



Independent Advisory Panel on Deaths in Custody

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Lord James Timpson OBE
Minister for Prisons, Probation and Reducing Reoffending
Ministry of Justice
102 Petty France
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9 December 2025

Dear Minister Timpson,

I am writing on behalf of the Independent Advisory Panel on Deaths in Custody (IAPDC) in regard to our ongoing work to reduce deaths by ligature in custody. Panel member Professor Seena Fazel presented the Panel's most recent report on ligature death prevention at a meeting of the Ministerial Board on Deaths in Custody (MBDC) last month. With these deaths making up the vast majority of non-natural deaths within prisons, I write now to ask if you will meet with me and my Panel to discuss how we might together deliver a national strategy to reduce them across the prison estate.

Following the publication of our report, *Ligature Deaths in Prisons: Trends and Reduction Strategies*, in August 2025, we have had fruitful discussions with HMPPS and other colleagues within the MBDC about the different approaches with the aim of reducing deaths by ligature. We welcome the increased use of ligature-resistant cells and cell designs across the prison estate that seek to ensure facilities are as protective as possible.

However, as Professor Fazel noted at the last MBDC meeting, HMPPS has the real opportunity to go further than its current approach of focusing on the delivery of ligature-resistant cells. There is currently no cohesive national strategy for reducing ligature risks in prisons, nor consistent oversight to ensure that ligature safety standards are upheld.

A ligature anywhere in a cell poses a risk to life: HMPPS's approach of creating ligature-resistant spaces where high-risk individuals can be temporarily held for their safety is of course an important component of any strategy. But, as we set out in our report, we know that certain cohorts are more at risk than others, such as those with existing psychiatric diagnoses, those on remand, and those in the early days of custody. It may not be possible to remove all

ligatures across all prisons, but suicidal ideation, as we know, is often temporary. Removing the most obvious ligatures across certain high-risk groups – who for most of their time in prison (or when they are highest risk) are not going to be held in ligature-resistant cells – represents a good investment in safety. While a national strategy will not reduce all ligature use, it can set standards that will go some way to reducing it.

Moreover, as PFD reports continue to demonstrate, many individuals complete suicide while under the Assessment, Care in Custody and Teamwork (ACCT) framework. This suggests that the framework could be improved. For example, there currently is no provision within the documentation to require staff to check for ligature points within the cell of the person under assessment and account for the steps taken to consider these as part of the overall risk assessment. This should be changed: consideration should be given to placing those identified as high risk in the safest cells available, even when this is not a fully ligature-resistant cell. Alternatively, additional levels of observation could be incorporated where there are known ligature points.

The design guide for prisons is a valuable part of the governance around cells, but it needs staff – or perhaps outside observers such as inspectors from scrutiny bodies – to ensure its standards are being maintained and ligature risks continue to be minimised over time. This could be dealt with via a national strategy.

As you noted at the last MBDC meeting, technology could be used to augment current safety approaches. While such developments could usefully support care provision for individuals at increased risk, there have been significant challenges in implementation. Further work to independently evaluate and validate their use within the context of other measures to reduce deaths in custody is needed. It is our view that new technologies need to be considered within the context of a considered strategy to reduce ligature use across the estate.

Finally, we think a strategy could help provide guidance on where resources should be directed at the national level to reduce ligatures in establishments where the risk is highest – for example, Category B prisons with high remand populations. However, we ask that more data be made available to enable a more fine-grained approach to ligature risk, enabling us as a Panel to expand on our previous analysis and provide more impactful advice in this area.

My term comes to an end in February 2026, but I hope Panel members and the MBDC will continue working on these issues beyond this. My Panel and I would welcome the opportunity to meet with you in January or February, before the end of my term to discuss the above and also the Panel's recent report on prison capacity. I look forward to hearing from you.

Yours sincerely,



Lynn Emslie, Chair of the Independent Advisory Panel on Deaths in Custody

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