

**Investigation into the circumstances surrounding the  
death of a man  
at HMP Erlestoke in February 2010**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

**October 2010**

This report considers the circumstances of the death of a man, a prisoner at HMP Erlestoke. The man was found hanging in his cell during a routine check at 2.12am on 4 February 2010. Staff went into his cell and, after removing the ligature, administered cardio pulmonary resuscitation (CPR). This continued until the arrival of paramedics who continued the resuscitation attempts. Despite their best efforts, the man did not regain consciousness and was pronounced dead by paramedics at 3.18am. He was 25 years old.

I would like to take this opportunity to offer my sincere condolences to the man's family and friends for their sad loss. The man's family asked a lot of questions which I attempt to address in my report.

One of my colleagues conducted the investigation on my behalf. I would like to thank the Governor of HMP Erlestoke and his staff for their co-operation and assistance with the investigation. A Medical Director of an NHS conducted a review of the medical care given to the man in custody. I thank him for his report.

The man was serving an indeterminate sentence. He was clearly keen to meet the requirements for parole and tried to pursue the relevant courses. However, it seems that the availability and temptation of drugs got in the way of his efforts. There were opportunities to help the man, but his denial of his problems prevented staff from fully intervening. Nevertheless, given the information presented, I judge that a more pro active approach could have been taken to tackle the problems on Imber Unit.

I make seven recommendations, but I also acknowledge the positive actions being taken by the prison to improve facilities for drug treatment and in identifying the use of illicit drugs. The recommendations relate to sharing of information, applying good practice in the Twelve Steps, improving the anti-bullying and ACCT procedures and taking appropriate action on security information. Following the issue of the draft version of this report, the Prison Service said that they accepted all but one of the recommendations. In relation to the analyses of security information and follow up actions, they considered the systems were already appropriate. The responses to all recommendations are recorded under the recommendations section of this final report.

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**October 2010**

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## SUMMARY

The man had been in custody since December 2006. He was given an indeterminate sentence (with no automatic date of release), and spent the first part of his custody at HMP Lewes, before transferring to Erlestoke in August 2008. There is information to suggest that the man began using illicit drugs at Erlestoke. It was also reported that he had been using drugs at Lewes, although there is no evidence to support this. The man had moved to Erlestoke to complete an Enhanced Thinking Skills (ETS) course, but following an assessment, was considered unsuitable. The man was disappointed as he felt that, without completing the course, he was unlikely to be granted parole. However, staff encouraged him to enrol in the Twelve Steps drug and alcohol programme and he subsequently moved to Imber Unit where those taking part in the programme are located.

Despite the man's concerns about working in a group environment, he initially progressed well. However, he developed a friendship with another prisoner and once again began using illicit drugs. In January 2010, during a group meeting, the man confessed to having used heroin over the Christmas period. As a result, he was moved back to the preparation stage of the programme. Interaction from programme facilitators and his offender supervisor followed and he was encouraged to re-dedicate himself to the programme. On 25 January, the programme manager de-selected the man from the programme as she considered he was not committed and would benefit from more one to one work. He was relocated from Imber to Wessex Unit the same day. During the man's stay in Imber, concerns were raised about the possibility that he was being bullied by other prisoners in connection with drug dealing.

Little is documented about the man's time on Wessex Unit, but his mother did contact the prison to express her concerns about his de-selection and the effect it might have on him. Staff said they were unaware of any anxieties about the man harming himself and so no special monitoring was put in place.

In the early hours of 4 February, the man was discovered hanging in his cell by an officer conducting a routine check. Staff went into the cell, where they attempted to resuscitate the man until the arrival of ambulance and paramedic staff. Sadly, all their efforts failed and the man was pronounced dead by the paramedics at 3.18am.

After the man's death, prison staff went to his mother's home to break the news to her. The man left a note for his family. Prisoners and staff were offered support, and reviews were held for those subject to suicide and self-harm procedures.

I conclude that the man's decision to take his own life was likely to have been influenced by feelings of hopelessness about his sentence, compounded by his continued struggle to overcome his addiction. I am satisfied that, when he was discovered, staff took appropriate steps to resuscitate him. However, I consider there is scope to enhance some of the procedures relating to the management of prisoners at Erlestoke. I therefore make seven recommendations relating to anti-bullying procedures and Assessment, Care, Custody and Teamwork (ACCT), (ACCT documents are used to identify prisoners who may be at risk of suicide and/or self-harm, and provide regular monitoring and interaction to assist them over their period

of crisis.) sharing security and other information, and following good practice on the Twelve Steps drug and alcohol programme. (Twelve Steps is a set of guiding principles outlining a course of action for recovery from addiction, compulsion, or other behavioural problems.)

## THE INVESTIGATION PROCESS

1. My colleague initially telephoned the prison on 4 February. He spoke with the Deputy Governor to arrange for the man's prison and medical records to be made available. Notices informing both staff and prisoners of the investigation were issued that day. They invited anyone who had information about the man's death to contact the investigator. A number of prisoners contacted my colleague and were interviewed as part of the investigation.
2. My colleague visited Erlestoke to formally open the investigation on 9 February and met the clinical reviewer. He also viewed the documentation and arranged to return to conduct interviews with staff.
3. My colleague visited Erlestoke again on 7, 8, 28 and 29 April. He conducted interviews with seven members of staff who had been in regular contact with the man or involved with him during his time at Erlestoke, and seven prisoners who had known him.
4. The man had fairly regular contact with the healthcare department while in custody. Wiltshire Primary Care Trust (PCT) was commissioned to conduct a review of the medical care that he received at Erlestoke. The clinical reviewer carried out this review. I would like to thank the reviewer for his report.
5. One of my family liaison officers contacted the man's mother as his next of kin. This was to explain the purpose of my investigation and to provide the man's family with an opportunity to ask any questions or raise any concerns for consideration as part of my investigation. At the family's request, my family liaison officer and my colleague visited the man's mother and sister at their home on 30 March, to discuss their concerns about his time in custody and the events leading to his death. Their concerns are listed here:
  - The reasons for the man's deselection from Twelve Steps programme. The family were particularly concerned given close proximity of the man's parole hearing. They asked how the decision was communicated to the man and what the likely impact would have been on his state of mind.
  - Why did the man not attend medical appointments on Monday and Tuesday prior to his death, and why was his non-attendance not followed up?
  - What medication had been prescribed to the man and had this been changed or stopped at any time?
  - The man's mother had spoken to him on the Wednesday before his death when he was tearful. She telephoned the prison as she was concerned and was assured by a member of staff on Imber Unit that he would speak with the man. The family asked why the officer did not speak to the man and why an ACCT document was not opened.

- Why was it considered appropriate for the man to do Twelve Steps programme given his difficulties with group work?
  - Why did it take seven months following the man's transfer to Erlestoke to determine that he was not suitable for the Enhanced Thinking Skills?
  - Whether the man was being bullied and if this was connected to drug use or debt. How was the prison tackling this and any drug issues?
  - Another prisoner was in possession of a number of the man's belongings such as clothes and a Chelsea mug/clock. What action was taken by staff to challenge this?
  - Were prisoners suspected of dealing drugs on Imber Unit using positions of trust to do so?
  - The family consider that the man's state of mind declined rapidly in the week before his death. Following contact with the prison, his mother was told the man would be checked on and spoken to. Did this happen and what level of monitoring was the man on when he died?
  - After an officer raised concerns with the Deputy Governor about the man just days before his death, what action was taken?
6. My colleague has investigated these and other issues. I hope that my report provides the family with more clarity of the time the man spent in prison and the events leading up to his death.
7. My colleague also contacted the Coroner to inform him of the nature and scope of the investigation. He requested that a copy of the post mortem report be made available when completed. The Coroner very kindly provided this and the report concludes that the cause of the man's death was "compression of the neck structures by a ligature". The toxicology tests conducted after his death have indicated that there had been no overdose of either prescribed medication or illicit substances.

## HMP ERLESTOKE

8. HMP Erlestoke is set on the former grounds of Erlestoke Manor House in rural Wiltshire. It is a category C adult male training prison and the only prison in the county. It has an operational capacity of 470 prisoners located across nine residential units.
9. The healthcare department of Erlestoke does not have an inpatient facility. Doctors from the Adcroft surgery in Trowbridge provide medical cover during the day from 8.00am to 6.30pm. Evening and weekend cover is provided by the out of hours service in the community.
10. HM Chief Inspector of Prisons published her most recent report on Erlestoke in 2008. The report said that the prison could be commended overall for purposeful activities and resettlement. However, at the time of the inspection, a serious drug problem was highlighted. Healthcare provision and accommodation had improved since the previous inspection. My investigation has found that illicit drug use remains a problem at the prison.
11. During the investigation, my colleague spoke with the Governor who said that while the prison was committed to reducing the amount of illicit drugs entering the prison, its rural location meant that items could often be thrown over the perimeter fences. He also explained that a new unit would be opening that would allow the drug treatment unit to be more self-contained.
12. The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison to be monitored by an independent board appointed by the Home Secretary from members of the community from which the prison or centre is situated. This is known as the Independent Monitoring Board (IMB). The Board is also required to produce an annual report on the prison to the Secretary of State, highlighting good practice and flagging up areas of concern. The Erlestoke IMB report in 2008 noted a number of concerns that mirror issues which arose in this investigation:
  - “The very high level (approximately 100) of life and IPP sentenced prisoners and the lack of resources to address their needs, which creates angst and friction in the community.
  - “The continuing drug culture in the prison, although there are encouraging signs that this is improving.
  - “Offending behaviour courses are oversubscribed and this particularly impacts on many IPP prisoners whose release depends on completion of the course.”
13. This is the fourth death investigated at Erlestoke since 2004 when the Ombudsman’s office was given responsibility for investigating deaths in custody, and the first self-inflicted death. Recommendations were made in the previous investigations, but none are relevant to this death.

## KEY FINDINGS

14. The man had been on bail, having been charged with criminal offences. He attended court in December 2006, where he was convicted. Sentencing was deferred for psychiatric assessment and pre-sentence reports to be completed. The psychiatric report mentioned that he had harmed himself previously by banging his head and had past thought of suicide, particularly when he felt stressed. It was recorded during the assessment that the man had not indicated any suicidal motivation, but that he would revert to harming himself if stressed. The pre-sentence report completed by the Probation Service concluded that a period of custody would provide the man with the opportunity to reflect on his behaviour linked to violence, and serve to break his pattern of binge drinking, whilst offering protection to the public.
15. Following his conviction, the man was taken to HMP Lewes. This was his first time in prison custody. The man's solicitor had raised concerns about his welfare before he left court and a suicide and self-harm form was completed by the escort service and passed to reception staff at the prison. While in reception, the man had a health screening that took account of the warning form received from court. It was recorded that the man was currently receiving medication for anxiety and depression and that he did not drink alcohol or take drugs. However, this entry is partly contradicted by a further comment that he had seen a counsellor for alcohol problems. A referral was made for him to be seen by a doctor and have a mental health assessment.
16. Nurse A completed a further health screen and recorded that the man was a recovering alcoholic who had been free from alcohol for the last two months. She wrote that although a warning form had been received, the man denied any thoughts of self-harm and had no history of harming himself. A referral was made to the Mental Health In-Reach Team (MHIRT). The day after the man's arrival at Lewes, staff requested his medical history from his community general practitioner (GP) and a response was received the same day. The GP informed the prison that the man was a very anxious young man with serious alcohol problems but he had recently been abstinent and attended Alcoholics Anonymous regularly. His GP also said that the man had a history of overdosing and was taking medication regularly.
17. On 13 December, a prison GP assessed the man again and recorded that he had been taking diazepam before he went into prison and was now withdrawing. (Diazepam is commonly used to treat anxiety.) As a result, the GP arranged for the diazepam to be re-started.
18. Following the referral to MHIRT, a community psychiatric nurse (CPN), Nurse B, assessed the man on 14 December. Nurse B recorded that the man showed no signs of severe or enduring mental illness and indicated that it would be more appropriate for him to receive primary care support. (Primary care relates to the type of treatment available within a community GP surgery.)

19. Throughout the man's time in custody, his mother was concerned about his welfare and keen to ensure that his needs were being met. She wrote to the prison on 28 December to raise concerns about plans to reduce his diazepam, as he felt anxious about his impending court case. The deputy head of healthcare at Lewes responded to the letter and assured the man's mother that he would receive appropriate medical treatment while in custody. No concerns about the man were raised on the residential wing and he appeared to settle well. He was seen by healthcare staff on 22 January, four days before his court case, and complained of anxiety and sweating which had become worse since his diazepam had been reduced. He said that he had no suicidal thoughts and it was decided that he should continue taking diazepam for a further two months.
20. The man returned to court on 26 January, where he was sentenced to IPP, with a tariff of two years. He had not been given a prison sentence before, having previously been given community supervision. He and his family were therefore shocked at the sentence. It is not clear whether the significance of the IPP sentence was explained to the man at court. However, as he was unfamiliar with the significance of the IPP sentence it is likely that the man returned to Lewes with little understanding of what it meant.
21. On his return to Lewes, a nurse assessed the man in reception, as is normal for those returning from court after being sentenced. The nurse recorded that the man was "shaken" and "quite anxious" as he had not been expecting such a sentence. The nurse contacted the GP who prescribed the man 7.5mg of zopiclone. (Zopiclone is a mild sleeping tablet used for the short-term treatment of insomnia.) The following day, Dr A prescribed a further three days zopiclone. On 29 January, Nurse C spoke with the man and recorded that he remained very anxious and had been worse since receiving his sentence. The psychiatric report completed before the man was sentenced does not appear to have been considered by healthcare staff. A further referral was made to the MHIRT.
22. Nurse B, who had previously seen the man, assessed him on the day of the referral. She wrote on the assessment form:

" ... Been living with father prior to custody. In contact with both parents and sister. Father has alcohol problems and attempted suicide in 2005. No mental health problems in family. Depression last 4 years. History of anxiety and panic attacks. Denies taking illicit drugs. Severe alcohol problems, has been sober/abstinent 60 days prior to charges. No psychosis, paranoia, suicidal ideation. Difficulty sleeping. Eating well. Extremely anxious, shaking and trembling, not psychotic, traumatised at receiving life sentence but sensible and realistic. Plans for the future, planning to attend AA [Alcoholics Anonymous]. His mum had always been concerned at his lack of confidence and he saw a psychologist as a child. Always been nervous, low self esteem, lacking in confidence, depressed, loner ..."

23. Nurse B then completed a care plan for the man and contacted his community GP to obtain any previous psychiatric notes. A referral was made for the man to be assessed by a psychiatrist and for a review of his medication. Nurse B also decided to supply one to one support for the man.
24. Sadly, the day after this review, the prison was told that the man's father had died. The man's mother and sister visited the prison and, along with Nurse B, Senior Officer A and the chaplain, they broke the news to the man. As expected, the man was extremely distressed and he was given time with his family before returning to the wing. Nurse B continued to offer him support and recorded that during the tea period that day, the man had a severe panic attack and was given advice on breathing techniques. The man told Nurse B that he felt safe with his cellmate and had no intention of harming himself. Dr B conducted a follow up review the next day, when it was recorded that the man was receiving support from his mother and sister.
25. Nurse B continued to see the man weekly for one to one meetings. On 6 February, she recorded that the man was coping appropriately with his father's death, and was engaging with wing activities and attending education. They discussed ways of coping with the man's panic attacks and he asked for his anti-depressant medication to be changed. Nurse B referred this request to Dr B. Nurse D accompanied Nurse B when she saw the man again on 13 February. He told them that he was having difficulty coping with his father's death, and appeared depressed and anxious. Nurse B recorded that he was still awaiting a date for the funeral and that he found it helpful to talk one to one to air his feelings. Nurse D saw the man three days later on the wing. He told her that he had been told the cause of his father's death and felt some relief that the funeral could now go ahead. He also said that he was still feeling low and asked to resume his course of Citalopram. (Citalopram is an anti-depressant drug that can be used in the treatment of anxiety.)
26. Contact with healthcare continued over the following two weeks leading up to his father's funeral. One to one sessions with Nurse B also continued and gave the man the opportunity to talk about the feelings he had about his father's death. He told her that he continued to feel anxious and was not coping particularly well with prison life. However, during this time he attended a drug and alcohol course, which he found useful. Nurse D assessed the man before he left the prison on 26 February to attend his father's funeral and recorded that he appeared calm and relaxed.
27. The day after the funeral, the man decided to leave the Prisons Addressing Substance Related Offending (PASRO) course that he had begun, as he felt he could not cope with it at the time. However, he resumed the course shortly afterwards. A comment in his wing history book on 5 March recorded that he was settling down after his father's funeral, had re-engaged with the course and was attending the gymnasium regularly.
28. The man's problems coping with the death of his father continued and his anxiety led to him being admitted to the healthcare centre on 14 March. He had asked to speak with Nurse B and told her that he felt as though he was

falling apart and could not cope on the wing. On his admission to healthcare, two razor blades were found in his property. When asked about them he said that he was not suicidal and used the blades to cut his tablets before taking them. Staff referred him to a bereavement counsellor.

29. A visiting psychiatrist assessed the man on 27 March and recorded that he was very anxious, had a long history of alcohol dependence, and had relied on diazepam in the past to manage his anxiety. The man said that the anxiety had been worse since the death of his father and he felt as though life was not worth living. Despite these feelings, he denied any thoughts of self-harm, and told the psychiatrist that he knew that such action would hurt his family.
30. The man was discharged from the healthcare centre on 1 May. He completed the PASRO course in June and a restorative justice, Sycamore Tree course. (The aims of the course are to enable prisoners to understand the impact of crime on victims and accept responsibility for their actions and responses.) The bereavement counselling also continued. A progress report by the man's seconded probation officer on 30 August says:

‘ ... It appears that the man has done everything asked of him while in custody at Lewes and he is now working with CARATS and probation to put things in place for his possible release. From the evidence of recent information he is likely to be co-operative with conditions attached to any licence conditions imposed ... ’

31. A further progress report completed by Officer A, lifer manager, recorded on 19 September:

‘ ... the man is a shy quiet man who does not appear very confident. Has suffered from anxiety in the past and spent time in HCC [Healthcare Centre]. The man has worked hard to address his offending behaviour completing both PASRO and Sycamore Tree courses with positive results. I have witnessed a positive change in the man and feel able to support the view that he should be released on licence with the correct support package ... ’

32. In October, a nurse was called to see the man on the wing. The nurse recorded that his anxiety had increased and he said that he felt vulnerable, but no reason for his feelings was noted. The nurse decided that a period of respite in the healthcare centre would be appropriate and arranged for the man to be moved. It is known that he moved on 30 October, but there is no record of when he was discharged back to the wing. On the wing, the man continued to be polite to staff. He is recorded as keeping himself to himself and was happy to spend the majority of his time in cell. He continued to attend education regularly.
33. The next significant interaction with healthcare staff was on 19 December, when the man said that he did not want to live anymore. He denied any plans or attempts to harm himself at that time, but said that he could not be sure that this would not change if he remained on the wing. Nurse E, a community

psychiatric nurse, who saw him on the wing recorded that he had a poor appetite and was “flat in mood”. He was not motivated to attend education. She opened an Assessment, Care, Custody and Teamwork (ACCT) document, and discussed with other nursing staff whether the man should be admitted to the healthcare centre. They decided to avoid doing so if possible.

34. When opening the ACCT document, Nurse E, wrote that the man’s mood was low due to a delay in his parole hearing scheduled for November and the forthcoming anniversary of his father’s death. The ACCT monitoring process requires an assessment to be conducted by a trained assessor. Officer B conducted the assessment with the man on 19 December. When asked about the perception of his current problems, the man said that with the approaching anniversary of his father’s death, his mood was becoming lower. He had hoped to be released by the time this came around but had discovered that the parole review would not take place until February 2008. The man said that he had not attempted suicide but had thought about it and felt that he would be better off dead. He had also previously accidentally overdosed. When asked about his reasons for living or ways of coping, the man said that his mother and sister were supportive and he was getting close to the end of his tariff.
35. The man remained on the wing and continued to be monitored under the ACCT self-harm and suicide prevention measures. A review carried out on 24 December indicated that the man wanted the ACCT document to be closed. Staff considered that this had more to do with his belief that there was stigma attached to being monitored. The review team recorded that he attended work and associated on the wing, although not as much as he had done previously. They decided to continue monitoring under the ACCT provisions. Staff commented in his wing history file on 24 December that the man was very quiet which was not unusual. The man told staff that he was only a bit depressed and not suicidal. He liked to keep himself to himself and was always polite and respectful.
36. The next review took place on 7 January 2008, and recorded that the man was no longer considering harming himself and had no thoughts of suicide. He was attending work regularly and had arranged to go to the chapel on the anniversary of his father’s death. The review team telephoned Nurse B who confirmed that the man had not been diagnosed with any mental illness. The decision was taken to stop the ACCT monitoring.
37. The man’s first parole review was due on 15 February and he was confident that he would be granted release. However, the hearing was adjourned for three months. The man told Nurse B on 18 February that he was very disappointed and was only sleeping for four hours per night. He continued to receive support from medical staff and his medication was reviewed and changed as required.
38. On 2 March, the man’s mother telephoned wing staff. She told them that following a visit earlier that day she was concerned about her son, and asked staff to keep an eye on him. Staff spoke with the man in response and again

the following day after another call from his mother. The man said that he was having a good day and felt better than the previous day.

39. The man was advised by staff that the Parole Board might expect him to have completed further courses to reduce his level of risk of reoffending before release. On 4 April, he told Nurse F that he was worried about having to spend a further two years in custody. Nurse F recorded her concern that this would lead to a deterioration in the man's mental state, as he did not know when he would be released. She added that she planned to write to the Secretary of State to support the man completing courses in the community while on Home Detention Curfew (HDC). (HDC allows prisoners early release from prison to live in the community wearing an electronic tag, which must not be removed, and while subject to a curfew.)
40. Wing staff recorded on 17 April that the man continued to be very quiet and kept to himself. The only purposeful activity that the man took part in was education, which he was not enjoying. He had also applied for Release on Temporary Licence (ROTL) to visit his father's grave, and waiting to hear whether he had been accepted onto an Enhanced Thinking Skills (ETS) course. (ROTL is granted either for compassionate reasons or to help the prisoner improve their chances of resettlement after their release. Prisoners are only released on temporary licence after they have been rigorously assessed and approved by an authorised senior manager.) The man also requested a Listener and was recorded as being tearful and shaky and said that he felt more isolated. (Listeners are prisoners trained by the Samaritans to provide confidential support to fellow prisoners during periods of crisis.)
41. An entry in the man's wing history file on 25 April, commented that he remained quiet, kept to himself and at times appeared very down. However, he went to education regularly and staff had allowed him to help with the landing cleaning in an attempt to bring him out of his shell. The man's parole hearing was due to begin again. He told staff that he was worried that his sentence would be extended, as he had not completed all the courses he was expected to do. Staff told the man that he should bring to the Board's attention that the two courses he needed to do were not run at Lewes and he had received no reply to his application for a transfer.
42. Nurse F sent a letter supporting the man's release as agreed during her earlier assessment. The Briefing and Casework Unit of the National Offender Management Service (NOMS) responded on 13 May. They advised that, if the Parole Board recommended that the man needed to complete further courses, these would have to be completed in custody.
43. The man's Parole Board hearing took place on 4 July. He remained very anxious while awaiting the decision, which was expected on 11 July. The Board's decision was communicated on 14 July. They concluded:

“ ... The man should be commended for his behaviour in prison and for the commitment he had shown in undertaking offender behaviour work on substance abuse and use of alcohol. It was acknowledged that his

index offence had not been as grave as most that lead to IPP sentences but was a pattern of escalating violent behaviour. The panel felt that his good progress could be reversed if not underpinned with further courses, as it was felt there were doubts about his insight into the use of alcohol and anger. The board commented that the man was unable to explain why he started drinking or why he became angry when drunk. The panel felt that the man would benefit from completing further coping and thinking skills before being released. A further review date was set for January 2010 ... “

44. The courses highlighted were ETS and Controlling Anger and Learning to Manage it (CALM). As neither are run at Lewes, this meant that the man would need to transfer in order to meet the targets of his sentence plan.

### **HMP Erlestoke**

45. The man transferred to HMP Erlestoke on 8 August to complete the ETS course. On arrival, a nurse completed a health screen. No referrals were made to either the GP or any other agencies. Following the reception process, Officer B escorted the man to Wren Unit where he was to be located. Officer B recorded in the man's wing history file that during the walk to the wing, he was sick several times. My investigator asked Officer B about this. Officer B said that when she collected the man from reception he was very quiet, very pale and said that he felt sick. Officer B asked the man whether the travelling had made him feel ill, but could not recall his response. When asked whether she had considered asking a nurse or doctor to examine the man, Officer B said that he was keen to go straight to his cell.
46. Two prisoners already located on Wren were friends with the man and they told staff that he was a quiet and timid person. Officer B made a further entry in the wing history file to record that the man had not eaten his evening meal, and sat on the chair in his cell, saying he continued to feel sick. Officer B also wrote "... bed has not been covered in his gear". My colleague asked Officer B to explain what she meant by this comment. She replied that when the man went to the Wren Unit, he placed his bags of belongings on his bed, and they remained packed in bags. She found this unusual as most prisoners unpack and spread their things about the cell.
47. During the next week, the man took part in the induction (the process of introducing new prisoners or newly-sentenced prisoners into custody) and was introduced to his personal officer, Officer C. (The personal officer scheme is run in most prisons and provides a prisoner with a named officer who will act as their initial point of contact for any problems. The personal officer will also write reports on a prisoner as required.) Officer C spoke with the man on 15 August and recorded that the man was finding it hard to settle in, and was feeling down. Officer C told the man that the regime on Wren did not represent the rest of Erlestoke and it would be better as he started to progress through the units, and he must be focused on his ETS course. The man said that he would pull himself through his feelings of unhappiness.

48. On 27 August, Ms A, who works as part of the Counselling, Assessment, Referral Advice, and Throughcare service (CARATs) team at Erlestoke, conducted a one to one interview with the man. (CARATs workers can run programmes, offer counselling, support and referral to rehabilitation centres to prisoners and on release into the community. Access to CARATs is voluntary, by application.) My colleague asked Ms A if she could recall her first meeting with the man. She said that the man was a very quiet person with very poor eye contact and over the couple of years that she had known him, having a conversation could be quite difficult. She said that he was quite limited in his words. He would talk, but it was difficult to get information from him. Ms A said that the man was very much of the mind that parole was coming, his first parole hearing had gone badly, and he knew he had to do specific programmes, namely ETS and CALM. (The CALM course is not run at Erlestoke.)
49. Ms A said that during her first conversation her impression was that the man would struggle with the ETS course. She explained that ETS includes a lot of role play, and on her first conversation she could tell from her experience that there was going to be some difficulty because of his shyness. Ms A told my colleague that she did not share her views with the man at that time.
50. Ms A, whose background is in mental health, went on to say that she was not sure if the man had any underlying mental health problems. She explained to my colleague that this would be termed dual diagnosis. She considered whether the substance misuse had caused mental health problems or if the man had mental health problems for which he was taking the drugs. Ms A said that during the first meeting she considered there was a need to link with other departments at Erlestoke, such as the mental health nurse, the man's offender supervisor and then potentially a counsellor. The man was very keen to complete the work to gain parole, and it was clear to her that his indeterminate sentence weighed heavily on his mind.
51. On 1 September, the man told Officer C that he was not feeling well and felt on edge most of the time, as he was spending so much time locked in his cell. He said that he had made a number of job applications, but had not yet been allocated work. Officer C told the man that he would speak with the cleaning officer and ask him to unlock the man to help with the wing cleaning, but it would be unpaid. The man's feelings continued and Nurse G, a mental health nurse, assessed him on 11 September due to worsening symptoms of anxiety and panic attacks. Nurse G recorded in the man's medical record that he was preoccupied with doing ETS, due to his fear of speaking in groups. Nurse G also recorded that the man was depressed because of his father's death and having been refused release on temporary licence to visit his grave. The man also reported to Nurse G that he had some Obsessive Compulsive Disorder (OCD) symptoms.
52. Over the next two weeks, the man failed to attend appointments with both Nurse H, Mental Health nurse and Ms A. He also received two warnings for not attending work. A Security Information Report (SIR) was submitted on 30 September. (SIRs can be completed by anyone working in a prison to raise

concerns about a threat to security, or behaviour that might affect the good order and running of the prison.) The SIR indicated that the man and another prisoner had requested “rest in cell”, a term used for a prisoner who has been excused work due to a medical condition. The SIR noted that neither prisoner had any sign of illness, and were both considered vulnerable, therefore concerns about bullying were raised. Principal Officer B, Security Manager, commented on the SIR that the unit manager should interview both prisoners and support them under the anti-bullying measures, if appropriate. There is no information to suggest that these actions were carried out.

53. On 3 October, the man had a one to one meeting with Ms A. My colleague asked Ms A about the appointment that the man had failed to attend. She explained that prisoners sometimes fail to attend appointments because they do not receive an appointment slip. She said that with the man would sometimes say that he could not attend or that it conflicted with other appointments. In Ms A’s opinion, the man was not the type of person to just not turn up. My colleague asked Ms A about her appointment with the man on 3 October and the fact that they discussed the Twelve Steps programme when he had yet to be fully assessed for ETS. She said they discussed group work as he had previously completed a PASRO course, but he felt very uncomfortable in a group setting.
54. Ms A explained that group work was very informal with participants learning from each other. The man always found group work difficult. Twelve Steps was discussed as it used thinking skills a lot more, rather than doing separate programmes. However, the man’s view at that time was that he was not prepared to undertake Twelve Steps, so they agreed to continue one to one work and build up from there. Ms A said that the fact the man had previously completed the PASRO course indicated that he knew he could do course work. (The PASRO course is six weeks long and looks at relapse prevention, and motivations to change, consisting of a couple of hours a day. Both Twelve Steps and ETS are much more intense.) Ms A said that she tried to discuss the PASRO course with the man and how much he had learnt from it, but he could only ever remember “snippets”.
55. Due to the warnings for not attending work, the man was reduced to the standard regime as part of the Incentives and Earned Privileges (IEP) scheme on 12 October. (IEP is a scheme to encourage and reward good behaviour. It consists of three tiers, enhanced, standard and basic. The highest level is enhanced and prisoners move between the various levels depending on their behaviour and engagement with offending behaviour courses.)
56. On 16 October, Officer D introduced himself to the man as his new personal officer. My colleague asked Officer D about an entry he had made in the man’s wing history file about him mixing with individuals who could exploit him. Officer D said that at the time that the man was on Wren Unit there was a group of prisoners who were bullying and exploiting those who were more vulnerable. Officer D considered that the man could be vulnerable. Although the man was friends with the group who were bullying others, Officer D felt he

was also being exploited. The officer believed that when the man moved to Sarum Unit, a couple of these prisoners were also located there.

57. My colleague asked Officer D if staff had concerns that the man was using drugs or being encouraged to do so on Wren Unit. Officer D explained that the concerns about the group the man was associating with concerned the use of mobile telephones. (Mobile telephones are banned items within prisons. They are smuggled into prisons in various ways and are known to be used for criminal activity.) Officer D believed that the man had been approached to hold a mobile telephone. He was not aware of the man being involved with drugs, but he was always trying to obtain tobacco. Officer D believed the man was getting into debt, and paying it off by holding banned items for other prisoners.
58. On 3 November, Nurse H assessed the man's mental health. The nurse recorded that the man was concerned about his weight and was struggling with anxiety over forthcoming courses. She advised him to complete the course as his fears were exaggerated. Nurse H wrote that the man's mood remained low and had asked for a change of medication once he completed his course. The nurse agreed to support the man whilst he completed the course and arranged to see him again in two weeks.
59. An entry made by Officer D in the man's wing history file on 9 November, read:

“ ... The man is a very quiet individual who keeps himself to himself. He is currently a wing cleaner doing a good job. He is an IPP who is due for parole hearing in 2010. He is currently in mid-progress on a cleaning course. No positive results for drugs. He was struck off the education list for failing to attend. For his sentence planning, he is waiting for a date for ETS, which precedes him starting the CALMS course. Mother and sister visit regularly which keeps his spirits up. Have discussed his release and what he would like to do, says he is interested in bricklaying ...”
60. When the man met Ms A again on 24 October he told her that he was unsure whether he would do the next ETS course. My colleague asked her to explain what the man meant by this. She said that there could have been various reasons. She explained that the ETS staff tended to prioritise people who were due to be released, so indeterminate prisoners like the man would not be included.
61. On 1 December, the man asked the practice nurse, Nurse J, if he could see someone from the mental health team. This request was passed to Dr C, who saw the man on 3 December. Dr C asked Nurse K, a mental health nurse to assess his mental health.
62. An SIR submitted on 3 December contained a statement from a prisoner who alleged he had been the victim of bullying by a number of prisoners. The prisoner said that he had agreed to make and supply 'hooch' in attempt to win

favour with other prisoners. (Hooch is the term given to a fermenting alcoholic liquid made by prisoners from fruit, bread and sugar.) He also said that he was buying 'puff' (cannabis) and heroin from a number of prisoners, whom he named. These prisoners were also selling other pills and Subutex. The prisoner said that the bullying started when the 'hooch' was not made correctly. Staff asked if he was aware of any other prisoners who might be targets of the bullies and he named the man, saying he believed him to be at risk. The security senior officer, Senior Officer B, commented on the SIR that the prisoner who had made the statement was now located in the segregation unit for his own protection, and the others named should be monitored. The investigator was unable to establish what that monitoring consisted of, or what action was taken in relation to the man.

63. Nurse K assessed the man on 5 December and wrote in his medical record:

" ... Seen today following referral from GP. the man is an IPP who has already served double his sentence. Very anxious about the course he has to do. Feels unable to switch of his thoughts and spends a lot of time ruminating about things inside and outside prison. Especially worried about his weight loss even though he says he eats well. Appears very anxious with possible borderline learning difficulties, which may be why he is anxious about the courses. Review in two weeks, refer to 'Ms C' and 'Dr D' ... "

64. A meeting between Ms A, Ms B (The man's Offender Supervisor) and ETS staff took place on 10 December. Ms A told my colleague that the purpose of the meeting was to decide how best to move the man forward. She said that ETS staff were of the view that the man would be unable to complete the course due to his problems with group work and perceived learning difficulties. She asked whether the work could be completed on a one to one basis, but was told that at that time there was no suitable provision. Ms A spoke with Ms B about working with the man on improving his social skills, building his assertiveness and communication skills, and completing other courses. Ms A told my colleague that she was advised that the man had to complete ETS and CALM, as set out in his sentence plan. She said it was difficult to see how he could do this.

65. The man had regained enhanced IEP level on the Wren Unit, and was due to move to Sarum Unit, which is the enhanced wing. However, Officer D wrote in his wing file that the man had declined a move, as he owed tobacco and wished to remain on Wren so he could pay people back before moving. Officer D said that the man was placed on anti-bullying measures at this stage and staff monitored who he was associating with. He told my colleague that he advised him to move to Sarum, but the man was adamant that he should pay off his debt. The man re-applied for Sarum on 4 January, and an unsigned entry in his wing history file reads:

" ... The man has re-applied for Sarum Unit and I will be trying to move him up as soon as possible, as he is becoming a target for bullies. Still

a very quiet individual on the wing has regular visits from family, which keeps spirits high. Still awaiting confirmation on ETS course ...”

66. During the routine monitoring of mail on 23 December, a letter sent out by the man was intercepted. In the letter, he said that he was getting “two boots” of heroin per week and the odd Valium. The officer submitting the SIR also wrote “from the smell of the unit, heroin is very available on the east side of the unit”. Senior Officer B commented on the SIR that a target mandatory drug test (MDT) was authorised. It was mentioned that monitoring of the man’s post should be considered. There is no evidence to suggest that either of these proposals was put in place. Although the SIR was submitted by a member of staff on Wren Unit, other staff working there told the investigator that they had no concerns that the man was involved with drugs.
67. Ms C, a counsellor, met the man for the first time on 14 January 2009, following the referral by Nurse K on 5 December. Ms C recorded that the man was experiencing feelings of anxiety related to group work and being evaluated by others. They also looked at experiences and relationships and planned to continue the work during their next session.
68. The man’s mother contacted the prison on 27 January. She left a message at the gate saying that she was concerned that he had not telephoned her and it was approaching the second anniversary of his father’s death. Officer B recorded that the information was placed in the unit observation book to be shared with other staff. At interview, she could not recall any other special measures being put in place for monitoring the man at that time.
69. On 30 January, Officer E, submitted an SIR about two prisoners paying regular visits to the man’s cell. He wrote that the man had bought a new alarm clock a while ago, and the power pack for it had been taken. One of the prisoners visiting the man’s cell told the officer that the man had asked him to get the power pack for him, and the officer questioned whether that now meant the man owed a favour in return. Both the prisoners mentioned in the SIR were recorded as having known involvement in the drug culture within the prison. Principal Officer B commented on the SIR that staff should monitor and raise any further concerns.
70. The man moved to Sarum Unit for enhanced prisoners on 24 February. Another meeting between the man and Ms C took place on 25 February, and they continued to work on areas discussed in the previous session. Ms C recorded that she would provide the man with self-help information.
71. On 4 March, the man was told that following a recent assessment of his learning needs, it had been decided that the ETS course would be unsuitable for him at that time, and he had been removed from the list. By that time, it was around seven months since the man came to Erlestoke specifically to complete ETS.
72. My colleague interviewed Ms D who had sent the memo to the man and was the ETS facilitator. He asked about the process for accepting prisoners onto

ETS. She explained that referrals were accepted from a prisoner's offender supervisor. The individual's OASys (Offender Assessment System) scores for thinking and offending were considered to see if they were suitable, which Ms D believed was around 70. (OASys is a risk assessment tool to assess a prisoner's needs and to help select an appropriate prison for a sentenced prisoner. The aim of the system is to improve the consistency of offender assessment, provide courts with better informed sentencing advice, and support informed decisions on release and interventions.) A one to one interview would then be completed to assess for suitability for the course. Those who are suitable are then placed on a waiting list, prioritised in order of their tariff expiry, or release date if a determinate sentence prisoner. Ms D confirmed that the man would have been a priority given that he was already over his tariff.

73. My colleague asked Ms D whether it was normal for a prisoner at Erlestoke to wait seven months to be assessed. She said that seven months was a long time, but there had been a stage where the waiting list was quite long. She added that the man had been subject to further assessments to test his IQ due to concerns about his learning ability, and this may have delayed matters. Ms D conducted the Wechsler Adult Intelligence Scale (WAIS) test. (WAIS is used to test a person's intelligence, and defines intelligence as "the global capacity of a person to act purposefully, to think rationally, and to deal effectively with his/her environment".) This is not a standard test before ETS, but would be conducted if concerns had been raised. Ms D said it consists of four tests divided into two different areas. The man's overall score was 77, and the average is 100 to 110. The guidance for ETS was that a score below 80 would indicate that the individual would struggle with the course.
74. Officer F, an officer working on Sarum Unit, was approached on 1 May, by a prisoner who told him that the man was being bullied by other prisoners, but he would not say who they were. Later the same day, the prisoner approached the officer again and said that he had not wanted to reveal the identity of the bullies in front of others. He then gave the names of those involved. Given this information, anti-bullying documents were opened and the man was spoken to by unit staff, but denied that he was being bullied. Officer F submitted an SIR. In addition, prisoners' cells, including the man's, were searched the same day using the drug dog. On searching the man's cell, nothing was found, but it is recorded that the dog gave a strong indication of the presence of drugs.
75. The man had been found in possession of hooch during an earlier routine cell search, and placed on report for a breach of discipline. (When a prisoner is placed on report an adjudication hearing will take place. The adjudicator is generally a governor. The prisoner is given the opportunity to explain events and can ask for legal advice, legal representation or a friend or call witnesses. Once the evidence has been heard, the governor will decide whether the prisoner is guilty. If found guilty, the governor can give a number of punishments such as loss of privileges, cellular confinement or a suspended award depending on the seriousness of the charge. If it is a serious offence, the adjudication can also be referred to an independent adjudicator. These

are serving judges who have the power to add time to a prisoner's sentence.)

76. During the subsequent adjudication, the man told the governor that he had been asked to hold the item for other prisoners and it did not belong to him. The man also told the security senior officer, Senior Officer B, and said that he had been forced to hold the hooch, but was not willing to name the prisoners who had threatened him. Senior Officer B completed an SIR and commented that the information should be shared with the unit manager so that staff could continue to monitor the man's movements and those with whom he associated.
77. As a further consequence of being placed on report, the man's IEP level was reviewed. He was again downgraded to standard, and moved back to Wren Unit on 5 May. The man met with the counsellor, Ms C, the day after arriving back on Wren and told her that he was feeling stressed. He also said that he had experienced some problems on Sarum Unit, which had contributed to his low mood, but did not specify what they were.
78. Officer B, who had known the man previously on Wren, was assigned as his personal officer. My colleague asked her whether she noticed any changes in the man when he returned from Sarum. Officer B said that she felt that she needed to re-establish trust with the man again. She constantly asked him if he was all right and told him that if he had any problems he could speak to her. Officer B recalled having concerns that the man was being bullied, which she recorded and kept a close eye on him. She said that although it was clear to her that the man had problems communicating, he had many friends on the unit, and did not stay in his cell, but associated quite well with other prisoners. He was also employed as a unit cleaner, which meant that he spent more time out of his cell.
79. Over the next few weeks, the man met Ms C for further one to one sessions, and continued to work on behavioural exercises. Officer B recorded that the man continued to have very little conversation with staff, but she would continue to encourage him to do so.
80. Although the man had been removed from the list for the ETS course, his solicitor wrote to Ms E, who had taken over as his offender supervisor on 5 June. The solicitor asked when he was likely to start the course. An entry on the Offender Management Unit contact log on the same day in response to the letter reads:

“ ... Ms F (ETS) has said that the man is working one to one with CARAT worker Ms A for work on assertiveness and cognitive skills. The man has a very poor memory because of alcohol use and would not at present seem able to retain information on ETS course. The man is seeing Ms C who could get someone in to do a memory assessment to confirm whether he is suitable for ETS ...”
81. Ms E told my colleague that she took over as the man's offender supervisor at the beginning of June, and had spoken to Ms F about his suitability for ETS.

On 7 June, the man submitted an application for a transfer. Officer B said that the man had asked her about a transfer, as he was frustrated at not being able to complete the ETS course. She completed all the necessary paperwork and told the man that a transfer would not take place immediately and he needed to be patient. In the meantime, Officer B told the man that she would look at the Twelve Steps course to see if that would be suitable and give him something to aim for.

82. Ms G, the healthcare practice manager at Erlestoke, made an entry on the man's medical record on 8 June. She wrote that the man needed to complete ETS as part of his sentence plan, but concerns had been raised by both CARATs and the counsellor about his capability to complete it. Ms G referred to the test carried out by Ms D. She commented that the man had a parole review coming up. She thought that a further assessment of his IQ and memory should be conducted beforehand, so he could be provided with assistance to meet his targets and receive ongoing care, if he was found to have learning difficulties. In spite of Ms G's referral, no further tests were conducted.
83. The man continued to attend sessions with Ms C and worked on coping strategies. Following their session on 10 June, Ms C wrote that he required a follow up mental health review. Officer B submitted the man's application for a transfer on 20 June. On 3 July, a meeting took place between the man, Ms A and Ms E. Ms E told my colleague that the Twelve Steps course was discussed as it was felt that this would be a better route for him rather than ETS. She said that both she and Ms A were worried that the man might panic if there was a change that he did not understand and he would think it was going to go against him. She explained that the man believed that he had to do ETS to have any chance of parole, and the purpose of the meeting was to reassure him that changes to his sentence plan would not disadvantage him. Following the meeting, Ms A submitted an application to Twelve Steps on the man's behalf.
84. At his next meeting with Ms C, on 8 July, the man told her that he had been accepted for Twelve Steps, and she wrote that he appeared quite positive, which reflected in his general mood. The man's IEP status was restored on 23 July but, during the next week, he was given a warning for failing to attend work, and reminded that his enhanced status could be removed. The man also failed to attend a number of appointments with healthcare staff and Ms C during the next month. No explanation was provided by the man or sought by staff.
85. A further three way meeting took place on 3 September, this time with the man, Ms E and Ms H, the Twelve Steps manager. It was agreed that the man should attend an Alcoholics Anonymous meeting during the next week to see how he felt about this approach. However, when he was unlocked to attend the meeting on 7 September, he told Officer B that he did not know why he had to attend and did not go. He later told Officer B that he had not been prepared for the meeting and had not realised it would be so soon. The man

finally moved to Imber unit on 24 September 2009, to begin the Twelve Steps programme.

### **Imber Unit – Twelve Steps**

86. Given that the man had been deemed unsuitable for the ETS course, my colleague asked Ms H to explain the difference between that and the group work required on Twelve Steps. She said that the background information on the man showed that he had completed the PASRO programme and that he had also been part of some group work with CARATs. One of the criteria considered for Twelve Steps is the ability to function well in groups or the ability to undertake group-based learning. Ms H said that she had consulted the man's offender supervisor and, together with Ms E, met the man twice before deeming him suitable for Twelve Steps. They talked to the man about the community based self-help aspect of Twelve Steps and believed they would be able to support him with the group, because it is based on peer support.
87. Ms H suggested that this support might not have been prevalent in previous group work assessments or referrals. This was one of the reasons why they decided to let the man try the Twelve Step programme. She added that there were no concerns about the man's written work, his literacy levels or his ability to articulate through written work. There were some concerns about his ability to work within the groups. It was important that he spent longer than usual in the preparation stage, in order to assess whether he was suitable to move into a larger group.
88. My colleague asked Ms H about her first impressions of the man and whether she had any concerns about drug use at that time or previously. She said that he was nervous. She got the impression that he liked being sociable and enjoyed being part of a social group. Maybe it was not a large one, but she thought he had an identity on the unit and people warmed to him immediately within the community. Ms H said that she did have concerns about drug use and he presented as someone who was possibly using on a regular basis.
89. My colleague asked Ms H to explain her concerns. She explained that she had observed him as being very watchful, perhaps waiting to be caught out and identified for a voluntary drug test (VDT), and somebody who was "struggling to be spontaneous". She considered that some of what she described was the man's natural state. However it appeared that he had something to hide which she considered to be the extent of his drug use. In addition, he presented as somebody whose concentration was limited, and who was lethargic. Ms H said it was difficult to identify if his medication was causing that, although he was always reported to take his medication. She thought there were signs of opiate use.
90. Officer G was on Imber Unit the day that the man arrived and is a regular member of staff there. She said that the man appeared quite quiet and seemed to find verbal communication difficult. When he spoke to her he would not make eye contact and appeared to be quite shy. She wrote a

comment in his history file on 12 October that described the man as “needy”. My colleague asked her to explain what she meant by this. She replied that when the man wanted something he was quite adamant about it. She also said that at times his reasoning skills were not the best. For example, he would ask her to do something. If she replied “I can’t do that right now, but I’ll do it and I will let you know”, a couple of minutes later he would come back and ask the same question. Therefore, she considered him to be quite needy in that respect.

91. The man appeared to settle in well on the Twelve Step course, but once on Imber Unit he stopped attending his counselling appointments with Ms C. His personal officer was Officer J, with Officer G acting as support in Officer J’s absence. Ms H told my colleague that, when asked questions in the group, the man would always offer his experience and opinions, although staff had to prompt him rather than him volunteering. She said that it was obvious that the man took a lot in through listening in the group sessions. One of the main parts of the group sessions involves developing active listening skills (active listening intentionally focuses on who you are listening to, whether in a group or one-on-one, in order to understand what he or she is saying. As the listener, you should then be able to repeat back in your own words what they have said to their satisfaction,) and it was evident that the man would listen well. Verbally, he was not as animated as most of the other members, but when asked questions or for his opinion, he was able to volunteer feedback.
92. The man returned to Imber Unit at the same time as another prisoner with whom he developed a close friendship. My colleague interviewed this prisoner, who told him that he and the man had started the Twelve Steps programme together. He realised the man was quite a vulnerable person from the beginning and described him as “a lovely guy”. He said that the man struggled on the programme so he did his best to help him and they became close. For example, he helped him to write assignments, and gave him ideas. He told my colleague that the man was probably his “best and closest mate”. He told the man things that he had never told anyone and the man did the same as well as offering advice. He explained that during the programme “you have to look right back into your past” in terms of what led to the addiction. In spite of the man’s initial struggle, he began to do well and started “getting the hang of it”. His confidence increased and for the first time he would sit in the group with his head held up high rather than slouched down to the floor.
93. The man’s friend told my colleague that the prisoners on the unit changed all the time and there were always people using drugs. He mentioned one prisoner who regularly used drugs and began doing so with the man. The prisoner started giving the man drugs for nothing. His friend said that the man had confided in him because of their friendship and would tell him everything. The other prisoner gave the man drugs to give him the taste of it. The man wanted more and the prisoner then began to make money out of him. The man had asked his friend whether he thought he should say anything in the group. He told the man that he could not continue to use drugs all the way through the programme, and he was going to have to try and stop. He told

the man to “stick with the winners”, it is felt that he was advising the man to stay away from those prisoners that may encourage him to use drugs and distract him from the course.

94. The man’s friend told my colleague that the man used to visit his cell to play his PlayStation with him, but then he asked him to hold some heroin for him. From that point on, his friend felt he had to “take a back seat” for his own recovery and safety. He told my colleague that things became so bad that the man had to “sell t-shirts, his alarm clock, cups, everything” and had got into debt because of his drug use. He explained that he knew it was linked to the other prisoner because he saw things in his cell that belonged to the man. When he asked the man, he would just say he owed him a certain amount. The man’s friend also believed he was trying to send money to outside accounts for the other prisoner in order to pay for drugs. At this point, he had a word with the other prisoner and told him to leave the man alone but he took no notice.
95. My colleague also asked Officer G if she or other staff were concerned about the man’s relationship with the prisoner alleged to be supplying drugs. She was aware that the man was interacting a lot with this prisoner, and they would often be messing around with each other, like child’s play. For example, she recalled an incident where the man and the other prisoner were throwing talcum powder under other people’s doors and they had to be warned about this. Officer G said that at that time no concerns had been raised with her or other staff about the man using drugs. Other prisoners interviewed by my colleague supported the officer’s assertion that the man’s drug use had not been reported to staff.
96. During the interview, Officer G explained the procedures for cell searching, and whether staff obtained a prisoner’s property card before conducting a search. (The property card identifies the items that a prisoner is supposed to have in their possession.) Officer G said that staff would obtain the property card. She also said that prisoners would realise that searching was taking place when they saw staff entering a cell and have time to hide items that they were not supposed to have.
97. Seven prisoners were interviewed during the investigation, including the man’s close friend. Transcripts of their interviews are attached to this report. They all said that they were aware that the man was using drugs and that the prisoner mentioned by the man’s friend was supplying them. However, while they told my colleague that they tried to support the man, they also said that they did not wish to be labelled as a “grass” and so nothing was mentioned to staff.
98. Another prisoner who had been a peer supporter on Imber Unit and knew the man previously on Wren Unit, told my colleague that he had tried to raise concerns about him being bullied during a group session (peer supporters are prisoners that have completed the course and remain on the unit to offer support to those who are new to the programme.) He was told by other prisoners that he should not do that. He also said that the man had denied

that there was a problem although it was common knowledge amongst prisoners on Imber that the man was “using drugs” and who the drug dealers were.

99. My colleague asked the prisoner if he thought that the man was using drugs when he knew him on Wren Unit. The prisoner replied that he believed that the man was using drugs then, mostly due to his appearance. However, he added that he believed the man was “clean” when he arrived onto Imber, as his appearance had changed, he was much brighter, had his hair cut and was more positive. He said that appearance is one of the things those using drugs are not too bothered about. The prisoner explained that he had also become aware that the man was being bullied for his canteen, just before Christmas. When he spoke to him about it, the man denied that there was any problem. (Canteen is the term used in prisons for personal items bought weekly by prisoners such as food, toiletries and tobacco.) Prisoners interviewed also mentioned that the original reason the man had not wished to move from Wren to Sarum was because he was comfortable there and had a good supply of drugs.
100. Ms H, the Twelve Steps manager, told my colleague that the facilitators on the groups were aware of some of the man’s interactions with others. She said that during community meetings one of the areas of concern raised by older peers, senior peers, and peer supporters was the man’s welfare. They made comments about people that needed to “back off”, leave the man alone, and not put him under any pressure. Ms H said that she spoke to Officer G, and was told that an anti-bullying document had been opened. She was aware that the man had been warned at one point about a relationship with another prisoner who at times was quite playful, but at other times appeared to be quite intimidating.
101. In view of the comments, Ms H had spoken to the man. She found it very difficult to identify exactly what was happening, so staff needed to observe him on the landing, and look for any cliques forming. She considered that there were people who wanted to protect the man and others who appeared to want to move away from him. It was quite difficult to read who was an “ally and who was a foe”. She thought there were dynamics within the community where fellow members appeared to be influencing the man in a negative way.
102. Over the Christmas period, concerns were raised about drugs being available on Imber Unit. An SIR was submitted by Officer J, the man’s personal officer on 25 December. A prisoner had told staff that another prisoner on Imber had brought back lots of heroin from a period of temporary release. The person with the heroin was reported to be using peer supporters from the Twelve Steps course to “traffic” (pass) the drugs to prisoners on the course. The prisoner said that the man was in debt to the person with the drugs and was worried about how he was going to pay him back. He added that there had been threats of violence if the debts were not paid off. Despite the significance of the information, the security department took no action on the SIR until 4 January, but this may have been due to the Christmas period. The

security department recorded that the information should be passed to the prison's head of drug strategy. No action relating to the man was recorded.

103. Officer J also submitted another SIR on 25 December, regarding prisoners on Imber Unit "bottling up". (Bottling up is the term used when a prisoner attempts to use urine they have passed earlier or from someone else when providing a sample for a drugs test.) This practice suggests that drugs were being used on the unit. Officer J's SIR also referred to the man having purchased a large amount of tobacco on 24 December but had nothing left the following day. He confirmed in the SIR that he had spoken to the man about this. The man told him that it was because the canteen was on the wrong day and he had borrowed some which he had then paid back. The security department recorded that the head of drug strategy was aware of the claims of "bottling up".
104. My colleague asked Officer G about her concerns regarding allegations that the man was being bullied. Around Christmas time, she placed the man on anti-bullying monitoring as it had been noticed that items on his canteen order were different to what he usually ordered. She knew what the man generally ordered every week and gradually different things appeared. Officer G said that she and other staff on Imber spoke to the man about their concerns and he told them that he was paying back what he had borrowed. A couple of weeks later, she asked the man about it again and he admitted he was paying back a debt. He said that it was almost paid which would be the end of it.
105. In early January, the man admitted during a group meeting to having used drugs over Christmas. Other prisoners also admitted using. The man attempted to have money sent out at the end of December to an address in Wales. He said that the money was to go to his daughter, but staff were aware that he had no children, and Ms H spoke to him about it. Although he maintained initially that the money was for a daughter, on further questioning he confessed that he was sending the money out to pay for drugs.
106. Ms H said that, due to the man's admission to using drugs, he was removed from that stage of the course and put back to the preparation stage. A prisoner who had admitted to using drugs would normally be removed from the entire course, but they considered that the man should be given the opportunity to re-dedicate himself to the programme. My colleague asked Ms H about the man's reaction after he admitted using drugs. She said that he was pleased that he had not been removed from the programme and seemed to be relieved. He did not express any particular gratitude but he seemed to understand the reasoning. She explained that the man and another prisoner were given the same sanction at the same time. The other prisoner did not respond particularly well and saw it as punitive. Ms H thought this had influenced the man slightly. His initial relief and pleasure at remaining on the unit rather than being de-selected turned into a little bit of resistance, but this seemed to be influenced by the other prisoner.
107. The man submitted two applications to see his offender supervisor, Ms E, following his removal from the programme, and she spoke to him on 7

January. Ms E said that they talked about why he had used and why he chose to use drugs at that moment. The man told her he was craving drugs and gave in to temptation. They discussed what the man could have done instead, which he identified as "I could have gone to some of the other lads on the programme and got some support and I didn't".

108. Ms E summarised her meeting with the man as having looked at his lapse and seeing how he could have done things differently. It was evident that the man did not want to give up the programme and he was willing to do it all again. She told him that he had a positive attitude. Ms E also said that the man had more to say than he had previously, as it was usually very difficult to get much out of him at all. She confirmed that they would meet in a couple of weeks to look over his assignments and encouraged him that this was "not the end of the road". She agreed to advise his solicitor about the delay finishing the programme.
109. The anti-bullying measures were stopped on 11 January, following a review. On 15 January, Officer J spoke to the man prior to starting a period of night duties. The man told Officer J that he had informed the Twelve Step staff that he had used drugs while on the programme, and he was annoyed with himself. However, he had since re-dedicated himself to the programme. Officer J recorded that the man told him that he had not used drugs for the past eight days. The officer told the man that he would not be back on day shifts until 8 February, and that he should speak with Officer G if he had any problems.
110. Ms E went to speak with the man on Imber Unit on 22 January, as she had previously arranged. On arriving on the unit, she spoke briefly with Ms H, and asked her how the man was getting on. Ms H replied that the man was likely to be de-selected from the programme within the next week for a variety of reasons, which included his lack of motivation.
111. My colleague asked Ms E about this conversation. She said that she had not planned to see Ms H and it was just a chance meeting. It came as a surprise to her when Ms H mentioned the man being de-selected from the course, as he had seemed positive when she spoke with him a fortnight before. When she spoke with the man she did not mention de-selection to him.
112. My colleague asked Ms E how the man appeared and if she had noticed any change in his motivation to complete the programme. She said that, in her opinion, what she had been told was not consistent with her own impression. She said that the man impressed her as working very hard with his assignments and appeared to be no less motivated. Ms E considered it to be a very tricky area, she was aware of the man's vulnerability, and did not want to mention de-selection to him at that time.
113. Three days after Ms E met the man, the decision was taken to de-select him from the Twelve Steps programme. My colleague asked Ms H about the decision and the reasoning behind it. She referred firstly to her conversation with Ms E. Ms H explained what was meant by the man's lack of motivation.

Staff had spoken to the man after a period of reflection. They needed to see more evidence of him becoming more engaged and talking more about his drug and alcohol use. They heard the man relate his feelings, but he did not say the types of things they expected. Ms H said that, because the man was now in the therapeutic phase, or would be going back into the therapeutic phase, they needed to be sure that he would increase his involvement.

114. Ms H said that there had never been any concerns about his written work or assignments and the man appeared to be able to do “beautiful, fantastic” assignments. Staff were concerned that the man was moving into a phase where he would need to be verbally explaining his index offence, his alcohol use, and his behaviour under the influence of alcohol.
115. Ms H said that the final decision to de-select the man was not made quickly or easily. The man had been “a client of concern” for weeks and monitored during the morning meeting and in the debrief process. One of the important parts of de-selection is an individual’s alleged abstinence and the integrity of the programme. There was a dilemma about the man’s and staff questioned whether the intervention was working for him. Ms H said that, on asking the man “are you abstinent, or have you lapsed?” there was always a blanket response “no I have not”. Ms H said that there were no avenues of discussion around that which was very difficult.
116. One of the prisoners interviewed alleged that the man had told him that he did not know why he had been de-selected. He said that Ms H had challenged him and said “I know that you are still using, and we are going to get rid of you.” My colleague shared this allegation with Ms H and asked for her views. She explained that she would have said to the man,

“ .... you appear to be still finding it difficult to come out of yourself, to be spontaneous. You have a history of having used substances and I’ve got concerns, I have concerns about why there’s this difficulty in what’s blocking you. Something seems to be blocking you”.

Ms H said that would be the normal type of approach and facilitators would not overtly make an accusation without any grounds.

117. My colleague asked Ms H whether the de-selection process was the same for everybody, or if the man had been given more opportunities to engage with the programme than the norm. Ms H said there had been sanctions and interventions, key work and care plan objectives. When staff reach the point of a de-selection interview, it is not a discussion about further outcomes as the decision has already been made. Although two members of staff would usually hold the meeting, on this occasion it was just Ms H and the man. She said that even though a decision had been made on Friday, staff decided to wait until Monday and she felt “uncomfortable doing it” (de-selecting the man).
118. My colleague asked about the man’s reaction to being told that he was to be de-selected. Ms H said that the man was confused. She spent time describing the programme to date and explained the rationale behind the

decision. Ms H said that she explained what staff would look for at a second attempt. They were for the man to remain substance free, be able to take “more risks”, (this is by talking openly), make his vocal commitment more animated and come out of himself.

119. Ms H said that every now and again the man had been “quite free” and had been able to be open during the programme. She did not know what prompted those moments but staff saw evidence of it and then the man would retreat. Ms H tried to explain to the man that they needed to see more of this type of engagement and she thought that he fully understood that he could re-apply for the programme after 28 days.
120. Following his de-selection, the man moved to Wessex Unit on 25 January. Officer K, who had known the man previously on other units, was working on Imber Unit at that time and escorted the man across to Wessex. The officer later raised concerns about the man with the deputy governor, and my colleague asked him about these.
121. Officer K explained that on the morning that the man was de-selected he was working on Wessex Unit. Other officers mentioned that a prisoner was moving across from Imber that afternoon. He asked which prisoner and was told that it was the man. He said that the man’s name “rang a bell” with him as he recalled that the man had to complete Twelve Steps for his parole.
122. Officer K said that, when he accompanied the man from Imber to Wessex, another prisoner was with him pulling the trolley. On the way to the unit, Officer K asked the man “what’s going on?” The man said he had failed a re-test, it had come back positive, and that it’s only 28 days. Officer K said that the other prisoner also told the man that it was only for 28 days and he would be all right. Officer K asked the man if there was anything else he wanted to tell him, but the man did not say anything. The investigator was told that the 28 days referred to how long it would be before the man could re-apply for Twelve Steps.
123. When Officer K went back to Imber Unit, he asked the regular staff what was happening on the unit, and whether there was any bullying. He was told that several SIRs had been put in recently. When asked why he was concerned about the man, Officer K said that it did not seem right to him that someone who had to complete that programme, and knew it would affect their parole, would allow themselves to be de-selected. It had bothered him overnight and, the next day, he went to see the deputy governor. He told the governor of his concerns about the man’s de-selection and that he had heard allegations of bullying. The deputy governor asked whether the man had said anything and that, unless he was willing to speak out, it would be difficult to take action. He advised Officer K to get in touch with Ms J, one of the CARATs team to see if the man would interact with civilian, non-uniformed staff.
124. Officer K emailed Ms J. She, in turn, spoke with Ms H who said that she was aware of recent problems on the unit which were being dealt with. Officer K told my colleague that he was not concerned about the man harming himself,

and his concerns were more about what was happening on Imber Unit. He did not see the man for a couple of days after taking him to Wessex. The next time he saw him he asked whether he was all right and the man replied “yes I’m all right guv”.

125. On his arrival on Wessex, the man was told that his personal officer would be Officer L. There is little information recorded in his wing history file about his movements or behaviour on Wessex.
126. On 26 January, the day after he moved to Wessex, the man’s mother contacted the prison and spoke with Ms K. His mother expressed concern about her son’s removal from Imber Unit. She told Ms K that she was aware that the man had been de-selected due to his drug use. Ms K confirmed that she believed that the correct procedures had been followed. The man’s mother expressed concern about how the de-selection might impact on his forthcoming parole hearing, as he had also been unable to complete ETS, both of which were sentence planning requirements. During the telephone conversation, she told Ms K that the coming weekend would be the third anniversary of the death of the man’s father.
127. Following the telephone call, Ms K contacted Wessex Unit. She told the staff about the anniversary of the death and asked the staff to keep a closer eye on the man, checking that he was all right given his recent move from Imber Unit. The staff told Ms K that an entry would be made in the unit observation book to alert staff. (The observation book is used on all units to record important information about individual prisoners or events that is then shared with staff as part of a briefing.) Despite their assurances, my colleague found no evidence that staff had recorded the concerns relayed by Ms K or listed any follow up action.
128. Ms K also contacted Ms E and Ms H regarding the concerns raised by the man’s mother. Ms E responded to Ms K on 28 January to tell her that she had seen the man. Arrangements were in place for him to be seen the following week by staff from other departments to discuss further actions. Ms H also responded and explained the de-selection process as well as the follow up action taken since the man’s de-selection.
129. As part of the follow up action, the man asked to speak with Ms A from the CARATs team. She went to see him on 27 January, just before she went on leave. She asked the man what had gone wrong and all that he would say is “why have I been de-selected”.
130. Ms A wanted to have a meeting with the man and Ms H, but was aware that this would not happen until she returned to work. Her immediate thought was how to keep the man focused until the meeting could be arranged, as his parole hearing was quite close. Ms A told my colleague that she advised the man to continue attending Narcotics Anonymous (NA) meetings, which he had been doing while on the programme, as well as other meetings. She also gave him some work to complete in his cell on substance misuse. She told the man that, on her return to work, she would meet him and Ms E to discuss

a plan that they could take to the Parole Board. Alternatively she would try to have the hearing suspended to allow time for the man to resume the Twelve Steps course.

131. To try and ensure that the man had support in place while she was on leave, Ms A spoke to Ms C, who had previously held regular counselling sessions with him. Ms C worked at the prison for one and a half days per week, and Ms A was keen for her to support the man straight away. My colleague asked Ms A whether in her opinion, removal from the Twelve Step programme and possibly being in debt were things that would have weighed heavily on the man's mind. She felt that they were. She considered that if you did not have sufficient communication skills, it is likely that prisoners would keep things to themselves. Being on a wing with limited support and a drug problem and impending parole hearing, are "big stones" (meaning burdens) stacking up against you.
132. After being told by Ms K of the concerns raised by the man's mother, Ms E arranged to see him the next day (27 January). She said that during the meeting, the man said he could not understand why he had been de-selected as he thought he had been doing his best. Ms E said this fitted with her previous meeting with the man when he had done all his written work. He told her that he was stressed about his sentence, and had been given a date for his parole hearing. Ms E said that she tried to reassure the man that although the Twelve Steps had ended, it was "not the end of the world", and there was going to be another focus. She tried to contain his worries by suggesting a meeting with his offender manager and CARATs worker to look at a new approach. The man suggested that he could attend AA meetings, and she was impressed by his positive suggestion.
133. My colleague asked Ms E whether she had any concerns about the man's welfare, given the anxieties raised by his mother. She said that the man was a vulnerable individual and she would always be concerned. She set concrete and constructive tasks which she hoped would contain his anxiety and not leave him feeling that he was "just sinking".
134. In one of their previous meetings, the man had mentioned to Ms E that he was doing the "Path to Happiness" course "off his own bat". The man did not elaborate much on the course which was something that he had applied for and he was working on. During what was to be their last meeting, the man again said that he was still doing the "Path to Happiness". She encouraged him to remain focused on positive things and to continue with the course as well as attending AA. She also told the man to do some writing, telling him that he was good, so he should try and write his thoughts down. Ms E said that there was nothing in their conversation that made her feel the man was in a really critical state.
135. It is clear that from the investigation that "The Path to Happiness" is a course that is available in many guises, and there are a number of publications available. Although it is not clear which one the man was pursuing, the aims are the same. They are to make participants aware of what is not working for

them, and change the way that this is interpreted. The man may have learnt about the course during AA or other meetings.

136. As previously mentioned, there is little recorded information about the man's interaction with staff or other prisoners during his relatively short time on Wessex Unit. One entry in his wing history file on 29 January says that he had asked for a move to a warmer cell. When Officer L told the man that a cell was available and he could move during the association period, he declined, and was told that he would have to stay in his existing cell.
137. My colleague asked Officer L whether any concerns had been raised by staff about the man using drugs on the unit. He responded that the man was associating with some known drug users but, in his opinion, a high proportion of the unit would have been considered users at that time. He did not necessarily assume that the man must be using because he was associating with them and was unaware of any information to suggest he was using drugs.
138. My colleague asked Officer L's view about an allegation regarding his interactions with the man, and whether he could recall anything that might have been perceived as bullying. Officer L said that he could not. He explained that, a few days before the man's death, he had gone to healthcare to speak to another officer about something else that was going on. He then went to see the man to tell him that he had to go somewhere else from healthcare. Officer L explained that the man thought that he was talking about him to the other officer. He told him that was not the case and he was talking to the officer about something completely different. He put the man's response down to the fact he was quite a nervous individual who had read more into the situation than actually happened. Officer L explained that he is the type of officer who challenges poor behaviour from all prisoners if they are not conforming. He said that perhaps that could be perceived as bullying by those he challenged.
139. As a regular member of staff on Wessex Unit, Officer L was asked about the information from the man's mother that had been passed to the unit by Ms K. He had not been aware of any information relating to the man and would expect such information to be recorded in the unit observation book and his wing history file. However, he was aware of the anniversary, as the man had mentioned it during a conversation. When asked whether the man had mentioned the anniversary specifically, Officer L said that it was part of general "chit-chat". The man had just said, "I've got this anniversary coming up and I'm feeling a little bit on edge" but that was about it. When asked if he had concerns about him, Officer L said that the man always looked as though he was "on edge" so he did not feel it was anything out of the ordinary.
140. Despite the lack of information about the man's week on Wessex Unit, a number of prisoners my colleague interviewed said that they had heard that the man was telling prisoners on Wessex that "it was all messed up and I am never going to get out of prison". However, none of the prisoners could substantiate this.

141. It is known that the man failed to attend doctors' appointments on 2 and 3 February. It is not clear what the appointments were for and may have been to review his medication. The man had been taking medication for his anxiety since arriving into custody. When he failed to attend the appointments, healthcare staff booked him on the next one.
142. The man sent a card to his mother and sister for the anniversary of his father's death. His mother told my colleague that the man wrote in the card that "his life had no purpose without his mum or sister". The man had also telephoned his mother on Wednesday 3 February. She said that he had been tearful and anxious. She asked whether he had been to see the doctor and the man said that he had. Following the telephone call, she contacted Senior Officer C on Imber Unit, who she had dealt with before, and had built up a rapport. She told Senior Officer C about the man's telephone call and that she was worried about him. She asked the SO if he could go and see the man and make sure that he was all right, and Senior Officer C said that he would. She told the SO that she and the man's sister were planning to visit him on the Saturday.
143. Senior Officer C said that he took the call just before he was due to go off duty and had spoken with the man's mother on many occasions before. He did not get the impression that the man's mother was concerned about the man actually harming himself, but it was more about how he was coping on Wessex. Senior Officer C said that he did not identify any sense of urgency and the man's mother told him that she would be visiting on the coming Saturday. Although he intended to see the man before going off duty, he decided to do so the following day instead.
144. On 3 February, the man also contacted CARATs and asked to speak with Ms A, but was told that she was on holiday and would not return to work until after the weekend. Ms J, the CARATs manager, told my colleague that the man was asked if he wished to speak to anyone else. He said that he did not, giving no indication what his problems were.
145. My colleague was also told that the telephones used by prisoners were not working on Wessex Unit for a few days. It was claimed by a fellow prisoner that on the evening of 3 February, the man had asked to use the office telephone to contact his mother, but was told by staff that he could not. Officer L said that there was a period around that time when the telephones were not available for a few days, and there was a delay in them being repaired. He was not aware of the man asking to use an office telephone. As mentioned in a previous paragraph, the man's mother said that she had spoken to him on 3 February, which indicates that the telephones had actually been repaired by this time.

### **Events during the evening of 3 February and morning of 4 February**

146. During the evening of 3 February, Operational Support Grade (OSG) A started his night duty on Wessex Unit at around 8.30pm. He carried out a

physical check of all the prisoners on the unit to confirm that the correct number were in the cells. He then spoke to Officer M who gave him a handover regarding a prisoner subject to the suicide and self-harm prevention monitoring. He went to see the prisoner and then conducted a number of administrative tasks.

147. During the evening, OSG A patrolled the wing regularly and tended to various requests from prisoners. At 2.00am, he began to complete another physical count of the prisoners on the unit. He reached the man's cell at around 2.12am, and saw that the light was on. As OSG A looked into the cell through the observation panel, he noticed the man at the back of the cell behind his curtain and initially thought he was looking out of the window. However, he then noticed that the man's feet were facing into the cell and his legs appeared to be bent at the knees. OSG A immediately radioed for urgent assistance. At the same time, the night orderly officer, Officer N, arrived at Wessex Unit for a routine visit. (The night orderly officer is in charge of the prison during the night.)
148. Officer N went immediately up to the man's cell. OSG A began to open the sealed pouch that he carried containing a cell key. (During the night, for security reasons, staff other than the duty manager do not carry keys. However, they are provided with a sealed pouch that contains a single cell key, to be used in an emergency.) However, around the same time, Senior Officer D, duty night manager and a trained first aider, arrived and used her cell key to gain entry. When she went into the cell, OSG A pulled away the curtain covering the man and staff could see that he had a ligature around his neck made from bedding.
149. While OSG A and Senior Officer D supported the man, Officer N attempted to cut the ligature. Unfortunately, it was too thick and tight to be cut. She therefore took over supporting the man and OSG A removed the ligature from where it had been tied to the window frame. They laid the man onto the floor, loosened the ligature and removed it from his neck. The man did not respond and Senior Officer D could not feel a pulse or any signs of life. She told Officer N to instruct the control room that an ambulance was required, and the officer left the cell at 2.15am to go to the unit office. On her way, she passed Officer G who was responding to the initial call for assistance. When he realised the nature of the problem, Officer G collected the first aid box from the unit office and returned to the cell.
150. Along with Senior Officer D, Officer G began carrying out cardio pulmonary resuscitation (CPR) at 2.16am. Officer N later returned to the cell and took the man's hand to feel for a pulse while the others continued CPR. A short while passed and Senior Officer D was called to the main gate as the ambulance had arrived. Officer G took over in administering breaths and OSG A continued chest compressions. Both staff continued CPR until the first response paramedic arrived in the cell at 2.35am. The paramedic and ambulance staff took over CPR at 2.40am. Attempts to resuscitate the man continued, but he failed to respond. Sadly, at 3.18am, he was pronounced dead by the paramedics.

151. Following the man's death, the police attended the prison, as is normal practice after any death in custody. A note left by the man intended for his mother and sister was found in his cell. It said that he just wanted to be at peace, and he did not want his mother and sister to think he was selfish. It suggested that he could not see an end to things and it had all got too much. The police took the letter and a copy was made available for the man's family. The governing governor came to the prison and along with members of the staff care team spoke to all the staff, before they went off duty and held a debrief for the staff involved.
152. Arrangements were also made for the man's family to be notified. Ms L, Head of Community and Ms M, prison chaplain, left Erlestoke at around 5.30am, to travel to the home of the man's mother to break the news of his death. The prison appointed Ms N as their family liaison officer. The family visited Erlestoke a few days after the man's death and met the Governor. They were given the opportunity to see the man's cell. Staff told them about arrangements following a prisoner's death, including the Ombudsman's investigation. The family were also advised that the prison would contribute to the funeral costs. The man's family later returned to the prison, where a memorial service was held, attended by both staff and prisoners.
153. Ms N remained in contact with the family to answer any questions that they had. All the staff involved on the morning of 4 February, as well as staff who had known the man or worked with him, were offered ongoing support from the staff care team. Other prisoners who were subject to monitoring under the suicide and self-harm prevention measures were also reviewed and offered additional support as required.
154. The post mortem concluded that the man had died from compression on the neck caused by a ligature. Further toxicology tests indicated that at the time of his death, no drugs were present at a level that might be considered dangerous.

## ISSUES

### Clinical care

155. A review of the man's clinical care in custody was conducted by the clinical reviewer, on behalf of the Primary Care Trust. The clinical reviewer found the following:

" ... The man was a patient with longstanding problems with mental health and addiction. His major diagnoses were anxiety and depression. His vulnerability was regularly monitored, and while in prison had always denied suicidal intention. He also was suspected to have a low IQ, and to be suffering the effects of severe alcohol abuse in the past.

"Sadly, his death is not unusual in such a patient, as suicidal intent is often covert even in the face of questioning; and in a vulnerable individual, suicide may be an impulsive act in reaction to circumstances, rather than as a direct result of a serious depressive illness. The writing of a note to his family demonstrates that this was a premeditated act.

" From my review of his medical records, it appears that his medical care was at least as good as would have been available to him if the man had been at liberty during the period of his illness:

- He had access to specialist mental health supervision, and regular counselling and general practitioner appointments if he chose to attend them.
- He was on antidepressant medication confirmed as suitable by a Consultant Psychiatrist.
- The issue of his learning disability might have contributed at a future Parole Board hearing, but would not have affected his short-term situation.
- His involvement with illicit opiate drugs may have complicated his mental health problems, perhaps mainly in terms of social stress."

156. The clinical reviewer pointed out that, although the man had been moved from the Twelve Steps programme after admitting to heroin use, there is no mention of this in the medical record. However, he does highlight that during the post mortem examination needle marks were noted on the man's left hand and arm. No intravenous drugs had been used during the resuscitation process or prescribed. The toxicology tests did not identify heroin in the man's blood, but did indicate the presence of tramadol, a prescription drug. The pathologist noted that the levels shown would not have contributed to the man's death.

157. The clinical reviewer also said that the man had not been prescribed tramadol, which would suggest it had been used illicitly, and the levels in his blood would indicate that it had been taken within 24 hours of his death. He noted that tramadol is not a controlled drug, but has some of the same effects as the morphine and heroin group of drugs. Controlled drugs have special storage and recording requirements, which do not apply to tramadol. The clinical reviewer says that if the drug is stocked in the prison, the prison health authorities may wish to review the storage of tramadol ampoules and tablets to ensure that there is no risk of diversion of prescription drugs for illicit use.
158. The clinical reviewer concludes “there are sadly no recommendations to make about this patient’s medical management, which could be expected to avert a similar situation in future ...”
159. Ms G, the healthcare manager at Erlestoke, responded to the clinical reviewer’s comments regarding tramadol:
- “ ... With regards to the tramadol situation, they are most definitely secured within healthcare safely and appropriately and issued only to the prisoners that they are prescribed for. We do not keep tramadol as stock at all. However it is a known fact, backed up by prison intelligence, that prisoners will see the GPs with problems that require an opiate based medication, sometimes tramadol, and as we have to offer an equivalent service to that received in the community, the GPs and the healthcare team are no longer allowed to say that opiate based medication cannot be prescribed, and thus prisoners receive tramadol which they may or possibly may not clinically need. There is therefore a black market within the prison for various medications, not just tramadol, and this is almost certainly how Dan had managed to procure some tramadol. I can be 100% sure that the tramadol the man had used was not "acquired" from the healthcare department direct ...”

### **Drug use at Erlestoke**

160. The problem of prisoners obtaining and using illicit drugs while in custody is not one that is exclusive to Erlestoke. It was clear from the investigation that the prison was making progress in identifying those prisoners using drugs and taking steps to stem the flow of drugs into the prison. The Governor told my colleague that Erlestoke had recently been below the target figure for those prisoners proving positive on Mandatory Drug Tests (MDTs) for the first time in seven years. I agree that this indicates that the prison is making progress in this area.
161. My colleague spoke with a number of prisoners who had known the man in the various units where he had lived. Some of them said that their impression of him was that he was using illicit drugs from the time he arrived at Erlestoke. The man’s application to take part in the Twelve Steps programme demonstrates that he wanted to try and free himself from his addiction. The early feedback he received from facilitators indicates that he was beginning to achieve this. However, when another prisoner who was still using drugs

arrived on the unit and became friends with the man, it placed temptation in his path. From information received from his friends, the man also began using drugs again.

162. The extent of the man's drug use is unclear, but one of his close friends said that he would not be using continuously but he was "well into it". The availability of drugs on the unit was well known amongst prisoners. Security information reports by staff raised concerns, but there is no indication that any particular action was taken by the security department, other than passing on the information to the prison's drug strategy coordinator.
163. As with other units, prisoners on Imber Unit are subject to Voluntary Drug Testing (VDT) as part of an agreed compact. However, during the investigation my colleague was told that the room used on the unit for conducting these tests was such that it was difficult for staff to observe prisoners actually providing the sample, and therefore it is possible for it to be adulterated. This is significant given the concerns that were raised via an SIR about prisoners on the unit "bottling up".
164. The man never failed a drugs test while on the unit and his drug use was only discovered as a result of his admission during a group session. The man had been having regular meetings with Ms A from the CARATs team before going onto Twelve Steps. However, the information that the man had been using drugs was not immediately shared with her and no referral was made.
165. The location of Imber Unit means that prisoners not undergoing the Twelve Steps programme are able to approach the unit. Equally those on the course are still able to associate with prisoners from other units during exercise and when attending the healthcare centre. This makes it difficult to ensure that access to drugs is removed from those on the programme.
166. The Governor told my colleague that a plan is underway to move the Twelve Steps programme into new purpose-built accommodation, which would include its own treatment room and make it unnecessary for prisoners to go off the unit. He also explained that the programme had been moved several times to different accommodation, to make it more of a separate community, and the latest plans are the final part of that process. I suggest that the provision of a more user-friendly room for conducting VDTs should be part of the plans for the new building.
167. It was evident during the investigation that the prison is addressing the problem of drugs and positive results are being achieved. In terms of Imber Unit, it is also clear that the new accommodation will help in creating a more drug-free environment and improve the integrity of the programme. Due to the progress already made and the actions that are ongoing, I make no formal recommendations in this area.

## Anti-bullying procedures

168. The investigation found that Erlestoke has anti-bullying procedures in place that are understood by staff, and are regularly initiated. As with most cases of alleged bullying, information from the perceived victim is important as is staff awareness of other factors that may indicate that an individual is being bullied.
169. During the investigation, my colleague was told that staff were concerned about the man's vulnerability quite soon after he arrived at Erlestoke. It was said that he was a quiet individual, who would keep himself to himself and staff felt this could make him a target for prisoners who would take advantage of him. Anti-bullying procedures were put in place on a number of occasions due to concerns raised by staff or indeed information from other prisoners. However, on each occasion, the man maintained that there was no problem. This made it difficult for them to take further action, although they continued to monitor the people that the man associated with. The reasons that he denied he was bullied is unclear, and it may have been that he did not see the behaviour of other prisoners as bullying. I accept that, without further information, it would have been difficult for staff to intervene or challenge particular prisoners. I am satisfied that the staff monitored the people who might have been bullies and also that the man received a lot of support from a range of staff.
170. Prisoners on Imber Unit were concerned that the man had been targeted and had given away personal items. However, they did not share their concerns openly with staff, and tried to deal with the situation themselves. Security information submitted later suggested that the man was in debt and that violence might be used against him. On this occasion, no anti-bullying monitoring appears to have been opened, and no staff approached the man about the particular concerns that had been raised.
171. Items kept in prisoners' possession are signed for and recorded on their property cards, and guidance says that the cards should be checked by staff when carrying out a cell search. When questioned about this, Officer G said that it would be normal practice. However, because of the design of the unit, prisoners could see staff when they began searching and they then had time to hide items. This is a matter of concern as the purpose of a cell search is to discover hidden items.
172. I am also concerned that despite numerous fears about the man's vulnerability, and staff responsibility to check property cards, no one noticed or enquired about the missing items. It is possible that some of these items may have been given away freely by the man before he arrived onto Imber Unit as payment for drugs. Staff did speak to the man about discrepancies on his canteen sheet, but again seemed to be happy to accept his reasons for buying items and giving them away. Anti-bullying measures were initiated on this occasion and the man told staff that he was in debt and had to pay the items back. Again, it is a concern that although the man freely admitted to being in debt, no further enquiries were made and the anti-bullying document was closed.

173. Some of the items that had either been taken from the man or given away were returned to Imber Unit staff by prisoners after his death. This indicates to me that the property had remained on the unit and could have been found by staff. It also indicates to me that the prisoners no longer wanted to keep what were the man's belongings. If these items had been discovered or identified during cell searches, it would have provided staff with further evidence to help ensure that the man was not the victim of bullying.
174. As mentioned above, Erlestoke has an anti-bullying policy that is understood by staff and the procedures are easy to follow. However, the Governor may wish to remind staff that the process should not stop when a prisoner denies being bullied. Staff should continue to monitor those prisoners considered to be at risk. Particular attention should also be paid to those prisoners considered 'at risk' when staff are conducting routine cell searches and discrepancies in their property should be followed up. Equally, prisoners identified as having other prisoners' belongings should also be subject to anti-bullying monitoring. In view of these concerns I make the following recommendation:

**The Governor should issue a Notice to Staff reminding them of the anti-bullying procedures and the importance of using other resources such as cell searching to identify possible bullying activity.**

### **Security information**

175. I have mentioned earlier in this report that numerous security information reports concerning the man were submitted when he was at Erlestoke. Some were specifically about him and he was mentioned in others. The subject was mostly potential bullying, with some indicating concerns about drug use. Despite the amount of information submitted, there is no evidence that staff action took account of previous intelligence or that the bigger picture was being considered. One such report on Imber highlighted that a prisoner had brought drugs into the prison after a period of temporary release. The report also indicated the possibility of the man being at risk of violence if he was unable to pay for them. Despite the potential seriousness of the information, the only action recorded was to pass on the information to the drug strategy coordinator. I consider that the prison was not sufficiently proactive in challenging the prisoner concerned or in ensuring the safety of other prisoners, including the man. I therefore make the following recommendations:

**The Governor should ensure that security information is analysed appropriately and any actions recommended by the security managers is followed up, with outcomes being recorded.**

**The Governor should ensure that, where necessary, information relating to a particular unit is shared with the staff so that all prisoners or others that may be at risk can be monitored and supported.**

## **Twelve Steps programme and de-selection**

176. When the man began the Twelve Steps programme he spent longer in the preparation stage to ensure that he was ready for the group work. Despite his difficulties engaging in a group setting, Ms H, the manager of the programme, said that the man coped well with the written work and before Christmas had been engaging more in groups.
177. After the Christmas period, a number of prisoners confessed to using drugs and the facilitators took action against each of them. The man was told that he would return to the preparation stage of the programme, and be given time to re-dedicate himself to the aims of Twelve Steps. Ms H said that the man initially welcomed the opportunity of a second chance, but owing to the influence of other prisoners, he then viewed the sanctions imposed on him as unfair. Ms H said that staff were aware from the start of the man's particular problems engaging in a group setting. Therefore, extra measures were put in place to support him, including the opportunity to return to the preparation stage rather than being immediately de-selected.
178. The man's admission to using drugs was not shared with his CARATs worker or Ms E, his Offender Supervisor. Although Ms E went to see the man prior to his de-selection, this was in response to an application he had submitted. When she returned two weeks later, Ms H told her in a chance meeting that it was likely the man would be de-selected within the next week. Ms H gave the reason as his lack of motivation, something that Ms E said she had not noticed.
179. It is clear from the investigation that Twelve Steps staff supported the man while he was on the programme and extra measures were taken to enable him to engage fully with the group sessions. However, the decision to de-select the man appears to have been made in isolation. The views or opinions of his CARATs worker, Ms A or his Offender Supervisor, Ms E were not sought and neither was notified of the final decision until after the man had left Imber Unit.
180. During the investigation, my colleague was told that there is a protocol that sets out the requirements for de-selecting a prisoner from the Twelve Steps programme. He has since found that there is no such a protocol, although there are guidelines that set out good practice. The guidelines suggest that good practice is to involve as many people as possible who have input into an individual from outside of the programme when making a decision about de-selection. The decision should not be made in isolation, and the prisoner should be involved. The guidelines also indicate that the exception to this is where there is enough documented evidence to support the decision.
181. When interviewed, both Ms A and Ms E said that after the man's de-selection they told him that the aim was to arrange a meeting and for Ms H to discuss a way of moving forward. If the suggested good practice had been followed,

then such a meeting would have taken place before the decision was made. This would have allowed all parties, including the man, to discuss the issues and provide him with a clearer picture of how he could progress with his sentence plan targets and allay possible concerns about his forthcoming parole.

182. Given that the Twelve Steps programme is designed to treat those with addiction, it is unfortunate that when a prisoner admits to using drugs they are de-selected with no follow-up support in place. Ms H said that since the man's death, she has been more aware that extra support for de-selected prisoners needs to be in place. This is being discussed, in partnership with the CARATs team. In view of these concerns, I make the following recommendations:

**When a prisoner is considered for de-selection from the Twelve Steps programme, staff should follow the good practice guidelines and involve both CARATs workers and offender supervisors in the decision-making process. This will also ensure that a de-selected prisoner is supported as soon as they leave the unit.**

**The CARATs team should be made aware of any concerns about a prisoner's continued drug or alcohol use while on the Twelve Steps programme.**

### **Information sharing**

183. During the man's time at Erlestoke, numerous reports were submitted which mentioned him in relation to suspected drug use and potential bullying. The investigation has revealed that it was common knowledge amongst his fellow prisoners on Imber Unit that the man was both using drugs and getting in debt to pay for them, but they chose not to share this information with staff.
184. My colleague asked the prisoners concerned why they chose not to say anything to staff, despite knowing the effect it was having on the man and that it could result in his de-selection. The majority of them said that it would be seen as "grassing", which is something that they would not do. Instead, they tried to deal with the problems themselves. There were a few prisoners who said that they had tried to bring up the concerns about the man during community meetings, but were told to keep quiet by other prisoners. Although there is no evidence to support this opinion, my colleague got the impression that the reason some prisoners were not willing to bring the problems to the attention of staff was that they had their own interest in drugs being available on the unit.
185. Further information and worries about the man were raised by his mother and the family solicitor, who wrote to the prison to draw attention to their concerns and enquire about his progress. On each occasion, the prison responded in writing. The man's mother also spoke with staff on Imber Unit and built up a rapport with them. After the man's de-selection, she telephoned the prison about her anxieties and spoke at length to Ms K. Ms K responded to the

man's mother's concerns and followed this up with a letter. She also contacted Wessex Unit to inform staff that the anniversary of his father's death was the following weekend and his mother had asked staff to keep an eye on him. Ms K was told that staff would speak to the man. Information such as that passed to Wessex by Ms K, should be considered significant. A record of the concern should be made in the unit observation book, prisoners wing history file, and passed on to the staff on duty.

186. With regards to Senior Officer C and his actions following the conversation with the man's mother. I am satisfied that Senior Officer C acted with the best intentions based on his perception of the problems and his knowledge of the man. During the conversation with Senior Officer C, it was evident that he had been supportive of the man, but he could never have foreseen the actions the man would take before he returned to duty.

187. The man's family asked why the ACCT procedures had not been put in place despite their raising concerns and making the prison aware of the anniversary of his father's death. Staff told the investigator that the man did not present to them as having any problems, had not mentioned being depressed or concerned about the impending anniversary. However, good practice would be for staff to initiate the suicide and self-harm procedures where serious concerns about a prisoner's welfare are raised by friends or family, and particularly where a significant anniversary is pending. This would allow a formal assessment to be conducted and an informed opinion made on their potential level of risk of self-harm. I make the following recommendations:

**The ACCT process should be opened in all cases when a family raises serious concerns about a prisoner's welfare so that a full assessment can be conducted. Those opened due to a significant anniversary that might potentially cause the prisoner distress should put in place enhanced monitoring in the days leading up to the anniversary, as well as on the day, and should not be closed before the date has passed.**

188. Ms K was unable to remember the name of the member of staff that she had spoken to, but my colleague found that no entry had been made in the wing observation book or the man's wing history file. There was also no evidence that the information had been shared verbally with unit staff and the man had not been spoken to in relation to these concerns. Staff failed to follow procedures and I therefore make the following recommendations:

**The Governor should issue a notice to remind staff of the importance of recording information. This should include a requirement that anyone passing on information should obtain and record the name of the person spoken to so that follow-up action can be monitored.**

## **CONCLUSION**

189. There are numerous accounts from prisoners who knew the man of his struggle to overcome his drug use. His well documented desire to do all he could to achieve a positive result from the Parole Board would clearly have been affected by this continued drug use and almost certainly resulted in a negative outcome. The man would have been aware of this.
190. While the investigation found that information about drug use on Imber Unit did not appear to have been acted upon, anti-bullying procedures had been started on more than one occasion. However, when staff spoke to the man, he always maintained that there were no problems, and this may have been because he was concerned about his own drug use being discovered.
191. Although the use of illicit drugs was the catalyst for the man's removal from the Twelve Steps programme, the IPP sentence and the failure to address his offending behaviour would be likely to have weighed heavily on his mind. He would have understood that his de-selection would have been likely to lead to another period in custody and give him no definite end to his sentence. Despite the reassurance of both Ms A and Ms E, it seems that the man felt that his addiction would keep him in custody indefinitely and possibly influenced his decision to take his own life.

### **Family response to draft report**

192. Following sight of the draft report my colleague and one of my office family liaison officers met with the man's mother and sister on 9 September, to discuss the investigation findings. The man's family further reiterated concerns that they had about access to drugs on Imber unit, given its role as a rehabilitation unit. They were also concerned to learn about the apparent failure of security staff to act on information relating to the man and welcomed the two recommendations made to improve practice in this area. The family remained particularly concerned that the man was deselected from 12 Steps programme without any input from his CARAT's worker or Offender Supervisor and that little reassurance or explanation was offered about the likely impact this would have on his parole application. The family believe that this would have played heavily on the man's mind at a time when he was already feeling vulnerable due to the anniversary of his father's death.

## RECOMMENDATIONS

1. The Governor should issue a Notice to Staff reminding them of the anti-bullying procedures and the importance of using other resources such as cell searching to identify possible bullying activity.

***Following the issue of the draft report the Prison Service accepted this recommendation and said:***

***'... A Notice To Staff (NTS) is awaiting approval from the Governor, with a target date of 30 September 2010 ...'***

2. The Governor should ensure that security information is analysed appropriately and any actions recommended by the security managers is followed up, with outcomes being recorded.

***Following the issue of the draft report the Prison Service did not accept this recommendation, saying:***

***'... The establishment analyses security information appropriately however, a spot check will be completed by 30 September 2010 ...'***

3. The Governor should ensure that, where necessary, information relating to a particular unit is shared with the staff so that all prisoners or others that may be at risk can be monitored and supported.

***Following the issue of the draft report the Prison Service accepted this recommendation and said:***

***'... A process is being compiled with a completion date of 30 September 2010 ...'***

4. When a prisoner is considered for de-selection from the Twelve Steps programme, staff should follow the good practice guidelines and involve both CARATs workers and offender supervisors in the decision-making process. This will also ensure that a de-selected prisoner is supported as soon as they leave the unit.

***Following the issue of the draft report the Prison Service accepted this recommendation, and said:***

***'... Recommendation implemented in accordance with the clinical good practise guidelines of the 12 Step Programme.'***

***When a decision is made concerning the de-selection of an individual from the programme it involves Treatment Manager, Programmes Manager or Governor Drug Strategy Unit in his absence and CARAT Case Manager or the Senior Practitioner in her absence.***

***On finalising an Individuals de-selection a confirmation email is sent to CARATS and arrangements are then made to hold a 3 Way. The 3 Way is organised by CARATS and will involve 12 Steps representative, CARAT representative and the individual concerned in order to establish the interventions that can be offered following de-selection.***

***Following De-Selection the 12 Step Treatment Manager (or representative in her absence) contacts the individuals Offender Supervisor in order to inform them of the situation.***

***It is also standard practise to inform the individual that they are able to re-apply for the programme after 28 days regardless of reason for discharge.***

***A copy of the updated policy for information sharing between 12 Steps and CARATS has been produced and presented as evidence for part of this action plan ...'***

5. The CARATs team should be made aware of any concerns about a prisoner's continued drug or alcohol use while on the Twelve Steps programme.

***Following the issue of the draft report the Prison Service accepted this recommendation and said:***

***'... This process is now in place ...'***

6. The ACCT process should be opened in all cases when a family raises serious concerns about a prisoner's welfare so that a full assessment can be conducted. Those opened due to a significant anniversary that might potentially cause the prisoner distress should put in place enhanced monitoring in the days leading up to the anniversary, as well as on the day, and should not be closed before the date has passed.

***Following the issue of the draft report the Prison Service responded to this recommendation, saying:***

***'... A Safer Communities Email address, phone and log will be implemented by 30 Sept 2010.***

***Implementation of Safe Communities Phone Line with log and email address by end September 2010 in order for families, friends, legal representatives to report dates of anniversaries or concerns direct to the Safe Communities Team in order for ACCT to be implemented. Information about how families use the phone line and email along with contact details are situated in public areas of the establishment (EG: Visits centre, visits hall, 12 step public areas, legal visits waiting room etc) and information is also included on Visiting Orders and Legal Visit confirmation issued by OMU ...'***

7. The Governor should issue a notice to remind staff of the importance of recording information. This should include a requirement that anyone passing on information should obtain and record the name of the person spoken to so that follow-up action can be monitored.

***Following the issue of the draft report the Prison service accepted this recommendation and said:***

***'... A Notice To Staff (NTS) has been drafted and is awaiting approval from Governor, target date of 30 September 2010 ...'***