

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Emmett Morrison, a prisoner at HMP Long Lartin, on 16 October 2024

A report by the Prisons and Probation Ombudsman

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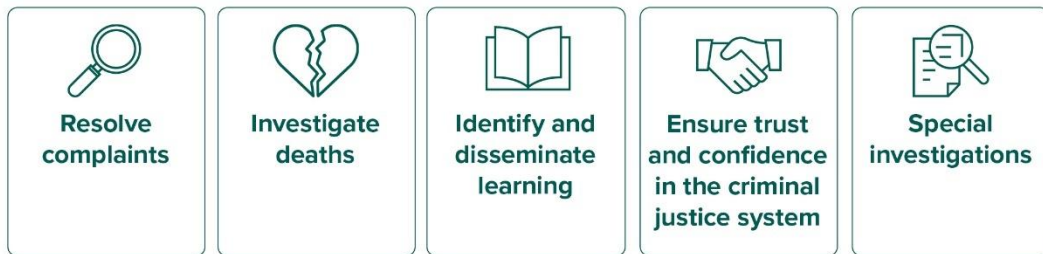
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OUR VISION

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 Emmett Morrison was found hanging in his cell in the segregation unit at HMP Long Lartin on 13 October 2024 and died in hospital on 16 October 2024. He was 40 years old. I offer my condolences to Mr Morrison's family and friends.

Mr Morrison was the third prisoner to take his own life at Long Lartin in three years.

Mr Morrison had a history of substance misuse, suicide attempts and self-harm. He had struggled to address his illicit drug use, despite speaking of his desire to do so and seeking help. He had been found under the influence of drugs 27 times at Long Lartin. Mr Morrison had also spoken of his struggles with accepting the long sentence he had received, and this had resulted in self-harm and periods of suicide and self-harm monitoring (known as ACCT).

In the days before his death, Mr Morrison's behaviour deteriorated, and he was moved to the segregation unit. It is not clear why he was behaving out of character, but staff continued to try to support him. He was subject to ACCT monitoring at the time of his death, but the investigation found that there was no particular evidence that he was in crisis or at imminent risk of suicide.

The investigation found that staff supported Mr Morrison in trying to address his illicit drug use and had been supportive following acts of self-harm.

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

June 2025

Contents

Summary	1
The Investigation Process.....	3
Background Information.....	4
Key Events.....	7
Findings	15

Summary

Events

1. On 2 May 2022, Mr Emmett Morrison was remanded to HMP Swansea charged with murder. On 22 December, he was sentenced to life imprisonment with a minimum tariff of 28 years. This was not his first time in prison.
2. Mr Morrison had epilepsy and ADHD and was prescribed medication for his conditions (although he had stopped taking his ADHD medication before his arrest). He had a history of attempted suicide, self-harm, substance misuse and had been sectioned under the Mental Health Act twice for attempting suicide.
3. While at Swansea, Mr Morrison was subject to suicide and self-harm monitoring (known as ACCT) seven times, after self-harming or making threats to harm himself. He was also recorded as being under the influence of an illicit substance once.
4. On 10 May 2023, Mr Morrison transferred to HMP Long Lartin.
5. Between June 2023 and October 2024, Mr Morrison was found to be under the influence of illicit substances 27 times. Mr Morrison engaged with the substance misuse team (Inclusion) but continued to struggle with his addiction.
6. During his time at Long Lartin, Mr Morrison was subject to ACCT monitoring five times, after he had made cuts to his arms. Mr Morrison spoke about his struggle to come to terms with his sentence.
7. On 10 September 2024, staff started ACCT monitoring after Mr Morrison self-harmed. During an ACCT review, Mr Morrison said that he felt stressed about threats he received from other prisoners to bring money into the prison. On 24 September, Mr Morrison was moved to a vulnerable prisoners' wing, and he told staff that he felt safer.
8. On 4 October, Mr Morrison was found to be under the influence of an illicit substance. Over the following days, Mr Morrison's behaviour deteriorated. He fought with another prisoner, smashed the fixtures in his cell and assaulted staff.
9. On the morning of 7 October, Mr Morrison self-harmed again by cutting his arm. Mr Morrison was escorted to the healthcare wing where his injuries were treated. When he was instructed to return to his wing, he assaulted two officers. He was restrained and was taken to the segregation unit. His behaviour continued to be difficult to manage, and he was placed on a four officer unlock. Mr Morrison started a dirty protest (when a prisoner defecates, urinates, or uses other bodily fluids to soil their cell).
10. At 3.26pm on 13 October, during a routine ACCT check, an officer found Mr Morrison with a ligature around his neck. Staff entered the cell at 3.27pm and radioed a medical emergency code. They started CPR and used a defibrillator. At 3.54pm, Mr Morrison started breathing, but he did not regain consciousness.

11. At 3.55pm, paramedics arrived and stabilised Mr Morrison. He was taken to hospital and was placed in an induced coma.
12. At 9.15am on 16 October, a hospital doctor pronounced life extinct.

Findings

13. Mr Morrison had risk factors for suicide including a history of suicide attempts, substance misuse and mental health difficulties. He was serving a life sentence and found this very difficult to cope with. He was monitored under ACCT procedures a number of times at Long Lartin after cutting himself or threatening to self-harm. We found that the ACCT process was generally managed well. All ACCT reviews were multidisciplinary and addressed Mr Morrison's current risks. However, when Mr Morrison said that he was being bullied and felt under threat, this information (while recorded in the ACCT document) was not added to his list of risks and triggers or included on his care plan.
14. In early October, Mr Morrison's behaviour deteriorated and those that knew him said that this seemed out of character. We do not know why his behaviour changed so dramatically. Mr Morrison was subject to ACCT monitoring when he was found hanged. The changes in his behaviour and unpredictability were appropriately considered by staff when deciding on the level of ACCT observations and they continued to try to support him despite his aggressive and challenging behaviour. While staff recognised that Mr Morrison was struggling, we do not think that it was evident that he was in crisis or at very high risk of suicide.
15. Given the number of times Mr Morrison was discovered to be under the influence of drugs, it is evident that he found it easy to obtain illicit substances. Long Lartin's drug strategy is clear and addresses the current trends and access routes for illicit substances into the prison. Moving prisoners to disrupt cohorts, random testing, searching of prisoners and staff and reacting to and sharing intelligence are all being used to try and reduce supply.
16. The clinical reviewer concluded that the care Mr Morrison received at Long Lartin was of a reasonable standard and equivalent to what he could have expected to receive in the community.
17. We make no recommendations.

The Investigation Process

18. HMPPS notified us of Mr Morrison's death on 16 October 2024.
19. The investigator issued notices to staff and prisoners at HMP Long Lartin informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
20. The investigator visited Long Lartin on 24 October 2024. He obtained copies of relevant extracts from Mr Morrison's prison and medical records. He completed interviews with five members of prison staff.
21. NHS England commissioned a clinical reviewer to review Mr Morrison's clinical care at the prison. She and the investigator jointly interviewed five members of healthcare staff.
22. We informed HM Coroner for Worcestershire of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
23. The Ombudsman's office contacted Mr Morrison's family to explain the investigation and to ask if they had any matters, they wanted us to consider. Mr Morrison's family asked whether Mr Morrison had been appropriately monitored under suicide and self-harm prevention measures and whether he had been bullied.
24. An inquest into Mr Morrison's death was concluded on 6 February 2026. A jury concluded:

Mr Morrison died as a result of suspending himself by a ligature from the window of his prison cell. It is not possible to determine what his intention was at the time he did this.

25. The jury also stated that:

The admitted failure to consider and include on the ACCT care plan support plans to try to mitigate Mr Morrison's risk of suicide and/or self-harm possibly caused or contributed to his death on 16 October 2024.

Following the ACCT review on 8 October 2024 a further review should have been arranged sooner than 14 October 2024.

Background Information

HMP Long Lartin

26. HMP Long Lartin is a high security male prison in the Vale of Evesham, Worcestershire. All prisoners are accommodated in single cells. Practice Plus Group provides healthcare services and Midlands Partnership Foundation Trust provides mental health care.

HM Inspectorate of Prisons

27. The most recent inspection of HMP Long Lartin was in December 2022. Inspectors reported that levels of self-harm were the highest among similar prisons and that the rate of self-harm had doubled in the last 12 months and managers had no strategic plan to reduce self-harm. Inspectors found some good examples of multidisciplinary work to support the individual care of some prisoners with complex needs.
28. Inspectors reported that living conditions on the older wings remained inadequate, and that most residential areas were poorly maintained. There were some serious heating and hot water failures during the inspection. The remote electronic unlocking system (Night-San) that allowed access to sanitation on the older wings had been upgraded and worked more efficiently, but it remained unacceptable that prisoners did not have free access to a toilet or running water.
29. A split regime was operating, which meant most prisoners were locked up either in the morning or afternoon. Many prisoners who were not working had just two and a half hours out of their cells each day plus the time it took to collect their meals. Vulnerable prisoners' access to education and work were too restricted.

Independent Monitoring Board

30. 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 December 2023, the IMB reported that access to mobile phones and drugs, now delivered by illegal drones, posed a serious risk to safety and control, fuelling the illicit prisoner trading culture, which led to bullying, debt and increased violence within Long Lartin.

Previous deaths at HMP Long Lartin

31. Mr Morrison was the tenth prisoner to die at Long Lartin since June 2021. Of the previous deaths, two were self-inflicted, six were from natural causes and one was drug related. Up to the end of March 2025, there have been five deaths at Long Lartin since Mr Morrison's death. Four were from natural causes and one was self-inflicted.

Assessment, Care in Custody and Teamwork (ACCT)

32. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner. Guidance on ACCT procedures was set out in the Prison Service Instruction (PSI) 64/2011, Management of prisoners at risk of harm to self, to others and from others (Safer Custody). From January 2025, this was superseded by the Prison Safety Policy Framework, in which the principles of how an ACCT is managed remain largely unchanged.
33. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be carried out at irregular intervals to prevent the prisoner anticipating when they will occur. There should be regular multidisciplinary review meetings involving the prisoner. As part of the process, a care plan (plan of care, support and intervention) is put in place. The ACCT should not be closed until all the actions on the care plan have been completed. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison.

Incentives Policy

34. Each prison has an incentives scheme which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and wear their own clothes. There are three levels, basic, standard and enhanced.

Key work

35. The key worker scheme is a key part of HMPPS's response to self-inflicted deaths, self-harm, and violence in prisons. It is intended to improve safety by engaging with people, building better relationships between staff and prisoners, and helping people settle into life in prison. Details of how the scheme should work are set out in HMPPS's Manage the Custodial Sentence Policy Framework. This says:
- All prisoners in the male closed estate must be allocated a key worker whose responsibility is to engage, motivate and support them through the custodial period.
 - Key workers must have completed the required training.
 - Governors in the male closed estate must ensure that time is made available for an average of 45 minutes per prisoner per week for delivery of the key worker role, which includes individual time with each prisoner.
36. Within this allocated time, key workers can vary individual sessions to provide a responsive service, reflecting individual need and stage in the sentence. A key

worker session can consist of a structured interview or a range of activities such as attending an ACCT review, meeting family during a visit or engaging in conversation during an activity to build relationships.

Key Events

37. On 2 May 2022, Mr Emmett Morrison was remanded to HMP Swansea charged with murder. On 22 December, he was sentenced to life imprisonment with a minimum tariff of 28 years. This was not his first time in prison; Mr Morrison had previously served several short prison sentences mainly for drug-related offences.
38. Mr Morrison had epilepsy and attention deficit hyperactivity disorder (ADHD - a condition that can cause unusual levels of hyperactivity and impulsive behaviour) and was prescribed medication for his conditions. He stopped taking his ADHD medication in the community before his arrest. Mr Morrison also had a history of attempted suicide, self-harm and substance misuse. In 2011 and 2014, Mr Morrison was sectioned under the Mental Health Act for attempting suicide.
39. While at Swansea, Mr Morrison was subject to suicide and self-harm monitoring (known as ACCT) seven times, due to cutting himself and threats of self-harm and he spent time under constant supervision. Staff noted that he had a history of illicit drug use, and he was recorded as being under the influence of an illicit substance once.
40. On 10 May 2023, Mr Morrison transferred to HMP Long Lartin.
41. On his arrival, Mr Morrison completed a full induction and did not raise any concerns.
42. Mr Morrison had regular contact with his family by telephone and visits; in particular, he spoke to his mother regularly.
43. During his initial health screen, staff noted from his history at Swansea that Mr Morrison had epilepsy and received medication for this condition. He was prescribed methadone (opiate substitution) and received medication for other pre-existing conditions including antipsychotic medication (Quetiapine) and anxiety related medication (Clonazepam). Mr Morrison was referred to the mental health team and substance misuse team.
44. On 17 May, the mental health team saw Mr Morrison for an initial assessment. Mr Morrison reported having poor appetite, poor sleep and was experiencing flashbacks related to his offence. He said that his sentence was unfair and that he had no intention of living in prison for that long. The mental health team observed that the length of sentence was having a significant impact on his mental well-being and that he was struggling to come to terms with it. (Mr Morrison appealed against his sentence, but no decision had been made prior to his death.) Mr Morrison said that he used illicit substances and self-harmed to manage his frustrations which allowed him to 'escape from reality'.
45. The mental health assessment concluded that there was no evidence of any major mental health issues and no signs of psychosis, but that Mr Morrison had an Emotionally Unstable Personality Disorder (EUPD – a person has difficulty in managing the way they think and feel about themselves and others, which impacts on their ability to cope from day to day) and a long history of substance misuse. Staff decided that he would benefit from support from the mental health team and substance misuse team, and he was allocated to both services.

46. In June, Mr Morrison was found to be under the influence of drugs five times. On 22 June, Mr Morrison was due to have a visit with his mother and brother, but this had to be cancelled because he was under the influence of an illicit substance.
47. Mr Morrison's use of illicit substances was discussed at a multi-agency meeting. He said that his presentation was as a result of the effects of one of his prescribed medications. Staff agreed that healthcare staff would monitor him and stop his other medications if he appeared to be under the influence again.
48. On 26 June, Mr Morrison was downgraded to the basic incentives level (meaning certain privileges, including in-cell television were removed) and staff referred him to the substance misuse team. Mr Morrison was advised about the risks of using illicit substances while taking methadone and was informed that this would be stopped if he continued to take illicit drugs. Healthcare staff created a recovery care plan to provide Mr Morrison with additional support.
49. On 5 July, a Supervising Officer (SO) held the first keyworker session with Mr Morrison. The SO recorded they discussed substance misuse, support networks, sentence planning and any concerns. Mr Morrison said that he was getting on well on F wing (a standard residential wing) but had found settling in difficult. He said that he had been using Spice (a synthetic cannabinoid) but had not used it for a week. He said that he wanted to be more positive and drug free, had a particularly good support network and received regular visits.
50. That day, Mr Morrison was discussed at the multidisciplinary meeting. It was noted that his methadone would be stopped if there was evidence of PS (psychoactive substances, including Spice) use and that the prison would complete a series of mandatory drug tests.
51. On 6, 9 and 12 July, Mr Morrison was again found under the influence of drugs. Mr Morrison made references to harming himself and staff started suicide and self-harm monitoring. During his ACCT reviews, Mr Morrison said that he was struggling to come to terms with his conviction and length of sentence and felt hopeless. He said that he was close to his family, particularly his mother and family ties were a support for him. It was also noted that Mr Morrison was receiving peer support from fellow prisoners on the wing. He said that he had been in debt previously, but this was now sorted, and he had no concerns.
52. Also on 12 July, a psychiatrist saw Mr Morrison. Mr Morrison reported hearing voices telling him to hurt himself and others, and he said that he did not know if he could carry on until the end of his sentence. Mr Morrison said that he had been looking for ways to kill himself in his cell. The psychiatrist concluded that Mr Morrison had symptomatic EUPD and possible depression. The psychiatrist decided that Mr Morrison should continue with his antipsychotic medication and be supported through the ACCT process.
53. That day, Mr Morrison was discussed at a multi-agency meeting. Prison staff confirmed that they had swabbed his cell which was positive for heroin.
54. At a subsequent ACCT review, Mr Morrison said that he was having 'an off day' but he did not wish to take his own life. He said that he had now moved to D wing (a standard residential wing), felt more settled and hoped to gain employment. Staff

agreed that as a precaution and to provide time to settle, the ACCT would remain open.

55. Over the weeks that followed, Mr Morrison continued to use illicit substances which resulted in staff calling several medical emergency code blues (used to indicate that someone is not breathing or having difficulty breathing, and which instructs the control room to call an ambulance). He continued to be supported by the substance misuse team, the mental health team and through ACCT monitoring.
56. On 18 August, Mr Morrison was relocated to the healthcare unit on the advice of medical staff, due to the number of code blues and under the influence (UTI) calls he was generating. Mr Morrison remained in the healthcare unit until 25 October, and while he was there, there were no incidents of illicit drug use. The ACCT remained open until 19 October.
57. On 25 October, Mr Morrison was relocated to Perrie Blue wing, Incentivised Substance Free Living (ISFL) accommodation. ISFLs are dedicated wings for prisoners who want to live in a drug-free environment.
58. Between 9 November and 28 December, Mr Morrison was found under the influence of drugs six times. On 13 December, during a cell search, officers found Spice, and, on 19 December, he was placed on a frequent drug testing programme (FTP) as he had been placed on report twice for using Spice. The FTP would require Mr Morrison to provide one negative mandatory drug test within the next three months in order to leave the testing programme.
59. In January 2024, staff reported that Mr Morrison tried to pass prescribed medication to another prisoner. Between February and April, he was found under the influence of drugs four times and was also placed on report for taking methadone that was prescribed to another prisoner. Mr Morrison was referred to the safeguarding team and continued to be discussed at the multi-agency meetings regularly.
60. On 24 May, Mr Morrison self-harmed by making superficial cuts to his arms. He was also under the influence of drugs. Staff opened an ACCT and checked him every half an hour. At his ACCT reviews, Mr Morrison spoke about not seeing his mother again outside of a prison, but also said that he had a visit planned which was seen as a positive. Mr Morrison said that he had no current thoughts of suicide or self-harm and asked for the ACCT to be closed. Staff decided to keep the ACCT open, and it remained open until 10 June.
61. In July, Mr Morrison was found to be under the influence of an illicit substance, and during a routine cell search, he was found in possession of five litres of fermenting liquid (hooch). On 17 July, an officer met with Mr Morrison to complete a keyworker session. Mr Morrison said that he was fully aware that he had breached his ISFL compact. He said that he did not use spice but used cannabis. The officer noted that an ISFL case review was arranged for 22 July, and Mr Morrison's recent behaviours would be discussed. The officer noted that Mr Morrison was now prescribed 10mg of Subutex (an opiate substitute medication) daily, and was no longer on methadone, which he said was working better for him.
62. Due to his on-going drug misuse, Mr Morrison was deselected from the ISFL on 22 July. Staff planned to move him to Perrie Red wing (a standard residential wing). Mr

Morrison did not react well to the news and he self-harmed twice by cutting his arm. He said that he could not go to Perrie Red wing because he was in debt to other prisoners but would not name those he was in debt to. Staff started ACCT monitoring.

63. On 23 July, an officer from the safer custody team spoke with Mr Morrison about his recent self-harm. Mr Morrison said that he had used a razor but had since disposed of it. He said that he had been deselected from ISFL due to his use of spice and said that the recent drugs he had used had not been Spice, but he did not say what they were. Mr Morrison told the officer that he was going to write a 'goodbye' note to his mother as he did not want her worrying about him anymore. The officer also discussed with Mr Morrison his claims that he owed money for drugs and mobile telephones, but he refused to provide names of the prisoners he was in debt to.
64. On 29 July, a SO held an ACCT review. She recorded that Mr Morrison appeared well and better than at the previous reviews. He engaged well and showed interest in getting back onto the ISFL. Mr Morrison had maintained family ties and had not self-harmed since the ACCT was opened. Mr Morrison said that he had no current thoughts of suicide or self-harm. She recorded that she did not feel closing the ACCT was suitable, and those present agreed that observations could be lowered to one check every hour. On 15 August, the ACCT was closed.
65. On 10 September, Mr Morrison self-harmed by cutting and staff re-opened the ACCT document. During an ACCT review held the next day, Mr Morrison said that he felt stressed about threats he was receiving from other prisoners to bring money into the prison. Mr Morrison said that he felt he would need to defend himself or get assaulted. He said that he was not in a lot of debt, and he could easily pay it off. The review recorded that efforts would be made to try and find an alternative location; observations would remain at three checks per hour to support his mental state and he would receive on-going support from staff. These issues were not added to the ACCT document to reflect his potential risks and triggers.
66. On 12 September, an officer spoke with Mr Morrison. Mr Morrison said that he and his mother were under threat due to debt and that he was concerned for their lives. He would not provide the names of the prisoners who were threatening them. Mr Morrison told the officer that the wing staff were aware. Wing staff referred Mr Morrison for Situational Vulnerable Prisoner (SVP) status which meant he could be moved to a separate unit. (Situational vulnerable prisoner status is granted to prisoners at Long Lartin who are vulnerable due to debt or other similar factors, rather than due to the nature of their offence.)
67. Despite his concerns with debt, which was likely as a result of his illicit drug use, Mr Morrison continued to use drugs, and was found under the influence on 13, 14 and 18 September.
68. On 19 September, Mr Morrison attended a recovery support meeting with the Drug Strategy Lead and the Lead Substance Misuse Nurse. The support meeting was held following several code blues and repeated reports of Mr Morrison being UTI. The Drug Strategy Lead recorded that Mr Morrison was open about his struggles, and he disclosed that he was being used as the wing guinea pig (first to try any new batch of drugs, to test the strength) and was being bullied by a prisoner (Mr Morrison named the prisoner). Mr Morrison said that he had spiralling debt which

was now affecting his mother via people linked to the prisoner outside of the prison. Mr Morrison said that people were trying to get his mother to pay his debt, as the families were from the same area. He said that the stress was causing him to use drugs. Mr Morrison said that he was concerned that if he was not moved by the following afternoon, which was canteen day (when prisoners received their orders from the prison shop), he would be hurt as he could not pay his debt. He would not say who else was involved. As a precaution against any drug interactions, Mr Morrison's regular medications were stopped.

69. The Drug Strategy Lead recorded that he discussed the ISFL with Mr Morrison; he told Mr Morrison that he would support his return in time and that he would support him in accessing the substance misuse team and mutual aid groups in the interim. He recorded that he felt there was a considerable threat to Mr Morrison based on what he had told him, and he requested that the SVP application was expedited. He noted that Mr Morrison had threatened to climb onto the safety netting separating the landings in order to be moved to the segregation unit.
70. On 23 September, Mr Morrison refused to attend his ACCT review because he was self-isolating. Staff went to speak with him at his cell, but Mr Morrison was not keen to speak while other prisoners were on the landings. As a result, observations remained at three checks per hour.
71. On 24 September, Mr Morrison was moved to Alpha wing (vulnerable prisoner wing). A SO chaired an ACCT review, which was attended by the chaplaincy team and the substance misuse team. It was recorded that Mr Morrison engaged well and answered all questions. Mr Morrison said that he felt better now that he had been moved. Mr Morrison told the review that he had telephoned his mother the previous day, but the telephone had cut off due to no credit. The chaplaincy team agreed to call his mother and inform her that he was ok and that he had moved location. Mr Morrison was keen for his observations to be lowered to hourly, but the review team explained that while he was feeling better, he had self-harmed the previous day, so observations would be set at twice hourly until the next review, which was scheduled for 1 October.
72. A prison chaplain contacted Mr Morrison's mother and told her that Mr Morrison was all right. She gave Mr Morrison's mother the prisoners at risk phone number (a dedicated number for friends and family to log concerns about prisoners at Long Lartin) to call if she was ever concerned about his well-being.
73. A further ACCT review was completed on 30 September. Mr Morrison appeared to be stressed and frustrated about something and when asked what was wrong, he became very vocal, blaming healthcare staff for stopping his medications that kept him pain and stress free. He said that he had not used drugs in the past ten days and would take a drug test to prove it. Although angry, Mr Morrison said that he understood the reasons for his medication being stopped, due to the dangers of interactions between prescribed and non-prescribed drugs. Mr Morrison also spoke about his frustration at not being on the ISFL so he could get completely drug free.
74. When asked about other issues, Mr Morrison said that he did not have any and all his frustration was around his healthcare. He said that he had thoughts of destroying his cell in order to move to the segregation unit. When asked why, Mr Morrison said that he would be isolated from other people which would keep him

calm, he would be unable to have access to drugs which would help him detox without pressure from others, and he would sit in the segregation unit until he was given a transfer to another prison. The review panel advised Mr Morrison to continue on the correct path in showing that he wanted to remain drug free. Mr Morrison said that he had no thoughts of suicide or self-harm, but he still felt unstable. Observations were set at one check every hour.

75. On 4 October, staff found Mr Morrison under the influence of an illicit substance and placed him in his cell. The next day, staff witnessed Mr Morrison fighting with another prisoner, although staff questioned whether Mr Morrison might have been the victim of an assault. Mr Morrison denied this and both prisoners admitted to fighting.
76. Throughout the day on 6 October, Mr Morrison smashed the fixtures and fittings in his cell, and this continued into the evening. He gave no reason for his actions, but staff described it as a sudden change in his behaviour.
77. Mr Morrison's poor behaviour continued. He persistently pressed his emergency cell bell, smashed furniture in his cell and was generally disruptive. Staff tried to remove the broken items from his cell, but Mr Morrison would not comply. When staff entered the cell to remove the items, Mr Morrison was verbally aggressive and made aggressive moves towards the staff which resulted in him being restrained. Healthcare staff assessed him and confirmed that he had no injuries.
78. At 9.20am on 7 October, a SO went to Mr Morrison's cell to collect him for his medication. Mr Morrison had covered his observation panel, but the SO was able to move the obstruction slightly from the top of the door and discovered that Mr Morrison had made significant cuts to both his wrists. Healthcare staff were present as they had intended to discuss medication with Mr Morrison. Healthcare staff decided that the injuries did not require an ambulance or outside medical treatment, but Mr Morrison was escorted to the healthcare unit for treatment. At 10.30am, after being treated, Mr Morrison was asked to return to A wing. He then assaulted two officers by punching them in the face. He was restrained and temporarily placed in a vacant cell on the healthcare unit. Nursing staff recorded that that Mr Morrison had no reported injuries as a result of being restrained.
79. Later that afternoon, Mr Morrison was moved to the segregation unit, pending a disciplinary hearing for the assaults. No force was used to relocate him. Staff held an ACCT review and Mr Morrison was recorded as displaying unsettled behaviour and he could not say whether he would self-harm or not. His observations were increased to four checks per hour and a review was scheduled for 8 October. A prison manager completed a defensible decision log for locating Mr Morrison in the segregation unit while subject to ACCT monitoring and recorded that the decision was due to Mr Morrison's assault on two members of staff, that it was a controlled environment and would allow for a period of stability.
80. On 9 October, Mr Morrison assaulted another member of staff when they opened his door to check on him, as he had covered his observation panel. As a result, and for the safety of staff, four staff had to be present when Mr Morrison's door was unlocked. Over the next few days, Mr Morrison's behaviour continued to be confrontational and disruptive. Segregation reviews and ACCT reviews were

completed in his absence due to his refusal to comply with staff instructions and his aggressive behaviour. Levels of observations remained the same.

81. During segregation reviews, Mr Morrison's return to the ISFL or the healthcare unit was discussed, but until he could comply, neither was realistic. A member of the substance misuse team, who had worked with Mr Morrison and knew him well, tried to speak with him at his door and understand the change in his behaviour, but he told her to 'F off.' She said that Mr Morrison's behaviour was out of character, and she did not feel it could be solely attributed to his illicit drug use.
82. On 10 October, Mr Morrison started a 'dirty protest'. (A dirty protest is when a prisoner defecates, urinates or uses other bodily fluids to soil their cell.) Mr Morrison gave no reason for the escalation in his poor behaviour but refused to clean his cell and himself when requested. His dirty protest continued.

Events of 13 October

83. The following account has been taken from documentary evidence provided by Long Lartin, CCTV and Body Worn Video Camera (BWVC) footage, medical records and transcripts of interviews with staff.
84. On 13 October, staff decided that Mr Morrison would be moved from his cell on the upper landing, to a clean cell on the ground floor. The investigator was told that this decision was made due to Mr Morrison throwing urine from his window onto cells below and attempting to throw urine or other fluids through the gap in his door as staff passed by. At 3.10pm, officers escorted Mr Morrison to the cell on the ground floor and no force was used.
85. At 3.26pm, an officer checked on Mr Morrison as part of the routine ACCT check and on looking into the cell via the observation panel, saw Mr Morrison standing at the back of the cell with a ligature around his neck, made from his t-shirt attached to the window. The officer told the investigator that he alerted his colleagues and nursing staff who were on the unit. Because Mr Morrison was still subject to a four officer unlock, he considered he should wait for colleagues to be close by before entering the cell. At 3.27pm, he entered the cell and then radioed a medical emergency code blue which triggered staff in the control room to request an emergency ambulance.
86. Staff cut the ligature from Mr Morrison's neck and initially placed Mr Morrison on his bed to check for a pulse and breathing. They established that he was not breathing, and, under the direction of nursing staff, Mr Morrison was placed onto the floor and staff started cardiopulmonary resuscitation. Resuscitation continued with a defibrillator attached to Mr Morrison to check for any shockable heart rhythm. At 3.54pm, Mr Morrison began breathing, but he did not regain consciousness.
87. At 3.55pm and 4.07pm, two ambulances arrived at Long Lartin, followed by an air ambulance with a doctor at 4.09pm. The paramedics and air ambulance staff took over Mr Morrison's care. He was stabilised and taken in an ambulance to hospital at 4.52pm.
88. On his arrival at hospital, Mr Morrison was admitted to the critical care unit and was placed in an induced coma.

89. At 9.15am on 16 October, a hospital doctor pronounced life extinct.

Contact with Mr Morrison's family.

90. At 5.40pm on 13 October, a prison manager telephoned Mr Morrison's mother and informed her that her son had been taken to hospital and was in a critical condition. The prison appointed a family liaison officer, and she also spoke to Mr Morrison's mother. She arranged to meet the family at the hospital and remained in contact with them following Mr Morrison's death.

91. The prison contributed to funeral expenses in line with national policy.

92. Mr Morrisons family raised concerns about the behaviour of prison staff while Mr Morrison was at hospital. The investigator shared the family's concerns with the prison and an internal investigation has been commissioned. A subsequent photograph of a bruise on Mr Morrison's arm was shared by his mother. She asked whether our investigation could ascertain how Mr Morrison came by the bruise. Our investigation has not been unable to identify the cause of the bruise.

Support for prisoners and staff.

93. Postvention is a joint HMPPS and Samaritans initiative that aims to ensure a consistent approach to providing staff and prisoner 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.

94. After Mr Morrison was taken to hospital, a prison manager carried out a debrief with all staff involved in the initial response in the segregation unit to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

95. Following Mr Morrison's death, the prison manager arranged further support for all staff including those who had been with Mr Morrison at hospital. The prison followed postvention procedures in ensuring that staff and prisoners were offered support.

Post-mortem report

96. The post-mortem report gave Mr Morrison's cause of death as hypoxic-ischaemic encephalopathy caused by hanging. No illicit drugs were found in his body.

Findings

Management of ACCT

97. PSI 64/2011 and subsequently the Prison Safety Policy Framework require all staff who have contact with prisoners to be aware of the triggers and risk factors that might increase the risk of suicide. Mr Morrison had a history of attempted suicide and self-harm, substance misuse, a history of poor mental health and had been given a life sentence which he was struggling to come to terms with.
98. Mr Morrison previously threatened self-harm as he was unable to cope with his sentence and often self-harmed by way of cutting. He sometimes spoke about suicide or thinking he would not be able to complete his sentence. He was subject to ACCT monitoring on five separate occasions at Long Lartin, with the most recent started on 10 September. Broadly, we consider that the ACCT process provided Mr Morrison with personalised support. ACCT reviews were carried out in line with policy, were multidisciplinary and addressed Mr Morrison's current risk. All observations were recorded and those evidenced by CCTV were carried out within the defined timescales. The frequency of checks was increased and decreased in line with Mr Morrison's perceived level of risk.
99. However, during a review on 11 September, Mr Morrison spoke of being bullied and under threat, and said this was a driver for his most recent self-harm. This information, although recorded as part of the case review, was not added to his list of potential risks and triggers and was not listed as an issue on the care plan. We note however that, due to his concerns, Mr Morrison was relocated to another wing, where during a later case review, he said that he felt safer and more settled. We bring this to the Governor's attention.
100. In the days before his death, Mr Morrison's behaviour deteriorated significantly. He was aggressive to staff, would not comply with instructions, smashed his cell and was moved to the segregation unit. Staff who knew him described his behaviour as out of character. It is not clear what caused Mr Morrison's behaviour to change so dramatically.
101. Mr Morrison was subject to ACCT monitoring while segregated and was checked four times an hour. Staff considered his behaviour to be risky (particularly so to staff) but his self-harming behaviour had not escalated and he had not revealed any suicidal thoughts. We consider that staff had taken reasonable steps to support Mr Morrison but that they had no particular reason to consider him in crisis or at imminent risk of suicide.

Mr Morrison's illicit substance use

102. Mr Morrison had a long history of substance misuse which continued in prison. He was frequently found to be under the influence of drugs and admitted to using a variety of drugs at Long Lartin. Mr Morrison's drug use led to him to fall into debt and be fearful for his safety.

103. The illicit economy within prison is known to be a driver for debt and violence. The Prison Service published a framework for governors on debt as part of the safety toolkit.
104. We consider that staff tried hard to support Mr Morrison and keep him safe. The recovery meeting Mr Morrison attended with the drug strategy lead and lead substance misuse nurse provided a good opportunity for staff to fully explore Mr Morrison's complex substance misuse issues and identify effective support measures. Staff identified that Mr Morrison was at particular risk of violence and threat and expedited his move to the vulnerable prisoners' unit. Despite Mr Morrison having previously failed to remain drug free on the ISFL, staff told him that they would support him returning there in due course.

Actions to tackle illicit drug use at Long Lartin

105. Mr Morrison was able to obtain illicit drugs with apparent ease at Long Lartin. He struggled to remain drug free, despite voicing his desire to do so. Mr Morrison had the opportunity to reside on the ISFL wing, but he was removed from that wing because he breached his compact by continuing to use drugs.
106. The Drug Strategy Lead at Long Lartin told the investigation that the prison was working with the security department to identify ways to restrict supply but also ways of reducing the demand of drugs. He said that the Incentivised Substance Free Living (ISFL) unit offered incentives to prisoners to refrain from using drugs and therefore enabled recovery. In relation to the ingress of illicit drugs, he said that drones posed the greatest security threat to Long Lartin.
107. The Drug Strategy Lead said that moving prisoners to disrupt cohorts, random testing, searching of prisoners and staff and reacting to and sharing intelligence are all used to try and reduce supply. He also said that being aware of the scale of the issue, the prison had recently introduced and trained staff in the use of naloxone (which can reverse the effects of an opioid overdose). In addition, Long Lartin published guidance to staff about identifying those who might be under the influence of illicit drugs and the actions that should be taken.

Clinical care

108. The clinical reviewer concluded that the care Mr Morrison received at Long Lartin was of a reasonable standard and equivalent to what he could have expected to receive in the community.
109. The clinical reviewer noted that Mr Morrison was clearly a very troubled individual who had struggled for many years to manage his substance misuse issues. She noted that Mr Morrison frequently reported that he self-medicated using a range of substances to escape from reality. The clinical reviewer noted that Mr Morrison presented as chaotic and impulsive, which the healthcare team, and others, tried to support in the best way they could, within a particularly challenging environment, using all the resources they had available to them.
110. Substance misuse services, both clinical and psychosocial, made efforts to help Mr Morrison, and utilised safer prescribing to manage the risks related to Mr Morrison's

substance misuse against his clinical prescribing needs. Mr Morrison was appropriately offered opiate substitute treatment along with psychosocial education and support with recovery, to support and reinforce harm reduction.

111. The clinical reviewer said that despite the initial delay during the emergency response of nursing staff being able to access and assess Mr Morrison, which was outside the healthcare team's control, all efforts were made to resuscitate Mr Morrison. The team were well skilled and used all equipment and other resources available to them in their efforts.

Governor to note.

Emergency response

112. Mr Morrison was subject to a four officer unlock due to his previous violent behaviour toward staff. When the officer checked on Mr Morrison and saw him hanged, he alerted his colleagues and nursing staff, but did not immediately enter the cell. When interviewed, the officer said that he was aware that Mr Morrison was a four officer unlock and as such he took the decision to wait for his colleagues to be with him at the cell before entering. Fortunately, his colleagues were not far away, and it was around one minute from finding Mr Morrison to staff entering the cell. However, this could have been much longer had they not been so close. We accept that staff will carry out a dynamic risk assessment, using prior knowledge of the prisoner's behaviour and other factors such as presentation and whether a shared cell before entering. However, Mr Morrison was in a single cell, could clearly be seen with a ligature around his neck and was unresponsive. When these facts were put to the officer during interview, he agreed that the response could have been quicker. We bring this to the Governor's attention.

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