Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Benjamaine Campbell, a prisoner at HMP Bristol, on 9 September 2020

A report by the Prisons and Probation Ombudsman

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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

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 Benjamaine Campbell died on 9 September 2020, having been found unresponsive in his cell at HMP Bristol. Mr Campbell was 26 years old. The post-mortem found that his death was due to a lower respiratory tract infection caused by inhaling vomit as a result of heroin and methadone use. I offer my condolences to Mr Campbell's family and friends.

Mr Campbell had a history of heroin misuse. Although he repeatedly used illicit drugs during his five months at Bristol, there is no evidence that he used heroin until the night of his death. It seems likely that his tolerance for heroin had diminished as a result of abstinence.

Mr Campbell repeatedly claimed he was at risk from other prisoners due to drug debts and there was intelligence that he was involved in trading drugs in the prison. I am satisfied that staff ensured his safety by segregating him for his own protection, but I am concerned that no other action was taken to manage his risk.

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

May 2021

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Summary

Events

1. On 1 April 2020, Mr Benjamaine Campbell was remanded to HMP Bristol. He had a history of substance misuse in the community (including daily use of heroin) and was put onto a detoxification programme with a gradually decreasing dose of methadone. He also had a history of bullying other prisoners and of drug debts, so he was referred to the Challenge, Support and Intervention Plan (CSIP) process.

2. On 29 April, Mr Campbell was sentenced to two years and four months imprisonment.

3. Although Mr Campbell successfully reduced his prescribed dose of methadone during his five months at Bristol, he was repeatedly found under the influence of illicit substances. He was referred to the substance misuse team but refused to engage with them.

4. At the end of May, Mr Campbell told staff that he was at risk from other prisoners because of drug debts and wanted to move to another prison. He was initially placed in the Vulnerable Prisoners' Unit (VPU) but, when intelligence suggested he was bullying other prisoners in the unit, he was moved to the segregation unit, where he remained until 7 September. Staff arranged for Mr Campbell to transfer to HMP Parc where it was thought he would be safer, and his move was set for 9 September.

5. On 7 September, Mr Campbell moved from the segregation unit to the prison's detoxification unit. During telephone calls on the afternoon and evening of 8 September, he said he had drunk alcohol. Other prisoners said they heard him laughing about having fallen out of bed after they were locked in their cells for the night.

6. When prison officers unlocked Mr Campbell's cell on the morning of 9 September, he was found unresponsive. Staff, including nursing staff, tried to revive him and an ambulance was called. At 9.44am, ambulance paramedics said that Mr Campbell had died.

Findings

7. We are satisfied that there is no evidence that Mr Campbell's death was due to anything other than a heroin overdose.

8. Although Mr Campbell used other illicit drugs during his five months at Bristol, there is nothing to suggest that Mr Campbell had used heroin. We note that tolerance to heroin can diminish very quickly after even a few days' abstinence, so increasing the risk of an overdose.

9. We are concerned that Mr Campbell was able to access drugs with apparent ease at Bristol.

10. We are also concerned that prison staff did not always inform healthcare staff when Mr Campbell was suspected of having used illicit drugs (although this played no part in his death).

11. We are satisfied that prison staff took Mr Campbell's fears for his safety seriously and took appropriate steps to protect him by placing him first in the VPU and then in the segregation unit. We are also satisfied that they took appropriate steps to arrange a transfer to another prison.

12. The prison has not been able to explain why Mr Campbell was moved out of the segregation unit to the detoxification unit two days before he was due to transfer, but we have found no evidence that staff were playing 'mind games' with Mr Campbell or that they deliberately 'set him up' as his family have suggested.

13. Mr Campbell was referred for CSIP and Behavioural Support Monitoring (BSM) on several occasions to manage his risk from other prisoners and his reported involvement in drug trading in prison. However, there is no evidence that staff used either process to manage Mr Campbell's risks beyond the initial referrals.

14. The clinical reviewer considered that Mr Campbell's healthcare was equivalent to that which he could have expected to receive in the community.

Recommendations

- The Governor should ensure that the prison's local drug strategy is fully implemented.

- The Governor should ensure that all incidents of illicit drug use are reported to the healthcare department.

- The Governor should ensure that staff understand and use CSIP to identify and manage prisoners involved in, and at risk of, violence and bullying.

The Investigation Process

15. The investigator issued notices to staff and prisoners at HMP Bristol informing them of the investigation and asking anyone with relevant information to contact him.

16. The investigator obtained copies of relevant extracts from Mr Campbell's prison and medical records. Bristol provided recordings of Mr Campbell's telephone calls. Unfortunately, during the COVID-19 lockdown, the investigator did not have access to equipment to allow him to listen to them. Bristol therefore provided summaries of Mr Campbell's telephone calls.

17. The investigator interviewed eight members of staff. All the interviews took place remotely because of the COVID-19 restrictions. NHS England commissioned a clinical reviewer to review Mr Campbell's clinical care at the prison.

18. We informed HM Coroner for Avon of the investigation. She gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

19. One of the Ombudsman's family liaison officers contacted Mr Campbell's next of kin, to explain the investigation and to ask if they had any matters they wanted the investigation to consider.

20. Mr Campbell's family asked about his drug treatment and his safety in HMP Bristol. They raised the following concerns:

- Mr Campbell had been at risk from other prisoners over previous drug debts.
- Mr Campbell had told them that prison staff were playing 'mind games' with him by telling him that he had tested positive for COVID-19 and for blood cancer when this was not true.
- Mr Campbell had been 'set up' by prison staff and managers who had deliberately transferred him from segregation where he was safe to a standard wing before his death where he would have access to drugs and where other prisoners would be able to get at him.

21. They asked if anyone had entered his cell on the night before he was found dead. They also asked what had happened to his expensive clothes which had not been returned to them after his death.

22. We have addressed these concerns in our report.

Background Information

HMP Bristol

23. HMP Bristol serves the local courts and holds around 600 men over the age of 18. Healthcare services at Bristol are provided by Inspire Better Health, a partnership of eight health providers led by Bristol Community Health. GP services are subcontracted to Hanham Health Services, and Avon and Wiltshire Partnership provides mental health and substance misuse services.

24. During the COVID-19 pandemic, C wing, where Mr Campbell was living at the time of his death, has consisted of three separate units: C1 is the first night centre and the 'reverse cohort unit' where new arrivals are isolated for 10 days before moving to the general population; C2 holds a general population; and C3 is the detox unit where prisoners needing drug detoxification or stabilisation are located until they are considered fit to be moved to the general population.

25. In 2018, HM Prison and Probation Service (HMPPS) placed Bristol under special measures as they considered the prison needed additional specialist support to improve performance.

HM Inspectorate of Prisons

26. HMIP carried out an inspection of Bristol in May and June 2019. Following the inspection, HM Chief Inspector of Prisons invoked the Urgent Notification process informing the Secretary of State for Justice that there were numerous significant concerns about the treatment and conditions of prisoners. Inspectors reported that Bristol was failing to keep prisoners safe. Drugs were readily available. CSIP monitoring was scant, with low staff allocation to the initiative, meaning that many incidents were not investigated.

27. HMIP carried out a scrutiny visit to Bristol in September 2020, reporting on conditions and treatment of prisoners during the COVID-19 pandemic. Inspectors reported that Bristol was a much improved prison. Management had taken a more thoughtful approach to regime restrictions during the pandemic than inspectors had seen in other prisons. Given the high levels of suicide and self-harm in the prison, appropriate care had been taken to balance the risk of the virus against the impact on prisoners' mental well-being of a very restricted regime. Within the limitations of the national restrictions, the governor had used some local initiative to keep activities open and maximise time unlocked, which had reduced prisoners' frustration. Although the time prisoners could spend outside their cells was limited for some to a minimum of one hour 45 minutes a day, almost half the prisoners were out for considerably longer, engaging in a variety of purposeful activities. 72% of prisoners inspectors surveyed said that staff treated them with respect and 81% said the COVID regime restrictions had been explained to them.

28. However, high levels of suicide and self-harm remained a concern and recorded self-harm incidents were three times higher than at comparator prisons. Inspectors reported that the prison was very proactive in trying to drive down violence and all incidents were quickly investigated to identify early lessons. However, although the levels of assaults had fallen since the start of the pandemic and few assaults were

serious, levels of violence were slightly higher than the average for similar prisons. In addition, violence and drug-related activity regularly featured in intelligence reports.

Independent Monitoring Board

29. 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 July 2020, the IMB reported that a new drug strategy was introduced in January 2020, but the implementation of the new approaches had been affected by COVID-19 restrictions. Prisoners had reported that it was not difficult to get drugs in the prison.

Previous deaths at HMP Bristol

30. Mr Campbell was the fifth prisoner to die at Bristol since April 2018. One of the previous deaths was due to natural causes, and three were self-inflicted. There are no similarities between the circumstances of Mr Campbell's death and any of the others. There have been no deaths since Mr Campbell's.

Psychoactive Substances (PS)

31. Psychoactive substances, previously known as 'legal highs', are a 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. 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.

32. 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.

Challenge, Support and Intervention Planning (CSIP)

33. Challenge, Support and Intervention Planning (CSIP) is a Prison Service scheme designed to address factors contributing to violence in prisons by managing the most violent prisoners and supporting the most vulnerable prisoners. Prisoners who are perpetrators of violence or who are vulnerable to violence or bullying are managed and supported on a plan with individualised targets and regular reviews.

Behaviour Support Monitoring (BSM)

34. Behaviour Support Monitoring is an initiative at Bristol under which staff identify key issues for a prisoner under CSIP management and keep a specific watch on them for seven days. This could include, for example, observing the prisoner's general behaviour, engagement with staff, engagement with his family, leaving his cell or

isolating himself, etc. Staff should make daily notes on the prisoner's electronic record (known as NOMIS).

Segregation

35. 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.

36. 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.

The key worker scheme

37. The key worker scheme is a key part of HMPPS's response to self-inflicted deaths, self-harm and violence in prisons. It is intended to improve safety by engaging with people and building better relationships between staff and prisoners. Details of how the scheme should work are set out in HMPPS's *Manage the Custodial Sentence Policy Framework*. This says:

    - All prisoners in the male closed estate must be allocated a key worker whose responsibility is to engage, motivate and support them through the custodial period.
    - Key workers must have completed the required training.
    - Governors in the male closed estate must ensure that time is made available for an average of 45 minutes per prisoner per week for delivery of the key worker role, which includes individual time with each prisoner.

38. During the COVID-19 lockdown, Bristol has changed how they operate the key worker scheme. Key worker duties are not allocated to specific prison officers and, instead, the prison officers who work solely on a wing or unit share the key work duties for all prisoners held there.

Key Events

39. On 1 April 2020, Mr Benjamaine Campbell was charged with burglary and common assault. He was taken to HMP Bristol. It was not his first time at the prison.

40. Mr Campbell had a history of substance misuse in and out of prison. He tested positive for opiates and benzodiazepines (tranquilisers) when he arrived at Bristol and told staff he had been using heroin, cannabis and illicitly obtained diazepam (a tranquiliser) every day in the community. He was prescribed detoxification medication (methadone) and referred to substance misuse services (although he subsequently refused to engage). He said that he had no mental health issues but had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

41. Due to his previous history, staff opened a Challenge, Support and Intervention Plan (CSIP) on 4 April. The plan noted that Mr Campbell had a history of bullying other prisoners, getting into debt, and having problematic relationships with staff. The plan was that staff would monitor Mr Campbell using the Behaviour and Support Monitoring (BSM) process for seven days.

42. On 6 April, Mr Campbell said he had not used illicit drugs in prison but complained to healthcare staff that he had not been prescribed medication for ADHD or bipolar disorder. His community GP subsequently confirmed that he had not been prescribed medication in the community. Throughout April and May, Mr Campbell repeatedly asked for medication to help him sleep and for his detoxification medication to be adjusted. He was found apparently under the influence of illicit substances on four occasions in that time and received behaviour warnings.

43. Also in April, healthcare staff were called to see Mr Campbell twice as prison staff suspected he was under the influence of illicit drugs, but he denied having used drugs and refused to have his clinical observations taken.

44. On 29 April, Mr Campbell was sentenced to two years, four months and 24 days imprisonment. Mr Campbell said that he was relieved about the length of his sentence as he had expected it to be longer.

45. In May, healthcare staff were called to see Mr Campbell twice as prison staff suspected he was under the influence of illicit drugs.

46. In mid-May, healthcare staff recorded that Mr Campbell had reported symptoms of COVID-19, first a cough and later a sore throat and then loss of taste and smell, and he and his cell mate were isolated as a result. On 23 May, healthcare staff recorded that he was coughing so badly he was unable to complete a sentence.

47. On 25 May, Mr Campbell refused to return from exercise and confronted prison staff with a metal chair leg. Healthcare staff recorded that he had admitted that he had made up the COVID-19 symptoms as he was under threat on the wing for a debt and said he was carrying the chair leg for protection. He asked for a move to another prison. Officers moved him to the vulnerable prisoners' unit (VPU) for his own protection.

48. Mr Campbell asked if he could receive medication for bipolar disorder and restart medication for his ADHD (which he had not taken any since late 2018). On 27 May,

the request was referred to the mental health team. Mr Campbell did not have an adult diagnosis for ADHD and had never been diagnosed with bipolar disorder, so he could not be prescribed the medication.

49. On 2 June, Mr Campbell said that he was worried about his methadone prescription coming to an end. He asked to continue to receive a low dosage.

50. On 26 June, Mr Campbell was warned that his detoxification programme was likely to reduce his tolerance for heroin.

51. On 27 June, Mr Campbell appeared to be under the influence of drugs. He would not let healthcare staff take his medical observations. Two days later, Mr Campbell's key worker, asked Mr Campbell about having been found under the influence of drugs, and Mr Campbell said that he had had "a bad couple of days and needed to blow off some steam". He asked Mr Campbell if he would like some help from the substance misuse team, but Mr Campbell declined.

52. Mr Campbell was seen by healthcare staff on four occasions in July after prison staff suspected he was under the influence of drugs. He admitted using Spice (a type of PS.) Two CSIPs were opened as a result. On both occasions, the referral and investigation form noted that he would be supported outside CSIP procedures by his key worker. Mr Campbell told staff drugs were his way of coping with his father's serious illness. Staff considered placing Mr Campbell under ACCT monitoring but, after discussion with him, they decided it was not necessary.

53. On 3 July, healthcare staff warned Mr Campbell of the risks of using illicit drugs alongside his prescribed methadone. Mr Campbell became angry and said he would 'smash up' if his methadone was stopped. On 12 July, Mr Campbell told his key worker that he did not have any concerns. The key worker tried to discuss his drug use with him, but Mr Campbell laughed it off.

54. Intelligence reports indicated that Mr Campbell was suspected of being involved in the prison's drug trade and had been bullying other prisoners on the VPU. Staff referred him to CSIP again and completed an investigation form. The form noted that he would be transferred from the VPU to a standard prison wing and monitored via BSM for seven days with support from his prison offender manager, key worker and wing staff.

55. On 4 August, Mr Campbell threw a chair at an officer when they told him he was being moved to a standard wing. Staff restrained him and took him to the segregation unit.

56. Mr Campbell said that he could not go to a standard wing as he was in debt. He wanted to know how soon he could transfer to another prison. He was given 10 days cellular confinement in the segregation unit as a punishment for assaulting an officer. He accepted this and wrote an apology to the officer he had thrown the chair at. His key worker saw him and they discussed where he might go after his segregation. Mr Campbell said he wanted to return to the VPU.

57. When staff went to collect Mr Campbell's property from his cell in the VPU, his cellmate told them that he had given most of it away.

58. On 9 August, an intelligence report noted that Mr Campbell was suspected of threatening another prisoner. On 10, 12 and 13 August. officers recorded that he was suspected of smoking cannabis.

59. At a segregation review on 14 August, Mr Campbell said that he wanted to return to the VPU. When told that he could not return because of his behaviour there, he said he would be under threat anywhere else in the prison. Staff agreed to consider a transfer to a different prison.

60. On 17 August, Mr Campbell was abusive to a prison officer, and continually pressed his cell bell. That same day, a segregation review authorised his continued segregation for seven days for his own protection (Prison Rule 45) to allow staff to work with him under CSIP procedures.

61. On 19 August, Mr Campbell told a member of healthcare staff that he was willing to reduce his prescription of methadone.

62. On 24 August, authority was given for Mr Campbell's continued segregation for his own protection. Mr Campbell did not raise any concerns and was positive about his potential move to another prison. He told a member of healthcare staff that he wanted to reduce his methadone prescription from 3mls to 1ml. On 27 August, his healthcare key worker told him that it could not be reduced lower than it currently was, so he should stay on that dosage until he had settled in his new prison.

63. On 28 August, an officer saw Mr Campbell for a key worker session. Mr Campbell said that he was looking forward to a transfer to another prison. He also saw the Governor and told him he did not want to transfer to C3, the detoxification unit. On 1 September, authority was given for Mr Campbell to remain in the segregation unit for his own protection for a further seven days. On 3 September, an officer told Mr Campbell in a key worker session that he would be transferred to HMP Parc the following week. Mr Campbell was pleased with this news.

64. The officer saw Mr Campbell again on 6 September. He recorded that Mr Campbell had engaged well with staff in the segregation unit and had followed the regime well. Mr Campbell said he was looking forward to transferring to Parc, though he was a little nervous. He knew he would have to isolate on arrival under the COVID-19 restrictions. Mr Campbell said he did not have any specific issues to raise. Later that day, an officer recorded that Mr Campbell had told the Governor that he was happy to move to C Wing before transferring to Parc.

65. On 7 September, Mr Campbell was moved to C3, the drug detoxification unit, on C wing.

8/9 September 2020

66. On 8 September, a Supervising Officer (SO) in the Safer Custody department emailed another SO, the manager of the segregation unit. The SO was Mr Campbell's CSIP manager. The SO from the Safer Custody department noted that Mr Campbell's CSIP folder was empty and there was no record of any reviews. He asked for an update and a review. The manager of the segregation unit replied that Mr Campbell had been compliant and polite recently but had now moved to another wing before being transferred to another prison.

67. During a telephone call at 1.14pm, the person that Mr Campbell was speaking to commented on his voice, and Mr Campbell said that he had been drinking 'hooch' (alcohol distilled illicitly in prison).

68. Mr Campbell's father told us that his son had telephoned him from C3 that afternoon and told him that he was with friends he knew from home and was safe.

69. After Mr Campbell's death, prisoners on the wing said that Mr Campbell had spoken to his partner that day and was in good spirits about his transfer to Parc. Some prisoners said that Mr Campbell had bought some heroin from another prisoner.

70. In a telephone call at 7.47pm, Mr Campbell said that he was relaxing as he was being transferred to a different prison the next day. At 8.37pm, Mr Campbell made another telephone call, and again mentioned drinking alcohol. He made a further telephone call at 9.51pm, when, again, he seemed to be intoxicated.

71. Prisoners in nearby cells later said that they heard a loud noise, followed by Mr Campbell laughing and saying that he had fallen out of bed. We have not been able to confirm what time this was. One prisoner said that he heard what sounded like Mr Campbell vomiting during the night but could not remember if this was before or after he laughed about falling out of bed.

72. Staff do not check on prisoners during the night unless the prisoner is on a special watch, presses their cell bell or in some other way calls for attention. The night officer on C Wing said that Mr Campbell did not come to her attention during the night. When she conducted a roll check shortly after 5.00am, she did not notice anything out of the usual in his cell.

73. After Mr Campbell's death, a prisoner in a nearby cell said he thought he heard Mr Campbell either snoring or choking at approximately 7.30am.

74. Shortly before 8.30am on 9 September, two officers were unlocking prisoners' cells so that they could collect their medication. When an officer unlocked Mr Campbell's cell he was lying on his bed. The officer initially thought he was asleep but when he switched on the cell light, he saw that Mr Campbell was not breathing.

75. As they were in the detoxification unit, there were nurses nearby. The first officer told the second officer to get a nurse and shook Mr Campbell while calling his name. A nurse was on the wing and went into the cell with the second officer while the first officer used his radio to call a code blue emergency (meaning a prisoner is unresponsive or is having difficulty breathing). This prompted the control room to call an ambulance. The control room log shows that the radio call was made at 8.30am.

76. The first officer and the nurse moved Mr Campbell to the floor, and she began to perform cardiopulmonary resuscitation. The second officer then asked a nurse to go to the cell and repeated the first's officer's code blue radio call. Other staff also responded to the emergency call and prison officers and nurses attempted to revive Mr Campbell until ambulance paramedics arrived, at approximately 8.45am. They also continued to provide medical aid to Mr Campbell until, at 9.44am, they agreed that he had died.

Contact with Mr Campbell's family

77. The prison Governor and one of the prison's family liaison officers went to Mr Campbell's father's home to inform him of Mr Campbell's death. In line with Prison Service guidance, Bristol offered a contribution to the cost of Mr Campbell's funeral.

Support for prisoners and staff

78. After Mr Campbell's death, the Governor debriefed the staff, including healthcare staff, who had been 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.

79. The prison posted notices informing other prisoners of Mr Campbell's 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 Campbell's death.

Post-mortem report

80. The post-mortem examination found no significant external injuries and no internal injuries to account for Mr Campbell's sudden death.

81. Post-mortem toxicology tests showed the presence of heroin in Mr Campbell's system, along with therapeutic levels of drugs that he had been prescribed, including methadone.

82. The pathologist concluded that Mr Campbell died as a result of lower respiratory tract infection caused by aspiration (inhalation) of food on a background of the use of heroin and methadone. He commented that the toxicology tests showed that Mr Campbell had recently used heroin before his death. He said that, although this was not at a level that would normally cause death, the effects of heroin depend on the individual's level of tolerance and whether it has been used at the same time as other opioid drugs, such as methadone. He concluded that it was likely that the combined use of heroin and methadone resulted in a period of unconsciousness during which Mr Campbell inhaled food while vomiting and that this led to the development of lower respiratory tract infection which led to his death.

Findings

Substance misuse

83. We are satisfied that there is no evidence that Mr Campbell's death was due to anything other than a drug overdose.

84. Mr Campbell had a history of substance misuse. When he arrived at Bristol, he was promptly reviewed and referred to substance misuse services (although he declined to engage with them). He was placed on a detoxification programme under which he received a gradually decreasing dose of methadone. The clinical reviewer was satisfied that Mr Campbell received appropriate support and that his detoxification medication (methadone) and treatment plan were delivered in line with guidance.

85. During the pandemic, mandatory drug testing was suspended in the prison, but Mr Campbell was found or suspected to be under the influence of some substance on a number of occasions.

86. Although Mr Campbell had used heroin every day in the community, there is no evidence that he used it during his five months at Bristol (although it appears he did use other illicit drugs). We note that an individual's tolerance for heroin can decrease in a matter of days after a period of abstinence, leading to a risk of overdose even among people who have previously had a high tolerance when they were using the drug regularly. We note that Mr Campbell was warned about the loss of tolerance and of the dangers of mixing other drugs with methadone on 26 June and 3 July.

87. We also note that, although Mr Campbell told family members the night before his death that he had been drinking 'hooch', post-mortem toxicology tests did not find alcohol in his system.

88. We are concerned that Mr Campbell was apparently able to access drugs with ease at Bristol, despite the pandemic restrictions which would have cut off some of the routes by which drugs enter the prison. It is a particular concern that he was suspected of smoking cannabis in the segregation unit and that he was apparently able to obtain heroin in the drug detoxification unit. Both HMIP and the IMB have raised concerns about the easy availability of drugs at Bristol. Bristol introduced a new drug strategy in January 2020, but its implementation has been affected by the COVID-19 restrictions. We recommend:

    The Governor should ensure that the prison's local drug strategy is fully implemented.

89. We are also concerned that prison staff did not always share information about Mr Campbell being under the influence of illicit drugs with healthcare staff. Although this does not appear to have played any part in Mr Campbell's death, it is important that healthcare staff know when a prisoner is suspected of taking illicit drugs so they can review the risks of the prisoner continuing to take any prescribed drugs. We make the following recommendation:

90. The Governor should ensure that all incidents of illicit drug use are reported to healthcare staff.

Mr Campbell's location

91. Mr Campbell was concerned about his safety on a standard prison wing. When he told staff about this, he was initially located in the Vulnerable Prisoners Unit. However, intelligence suggested that he was involved in trading drugs in the prison and was bullying other prisoners in the VPU. We, therefore, consider it was reasonable that he was moved out of the VPU.

92. He was subsequently moved to the segregation unit and remained there, initially as a punishment for assaulting an officer, and then under Rule 45 for his own protection until two days before his death.

93. We are satisfied that the prison took Mr Campbell's fears for his safety seriously and took appropriate steps to protect him from other prisoners.

94. Mr Campbell's father is concerned that Mr Campbell did not remain segregated until his transfer to Parc (which was due to take place on the day of his death) and that this put him at risk from other prisoners.

95. Although there is evidence that Mr Campbell was happy to move to C Wing, the prison has not been able to explain why Mr Campbell was transferred to the detoxification unit on 7 September. However, the post-mortem found that Mr Campbell had not suffered any injuries before his death and we have found no evidence to suggest that other prisoners played any part in his death, or that his death was due to anything other than a heroin overdose.

96. We have seen no evidence that prison staff were playing 'mind games' with Mr Campbell as his family have suggested. For example, although Mr Campbell told his family that staff had told him that he had tested positive for COVID-19 when this was not true, we have found no evidence to support this. On the contrary, we are satisfied that Mr Campbell made up symptoms of COVID-19 so that he could remain isolated (because he believed he was at risk from other prisoners).

97. We have also seen no evidence that Mr Campbell's move to C wing was an attempt by prison staff to 'set him up'. On the contrary, there is evidence that staff responded to Mr Campbell's fears for his safety by segregating him while they tried to secure a transfer for him to another prison. Mr Campbell's detoxification programme had gone well and, although he had continued to use other illicit drugs, staff could not have known that he would choose to use heroin the night before his transfer.

Challenge, Support and Intervention Planning (CSIP) and Behaviour Support Monitoring (BSM)

98. CSIP is designed to support prisoners who are having or may have difficulty in prison. Once a CSIP referral has been put in place, staff should assess the best way to support him. In 2019 HMIP reported that CSIP was not operating well at Bristol, with processes not widely embedded or understood and the effectiveness not monitored.

99. Bristol introduced Behaviour Support Monitoring as one option following a CSIP referral. For prisoners under BSM, the form says that staff should make notes on

the prisoner's electronic record for each of the following seven days. BSM is referred to in Bristol's local operating policy for CSIP, but the prison could not provide the investigator with any further guidance.

100. Staff made CSIP referrals for Mr Campbell on several occasions. His record shows no substantive information in the following days until his referral in August. Even then, while it seems that staff were engaging with him, there is no record of how this was assessed and whether further CSIP support was required. Although it was recorded that Mr Campbell's segregation was extended in order to facilitate continued CSIP support, there is no evidence that such support was provided.

101. On 8 September the Safer Custody department emailed Mr Campbell's CSIP manager because there had been no documented reviews and Mr Campbell's CSIP folder contained no information. We found no evidence of support and intervention planning as directed in CSIP guidance.

102. Mr Campbell repeatedly told staff that he was at risk from other prisoners. Prison staff told our investigator that he was known to be involved in drug trading. Although Mr Campbell was segregated to ensure his safety, we are concerned that officers did not grip Mr Campbell's reported risk and that they made little use of the CSIP tool designed to tackle problems of violence and bullying. We make the following recommendation:

The Governor should ensure that staff understand and use CSIP to identify and manage prisoners involved in, and at risk of, violence and bullying.

Mr Campbell's healthcare

103. The clinical reviewer was satisfied that the healthcare provided to Mr Campbell in Bristol was equivalent to that which he could have expected to receive in the community.

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