

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Nigel Saunders a prisoner at HMP Lowdham Grange on 18 November 2018

**A report by the Prisons and Probation Ombudsman**

## 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 Nigel Saunders died in hospital on 18 November 2018, having been found hanging in a shower cell at HMP Lowdham Grange the previous day. Mr Saunders was 31 years old. I offer my condolences to Mr Saunders' family and friends.

Mr Saunders was a very challenging prisoner with a history of both frequent self-harming and of causing serious damage to prison property. He was transferred to Lowdham Grange after harming himself and causing damage to property at HMP Exeter. He was being managed under Prison Service procedures to support those at risk of self-harm (known as ACCT) at Exeter and was located in the segregation unit there. During the five days he spent at Lowdham Grange, he was again located in the segregation unit and managed under ACCT.

The standard of care he received at Lowdham Grange was largely good. The prison prepared well for his arrival, involved a multi-disciplinary team in providing support, and kept Mr Saunders informed of developments in his care. There were several examples of good practice.

However, I consider that staff focussed too much on his positive presentation and did not give sufficient weight to his very recent history of self-harm and unpredictable behaviour. As a result, they underestimated the risk he posed to himself. I am particularly concerned that he was left unobserved in the shower for 53 minutes, during which time he hanged himself.

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**

**October 2020**

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# Summary

## Events

1. Mr Nigel Saunders was sent to prison for theft in May 2016. He had a significant history of substance misuse and was diagnosed with an emotionally unstable personality disorder. Throughout his time in prison he frequently caused damage, sometimes serious damage, to prison property. He also self-harmed and was frequently monitored under Prison Service procedures to support those at risk of suicide and self-harm (known as ACCT).
2. In October and November 2018, Mr Saunders caused damage to his cell at HMP Exeter on several occasions. As a result, he was held in the segregation unit where he self-harmed at times and was managed under ACCT procedures.
3. Arrangements were made for Mr Saunders to transfer to HMP Lowdham Grange for a fresh start. Lowdham Grange staff familiarised themselves with his history, and made good preparations for his care on arrival.
4. Mr Saunders arrived at Lowdham Grange on 12 November and was located in the segregation unit. He was still being managed under ACCT procedures and his observations were set at two an hour. Staff explained to Mr Saunders that he would be in the unit for a period of assessment, and that his move to a standard wing would be dependent on his behaviour.
5. On 13 November, staff held a post-transfer ACCT review, and on 14 November there was a wide-ranging multi-disciplinary ACCT review at which Mr Saunders was introduced to a number of staff members who were to be involved in his care. His level of observations was reduced to hourly. Following a death in the prison, another ACCT review was held on 15 November.
6. During the night of 15/16 November, Mr Saunders made a superficial cut to his tongue, and spat blood around his cell.
7. On 16 November, staff held another ACCT review. Mr Saunders said he had cut his tongue because he was bored. Staff did not judge him to be at a raised level of risk. That afternoon, the prison's Director told Mr Saunders that if his behaviour was appropriate over the weekend, he would be moved to a standard wing on 20 November.
8. On the afternoon of 17 November, nurses dressed an old burn on Mr Saunders' leg. He interacted appropriately with them and gave them no cause for concern. Shortly afterwards, staff let him out of his cell to use the shower. He was locked in the shower cell.
9. Fifty-three minutes later, a prison officer looked through the shower cell observation panel and saw Mr Saunders hanging from a ligature. He called an emergency medical code, opened the door and went into the cell. He and a colleague cut Mr Saunders down and attempted to revive him. They were soon joined by nurses, who provided first aid until ambulance paramedics arrived and transferred Mr Saunders to hospital.

10. Mr Saunders died in hospital during the early hours of 18 November.

## Findings

### Segregation

11. Mr Saunders' combination of self-harm and unpredictable, destructive behaviour made him extremely challenging to manage. We are satisfied that in these circumstances it was appropriate to have located him in the segregation unit at Lowdham Grange even though he was being managed under an ACCT.
12. However, the alternative locations considered, and the reasons why they were not suitable, should have been recorded (as set out in Prison Service Instruction (PSI) 64/2011).

### Assessment of risk

13. Staff at Lowdham Grange prepared well for Mr Saunders' arrival, and a senior manager was allocated as his case manager. It is clear that Lowdham Grange took its responsibility to safeguard Mr Saunders seriously and we have identified several examples of good practice.
14. However, we are concerned that staff focussed too much on Mr Saunders' presentation and did not give sufficient weight to his known risk of recent self-harm. We consider that it was premature to reduce the level of his observations after only two days at Lowdham Grange, and that observations should have been increased after he self-harmed and behaved strangely on the night of 15/16 November.
15. The records do not show that Mr Saunders was observed as often as he should have been. Although the prison told us that observations took place more frequently but were not recorded, in the absence of records or CCTV, we have to assume the observations did not take place.
16. The CCTV footage should have been retained and made available to the PPO.
17. Mr Saunders was left in the shower for 53 minutes without being observed. Although this was just in line with the required level of observations, we consider that this was an excessive length of time to leave a prisoner on an ACCT alone in a shower and showed poor judgement.

### Healthcare

18. The clinical reviewer is satisfied that the mental and physical healthcare Mr Saunders received was at least equivalent to that which he could have expected in the community.
19. We are concerned, however, that the focus on the fact that Mr Saunders was not mentally ill, may have obscured the fact that he was diagnosed with a personality disorder associated with heightened levels of suicide and self-harm.

## Substance misuse

20. Although he had been a prolific user of drugs in the past, there is no evidence that Mr Saunders used any illicit substances at Lowdham Grange, or that drugs played any part in his death.

## Recommendations

- The Director should ensure that when managers authorise segregation of a prisoner under ACCT management, they explain what alternative locations have been considered.
- The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, in particular that:
  - evidence of risk should be fully considered and balanced against how the prisoner presents himself;
  - staff should adhere to the frequency of observations set out in the ACCT document and record details of the observations and meaningful conversations in the ongoing record.
- The Director should ensure that prisoners who are subject to ACCT management in segregation conditions should be monitored more regularly when alone for lengthy periods in the shower environment.

## The Investigation Process

21. The investigator issued notices to staff and prisoners at HMP Lowdham Grange informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
22. He visited Lowdham Grange on 4 December 2018. He obtained copies of relevant extracts from Mr Saunders' prison and medical records.
23. He interviewed eight members of staff at Lowdham Grange.
24. NHS England commissioned an independent clinical reviewer to review Mr Saunders' clinical care at the prison. She joined the investigator for the interviews of staff.
25. We informed HM Coroner for Nottinghamshire and Nottingham City of the investigation. She gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
26. The investigator wrote to Mr Saunders' next of kin to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. The investigator subsequently spoke to her on the telephone. We have sent her a copy of this report.

# Background Information

## HMP Lowdham Grange

27. HMP Lowdham Grange is a medium security prison, managed by Serco, which holds a maximum of 920 men. There are five house blocks, each typically holding 120-130 men. Lowdham Grange holds long-term prisoners, many of whom are serving life sentences or indeterminate sentences. Nottinghamshire Healthcare NHS Foundation Trust provides general healthcare, which includes 24-hour nursing cover.

## HM Inspectorate of Prisons

28. The most recent inspection of HMP Lowdham Grange was conducted in August 2018. The report was “reasonably positive” but inspectors reported that self-harm had increased since their last inspection. Inspectors found that the use of segregation was high, some staff-prisoner interactions were only functional and paperwork lacked attention to detail. Forty-one prisoners had been segregated while on ACCTs, but documentation did not indicate exceptional reasons for this or consideration of alternatives. In many cases additional safeguards had not been put in place to manage the risks of segregating prisoners on ACCTs.
29. The regime in the segregation unit was minimal. Segregated men could spend around an hour and a half out of their cell each day. Prisoners could not attend activities off the unit and could only shower every other day. Telephones were being installed in segregation unit cells during the inspection. Overall governance of segregation was not sufficiently robust and reintegration planning was limited.

## Independent Monitoring Board

30. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to January 2018, the IMB reported low staffing levels, something which the management team was addressing. The Board were also concerned at the number of prisoners with mental health issues who were kept in segregation for extended periods because no more suitable placement could be found. They also asked the Director to review the decision-making process involved in Segregation Reviews to ensure that the views of prisoners were appropriately considered.

## Previous deaths at HMP Lowdham Grange

31. Mr Saunders was the eighth prisoner to die at Lowdham Grange since January 2016. The circumstances of the deaths of these other prisoners were not comparable to that of Mr Saunders.

## Assessment, Care in Custody and Teamwork (ACCT)

32. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner.

33. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be irregular to prevent the prisoner anticipating when they will occur. There should be regular multi-disciplinary review meetings involving the prisoner. As part of the process, a caremap (a plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions on the caremap have been completed.
34. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison. Guidance on ACCT procedures is set out in PSI 64/2011, *Management of prisoners at risk of harm to self, to others and from others (Safer Custody)*.

### **Psychoactive Substances (PS)**

35. Psychoactive substances, previously known as 'legal highs', are an increasing 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.
36. In July 2015, we published a Learning Lessons Bulletin about the use of PS 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.
37. HMPPS now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements. Testing has begun, and HMPPS continue to analyse data about drug use in prison to ensure new versions of PS are included in the testing process.

### **Challenge, Support and Intervention Planning (CSIP)**

38. Challenge, Support and Intervention Planning (CSIP) is a new policy model in HMPPS which includes assessments and actions designed to address factors contributing to violence.

### **Segregation**

39. Segregation units are used to keep prisoners apart from other prisoners. This can be because they feel vulnerable or under threat from other prisoners or if they behave in a way that prison staff think would put people in danger or cause problems for the rest of the prison. They also hold prisoners serving punishments of cellular confinement after disciplinary hearings. Segregation is authorised by an operational manager at the prison who must be satisfied that

the prisoner is fit for segregation after an assessment by a member of healthcare staff. Segregation unit regimes are usually restricted and prisoners are permitted to leave their cells only to collect meals, wash, make phone calls and have a daily period in the open air.

40. Prison Service Order (PSO) 1700, *Segregation*, sets out the rules governing segregation. In addition, PSI 64/2011 sets out the policy on the use of segregation for prisoners at risk of suicide and self-harm, and says:

“Prisoners on open ACCT plans must only be located or retained in Segregation Units only in exceptional circumstances. The reasons must be clearly documented in the ACCT Plan and include other options that were considered but discounted.”

41. The segregation unit at Lowdham Grange is called the Reintegration Unit (RIU).

## Key Events

42. Mr Nigel Saunders had been imprisoned since May 2016. When he arrived in prison he was being treated for depression. His records showed that he had had a turbulent time during his sentence, although there were periods of relative calm, including a spell when he was in the same prison as his father.
43. In May 2016, he reported delusions and cut himself several times. He continued to harm himself to various degrees throughout his imprisonment. In July, a prison psychiatrist diagnosed a drug-induced psychosis. In March 2017, he set fire to a section of HMP Guys Marsh, destroying the roof and making a whole unit uninhabitable. For this he received an additional seven years' imprisonment on top of his original sentence.
44. Mr Saunders had a history of substance misuse, including using psychoactive substances, and had incurred drug-related debts. In March 2017 the prison psychiatrist diagnosed him as having an emotionally unstable personality disorder with antisocial traits. In September 2017, he took a hostage to try to force a transfer to another prison.
45. Mr Saunders had been managed under Prison Service procedures to support those at risk of self-harm (known as ACCT) on a number of occasions. He was under ACCT management seven times in 2017 alone.

### HMP Exeter

46. On 23 September 2018, Mr Saunders flooded his cell and half of the landing. He was taken to the segregation unit where he self-harmed a number of times. ACCT procedures were opened. Mr Saunders said that he was detoxifying after using psychoactive substances and was bored in segregation.
47. On 30 September, he set his cell on fire, sustaining burns to his legs and hands serious enough to require hospital treatment. He also cut off part of his ear lobe. He harmed himself further on 2 October and again on 3 October, including causing cuts to his eyebrow and swallowing pieces of metal, again requiring hospital treatment. Mr Saunders said in an ACCT review that he was trying to manipulate a move back to a standard prison wing. He was moved back to a standard wing on 4 October, and the following day ACCT procedures were ended, although Mr Saunders had opened the wounds in his arm the previous night and claimed to have swallowed a pen.
48. Mr Saunders said that there was a direct correlation between his behaviour and his use of PS. He said that he was aware of the effect of drug use on him and on his mental health.
49. Exeter had been managing Mr Saunders under Challenge, Support and Intervention Planning (CSIP) procedures, but this was ended on 11 October. Mr Saunders demonstrated insight into his behaviour, which had improved, and was keen for CSIP procedures to be closed. This was agreed, with the proviso that they would be revisited if there were any further instances of drug use.

50. On the evening of 22 October, Mr Saunders forced his way onto the roof of the visits hall. He remained there for some time, throwing roof tiles into the staff car park and damaging several cars. When he came down he was taken to the segregation unit, and the incident was referred to the police.
51. On 24 October, he flooded his cell and smashed the cell door's observation panel, using the broken glass to cut his arms. ACCT procedures were opened.
52. On 26 October, he was found with a ligature made of ripped sheets around his neck but was not seriously injured. The following day he cut himself again. On 28 October, Mr Saunders smashed his light fitting, removed the electronic cell call bell system from the wall, made superficial cuts to his arm, and said that he had swallowed the screws he had dislodged. When asked why he had done this, he said that he was bored and wanted to disrupt staff.
53. He was assessed by the mental health team but was not judged to need mental health support. At an ACCT review on 29 October staff agreed that he could have access to library books, plus a radio if he could behave for three days. Distraction and activity packs were also provided.
54. On 4 November, Mr Saunders damaged the pipework in his cell, which caused extensive flooding on the landing. When asked, he said he did it because he was bored. On 7 November, he caused significant damage to his cell, and made cuts to his forearms and neck. He again gave boredom as the reason for his behaviour. Later that day, he made further superficial cuts to his chest. At his last ACCT review in Exeter on 9 November his level of observation was set at twice an hour.

### **HMP Lowdham Grange**

55. On 5 November, the Long-Term and High Security Estate team contacted the Director of Lowdham Grange and asked him whether he would accept Mr Saunders on transfer. He investigated Mr Saunders' background and agreed to the transfer. He then informed relevant staff at Lowdham Grange so they could prepare for Mr Saunders' arrival.
56. One of the prison's senior managers was allocated as Mr Saunders' case manager in advance of the transfer. He was aware that Mr Saunders was being managed under ACCT procedures and was also in segregation. He used HMPPS' safety diagnostic tool to help plan for Mr Saunders' care. (This is an electronic application that sorts and analyses live data, providing an overview of prisoner's behaviour to inform decisions about their management.)
57. He ensured that relevant agencies in the prison (including the residential safety team, the mental health team and reception staff) were aware that Mr Saunders was to arrive and would need support and assessment. He discussed Mr Saunders' care with Mr Saunders' offender supervisor, a manager from the Safer Prisons team, and a Custodial Operations Manager (COM), the Reintegration Unit (RIU) manager. They considered that Mr Saunders might benefit from the Challenge, Support and Intervention Planning (CSIP) programme in supporting him in moving onto a standard location after a period of assessment in the RIU. Being on the CSIP caseload would automatically mean that support from other

agencies such as the mental health team and the substance misuse team could be fast-tracked if necessary.

58. Mr Saunders transferred to Lowdham Grange on Monday 12 November. An officer escorted Mr Saunders from the transport van into the RIU. The officer said in interview that Mr Saunders did not object to going to the unit, nor did he say that he had been expecting to go to a standard wing.
59. On arrival in the RIU, Mr Saunders behaved appropriately. He said politely that he had been told that he would be having a fresh start in his new prison and would not be housed in segregation. RIU staff contacted the prison director who, in turn, contacted HMP Exeter. The Deputy Governor at Exeter confirmed that Mr Saunders had not been told that he would be out of segregation after transfer. He added, however, that Mr Saunders had not been explicitly informed that he would be in segregation either, as it was believed that if he had been, he might have refused to go. A COM explained to Mr Saunders that he would be in the RIU for a period of assessment, and that his move to a standard location would be dependent on his behaviour. Mr Saunders seemed to accept this.
60. Healthcare staff were unable to process Mr Saunders' reception on the electronic medical records system as the system still had Mr Saunders' records at Exeter open. A nurse contacted the mental health team at Exeter, who told her that Mr Saunders was not under the care of the mental health team as there were no clinical indications that this was necessary. Using PS had an effect on his behaviour, of which he was aware. Mr Saunders did self-harm, but rather than as an attempt to end his life, he did so to challenge what he felt was mistreatment by the system or, sometimes, due to his difficulty in coping with segregation.
61. Under his ACCT management, staff at Exeter had been making at least two checks on Mr Saunders per hour, and the nurse and the COM agreed that this would continue until his next review. The nurse referred him to the Substance Misuse Team. The COM told Mr Saunders that she would help him contact his family.
62. A senior manager authorised Mr Saunders' segregation. A nurse assessed Mr Saunders and noted that he was able to cope with segregation.
63. On the morning of 13 November, an officer held an ACCT assessment interview with Mr Saunders. Mr Saunders was calm but said that he had been lied to as he was told he would be housed on a standard wing after transfer. He said he was in debt at Exeter and struggled with boredom and that was why he self-harmed. He said that despite his self-harming, he did not want to end his life, and had no thoughts of harming himself at that time. He said he had good support from his family, and would speak to the visits liaison officer. The officer said that he would arrange for a distraction pack for Mr Saunders.
64. A senior manager noted on the ACCT document that he had reviewed Mr Saunders' risks, and because of the recent history of causing damage to himself and to property, he would remain in the RIU for a period of observation.

65. Two nurses completed Mr Saunders' reception health screening. A nurse said in interview that he was aware of Mr Saunders' history but that during the consultation he was calm and relaxed. He said that he had no thoughts of self-harm at that time. They assessed Mr Saunders and noted on his medical record that he was medically fit for segregation.
66. An officer introduced himself to Mr Saunders. He explained that he would be Mr Saunders' keyworker (his first port of call for any queries or issues, and to help him meet any targets set for him to progress). He said in interview that Mr Saunders was polite and engaged well. He told the officer that he did not need to see anyone and there was nothing he needed at that point. The officer said that he would see him every two weeks, but if Mr Saunders needed anything in the meantime then he should let him know. He said Mr Saunders did not raise any issues about being segregated.
67. On 13 November, an offender supervisor contacted Mr Saunders' offender supervisor in Exeter, for further background on Mr Saunders. He said that it was difficult to explain Mr Saunders' behaviour. Staff had taken many different approaches and tried to offer a variety of purposeful activity to him to counteract his tendency to self-harm when bored, but he never appeared motivated to engage. He reiterated the links between Mr Saunders' substance misuse and his behaviour.
68. Following his telephone call with the offender supervisor at Exeter, he sent an email to a COM, a prison manager, and an officer from the Safer Prisons team (who would be co-managing Mr Saunders' CSIP arrangements with the offender supervisor) recording his conversation with the offender supervisor in Exeter. The prison manager asked the offender supervisor to ensure that the CSIP referral had been made, and that it was noted on Mr Saunders' record.
69. A member of staff from the chaplaincy saw Mr Saunders. He talked to her about making a fresh start at Lowdham Grange and said he was looking forward to moving to a standard wing. He asked her for a Roman Catholic Bible, which she provided. She noted on his record that Mr Saunders was calm and positive, and raised no concerns.
70. Also on 13 November, a COM and an officer held an ACCT review with Mr Saunders. Mr Saunders had completed his reception process and was now able to contact his family. The officer arranged for the visits liaison officer to make an appointment to see Mr Saunders. The doctor had confirmed his medication prescriptions. Mr Saunders said that he had a burn on his leg from his time in Exeter that needed attention, and the officers said they would this pass on to healthcare. The level of observations was left unchanged at two an hour.
71. On the morning of 14 November, a prison manager convened an ACCT review with Mr Saunders and representatives of all the agencies who would be involved in his care. Attendees were three officers from the residential safety team, an officer from the substance misuse team, a nurse, clinical matron for the mental health team, a nurse from the mental health team, a member of staff from the public protection team, an officer from the Reintegration Unit, and the offender supervisor.

72. A prison manager confirmed with Mr Saunders that he was content for so many people to be present. They each introduced themselves and explained how they would be involved in his care, so he knew who to approach for support. Mr Saunders appeared relaxed and engaged well with the meeting. He explained that Mr Saunders would be in the RIU for a period of assessment before staff could judge whether he should be transferred to a standard wing. He said that they were considering K wing, which was a drug-free wing for prisoners who wanted to avoid the temptation of misusing drugs. Mr Saunders said that he did not want to be segregated but understood the purpose of doing so. He said that he had no thoughts of self-harm, and that he would work with the agencies which would be able to help him progress, including the substance misuse team and his offender supervisor.
73. A nurse said in interview that Mr Saunders seemed calm and stable, and did not voice or cause any concerns that he was at risk of harming himself. He did not display any signs of mental illness. The prison manager said that after a further period of assessment, further consideration would be given at the next meeting, to be held on Friday 16 November, as to whether Mr Saunders could move to a standard wing. The meeting agreed to reduce the level of observations on Mr Saunders to a minimum of one per hour. He noted on the ACCT document that he had considered Mr Saunders' continued segregation, that this had been discussed in the review, and that plans were being developed.
74. A COM held a review of Mr Saunders' segregation status. A member of staff from the Safer Custody Team and a nurse attended, along with Mr Saunders. The COM recorded that there had been no issues with Mr Saunders' behaviour up to that point and his ACCT status had been reviewed by the large multidisciplinary meeting. He was receiving a full segregation regime if he wanted to engage with it, and had been issued with a radio and a flask of hot water. He had a telephone in his cell. He was in segregation for a period of assessment due to the significant damage he had caused at his previous prison.
75. Over the night of 14/15 November, there was a death in the prison. On 15 November, a COM held an interim ACCT review with Mr Saunders to ensure that he had not been adversely affected. Mr Saunders did not raise any concerns, and the COM offered support if Mr Saunders felt he needed it. Mr Saunders' medical record shows that he was seen by a doctor to ensure that he was not being affected by ongoing segregation. Mr Saunders did not raise any issues or concerns and the doctor noted that he could continue to be segregated.
76. The offender supervisor completed Mr Saunders' CSIP referral. The initial targets set were for staff to engage with him, to involve him in the CSIP process, and to help him control his behaviour for a period of assessment in the RIU so he could progress to a standard wing.
77. During the night of 15/16 November, Mr Saunders made a cut to his tongue and spat blood around his cell. He also asked for the Samaritans' telephone number but then stopped engaging with staff. His injuries were not serious and he declined any treatment from healthcare staff.
78. On the morning of Friday 16 November, a prison manager held an ACCT review with a COM and Mr Saunders. Mr Saunders said that he had harmed himself

because he was bored. He said in interview that Mr Saunders seemed well and not depressed, and he (the prison manager) was content that, despite the superficial act of self-harm during the night, he did not need to raise the level of observations on Mr Saunders. He said that there was nothing in the way that Mr Saunders presented that made him concerned that he was an imminent risk to himself.

79. He told Mr Saunders that plans about his future management, including a move to a standard wing, were still under discussion and that he would keep him informed. He noted on the ACCT document that he had considered Mr Saunders' ongoing segregation, and concluded that it was still necessary for a period of assessment. Mr Saunders had been given a distraction pack and a radio and had use of the telephone in his cell. His spitting blood around his cell the previous night indicated that he was not ready to go to a standard wing at that time.
80. That afternoon, staff moved Mr Saunders to another cell so that the blood in his own cell could be cleaned up. In the cell he had vacated, Mr Saunders had scribbled graffiti on the walls saying: "Murder, not suicide", "Lies" and "Cover up". The graffiti was in the toilet area of the cell and was not visible from the door. As Mr Saunders had spat blood around the cell, it had been sealed off so that it could be bio-cleaned. This had not been done by the time he died so no one was aware of the graffiti.
81. That afternoon, the prison's Director visited the RIU. He and a prison manager spoke to Mr Saunders. He told Mr Saunders that if his behaviour was appropriate over the weekend, they were planning to move him to a standard wing the following Tuesday, 20 November. Mr Saunders did not raise any specific issues or concerns.

#### *Saturday 17 November*

82. On 17 November, a senior manager recorded on Mr Saunders' ACCT document that there had been no change in his circumstances and that segregation remained appropriate.
83. CCTV shows that staff let Mr Saunders out of his cell at 2.21pm to use the ATM kiosk to see if any money had registered on his account as he expected. It had not, and Mr Saunders asked an officer when the money would register. The officer told him that it would clear at midnight. Mr Saunders returned to his cell.
84. At 2.52pm, two officers and two nurses went into Mr Saunders' cell so the nurses could change the dressing on the burn on Mr Saunders' leg. In interview, both nurses said that Mr Saunders was calm, polite, engaged with them and gave no cause for them to be concerned. They left at 3.01pm and the officers locked the cell door.
85. At 3.06pm, an officer unlocked Mr Saunders' cell so he could use the shower. Mr Saunders came out, the officer gave him a brief rub-down search, then Mr Saunders went into the shower cell, which was next door to his own cell. The officer locked the shower cell door. Shortly after this, an officer escorted the duty chaplain around the RIU. As Mr Saunders was undressed, the duty chaplain did

not enter the cell but called to him through the observation panel. Mr Saunders replied that he was fine. At 3.08pm, an officer opened the door of the shower cell and gave Mr Saunders some soap. He then closed the door and locked it again.

86. At 4.01pm, two officers walked along the unit corridor. An officer opened a cell and let a prisoner out. Meanwhile, the other officer looked into the shower cell. He saw Mr Saunders hanging by a ligature made from a torn bedsheet attached to the window. He told the other officer to return the other prisoner to his cell, then spoke on his radio to call a code blue emergency. (This means a prisoner is not breathing or is having difficulty, breathing.) The Control Room incident log showed that the call was made at 4.01pm, and that an ambulance was immediately requested.
87. Both officers unlocked and entered the shower cell. They cut the ligature and began to perform cardiopulmonary resuscitation (CPR) on Mr Saunders. Two other officers arrived at the shower cell and an officer then left to get a defibrillator.
88. At 4.03pm, a nurse arrived. He was carrying the emergency bag, and entered the cell, followed by another nurse. Mr Saunders was not breathing and they could not detect a pulse. They attached a defibrillator (a machine that detects a heartbeat and, if necessary, delivers an electric shock to restart the heart) but it advised them to continue with CPR. They did so until paramedics arrived and took over.
89. Paramedics arrived at the prison at 4.14pm and were at the cell at 4.17pm. The Control Room log showed that at 4.28pm paramedics had detected a heartbeat and at 4.54pm the ambulance left the prison to transfer Mr Saunders to hospital.
90. Mr Saunders remained in hospital on life support until the machines were switched off in the early hours of 18 November. He was pronounced dead at 4.30am.

### **Post-mortem report**

91. Post-mortem examinations showed that Mr Saunders died as a result of hanging. No traces of illicit drugs were found in his system.

### **Contact with Mr Saunders' family**

92. When Mr Saunders was found hanging, Lowdham Grange identified his next of kin. Because of the distance between the prison and her home, staff contacted HMP Ashfield, a prison local to her, and a family liaison officer from that prison visited her at her home and told her what had happened. They then drove her to the hospital, where she and her partner were able to spend some time with Mr Saunders before his life support machine was switched off.
93. In line with guidance, Lowdham Grange offered a contribution to the costs of Mr Saunders' funeral.

## Support for prisoners and staff

94. After Mr Saunders was taken to hospital, a prison manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
95. The prison posted notices informing other prisoners of Mr Saunders' 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 Saunders' death. All prisoners in the RIU were given £5 telephone credit in case they needed to use the telephone for support. We regard this as good practice.

## Findings

96. Mr Saunders was an extremely challenging prisoner to manage. During six weeks at Exeter before he transferred to Lowdham Grange, he had flooded his cell twice, set fire to his cell, climbed onto a roof and damaged cars by throwing roof tiles down, smashed his observation panel, smashed light fittings and removed the electronic cell bell from the wall, damaged pipework leading to extensive flooding on the landing, and caused significant damage to his cell in eight separate incidents.
97. During the same period, he had self-harmed numerous times, including cutting his arms and eyebrow, cutting off part of his ear lobe, ligaturing and swallowing screws and other items, and had required hospital treatment for burns caused when he set fire to his cell and again after swallowing pieces of metal. His self-harming was largely related to his inability to cope and was not life-threatening, apart from the ligaturing incident.

## Segregation

98. Mr Saunders had spent all but two of the six weeks at Exeter in segregation, and for part of this time he had also been on an ACCT. He was on an ACCT when he transferred to Lowdham Grange, and he was immediately located in the RIU, where he remained for another five days.
99. Segregation is an extreme and isolating form of custody used for prisoners who have misbehaved or who cannot be kept safely in normal prison accommodation. It inherently reduces protective factors against suicide and self-harm, such as activity and interaction with others, and for this reason should only be used in exceptional circumstances for those known to be at risk of taking their own life.
100. We recognise that some vulnerable prisoners may also be very challenging. This can leave prison staff with some very difficult decisions about where prisoners managed under ACCT procedures should be held, in order to minimise the risk of harm to themselves – and others. As a result, there will sometimes be exceptional circumstances to justify holding prisoners at risk of suicide or self-harm in segregation units. However, this should only happen when all other options have been considered and exhausted.
101. Mr Saunders had a history of self-harming in segregation, saying that he did so because he was bored. He had been segregated continuously for 27 days before he hanged himself and there was clearly a risk attached to continuing to segregate such a prolific self-harmer.
102. Mr Saunders' combination of frequent self-harm and unpredictable, destructive behaviour made him extremely challenging to manage. We are satisfied that in these circumstances it was appropriate to have located him in the segregation unit at Lowdham Grange even though he was being managed under an ACCT.
103. However, although managers at Lowdham Grange noted on his ACCT document that they had considered alternative locations to segregation, they did not specify which ones, or why they were unsuitable. We, therefore, we make the following recommendation:

**The Director should ensure that when managers authorise segregation of a prisoner under ACCT management, they record what alternative locations have been considered.**

### Assessment of risk

104. Given his history, staff at Lowdham Grange were well aware that Mr Saunders was at significant risk of harming himself, particularly in segregation. They prepared in advance for his arrival. They familiarised themselves with his background, and contacted their counterparts at Exeter for further information. A senior manager was allocated as Mr Saunders' case manager. This was all good practice.
105. Mr Saunders arrived at Lowdham Grange under ACCT management. The RIU manager held an ACCT review on Mr Saunders' first morning in the prison. The next day, a senior manager convened a large multidisciplinary ACCT review, including representatives of all the agencies that would be supporting Mr Saunders. Altogether in the six days he was in the RIU, Mr Saunders had four ACCT reviews. This was also good practice.
106. None of the staff who had dealings with Mr Saunders At Lowdham Grange had concerns that he was at risk. However, we consider that staff appear to have placed too much emphasis on Mr Saunders' presentation – his generally calm demeanour, his assertions that he had no thoughts of suicide, his apparent willingness to engage and look to the future, and the fact that he did not appear to be depressed – and insufficient weight on his recent history of prolific self-harm and extremely unpredictable behaviour. Staff cannot assume that prisoners will necessarily share how they are really feeling, whatever they may say, and a prisoner's presentation must therefore be balanced against known risk factors when assessing risk. This is the case for all prisoners on an ACCT, but particularly so for new prisoners who are not well known to staff and where it is particularly difficult to assess whether the prisoner's presentation is an indication of risk or not.
107. Mr Saunders was on two observations an hour when he arrived at Lowdham Grange, but this was reduced to one an hour after two days. We consider that this reduction was premature as staff were still getting to know him.
108. We also consider that his level of observations should have been increased after he cut his tongue and spat blood around his cell, asked for the Samaritans' telephone number and stopped engaging with staff on the night of 15/16 November. Although Mr Saunders may have appeared calm at his ACCT review the following day, and although his self-harm had been superficial, staff should have considered that his behaviour overnight suggested that he was suffering at least a degree of distress.
109. The graffiti Mr Saunders scrawled in his cell on the night of 15/16 November also suggests that his apparently calm demeanour was deceptive. It is very unfortunate that staff were unaware of the graffiti as it seems likely that his risk would have been assessed as raised if they had known.

110. Two nurses who dressed Mr Saunders' burns an hour before he hanged himself had no concerns about him. However, we note that Mr Saunders hanged himself in the shower using a torn strip of bed sheet as a ligature which he took into the shower with him. This suggests that his action was premeditated and again illustrates how important it is to consider a prisoner's risk factors and not just his demeanour when assessing risk.
111. We recognise that staff wanted to move Mr Saunders out of segregation and onto a standard wing as soon as possible. While this should normally be the aim, the successful reintegration of a prisoner with problems as complex as Mr Saunders' may take time. There is a sense that staff may have been too focussed on getting Mr Saunders out of the RIU as quickly as possible and it may be that this influenced them to underestimate negative signs.
112. Section 13 of PSO 1700 says that consideration should be given to implementing a phased return to normal location for prisoners who have spent a long period of time in segregation. It suggests that return to normal location may be phased over a maximum of seven days and that in this time, the prisoner will be located in the segregation unit but will spend time doing activities with prisoners on the wing he will be moving to (for example, education, work, exercise, evening association or going to the gym). This could have been considered for Mr Saunders and incorporated into his caremap.

#### *ACCT record keeping*

113. We are concerned that the ACCT paperwork does not record that observations were carried out as frequently as they should have been:
- On the night of 12 November, when Mr Saunders should have been observed twice an hour, only one observation was recorded between 7.00pm and 6.00am.
  - On 13 November, when Mr Saunders should again have been observed twice an hour, only eight observations were recorded between 6.00am and 6.00pm and only one overnight.
  - On 14 November, when observations were reduced to one an hour, records were not made as frequently as they should have been. This pattern is repeated overnight and throughout 15 November.
  - On the night of 15/16 November, there are entries about Mr Saunders' cutting his tongue, but then only one entry for the rest of the night.
  - On 16 November, records were not made every hour and, again, there is only one entry recording an observation during the night.
  - On 17 November, only two entries were made during the day before Mr Saunders' was found hanging at about 4.00pm.
114. Lowdham Grange told us that their analysis of the CCTV footage showed that Mr Saunders was checked regularly, even though observations were not always recorded. However, the PSI says that conversations and observations "must be recorded immediately". ACCT observations are intended to ensure the wellbeing

of prisoners and offer them support as needed and it is important that staff properly document the checks they make on prisoners who are under ACCT management. In the absence of written records or CCTV, we have to assume that staff did not conduct observations as they should have done.

115. We are also concerned that the prison did not provide the PPO with the CCTV footage of the days before Mr Saunders was found hanging. This footage clearly existed after Mr Saunders' death as prison staff were able to view it as part of their internal investigation. It would have provided crucial evidence about the events leading up to Mr Saunders' death and although it was not requested in the early stages of the investigation, the decision not to retain the footage was unfortunate.

116. We make the following recommendation:

**The Director should ensure that staff manage prisoners at risk of suicide and self-harm in line with national guidelines, in particular that:**

- **evidence of risk should be fully considered and balanced against how the prisoner presents himself;**
- **staff should adhere to the frequency of observations set out in the ACCT document and record details of the observations and meaningful conversations in the ongoing record.**

*Failure to observe during the shower*

117. Mr Saunders was searched before he went into the shower and the strip of cloth he used to hang himself was not found. However, it is not difficult to hide a strip of cloth, and it is not unreasonable that the officer who did the search did not detect it.

118. When Mr Saunders went into the shower, an officer gave him some soap and locked the cell door. Mr Saunders then remained in the shower cell alone until an officer looked in on him 53 minutes later. Although this was just within the required level of observations (one an hour), we consider that 53 minutes was an excessive amount of time to have left a prisoner on an ACCT alone in a shower, and that doing so showed poor judgement by staff. We make the following recommendation:

**The Director should ensure that prisoners who are subject to ACCT management in segregation conditions should be monitored more regularly when alone for lengthy periods in the shower environment.**

## **Healthcare**

119. Mr Saunders had engaged with mental health services in previous prisons and had been prescribed medication for depression as well as anti-psychotic medication, although his compliance with medication was, at times, poor. He had been diagnosed as having an emotionally unstable personality disorder with antisocial traits.

120. When Mr Saunders arrived at Lowdham Grange, his reception health screening was delayed because his electronic record was still open at Exeter. This did not

affect his care as staff rectified the issue overnight and he had his full screening the next day. Mr Saunders asked to see the mental health team, and the referral was made.

121. The clinical reviewer concluded that while Mr Saunders had had multiple assessments from mental health nurses and saw a psychiatrist in three different prisons, he had never been given a diagnosis of mental illness. She said that nothing in his presentation on arrival at Lowdham Grange suggested that he was mentally ill or suicidal.
122. The clinical reviewer concluded that throughout his time in prison, Mr Saunders received mental and physical healthcare, including the emergency response on 17 November, that was at least equivalent to that which he could have expected in the community. She made a recommendation about record-keeping, which the Head of Healthcare will wish to address.
123. While we recognise that Mr Saunders did not have a mental illness, he had been diagnosed with a personality disorder. The apparently exclusive focus on mental illness may have obscured the extent to which personality disorders may be associated with heightened levels of suicide.

#### **Substance misuse**

124. Mr Saunders had a history of substance misuse, and was found to be intoxicated by psychoactive substances on numerous occasions at Exeter. Much of his poor behaviour at Exeter related to his use of psychoactive substances.
125. Mr Saunders went directly into the RIU when he arrived in Lowdham Grange. He did not have contact with other prisoners and there is nothing to suggest that he obtained any drugs in the short time he was at Lowdham Grange. No signs of drug use were found in his cell, and post-mortem tests did not show evidence of any drugs in his system at the time of his death.

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations