Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Robert Owens, a prisoner at HMP Long Lartin, on 14 July 2019

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU
Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk
T I 020 7633 4100
F I 020 7633 4141

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Robert Owens died from the effects of psychoactive substances (PS), at HMP Long Lartin, on 14 July 2019. He was 50 years old. I offer my condolences to Mr Owens' family and friends.

Mr Owens' clinical care was equivalent to that he could have expected in the community. He received good support to help address his substance misuse and when he was found under the influence of drugs, or in possession of drug paraphernalia, staff followed the expected procedures.

Staff actively addressed suspected bullying and violence against Mr Owens. Although he was reluctant to admit to such incidents, or provide information, wing officers were diligent in gathering evidence and monitoring both Mr Owens and suspected perpetrators.

There were delays in requesting an ambulance and facilitating the paramedics when they arrived at the prison. Although this did not affect the outcome for Mr Owens who had been dead for some time when he was found, it could make a critical difference in future medical emergencies.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Sue McAllister CB
Prisons and Probation Ombudsman **July 2020**

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Summary

Events

1. Mr Robert Owens was remanded to prison on 7 May 2016. He was later convicted of murder and sentenced to life imprisonment, with a tariff of 12 years and six months. Mr Owens had a history of substance misuse and was dependent on heroin.

2. Mr Owens transferred from HMP Cardiff to HMP Long Lartin on 27 June 2017. He immediately engaged with the substance misuse support service and had regular meetings with his keyworker throughout his sentence. In spite of this, on several occasions, Mr Owens was either found under the influence of PS, or with drug paraphernalia, or apparently making arrangements to obtain or deal drugs.

3. On several occasions, Mr Owens sustained injuries from assaults by other prisoners and had items taken from his cell. He was sometimes reluctant to tell staff that he was being bullied, but after one incident he admitted that it had been due to a drug debt.

4. On 14 July 2019, during the morning count of prisoners, Mr Owens was found unresponsive at 5.50am. On closer examination, it was apparent that he had been dead for some time as rigor mortis had set in. Paramedics confirmed his death at 6.51am.

Findings

5. Long Lartin has addressed a previous PPO recommendation to review and revise the prison's substance misuse strategy. The prison now has an updated comprehensive *Substance Misuse Strategy*.

6. Mr Owens received good support from the substance misuse service. A care plan was in place and he received advice about risks and harm minimisation. When he appeared to be under the influence of PS, staff addressed this with both supportive and punitive measures.

7. Mr Owens' health problems were appropriately addressed and we agree with the clinical reviewer that the healthcare provided was equivalent to that he could have expected to receive in the community.

8. Wing staff investigated incidents of bullying and violence and implemented monitoring of Mr Owens and suspected perpetrators, in line with the prison's policy.

9. We are concerned that there were delays in calling the ambulance service and escorting paramedics to Mr Owens' cell when he was found unresponsive. This did not affect the outcome for Mr Owens, but such delays could have critical consequences in future emergencies.

Recommendation

- The Governor should ensure that staff request an ambulance immediately when a medical emergency code is called and that the paramedics are given quick access to the relevant location.

The Investigation Process

10. The initial investigator issued notices to staff and prisoners at HMP Long Lartin informing them of the investigation and asking anyone with relevant information to contact her.

11. The initial investigator obtained copies of relevant extracts from Mr Owens' prison and medical records.

12. NHS England commissioned an independent clinical reviewer to review Mr Owens' clinical care at the prison.

13. We informed HM Coroner for Worcestershire of the investigation. He gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

14. The investigation was suspended between 2 September and 21 November 2019, to await the cause of death. It was also suspended between 12 and 30 March, while waiting for key documents from the prison. Regrettably, the suspensions have delayed the issue of our initial report.

15. The investigation was reassigned to another investigator on 28 January 2020.

16. She interviewed three members of staff by telephone on 25 and 26 February and 3 March and obtained information from another staff member by email.

17. One of the Ombudsman's family liaison officers contacted Mr Owens' next of kin, to explain the investigation and to ask if she had any matters for the investigation to consider. Mr Owens' next of kin said that for around a year, Mr Owens had been targeted and physically attacked. When she visited, he often had injuries or marks on him, but he tended not to tell staff. She was concerned about the level of violence at Long Lartin and asked if any injuries had contributed to his death. We have addressed the issues raised in this report.

18. Mr Owens' next of kin received a copy of the initial report. She made no comments.

19. The initial report was shared with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies and accepted our recommendation.

Background Information

HMP Long Lartin

20. HMP Long Lartin is a high security prison in the Vale of Evesham, Worcestershire. It holds up to 609 men across five main wings and two support wings. All prisoners live in single cells. The healthcare contract is held by Care UK, with mental healthcare subcontracted to South Staffordshire and Shropshire NHS Foundation Trust Mental Health Team.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Long Lartin was in January 2018. Inspectors reported that the prison was well-controlled and most prisoners said they felt safe. Robust security procedures were in place to address a range of challenges and the problem of illicit drugs was less evident than at other prisons.

22. Inspectors found that there was a coherent prison-wide drug strategy and Inclusion, a drug, alcohol and psychological therapy service, delivered good integrated mental health and substance misuse treatment services. Its multidisciplinary model provided flexibility and a range of interventions, including specialist support for prisoners with complex mental health needs. All prisoners were seen on induction and given advice and the opportunity to access support for substance misuse. They could self-refer at any point during their stay, or be referred by prison staff after incidents such as positive drug tests. Inspectors noted detailed one-to-one work; appropriate coordination of care, with good care plans; and effective information sharing with other stakeholders, including the offender management unit and security.

23. Drug supply reduction was reasonably thorough and misuse had not generally destabilised the prison. Security intelligence reports were mostly of good quality and were processed and analysed quickly. However, the previous inspection (in October 2014) had found that drug testing facilities were unfit for purpose and this had not improved. In the inspection survey, 15% of prisoners said they had developed a drug problem since arriving at Long Lartin.

24. The prison had a full range of primary healthcare services, long-term conditions were well managed and nurses liaised well with the mental health team, delivering a coordinated approach. All healthcare staff were trained to give intermediate life support and they responded promptly and efficiently to emergencies. Inspectors' concerns about resuscitation equipment were addressed by the prison during the inspection.

Independent Monitoring Board

25. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to January 2019, the IMB noted a high standard of care by staff at all levels. However, they reported that there had been significant staffing issues, owing to a high number of vacancies for nurses, with most posts covered by agency staff. There were also vacancies for

drug recovery workers and the Inclusion team had found difficulties in running support groups in the available facilities.

26. The Board noted that levels of violence had increased and described the volume of psychoactive substances within the establishment as ‘unprecedented.’

Previous deaths at HMP Long Lartin

27. Mr Owens was the ninth prisoner to die at Long Lartin since July 2017. Six of the previous deaths were self-inflicted, one was due to natural causes and one was due to the use of psychoactive substances. There has been a subsequent death from natural causes.

Psychoactive Substances (PS)

28. Psychoactive substances (formerly known as ‘new psychoactive substances’ or ‘legal highs’) are a serious problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of PS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

29. In July 2015, we published a Learning Lessons Bulletin about the use of PS (still at that time NPS) and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of PS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

30. HM Prison and Probation Service (HMPPS) now has in place provisions that enable prisoners to be tested for specified psychoactive substances as part of established mandatory drugs testing arrangements.

Key Events

31. Mr Robert Owens was remanded to HMP Cardiff on 7 May 2016. (He was later convicted of the murder of his mother and sentenced to life imprisonment, with a tariff of 12 years and six months.)

32. Healthcare staff carried out initial and secondary health screens, which noted Mr Owens' history of alcohol and drug misuse, dependence on heroin and a previous diagnosis of depression. He was referred to the mental health team and the substance misuse service. Due to the circumstances of his offence, Mr Owens was placed in the healthcare inpatient unit, where he was closely monitored.

33. On 9 May, a nurse conducted a mental health assessment and the prison psychiatrist spoke to Mr Owens during his ward round. On 13 May, Mr Owens was assessed a consultant forensic psychiatrist from the Caswell Clinic (a specialist facility for offenders with mental health problems). She found no evidence of mental illness.

34. Two weeks after arriving at Cardiff, Mr Owens moved to a residential wing. Shortly afterwards, he was assaulted by a group of prisoners, because of the details of his offence and he moved to another wing. Over the next few months, Mr Owens was noted to be a good worker, who was well-behaved, conforming with staff instructions and complying with the regime.

35. On 13 October, wing staff saw Mr Owens in his cell, unsteady on his feet and with slurred speech. A nurse examined him and found he was under the influence of alcohol.

36. On 12 December, a drug dog indicated at Mr Owens' cell. A search revealed two improvised lighters made from an e-cigarette, connected to two batteries with exposed wires which glowed red when connected. (Such items in prison are often linked to drug-taking.) Staff also found and confiscated mail from Mr Owens, instructing the intended recipient to spray both sides of a letter (a common method of smuggling PS into prisons).

Transfer to HMP Long Lartin

37. Mr Owens transferred to HMP Long Lartin on 27 June 2017. A nurse conducted a health screen and referred him to Inclusion, the substance misuse service.

38. Mr Owens' Inclusion keyworker and held a substance misuse induction meeting with him the next day. Mr Owens told her that he had used heroin and PS at his previous prison and had never had a bad experience. She noted that Mr Owens had a good understanding of the risks of PS and was keen to engage with the substance misuse service.

39. On 10 July, she conducted a follow-up substance misuse assessment and noted that Mr Owens presented with slurred speech and dilated pupils. He told her that he had been using heroin for 30 years, with several unsuccessful detoxifications and a history of relapse. Each time, he had returned to heroin because he enjoyed and missed it. He said he felt highly motivated to explore his drug use

and remain substance-free in prison, as he wanted a relaxed and productive time in prison and did not want to deal with the consequences of getting caught. He said he had a positive support network, with family members living locally who would visit weekly. The assessment concluded that Mr Owens had an increasing risk, with a high dependence for heroin. She and Mr Owens agreed a care plan, which was reviewed regularly.

40. She referred Mr Owens for acupuncture and he had regular sessions. He said that after initial scepticism, he had found acupuncture beneficial.

41. Several entries in Mr Owens' personal records reported a positive and constructive approach to serving his sentence. He continued to engage with the substance misuse service, attended various vocational and offending behaviour courses and had a job in a workshop. However, in October, he lost his job due to his attempt to steal a jar of hot chocolate and was subject to disciplinary action. He assured his personal officer that he was not being bullied to steal for other prisoners.

42. On 5 October, staff found Mr Owens in possession of a homemade device with exposed wires, similar to that previously found at Cardiff.

43. On 8 January 2018, a workshop instructor overheard Mr Owens talking about his use of PS. The same day, information was received that after taking PS, Mr Owens had been unable to walk, or communicate and had to have his food collected. On 11 January, a manager spoke to Mr Owens about this incident and he denied having said anything about drugs, or having taken any at Long Lartin.

44. On his way to the chapel on 14 February, Mr Owens appeared to be under the influence of a substance. He was uncoordinated, stumbling, dragging his feet and unresponsive when spoken to by staff. A suspicion drug test taken on 17 February was positive for PS and disciplinary action was taken.

45. During the evening of 21 March, Mr Owens was found slumped on his cell floor, apparently under the influence of PS. A nurse examined him and wing staff removed Mr Owens' kettle, which had been tampered with to expose the wires (to make a spark, a means of lighting drugs to smoke).

46. On 14 and 24 April, Mr Owens again showed symptoms of drug use. On the latter occasion, he was unresponsive and other prisoners had shouted to staff, "it's drugs."

47. In line with the local substance misuse policy, as Mr Owens had been found under the influence of drugs, he was subject to frequent mandatory drug tests (MDTs). MDT staff noted that his previous six tests had been negative and wondered if the symptoms were due to the side effects of medication.

48. On 26 April, Mr Owens had a meeting with the person who had taken over as his substance misuse keyworker. He admitted to a lapse of PS use a few weeks before, which he attributed to stupidity and weakness, but insisted that the episode on 24 April had not been PS related and was probably a seizure. He believed that the drug test taken at the time would support this. This test and two subsequent tests in June, were negative.

49. Mr Owens continued to see his substance misuse keyworker regularly. On 1 June, he admitted to using PS around once a week for a "head change" (the euphoria felt from taking drugs). He thought that there was a natural element to PS and the substance misuse keyworker disabused him of this, by explaining the risks and dangers. On 6 June, Mr Owens told him that he was now drug-free, because he had found closed visits difficult. He had missed the physical contact with his family and felt they were more important than the nice feeling he got from PS. He described it as a "time killer" and the substance misuse keyworker reminded him that it was also a "people killer." Mr Owens said he had been abstinent from heroin in prison, but could not guarantee to remain so after release because of how it made him feel.

50. On 3 June, a security intelligence report indicated that Mr Owens was involved in drug dealing, particularly to those on the vulnerable prisoner wing, and had offered a prisoner on another wing the opportunity to start selling PS.

51. Mr Owens had a further episode of suspected drug use on 22 June. A negative MDT was recorded on 2 July.

52. On 21 August, a prisoner told an officer that Mr Owens was being bullied in his cell. As the officer approached the cell, Mr Owens met him on the landing and said that he had been assaulted. The perpetrators had broken his glasses and stolen his milk and breakfast items. He alleged that the ringleader was a bully. Staff noted that the person identified and Mr Owens were both heavily involved in the drug culture. They took steps to obtain other evidence and viewed CCTV footage to identify the other prisoners involved.

53. The next day, Mr Owens told an officer that prisoners had frequently taken food items from his cell. The officer began the prison's violence reduction procedures and Mr Owens was closely monitored, with daily entries in his personal record, logging anything noteworthy and periodic reviews. They also covertly monitored the main perpetrator, as Mr Owens was concerned that he would find out he had been named.

54. In July, August and September, security reports noted that Mr Owens had sent £75 and £50, respectively, to the mother of a prisoner. (Other prisoners had also sent money to the same woman.) This raised suspicion of money laundering to buy drugs and the prison's police liaison officer was tasked with investigating it. The outcome was not recorded.

55. After a review on 11 October, staff were satisfied that there had been no further adverse or inappropriate activity towards Mr Owens and the violence reduction process was closed.

56. On 25 October, it was noted that Mr Owens had been helpful, fully compliant and had received several positive entries about his behaviour, his work on the servery and in a workshop. Three recent mandatory drug tests had been negative and he had also completed a key offending behaviour course. In view of the good reports, Mr Owens was raised to the 'enhanced' level of the Incentives and Earned Privileges (IEP) scheme (the former process to encourage good behaviour and compliance with the prison regime).

57. On 16 December, a prisoner in the chapel reported that he had been asked to obscure the view of officers and chaplaincy staff, so that Mr Owens could pass a piece of paper to a prisoner from the vulnerable prisoners' wing. Mr Owens and the other prisoner were strip searched on their return to the wing, but nothing was found.

58. The following day, a drug dog indicated at Mr Owens' cell. Officers found a lot of drug paraphernalia, including burnt foil. On 21 December, a urine sample was taken for a drug test.

59. Late evening on 22 December, Mr Owens told staff that he had fallen in his cell and hit his neck on his table. A nurse examined him and found bruising to his neck and numbness and weakness in his right arm. He arranged for Mr Owens to be monitored during the night. (Several months later, Mr Owens admitted to clinicians that he had, in fact, been assaulted.)

2019

60. During the evening of 2 January 2019, Mr Owens was found unresponsive in his cell. At first, it was thought to be a seizure, but officers found a metal strip that they believed had been used to light PS. Healthcare staff and paramedics treated Mr Owens and he was admitted to the prison's inpatient unit overnight for observation. (It was noted that officers had used a degree of force during the incident.) Later that night, a nurse noted an injury to his brow. Mr Owens said he did not know how it had happened and signed a disclaimer refusing two-hourly observations. Wing staff later gave him a formal warning, as he had not been placed on report for disciplinary action.

61. At a disciplinary hearing on 19 January, Mr Owens was found guilty of a positive MDT (from the sample taken on 21 December). The penalty was reduction to the 'basic' level of IEP, forfeiture of privileges for 21 days and stoppage of 50% of wages. Over the following weeks, Mr Owens was reviewed weekly and appeared to settle.

62. On 12 and 13 February, staff monitored Mr Owens under the Prison Service suicide and self-harm prevention procedures, after another prisoner reported that he had cut his arm. Mr Owens said it was an act of frustration and low mood on that day, but he felt better.

63. On 28 April, wing staff noticed that Mr Owens had bruises to his eye and face, scratches and marks to his neck and a sore arm. An officer spoke to Mr Owens, who said that he had fallen in his cell and banged his head on a pipe, a few days before. The officer recorded the information. However, staff felt Mr Owens' explanation was unlikely and the officer asked them to keep a close eye on him and report any suspicious activity.

64. When later examined by a nurse, Mr Owens repeated that he had slipped. He refused to be admitted to the inpatient unit, so arrangements were made for further observations in his cell. At the next observation that evening, Mr Owens admitted to the nurse that he had been assaulted two days earlier.

65. The following morning, Mr Owens told the officer that the injuries were due to two prisoners assaulting him in the showers, over a vape (electronic cigarette) debt.

He refused to name the prisoners. In the afternoon, when pressed by the chaplain, Owens said that he had not received money he had expected from his family and had therefore been unable to settle a £4 debt. He did not want to escalate it and said that he mostly felt safe on the wing and was not scared to fight. The chaplain advised him to tell staff if he felt under threat and advised him not to get into debt again.

66. On 1 May a prison GP assessed Mr Owens and found that his right arm continued to be weak, there was limited movement in his left shoulder and his left thigh was numb and tender. The prison GP provisionally diagnosed a brachial plexus injury (damage to the nerves that control movement and sensation in the arm and hand) and referred Mr Owens to a neurologist and the prison's physiotherapist. (Mr Owens attended an appointment with a consultant neurologist on 19 June, but nothing significant was found and he died before a planned MRI scan.)

67. On 16 May, Mr Owens had a wellbeing appointment with a healthcare assistant. He told her that he had last used PS a month before, no longer had cravings and did not feel pressurised into taking drugs by anyone other than himself.

68. At a substance misuse meeting on 30 May, Mr Owens gave contradictory information about his drug use. He said that he had last used PS on Christmas Day as it was his birthday and he was able to keep away from the PS culture. They discussed, at length, his wish to apply for a transfer to HMP Grendon to join a Therapeutic Community (which provides group therapy and structured community living).

69. On 28 June, Mr Owens was assaulted by another prisoner in his cell. Several officers restrained the other prisoner and took him to the segregation unit. Mr Owens was said to be passive throughout the incident. On 2 July, a nurse reviewed a wound on Mr Owens' head, but did not know how it had been caused.

70. During the evening of 8 July, wing staff saw a 'line' being dropped to Mr Owens' cell from another prisoner on the landing above and thought they might have been passing drugs. (Prisoners often use string or a length of torn sheets to pass contraband, or other items, between cells.) The other prisoner was also known to be involved in drug-taking. Six months earlier, he and Mr Owens had been found under the influence of PS on successive days, suggesting that they had used some from the same batch. On 9 July, staff searched Mr Owens' cell with an active drug dog, but nothing was found.

Events of 14 July

71. At around 5.45am on 14 July, an officer conducted the morning roll check (count of prisoners). When he looked through the observation panel of Mr Owens' cell, he noticed that the top half of his body was hanging out of bed. The officer thought he might have been sleeping in an awkward position, which had happened before. The officer knocked on the door and called Mr Owens' name, but there was no response. As the night light in the cell was dim, he could not tell whether Mr Owens was breathing, so he contacted the control room and asked for the assistant night manager. He then went back to the cell while the

control room tried to get a response through the in-cell intercom. The officer contacted the control room again and reported that there was still no response.

72. The prison's response team, two officers arrived. As they too were unable to get a response, the officer called a code blue emergency (which indicates that a prisoner is either un responsive, or has breathing difficulties) at 5.50am. The control room requested an ambulance at 5.55am.

73. A Supervising Officer (SO) who was the assistant night manager, attended with the dog handler and the staff went into the cell. They gently shook Mr Owens' shoulder and there was evidence of rigor mortis, as he was rigid and could not be moved. In view of this, they decided not to attempt cardiopulmonary resuscitation. Shortly afterwards, two nurses arrived. They checked for breathing and a pulse and noted that Mr Owens appeared to have been dead for some time.

74. Paramedics arrived at the prison at 6.27am and reached Mr Owens' cell at 6.44am. They conducted an electrocardiogram (a test to measure electrical activity in the heart) and found no signs of life. The paramedics confirmed Mr Owens' death at 6.51am.

Contact with Mr Owens' family

75. The prison suspended the prisoner telephone system to ensure that Mr Owens' family did not learn of his death through other prisoners.

76. Late morning, the prison's family liaison officer (FLO) and a prison manager, went to the home of Mr Owens' his next of kin. They broke the news of Mr Owens' death and offered condolences and support. The FLO kept in touch with Mr Owens' next of kin and gave further information about the procedures to be followed.

77. The FLO attended Mr Owens' funeral on 16 August, with a prison manager. In line with national policy, the prison contributed to the funeral expenses.

Support for prisoners and staff

78. After Mr Owens' death, a prison manager debriefed the healthcare and operational staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. Those who had arrived at the emergency first were also spoken to individually. Prison managers later telephoned the staff involved to offer support and reinforce the support available.

79. The prison posted notices informing other staff and prisoners of Mr Owens' death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm, in case they had been adversely affected by Mr Owens' death.

Post-mortem report

80. The post-mortem report concluded that the cause of Mr Owens' death was synthetic cannabinoid toxicity.

81. The pathologist found no evidence of natural disease to have caused or contributed to Mr Owens' death and synthetic cannabinoids (PS) had been found in his blood and urine. With the exception of an antihistamine and caffeine, no other drugs were found. The pathologist explained that synthetic cannabinoids are mixed with plant material and can be used with tobacco, drinks or in e-cigarettes. Intoxication can begin within minutes and the effects may last for 2-5 hours.

82. The post-mortem examination found no evidence that the actions of anyone else had contributed to Mr Owens' death.

Findings

Drug strategy at HMP Long Lartin

83. After an inspection in January 2018, HM Chief Inspector of Prisons concluded that Long Lartin had a less significant problem with drugs than at other prisons because of robust physical and procedural security arrangements. Intelligence reports were processed and analysed quickly, with feedback given on those of poor quality; and the prison's corruption prevention unit worked closely with the police to protect prisoners from illegal activities by staff. Most of the security processes were described as sound and supply reduction was considered to be reasonably thorough.

84. In July 2019 (a few days before Mr Owens' death), following our investigation into a previous death caused by PS, we recommended that Long Lartin review and revise their *Substance Intoxication Strategy* to address the continued problem of access to drugs.

85. In February 2020, the Governor approved a new *Substance Misuse Strategy 2020-2023.* This is a comprehensive strategy which aims to support and complement the national drug strategy, as well as the National Prison Drug Strategy, published in April 2019, with three key objectives of building recovery, reducing demand and restricting supply. Prison managers consider the strategy to be a 'live' document and it has an evolving action plan, an important tool in implementing the strategy. It formally acknowledges both HM Inspectorate of Prisons and the Prisons and Probation Ombudsman as key to their continuous improvement plans. Governance is provided by an interdepartmental strategy group, attended by the Governor and Deputy Governor, which meets monthly to oversee and review compliance. The prison has also conducted a survey of prisoners to inform further development.

86. The Head of Drug Strategy and Healthcare said that security measures at Long Lartin include a body scanner and a Rapiscan Itemiser machine in reception to scan possessions if there is a suspicion of illicit substances. Suspicious paper and mail is sniffed by the drug dogs and if necessary, photocopied. Staff have been promoting the prisoner email system, to reduce the amount of PS getting through the mail, although we were told that some PS is thought to be sent via privileged rule 39 legal mail. He said that during 2019, a number of prisoners had transferred in from other establishments due to the reopening of a wing that had been lost following a riot. There was a chance that some substances in prisoner's possessions might not have been picked up by the security processes.

87. Briefings and Governor's Orders on recognising and handling incidents of drug use have been issued to staff and this process is also covered in the strategy. The Head of Drug Strategy and Healthcare said there are plans for training sessions, but funding is an issue. If a prisoner is placed on report for a drug-related offence, they are referred to the substance misuse team. The prison has also reintroduced frequent drug testing and is looking to implement voluntary testing, as well as a substance-free wing. Views on this were included in the survey of prisoners. During the business year 2019/20, 319 tests were

completed of which 17 (3.45%) were positive. Eleven were positive for PS and six for other substances.

88. We are satisfied that Long Lartin has reviewed and strengthened the substance misuse strategy, taking account of feedback and our recommendation from a previous investigation.

Support for substance misuse

89. Mr Owens engaged with the substance misuse service as soon as he arrived at Long Lartin. He had regular meetings and acupuncture with a recovery worker, and they discussed his use of PS. A care plan was created and he received advice about the risks of taking illicit drugs and harm minimisation.

90. Although Mr Owens seemed positive and motivated, he became involved in the drug culture and used PS. When staff found him under the influence, they asked nurses to examine him, arranged for drug testing (including frequent testing for an extended period in 2018) and referred him to the substance misuse service. The clinical reviewer noted that the management of Mr Owens' drug misuse was consistent with National Institute for Health and Care Excellence (NICE) guidelines and the timely sharing of information enabled Mr Owens' recovery keyworker to provide additional support when he used PS.

91. Intelligence information about Mr Owens' drug-related incidents was recorded, analysed, actioned and shared with wing staff, as well as relevant departments across the prison. Disciplinary action was taken, when the evidence supported this.

92. We consider that Mr Owens received a good standard of support from the substance misuse service and that operational staff followed the expected procedures each time he was found under the influence of drugs.

Clinical care

93. When Mr Owens arrived at Long Lartin, physical and mental healthcare and substance misuse assessments were conducted in line with national guidelines and there was comprehensive transfer information to enable continuity of care. Symptoms and injuries subsequently reported were diagnosed and treated promptly.

94. We agree with the clinical reviewer that Mr Owens' clinical care at Long Lartin was equivalent to that which he could have expected to receive in the community.

Violence reduction and bullying

95. Mr Owens was allegedly the victim of bullying and assaults in prison. The first reported incident, at Cardiff, was attributed to prisoners' disapproval of the specifics of Mr Owens' offence. Subsequent episodes at Long Lartin were thought to be linked to drug-taking.

96. In response to a report of bullying and assault in August 2018, staff took immediate action and closely monitored Mr Owens and the alleged perpetrator under the anti-bullying procedures, until they were satisfied that he was not at

risk. When he sustained injuries in further incidents, Mr Owens initially told wing staff that he had fallen in his cell. Staff doubted his explanation and again actively monitored him. He admitted to healthcare staff that he had been assaulted, but this information was subject to medical confidentiality, so officers would not have been aware of this. He later told wing staff and the chaplain, but refused to name the prisoners involved, so staff could take no substantive action.

97. An officer was Mr Owens' personal officer. He had fortnightly meetings with him and made detailed entries in his personal records. As he worked on Mr Owens' wing, he also saw him in passing in between their formal meetings. He told the investigator that Mr Owens was a proud man who did not want to draw attention to himself or be seen telling staff about his problems with other prisoners. When asked, Mr Owens had indicated that he generally felt safe on the wing.

98. The investigation found that staff appropriately addressed reports of bullying and assault and were proactive when the perpetrators could be identified. We are satisfied that even when Mr Owens denied that he had been attacked, they encouraged him to report problems and discreetly shared information on his vulnerability so that wing officers could be vigilant to help keep him safe.

Emergency response

99. PSI 03/2013, Medical Emergency Response Codes sets out the actions staff should take in a medical emergency. It contains mandatory instructions on efficiently communicating the nature of a medical emergency and stipulates that if an emergency code is called over the radio, an ambulance must be called immediately.

100. Officers and healthcare staff acted quickly and followed the expected procedures for medical emergencies when Mr Owens was found unresponsive. We consider that the decision not to attempt resuscitation was sound, given the signs of rigor mortis. However, we are concerned about delays in calling and escorting the ambulance.

101. There was a delay of five minutes between the code blue call and the request for an ambulance. When the ambulance arrived, it took around 17 minutes for the paramedics to get from the main prison gate to the cell. A Supervising Officer explained the procedure for receiving ambulances, which involves going through a manual gate and several electronic gates, with a limited number of staff at that time of the day.

102. We appreciate that as a high security prison, safety measures have to be observed. We are also satisfied that the delay did not affect the outcome for Mr Owens as he was clearly dead when he was found. However, such a delay could make a critical difference to the outcome in a future emergency. We make the following recommendation:

The Governor should ensure that staff request an ambulance immediately when a medical emergency code is called and that the paramedics are given quick access to the relevant location.

Prisons & Probation
Ombudsman
Independent Investigations

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100
F | 020 7633 4141