team. In April and October, Mr Maughan asked the SMS for help with his drug use. However, he did not attend initial assessments which took place in the healthcare unit. He told staff he did not want to leave the wing as he was a cleaner. Based on prison intelligence, it is possible that he may have felt unsafe leaving the wing.
79. The clinical reviewer concluded that the healthcare that Mr Maughan received at Lowdham Grange was equivalent to that which he could have expected to receive in the community. Mr Maughan was appropriately referred to the mental health team on arrival and was repeatedly offered support from the mental health and substance misuse teams. He often declined to attend. The substance misuse team always followed up with Mr Maughan after he was suspected of being under the influence of illicit drugs.
80. We have considered whether the SMS' refusal to allow assessments to take place on the wing was an unnecessary barrier to prisoners accessing substance misuse support. Lowdham Grange has had periods of volatility and at various points it has been clear that non-HMPPS staff have felt unsafe on the residential wings. The investigator who visited the prison shortly after Mr Maughan's death observed that it was unsettled, and that it might be difficult to hold confidential meetings on the wing. The substance misuse team manager explained during interview the challenges in conducting assessments on the wing. She told us it was difficult to find confidential interview spaces and managing the risks of being alone in rooms when officers may not be close by.
81. We cannot say whether Mr Maughan's continued drug use would have been prevented had he attended the SMS assessments, but we are satisfied that he understood the risks of using substances and had been offered support to stop. However, the Governor and Head of Healthcare should review whether non-operational staff feel safe enough on residential wings to offer interventions to prisoners who need them.
82. The clinical reviewer found that the healthcare staff interviewed as part of this investigation portrayed compassion and dedication in their attempts to reduce deaths at Lowdham Grange. However, the recent spike in deaths had left them feeling helpless and impacted on their own wellbeing.
83. The clinical reviewer made five recommendations, four of which were not directly related to Mr Maughan's death but which the Head of Healthcare will want to address. The clinical reviewer recommended that the healthcare provider at Lowdham Grange should ensure that substance misuse education is enhanced.

This was identified as an area of focus following the regional safety team's visit and Lowdham Grange is actively exploring ways to address this gap.

## Drug strategy at Lowdham Grange

84. Lowdham Grange's drug strategy dated August 2024 noted significant increases in finds of illicit items. There had been a 24% increase in illicit drugs being found in 2023/2024 compared to 2022/2023. There had also been an increase in reported incidents involving PS and health partners suggested there was significant under-reporting of PS use. Random and mandatory drug testing fell short of the 15% target and there was little evidence of supplementary suspicion, frequency or risk testing. At the time of this investigation, the drug strategy was under review to reflect HMPPS taking management of the prison.
85. In September 2024, the HMPPS Substance Misuse Group (SMG) conducted a drug strategy support visit at the prison to understand the scale and nature of substance misuse problems and the scale of the prison's vulnerability to the conveyance of illicit drugs. They found PS and cannabis were the most commonly used drugs. They identified some knowledge gaps among staff around substance use and physical vulnerabilities, including visits and searching. It was positive that they found that the security and analyst team had developed a strong understanding of illicit substances in the prison through detailed intelligence reports. This enabled them to produce a detailed and thorough Local Tactical Assessment (LTA) which was used as the basis for further action plans at departmental level. Revised monthly drug strategy meetings had also started.
86. The SMG made six recommendations, including that activity should be undertaken to raise awareness of substance use and the drug strategy across the prison, drive understanding of the prison's policy on managing prisoners under the influence of a substance, closer strategic alignment between security, safety and drug strategy activity, a review of existing visits procedures, review of the parcel process and photocopying social mail.
87. In January 2025, the Head of Drug Strategy and the Head of Security told the investigator that since October 2024, the prison had experienced a sharp increase in the number of medical emergencies related to prisoners suspected of being under the influence of drugs. Cannabis and PS remained the predominant drugs used. However, prison intelligence suggested that a variety of other substances, including fentanyl, ketamine and opiates were being used.
88. The Head of Security and the Head of Drug Strategy said that they worked closely with the police and had a good relationship with them. However, both said they felt the approach to managing drones was reactive rather than proactive. Drones were a significant issue, with attempted drops of packages every other night. There were examples of collaborative work taking place, particularly in sharing information about vehicles. This had resulted in arrests. Searching and risk drug testing remained challenging due to lack of resources.
89. In response to SMG recommendations, the prison is reviewing their drug strategy and have introduced measures to combat drugs coming into the prison, including securing funding for netting and window grill replacements and delivering corruption prevention training, with a recent focus on civilian staff.

## Actions taken by Lowdham Grange since Mr Maughan's death

90. The Head of Security said the gate area was a concern as the prison experiences a high number of people and vehicles coming through. Enhanced gate security and other measures have been introduced, including a limit on paper permitted into the prison and the photocopying of mail. The prison is also exploring the development of a dedicated wing for incentivised substance free living.
91. The SMG scheduled a review for April 2025. Before it could take place, the SMG reconfigured to the Drug and Alcohol Group (DAG), with a new focus on capability and training. Direct prison support, including visits, stopped. Recruitment is underway to employ regional drug and alcohol leads to undertake this role.
92. On 9 April, the regional safety group undertook a safety visit and agreed with the DAG to look at some of SMG's key recommendations from September 2024. They found evidence of enhanced searching and additional training to support this. Progress had been made to raise awareness of substance use and the prison's drug strategy. However, it was unclear how many staff had completed training through an email link.
93. The SMG suggested that a tripartite meeting linking safety, security and drug strategy may be beneficial. They also found there were no courses being delivered to prisoners in relation to substance use. The prison is exploring alternatives which may be delivered through the education provider. In May 2025, Lowdham Grange accepted an offer from the Regional Safety Team and DAG to become a pilot site to undertake a training needs analysis and develop bespoke staff training.
94. We fully recognise the significant challenges inherent in preventing drugs coming into Lowdham Grange. The illicit drugs market in prison is controlled by organised crime gangs and Lowdham Grange recognises that the scale of the problem needs a co-ordinated approach which they have been implementing.
95. Lowdham Grange has experienced a turbulent two years and the demand for drugs and ingress into the prison is one of many significant problems they need to address. In March 2025, a new Governor was appointed at Lowdham Grange. Although some good work is being done at Lowdham Grange, including limiting paper coming into the prison and enhanced gate security, the threat from drugs is constantly evolving and more can always be done.

## Postvention

96. Two officers who immediately responded to the incident told the investigator that they felt poorly supported afterwards. One officer, who was at Lowdham Grange on detached duty from another prison, said she was offered little support. She has since returned to her regular place of work and told the investigator she has been offered support there. Another officer, who works permanently at Lowdham Grange, said she had emailed the care team several times and been promised follow-up telephone contact, which did not happen. She said she had given up trying.
97. At the time of Mr Maughan's death, there was no stable care team in place. In December 2024, CM A and CM B took up permanent roles in the care team. As of 7 March 2025, a further four officers completed their training. The care team now has

six fully trained staff members who are permanent in role. CM A provided assurances that the team would contact the officer who requested support.

### **Governor to note**

98. Mr Maughan was offered six keywork sessions at Lowdham Grange and accepted five sessions, out of a possible 40 which should have been offered over his time there. Each session was with a different officer. While we recognise the significant challenges faced by the prison during this period, nonetheless, regular sessions with a consistent keyworker might have offered Mr Maughan the support he needed.

**Prisons &  
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