Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Dean Boland, a prisoner at HMP Birmingham on 17 April 2015

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 Dean Boland died at HMP Birmingham on 17 April 2015, of mixed drug toxicity. He was 30 years old. I offer my condolences to Mr Boland's family and friends.

The investigation found no evidence that Mr Boland intended to end his life. Other prisoners told us he often took drugs in addition to those prescribed to him. This was confirmed by toxicology reports after his death. Mr Boland had long-standing drug problems and I am satisfied that he received appropriate clinical care and support in prison to help him deal with his dependency on drugs. Staff had warned Mr Boland about the dangers of taking any substances on top of his prescribed medication.

I consider that it would have been difficult for the prison to have predicted or prevented Mr Boland's death. While it is a concern that Mr Boland was able to obtain illicit medication and drugs, I recognise that the prison is taking action to tackle this difficult problem.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman **May 2016**

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Summary

Events

1. Mr Dean Boland had a long-term drug problem. In November 2014, he was released on licence from HMP Stoke Heath after serving part of a sentence for burglary. His licence was revoked and he was recalled to prison on 20 December. He spent a fixed period of 28 days at HMP Birmingham before being released on licence again on 15 January 2015. On 28 January, Mr Boland was arrested for shoplifting. At court the next day, he was sentenced to eight weeks in prison, his licence was revoked and he returned to Birmingham.

2. At Birmingham, he was treated for substance misuse problems and was prescribed a subutex maintenance programme, diazepam and mirtazapine. Drug workers warned him about the dangers of taking illicit drugs on top of those prescribed. As Mr Boland's sentence did not expire until January 2016, a doctor later began subutex a detoxification programme. There was some inconsistency in prescribing diazepam, but from the end of February, this was also prescribed in a reducing dose. Other prisoners told us that it was easy to get illicit medication and Black Mamba (a new psychoactive substance - NPS) in the prison and Mr Boland took these drugs most days.

3. Mr Boland's cellmate said that Mr Boland smoked Black Mamba on the evening of 16 April, after being locked in his cell. About 3.30am, his cellmate woke up and found Mr Boland collapsed on the floor. He called the night patrol officer, who radioed for help. A nurse arrived quickly and found that Mr Boland was unresponsive. An officer radioed a medical emergency code and asked for an ambulance. The staff began to try to resuscitate Mr Boland. Paramedics arrived and took over emergency treatment but Mr Boland did not respond. At 4.12am, the paramedics declared Mr Boland's death. The prison did not inform Mr Boland's mother until 9.15am. Toxicology tests showed that Mr Boland had taken a number of drugs in addition to those he had been prescribed.

Findings

4. We are concerned about the availability of illicit drugs on the unit at Birmingham where Mr Boland lived. However, we are assured that the prison is currently training dogs to help detect NPS. The National Offender Management Service is currently aiming to introduce a drug test, to detect the presence of NPS, early in 2016. Since Mr Boland's death, the prison had introduced new procedures aimed at stopping prisoners diverting their prescribed medication to other prisoners. We consider that the prison has recognised the scale of the problem of drug use at Birmingham and is taking active steps to reduce supply and demand.

5. We are satisfied that Mr Boland received appropriate clinical treatment and support for his drug addiction and was appropriately warned and informed about the dangers of taking substances in addition to those he had been prescribed. While there is no evidence of any adverse clinical effects, there appears to have been some inconsistency in prescribing diazepam and there is no record of a structured and comprehensive medication review.

6. After Mr Boland collapsed, the emergency response was quick and appropriate. However, it took too long for the prison to inform Mr Boland's family of his death. A confusion about the return of his property meant that his family were unable to bury him in an item of clothing they had requested.

Recommendations

- The Head of Healthcare should ensure that GPs fully record in the clinical record the reasons for prescribing decisions, including the reasons for any changes and review medication when a need is identified and when community GP records are received.
- The Director should ensure that, in line with Prison Rule 22, when a prisoner dies, his next of kin are informed as soon as possible.

Background Information

7. The investigator issued notices to staff and prisoners at HMP Birmingham informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. The investigator visited Birmingham on 22 April 2015 and obtained copies of Mr Boland's prison and medical records.

9. NHS England commissioned a clinical reviewer to review Mr Boland's clinical care at the prison. The investigator and clinical reviewer jointly interviewed four members of staff. The investigator interviewed another three members of prison staff and three prisoners.

10. We informed HM Coroner for Birmingham and Solihull of the investigation who sent the results of the post-mortem examination. The coroner has a copy of this report.

11. One of the Ombudsman's family liaison officers contacted Mr Boland's mother and father to explain the investigation. We have dealt with some of their questions, not directly related to the circumstances of Mr Boland's death, in separate correspondence. Mr Boland's mother was concerned he did not have the necessary follow-up appointments after a hernia operation in May 2015 and about the availability of drugs on B Wing. She was unhappy about how Mr Boland's property had been returned to her.

12. Mr Boland's father asked the investigation to consider the medical care his son had received. In particular, he wanted to know whether his stomach pains were managed appropriately and had any bearing on his death, and whether he should have been prescribed subutex. He wanted to know whether the emergency response was handled appropriately. Mr Boland's father said that there had had been some family liaison problems, including the return of his son's property and clothing.

13. Mr Boland's family received a copy of the initial report. The family contacted us raising a number of questions and a few accuracy points. We have made the factual changes within this report and provided further information in separate correspondence to the family.

Background Information

HMP Birmingham

14. HMP Birmingham is a large local prison, principally serving the West Midlands courts. It holds up to 1,450 remand and sentenced men (at the time of Mr Boland's death there were 1,387 prisoners). It is managed by G4S Care and Justice Services. Birmingham and Solihull Mental Health Foundation Trust provide 24-hour health services at the prison. Primary care services are subcontracted to Birmingham Community Healthcare NHS Trust.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Birmingham was in March 2014. Inspectors reported that despite some good supply reduction work, the prevalence of illicit drugs remained high. A useful range of interventions had been introduced to help reduce demand for drugs. At the time of the inspection, 161 prisoners were receiving methadone and 40 buprenorphine (subutex), mostly on a reducing basis. All prisoners were placed on a reduction regime after three months and inspectors recommended that prescribing regimes should be flexible and based on individual needs.

Independent Monitoring Board

16. 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. The most recent published IMB report was in 2013. In that report the IMB noted that, despite attempts to create effective drug detoxification regimes, the use of illegal drugs in the prison remained high. The IMB reported that prisoners persistently complained that methadone and subutex dosages were reduced too quickly, which led to prisoners boosting their official dose with illegal drugs obtained in the prison.

Previous deaths at HMP Birmingham

17. There have been 12 deaths at Birmingham since 2013, including Mr Boland's. Five of these were apparently self-inflicted deaths. There were no significant similarities with the circumstances of the other cases.

Key Events

18. Mr Dean Boland started using cannabis when he was 11, and other drugs, including heroin and crack cocaine, by the time he was 13. He had been in prison several times and told a nurse that the longest period he had spent in the community since the age of 15, had been 11 months.

19. During a previous period in prison, Mr Boland had been diagnosed with an inguinal hernia. Mr Boland had his hernia repaired in May 2014. He missed a follow up appointment in September while he was at HMP Stoke Heath because the prison did not have sufficient staff to escort him. The next appointment was around the time of his release in November so he was advised to see his community GP for a referral. (We do not know whether he did this but a GP at Birmingham examined him in February 2015 and found no further hernia problem.)

20. On 20 December, Mr Boland's licence was revoked, after he was arrested for burglary. He tested positive for class A drugs and was sent to Birmingham to serve a fixed recall period of 28 days. He was prescribed methadone, which was changed to subutex shortly before his release. On 15 January, he was released on licence, with a prescription for subutex.

21. While he was on licence, Mr Boland tested positive for cocaine and opiates and did not attend a probation supervision appointment. On 28 January 2015, he was arrested for shoplifting. He appeared at Magistrates' Court the next day and received an eight-week prison sentence.

22. Mr Boland was sent to HMP Birmingham. At an initial health screen he said that he had been detained under the Mental Health Act for four weeks in 2009, but had not self-harmed for the past 10 years and did not have any thoughts of suicide or self-harm. He said he drank 100 units of alcohol a week and was prescribed mirtazapine (an antidepressant), diazepam (for anxiety), zopiclone (to help him sleep), pregabalin (for pain relief), subutex (an opiate substitute) and ventolin (for asthma).

23. Because of his drug problems, the prison's Integrated Drug Treatment Service (IDTS) started a five-day care plan, including an initial assessment of Mr Boland's medication needs, access to 24 hour nursing care and monitoring for signs of withdrawal or mental distress. He was referred to the Drug and Alcohol Recovery Team (DART) team for support. On 29 January, a prison GP prescribed Mr Boland diazepam (for six days) to help relieve symptoms of withdrawal from alcohol, mirtazapine and a salbutamol inhaler.

24. In addition to his eight-week sentence, Mr Boland's licence was revoked. This meant that Mr Boland's sentence expiry date was 18 January 2016. (He would have to be released on that date unless the Parole Board directed his release earlier.)

25. On 30 January, a prison GP reviewed Mr Boland. He noted that Mr Boland had been prescribed subutex in the community, and decided to maintain him on a prescription of 12mg of subutex for one month as Mr Boland had told him he expected to be released in 28 days. He noted that if Mr Boland was not released

in a month, he should then start a reduction regime. Mr Boland's community GP faxed a list of Mr Boland's prescriptions on 3 February - subutex, zopiclone, diazepam and mirtazapine. There is no record that a GP reviewed his medication when this was received. Mr Boland moved from the prison's first night centre, to B Wing, a specialist detoxification wing for prisoners receiving treatment for drug and alcohol problems.

26. On 3 February, Mr Boland told his drug worker at the prison that he had used crack cocaine every day after he had been released on 15 January. He said he also drank six cans of special brew and took heroin, cannabis and other drugs. A nurse completed an opiate and alcohol withdrawal assessment and judged his symptoms to be mild or absent. Mr Boland signed a compact about living on the IDTS wing. This included agreeing to take his prescribed medication under supervision, attending medical and drug worker appointments and providing urine samples for voluntary drug testing.

27. Mr Boland told his drug worker that since he had got back to prison he had smoked Black Mamba and cannabis and taken illicitly obtained diazepam. She warned him of the dangers of this. Mr Boland said that he expected to be released in three weeks, and asked to see a GP to discuss why he was not receiving diazepam and pregabalin, which his community GP had prescribed. Ms Holden referred him to a GP. (He did not see a GP until 17 February and it is not clear whether this was because of this referral.)

28. On 4 February, a healthcare assistant reviewed Mr Boland, as a standard IDTS procedure after five days. Mr Boland said that he felt okay, was happy with his medication and did not have any other concerns. A nurse discussed his subutex maintenance programme with him. She told us that Mr Boland seemed happy to be on subutex and did not ask for any other medication. They discussed the risks of taking additional, non-prescribed medication that could slow his breathing and functioning of his central nervous system to dangerous levels. She recorded that he would have regular urine tests to verify the effectiveness of treatment.

29. The next day, Mr Boland spoke to a nurse who was on his landing and said he that he had been prescribed diazepam for six years and had had an extended reduction when he was last in prison. The nurse wrote on SystmOne (the electronic medical record) that he would forward Mr Boland's diazepam chart to the detox clinic for review that afternoon. There is no record of a review that day.

30. On 17 February, a prison GP saw Mr Boland and noted that he would leave prison the next week (presumably on information from Mr Boland). Mr Boland said he had had indigestion pains for the past four weeks. The GP examined his abdomen and detected a "remnant" hernia; otherwise, his abdomen was soft and normal. The GP prescribed omeprazole (for excess stomach acid) and diazepam "till out". Mr Boland did not receive his prescription of 10mls diazepam until 24 February. The prescription was for two weeks. After that, it was renewed on a reducing dose every fortnight.

31. On 27 February, a prison GP reduced Mr Boland's subutex from 12mg to 10mg per day because his release date had been recorded as 18 January 2016 in his medical record. The GP reviewed Mr Boland's medication a week later and said subutex would be reduced to 8mg the next day if Mr Boland did not produce

evidence of a parole hearing. Mr Boland showed a nurse a letter stating he was due a parole hearing, but without a specific date. A GP continued subutex at 10mg for another 10 days. (It remained at this level until 10 April.)

32. Mr Boland had six drug tests while on B Wing. He tested positive for subutex, and benzodiazepines (diazepam) in line with his prescriptions. He gave a positive test for opiates on 17 February, suggested he had taken some illicit substance. The range of drugs identified by testing does not include substances such as Black Mamba.

33. On 9 March, the Parole Board decided not to direct Mr Boland's release. On 10 March, his offender supervisor (offender supervisors are responsible for the operation of sentence plans in prisons) discussed Mr Boland's position with him. He said that Mr Boland was aware he was subject to a standard recall and not for a fixed period. He knew that he would remain in prison until his sentence expiry date in January 2016, unless the Parole Board considered him suitable for release before then. Mr Boland said he intended to make representations through his solicitor about the Parole Board's decision.

34. On 9 March, Mr Boland's dose of diazepam reduced from 10mls to 8mls a day. A nurse saw him on 20 March, and noted that there had been no change since his care plan had started. On 23 March, a prison GP reduced the diazepam to 6mls (and further reduced it to 4mls on 2 April). On 30 March, Mr Boland told his drug worker that he had been 'drug free' since he had returned to Birmingham at the end of January. He said that he usually saw the mental health team in prison, but had not done so this time. He told her he felt okay, was doing well with his medication and no thoughts of suicide or self-harm. He attended a reading group each week and had done some relapse prevention work in his cell. They spoke about his family and Mr Boland said they wanted him to stop taking drugs. She gave him details of the community drugs team, in case he was released at short notice.

35. On 9 April, a prison GP reviewed Mr Boland's subutex prescription. Because he was not due to be released until 18 January 2016, he decided to begin Mr Boland on a reduction programme. He reduced the dose of subutex to 8mg and further reduced it to 6mg on 17 April.

36. Between 13 and 15 April, Mr Boland attended a motivation to change course. The course tutor reported that he had taken an active part in the course and shared his experiences and opinions. On 14 April, Mr Boland told a nurse that he would be released some time before June and wanted to be stable on his medication. He wanted to go back up to 10mg of subutex or switch to methadone. She sent a task message on SystmOne to a prison GP and Mr Boland was given an appointment for two weeks later.

37. On 15 April, the offender supervisor told Mr Boland that the Parole Board had received his solicitor's representations against the decision not to direct his release and there would be an oral hearing to discuss his case. Mr Boland was pleased, although he understood that the hearing might be some months away, as the Parole Board had to receive a range of reports and arrange a suitable date.

38. Later on 15 April, Mr Boland told his drug worker that he needed to be maintained on subutex (or methadone) in case he was released on parole. She spoke to a prison GP, who said he would review Mr Boland's medication when he had a definite release date. Until then, his reduction programme would continue.

39. Mr Boland frequently phoned his mother. All prisoners' telephone calls are recorded and a random sample monitored, unless legally privileged. After Mr Boland's death, prison staff listened to some of his calls. On 15 April, he spoke to his mother for over ten minutes about the parole hearing and booking a visit. Mr Boland's mother checked that he had received money she had sent in, and Mr Boland ended the call saying he would buy more telephone credit and call the next day.

40. A prisoner shared a cell with Mr Boland. He told us they were friends and that Mr Boland smoked Black Mamba most nights if he had some. Two other prisoners (who lived in the cell next door) said Mr Boland often smoked Black Mamba with crushed tablets of buscopan (a drug prescribed to relieve stomach cramps), including the night he died. They thought he had also taken heroin a few days before his death. A prisoner said many prisoners on B Wing were prescribed buscopan as part of their detoxification programme, but sold it. Another prisoner thought Mr Boland had taken a 'load of tablets' on 16 April.

41. Mr Boland's cellmate said Mr Boland was not in debt for drugs and that he had enough money from his wages and his family to buy tobacco, items from the prison shop and drugs. They were both unlocked until about 7.30pm in the evening during the week. He said that after this, they usually sat and rolled cigarettes, watched television and talked.

42. On 16 April, a night patrol officer started her shift on B Wing at 8.40pm. She checked all prisoners were present in their cells and then went to her base on landing two. The cellmate said he fell asleep around 9.00pm and Mr Boland was rolling some cigarettes and 'spliffs' at the time. He said that he woke around 3.30am and saw that Mr Boland had not slept in his bed. The cell light was on and Mr Boland was lying face down on the floor beside the sink. He got out of bed, called out to Mr Boland and rolled him over. He said he had no pulse and his face was blue. He said Mr Boland's body was not stiff but his limbs were pale. He threw some water over him, shouted for staff and, at 3.29am, pressed the cell bell. He said the night patrol officer arrived within 30 seconds.

43. The night patrol officer said that she had heard a small bang just before the cell bell. She left the office to check and saw an officer walking along the landing. He told her the cell bell was on landing. She went to cell 12 and the cellmate told her he had just woken to find Mr Boland collapsed. Records show that she switched of the cell bell at 3.32am.

44. The night patrol officer radioed an urgent message for help and the control room radioed for the night orderly officer (the manager in charge of the operation of the prison) and the nurse responder to attend. The duty nurse heard the radio message and got to Mr Boland's cell almost immediately with basic emergency equipment. Bulkier equipment such as defibrillators and oxygen cylinders are kept in a blue bag on each wing.

45. The officer had just left B Wing when he heard the radio call. He went back and opened Mr Boland's cell and he and the nurse went in. An officer took the cellmate out of the cell. The nurse could not get a response from Mr Boland and said he was cold, very clammy and quite cyanosed (blue or purple colouration of the skin) around his mouth and nose. She told the officer that they needed an ambulance immediately. He called a code blue emergency and told the control room to call an emergency ambulance. The code blue and the 999 call were both made at 3.34am.

46. The nurse started chest compressions while the officer went to get the blue bag. The orderly officer and another nurse arrived and helped to try to resuscitate Mr Boland. The nurses gave him oxygen and applied the defibrillator, which found no shockable heart rhythm. Prison records show that paramedics arrived at the prison at 3.45am and reached Mr Boland's cell at 3.50am. (The ambulance service recorded the time of arrival at the prison as 3.41am. We have used the prison's timings to show the sequence of events.) A first response car also arrived. Paramedics tried to resuscitate Mr Boland using advanced life support techniques, including administering adrenaline. However, at 4.12am, the paramedics agreed that Mr Boland had died.

47. The police searched Mr Boland's cell after his death and found drugs, including pregabalin, gabapentin, quetiapine, mirtazapine and other non-controlled drugs, and burnt pieces of foil.

Contact with Mr Boland's family

48. At 7.34am, the prison contacted a senior practitioner in the drug and alcohol recovery team to act as the family liaison officer. After a briefing she, the Head of Safer Custody and the Director of Birmingham travelled to Mr Boland's mother's home, 30 minutes from the prison. They arrived at 9.18am and broke the news of Mr Boland's death. Mr Boland's father also met them there.

49. In line with national Prison Service instructions, the prison contributed towards the cost of Mr Boland's funeral. Mr Boland's family asked the family liaison officer for an item of Mr Boland's clothing which they wanted to bury him in, but they did not receive it in time for the funeral. When his property was returned, Mr Boland's mother told us that she did not consider this was done sensitively.

Support for prisoners and staff

50. The duty manager debriefed the staff involved in the emergency response and offered support.

51. The prison posted notices informing other prisoners of Mr Boland's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Boland's death. Although the cellmate said there had been some problems with obtaining his property from the cell, he said that staff had supported him after Mr Boland's death and he had found this helpful.

Post-mortem and toxicology reports

52. The following drugs were found in Mr Boland's blood after his death:

- Methadone (an opioid taken as a substitute for morphine and heroin) and EDDP (a metabolite of methadone);
- Buprenorphine (an opioid analgesic drug also known as subutex);
- Diazepam;
- Quetiapine (an antipsychotic drug used to treat schizophrenia and other mental illnesses);
- Pregabalin (used for epilepsy, anxiety and neuropathic pain);
- Gabapentin (used for epilepsy, neuropathic pain and migraine);
- Hyoscine (an ingredient of buscopan, which is often used to treat stomach cramps in people withdrawing from drugs or alcohol.)
- 5F-AKB48 (a synthetic cannabinoid or new psychoactive substance, usually containing dried plant material with synthetic substances added to mimic the effects of the active ingredients in herbal cannabis)

53. The pathologist who conducted the post-mortem examination found that a combination of central nervous system depressant drugs (methadone, buprenorphine, diazepam, quetiapine and gabapentin) could have interacted to cause death. He commented that even a therapeutic level of methadone might represent a potentially toxic level in a person unused to taking it. He considered that the role of Black Mamba was more complex. Black Mamba can be associated with cardiac complications, but it is not clear if it contributed to Mr Boland's death. The pathologist attributed Mr Boland's death to mixed drug toxicity.

Findings

Availability of illicit drugs and misuse of prescribed medication

54. At the time of his death, Mr Boland was prescribed:

- Diazepam 4mg per day
- Buprenorphine (subutex) 8mg per day
- Mirtazapine one 45mg tablet per day
- Salbutamol inhaler for use as required

55. The toxicologist said that levels of subutex and diazepam were consistent with the amounts he was prescribed. No mirtazapine was found, as it should have been had he taken some in the hours before his death. A number of the drugs detected were not prescribed to Mr Boland - methadone, quetiapine, pregabalin, gabapentin, and buscopan. Synthetic cannabinoids were also found. Several of these drugs can depress the central nervous system, resulting in drowsiness, sedation and, in larger doses, respiratory depression and death. If more than one of these drugs are taken at the same time, their adverse effects can be exacerbated. The toxicologist said the potential interaction between Black Mamba and buscopan with other drugs is unknown. We are satisfied that Mr Boland had been warned of the dangers of mixing drugs and the possible lethal consequences.

56. Buscopan was prescribed to many prisoners on B Wing before Mr Boland's death and would have been relatively easy for him to obtain. (Because of the potential for misuse, healthcare staff said that they no longer prescribe buscopan to anyone in the prison). Mr Boland could have obtained the other prescription drugs from other prisoners who had been prescribed them or like Black Mamba they had been brought into the prison illicitly. There is intelligence from previous periods in prison suggesting that Mr Boland had been involved in drug dealing at the prison.

57. We examined drug related intelligence on B Wing in the months before Mr Boland's death. There were several incidents where prisoners were seen concealing their prescribed medication and reports of prisoners smoking buscopan. The intelligence suggested subutex was widely available but that most of it was in the form of tablets brought in from outside prison. There were several references to black mamba and the high amount available on the wing.

58. The drug worker told the investigator that the prison had recently made it more difficult for prisoners to divert their medication and trade it with other prisoners. The medication area is now in a larger room with space for two prisoners and two officers, who have torches to check that each prisoner's mouth is empty before they leave.

59. Prisoners caught trying to conceal their medication are referred to the GP. Subject to clinical need, the prisoner is then usually then placed on a detoxification regime and moved from B Wing after they have successfully completed detoxification. In March 2015, 12 prisoners were caught concealing subutex and all but one began a detoxification regime. In April, six prisoners

were caught concealing medication and were required either to detoxify or were being assessed for a detoxification programme by the GP.

60. We highlighted the risks of new psychoactive substances (NPS), such as Spice or Black Mamba, in a Learning Lessons Bulletin in July 2015. Prisoners at Birmingham told us they take prescription medication or NPS because they are cheaper to buy than class A drugs. At present, Black Mamba is difficult to detect or test for, so prisoners are much less likely to get caught with it. Prisoners told us that the main route for drugs getting into prison was through prisoners coming directly from court who knew they would be coming to prison and concealed the drugs on their person. Drugs also come over the prison wall and during visits. Corrupt staff is also a possible route.

61. One prisoner commented that prisoners think Black Mamba is safe because it is a 'legal high'. The drug strategy manager at Birmingham told us that new psychoactive substances (NPS) are currently the most common drugs used by prisoners at Birmingham. He said that, because there was no current test for NPS, this could make drug test results look as though they are improving month on month, when in fact, prisoners had switched to NPS instead. The percentage of positive drug tests in the six months to January 2015 had fallen to 9.75% from the previous six-month average of 14.55%.

62. Since Mr Boland's death, Birmingham has issued information to prisoners about the risks, including death, of NPS and reminding them that it is a criminal offence to bring NPS into prison. They are producing a DVD about the risks of NPS to play in reception and the visitor centre. The drug strategy manager said Mr Boland's death was a shock to prisoners, but he did not think it had reduced the number of prisoners taking NPS because people assumed it would not happen to them.

63. We consider that Birmingham is aware of the problem of illicit drugs in the prison, especially on B Wing, and is responding to this. The prison is acting to increase awareness of the dangers of NPS and is training dogs to detect NPS in the near future. We understand that the National Offender Management Service is intending to introduce a test for NPS in January 2016. We recognise that it is very difficult to prevent prisoners with long developed drug habits seeking out illegal drugs and trading and abusing prescribed medication in prison. However, we consider that Birmingham recognises the scale of the problem and is taking active steps to deal with it. We therefore make no recommendation.

Clinical care

64. The clinical reviewer said the care Mr Boland received at Birmingham was appropriate to his level of need and was equivalent to that he could have expected to receive in the community. He said Mr Boland appeared to be actively engaging with the healthcare team to reduce his dependence on drugs. The prescribing and dosage of methadone and subutex was appropriate to treat his opiate dependency.

65. The clinical reviewer said that continuity of care for Mr Boland's hernia had been difficult because Mr Boland had moved between prisons and the community. There was nothing to suggest that Mr Boland's reported stomach problems or his

hernia contributed to his death. In February, a GP examined Mr Boland who said he had been suffering from indigestion pains. The doctor examined his abdomen and found no residual problems from his hernia and his abdomen was normal.

66. There appears to have been some inconsistency in prescribing diazepam. Originally, Mr Boland was prescribed diazepam for six days from 29 January. (His chart shows that this was given on a gradually reducing basis). On 3 February, Mr Boland's community GP faxed a list of his current medications including diazepam and on 5 February, Mr Boland asked a nurse about his diazepam medication, which had then stopped. The nurse wrote on SystmOne that he would forward it for review that afternoon. There is no record of a review, but a doctor saw Mr Boland on 17 February and agreed to restart it again. The reasons for the decision are not clearly recorded, but Mr Boland received diazepam on a reducing basis from 24 February.

67. We do not suggest that the prescribing decisions were clinically inappropriate and the clinical reviewer noted that there is no record that Mr Boland experienced any withdrawal symptoms while he was at Birmingham. However, it would have been good practice to review Mr Boland's medication formally and record the reasons for prescribing decisions, particularly when there were changes. We make the following recommendation:

The Head of Healthcare should ensure that GPs fully record in the clinical record the reasons for prescribing decisions, including the reasons for any changes and review medication when a need is identified and when community GP records are received.

Emergency response

68. Prison Service Instruction (PSI) 03/2013, about emergency medical response procedures, requires Governors and Directors to have an emergency protocol based on the PSI, which ensures that staff use appropriate medical emergency response codes to alert others to the nature of the emergency and that an ambulance is called automatically in a life-threatening situation. Birmingham has an Operational Order 149/2013 about Code Red and Code Blue Emergency Procedures. It states that staff must use code red or code blue over the radio net or telephone when discovering a potentially life-threatening health related emergency. The communication room will then immediately dial 999 and request an emergency blue light ambulance.

69. According to the control room incident log, the night patrol officer asked for urgent assistance at 3.32am. Other staff attended quickly and as soon as it was established that this was an emergency, an officer called a code blue message at 3.34am. The control room immediately called an ambulance. Staff and paramedics gave appropriate emergency treatment but, sadly, Mr Boland did not respond. We are satisfied that the emergency response was appropriate and timely.

Family liaison

70. Prison Rule 22(1) states, "If a prisoner dies the governor shall, if he knows his or her address, at once inform the prisoner's next of kin…" PSI 64/2011 gives a mandatory instruction that, wherever possible, this must be done in person by a family liaison officer and another member of staff.

71. The prison did not contact the family liaison officer until 7.34am, more than three hours after paramedics had declared Mr Boland's death. The Director and the family liaison officer arrived at Mr Boland's mother home at 9.18am and broke the news of his death. This was five hours after he had died, although his family lived not far from the prison. We consider that this was too long and in not in line with the Prison Rule. We make the following recommendation:

The Director should ensure that, in line with Prison Rule 22, when a prisoner dies, his next of kin are informed as soon as possible.

Return of property

72. Mr Boland's family had wanted to bury Mr Boland in a particular item of clothing but they had not received it before his funeral on 11 May. There was some confusion about the handling of arrangements between the prison and the police, who still had some items of Mr Boland's clothing and property. The police had said that they would take the lead on family liaison, but this did not happen. This meant that Mr Boland's property was not returned to his family until 3 July.

73. Mr Boland's mother considered that the handover of property was not handled sensitively and was surprised that she had to sign for receipt when she had expected to be able to open the bag and go through the items in her own time. The family liaison officer was concerned to hear that Mr Boland's mother was upset about this and said that she had aimed to be as tactful as she could and had telephoned in advance to explain what would happen and to ask whether Mr Boland's mother wanted to have someone with her to support her.

74. It is unfortunate that Mr Boland's family did not get his property returned before his funeral and that his mother was unhappy about the arrangements when this was done. The original delay appears to have been caused by the police and in retrospect the prison should not have accepted that the police had the primary role. However, we are satisfied that the family liaison officer acted in good faith and sadly it is not now possible to rectify the situation.

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