

Prisons &
Probation

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ryan Kennedy a prisoner at HMP Moorland on 28 January 2016

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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 Ryan Kennedy was found hanged in his cell at HMP Moorland on 28 January 2016. He was 25 years old. I offer my condolences to his family and friends.

Mr Kennedy had some risk factors for suicide, which prison staff had identified, but I am satisfied that there was little to indicate he needed monitoring under Prison Service suicide and self-harm prevention procedures at any time. He disclosed some mental health problems and had two mental health assessments at Moorland but reported no further mental health concerns after July 2014. Mr Kennedy had a family history of suicide, which suggested he was always at long-term higher risk of suicide, but prison staff were unaware of this. There was little to indicate that he was at heightened risk immediately before his death and I consider it would have been difficult for staff to have predicted or prevented his actions. Although it would not have altered the outcome for Mr Kennedy, there were deficiencies with the emergency response, which the prison needs to rectify.

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

September 2016

Contents

Summary
The Investigation Process
Background Information
Key Events
Findings.....

Summary

Events

1. On 10 January 2014, Mr Ryan Kennedy was sentenced to seven years in prison for a violent offence. At an initial health screen, at HMP Nottingham, Mr Kennedy said he had been diagnosed a year earlier with depression, but had recently stopped taking antidepressants. He had cut his wrist four months earlier, but said he had no current thoughts of suicide or self-harm. Reception staff did not consider he needed to be monitored under Prison Service suicide and self-harm prevention procedures, known as ACCT. A nurse referred him for a mental health assessment, but he did not attend the three appointments he was offered.
2. On 13 March, Mr Kennedy was transferred to HMP Moorland. Shortly after he arrived, he told a substance misuse nurse that he believed his use of alcohol had contributed to his offending and that he suffered from paranoia and anxiety. In July, a mental health nurse recorded that he would review Mr Kennedy and possibly arrange a psychiatric assessment. The nurse referred Mr Kennedy for talking therapies but did not review him after that. Mr Kennedy decided he did not need psychological support as his anxiety had decreased. In January 2015, Mr Kennedy referred himself to the substance misuse team. The team discharged him in February, as he showed a good awareness of the part alcohol had played in his offending.
3. Mr Kennedy appeared to settle at Moorland and staff and other prisoners had no concerns about him. He worked in the bricklaying workshop and mentored other prisoners. In August 2015, he trained to become a Listener (a prisoner trained by the Samaritans to support other prisoners). In January 2016, he enquired about transferring to another prison for a training course, which would further his employment prospects.
4. In the workshop on 27 January 2016, other prisoners made comments suggesting that Mr Kennedy was gay and in a relationship with another prisoner. The workshop instructor said he did not hear these exchanges. Prisoners said it was just light hearted banter but Mr Kennedy appeared to dwell on this that evening. A friend said Mr Kennedy seemed paranoid about the comments but thought he had reassured him that the other prisoners were just joking.
5. At 5.51am on 28 January, a night patrol officer, as a routine security procedure, checked all cells on Mr Kennedy's spur. He spent some time looking into Mr Kennedy's cell but later said he could not recall why. Around 8.16am, another officer found the door observation panel was covered from inside. He went into the cell and found Mr Kennedy hanged. The officer radioed a medical emergency. Nurses responded quickly, but no one called an ambulance until 12 minutes later. Although the nurses noted the presence of rigor mortis, they decided to attempt resuscitation. Paramedics arrived, assessed Mr Kennedy and recorded that he had died.

Findings

6. Mr Kennedy had some factors which increased his risk of suicide. Staff appropriately identified these when he first arrived in prison but did not consider he needed monitoring. After this, he was never identified as at risk of suicide at any time. Mr Kennedy's father and grandfather had died by suicide but he did not disclose this to anyone in prison. Mr Kennedy was referred to the mental health team, as he reported some anxiety and paranoia but said these had resolved themselves. He had no further contact with mental health services after July 2014, and did not report any additional mental health problems.
7. Mr Kennedy seemed to settle well and staff had no concerns about him. Staff gave him positive reports and other prisoners said he was popular. He was thinking about the future and his resettlement needs. On the afternoon before his death, other prisoners said there was some joking at his expense, which Mr Kennedy appeared to brood about. A friend thought he had reassured Mr Kennedy it was just light hearted banter. Staff did not know about this incident and we do not consider that they could have anticipated or prevented his actions, or identified that he was at raised risk of suicide immediately before his death.
8. We cannot say for certain exactly when Mr Kennedy died. We consider it seems likely that he had died before the night patrol officer did a roll check shortly before 6.00am, although we accept that he believed that the observation panel had not been covered at the time. Contrary to local and national instructions, staff did not call an ambulance when an officer radioed a medical emergency. The investigation also found that staff unnecessarily tried to resuscitate Mr Kennedy, when it was obvious he was dead.

Recommendations

- The Governor should ensure that staff satisfy themselves of a prisoner's safety at a roll check if they cannot see them properly and alert the relevant manager if there are any concerns or the observation panel is covered.
- The Governor should ensure that control room staff call an ambulance immediately a medical emergency code is received.
- The Governor and Head of Healthcare should ensure that staff are given clear guidance about the circumstances in which resuscitation is inappropriate.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Moorland informing them of the investigation and asking anyone with relevant information to contact her. Three prisoners responded.
10. The investigator visited Moorland on 1 February and obtained copies of relevant extracts from Mr Kennedy's prison and medical records. She interviewed three prisoners and met the Governor.
11. NHS England commissioned a clinical reviewer to review Mr Kennedy's clinical care at the prison.
12. The investigator interviewed seven members of prison staff and two prisoners at Moorland on 25 February, some jointly with the clinical reviewer. She also interviewed two Samaritans. She interviewed two prisoners and a friend of Mr Kennedy's by telephone, and two members of prison staff by video link.
13. We informed HM Coroner for South Yorkshire East District of the investigation, who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
14. One of the Ombudsman's family liaison officers contacted Mr Kennedy's mother to explain the investigation. Mr Kennedy's mother had no specific matters for the investigation to consider, but appreciated the opportunity to be involved in the process.
15. Mr Kennedy's mother received a copy of the initial report. While Mr Kennedy's mother said that the report contradicted information that was given to her by the prison at the time of her son's death, she did not highlight any factual inaccuracies within the report.
16. The prison also received a copy of the report and did not identify any factual inaccuracies in the report.

Background Information

HMP Moorland

17. HMP Moorland in South Yorkshire holds up to 1,000 men. Nottinghamshire Healthcare NHS Trust runs healthcare services at the prison, including primary care, mental health and substance misuse services. The prison does not have an inpatient facility or full time nursing cover.

HM Inspectorate of Prisons

18. The most recent inspection of Moorland was in February 2016. Inspectors found violence had increased and arrangements for managing prisoners suspected of bullying were confusing and ineffective (although support for victims was good). A fifth of prisoners felt unsafe and inspectors noted that the availability of new psychoactive substances was threatening the stability of the prison. Care for prisoners assessed as at risk of suicide and self-harm was generally good. Listeners were well supported by local Samaritans, although there were some problems with prisoners accessing the service.
19. Health services were generally reasonable and mental health provision was good. Promotion of equality and diversity was weak. Inspectors found that recategorisation decisions were not always completed on time. Staff working in the offender management unit had not been sufficiently trained and many staff did not fully understand the prison's resettlement role.

Independent Monitoring Board

20. 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 February 2015, the IMB was positive about the management of safer custody at Moorland and noted that the Listener scheme was well used.

Previous deaths at HMP Moorland

21. Before Mr Kennedy's death, there had been five deaths at Moorland since the start of 2014. Four were from natural causes. There were no significant similarities with the circumstances of Mr Kennedy's death but we have previously found a delay in calling an ambulance after an emergency medical code.

Assessment, Care in Custody and Teamwork

22. Assessment, Care in Custody and Teamwork (ACCT) is the care planning system the Prison Service uses for supporting and monitoring prisoners assessed as at risk of suicide and self-harm. The purpose of the ACCT process is to try to determine the level of risk posed, the steps that might be taken to reduce this and the extent to which staff need to monitor and supervise the prisoner. Levels of supervision and interactions are set according to the perceived risk of harm. There should be regular multi-disciplinary case reviews involving the prisoner. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

Key Events

23. On 10 January 2014, Mr Ryan Kennedy was sentenced to seven years in prison for a violent offence and sent to HMP Nottingham. Mr Kennedy had not been in prison before. Court staff noted on Mr Kennedy's escort record that he had been sentenced for a violent offence and suffered from depression. He had disclosed that he had cut his wrist five years earlier, but had said he would no longer do anything like that.
24. At an initial health screen at the prison, Mr Kennedy told a nurse he had been diagnosed with depression a year previously and had cut his wrist four months earlier. He said he did not misuse drugs. Mr Kennedy said he had been prescribed antidepressants, but had stopped taking them in December. He said that he did not have any current thoughts of suicide or self-harm and did not want to be referred to the mental health team. However, she referred him for a mental health assessment, because of his history and because he had received a long sentence. Mr Kennedy did not attend three appointments he was offered with the mental health team.
25. Mr Kennedy's community GP confirmed he had previously been prescribed fluoxetine, an antidepressant, but not since December 2013. He was never prescribed antidepressants in prison.
26. On 27 January, a healthcare assistant, completed a general health check and an alcohol assessment. Mr Kennedy said that he did not drink alcohol.

HMP Moorland

27. On 13 March, Mr Kennedy was transferred to Moorland. At an initial health screen, a nurse noted that Mr Kennedy had previously suffered from depression but said he did not have any current thoughts of suicide or self-harm. Although staff at Nottingham had noted Mr Kennedy had self-harmed before he was sentenced to prison, the nurse did not record this again. Mr Kennedy said that he had previously used cannabis and cocaine and drank alcohol, although he had previously said he did not drink.
28. On 21 March, Mr Kennedy's offender supervisor (responsible for his sentence planning and liaising with external probation services) discussed his sentence plan with him. They agreed three targets: alcohol awareness, improving employment skills and assessment for the thinking skills
29. On 31 March, a health promotion specialist for the substance misuse team referred Mr Kennedy to the substance misuse service for a full assessment.
30. On 3 April, Mr Kennedy told a nurse from the substance misuse team, that he had been under the influence of alcohol when he committed his offence, and planned to reduce his drinking when he was released. He did not disclose any drug use. He said that he suffered from paranoia and anxiety and had once cut his wrist, but had not self-harmed since. Mr Kennedy told her that he could dwell on problems for days, but as he got older, he was managing

better. He said he used distraction techniques, such as reading, to manage over-thinking. He was reluctant to be referred to the mental health team, as he thought it would impact negatively on his sentence progression, but she encouraged him to work with them. She concluded that Mr Kennedy did not need any further input from the substance misuse team, but she would refer him for a mental health assessment.

31. On 8 April, a nurse examined Mr Kennedy as he reported having back pain. She told him to avoid heavy lifting and to take paracetamol. Mr Kennedy also asked her to refer him to the mental health team. Mr Kennedy did not attend his appointment with a nurse for his mental health assessment on 23 May, as arranged. No reasons were recorded.
32. On 11 June, Mr Kennedy told a healthcare assistant that he wanted to stop smoking and she advised him about using nicotine patches. Mr Kennedy said he did not sleep well and she suggested referring him to the psychological therapies team for help, but Mr Kennedy declined.
33. On 20 June, a nurse noted in Mr Kennedy's medical record that he had gone to work that day rather than attend his rescheduled mental health assessment. At a further rescheduled assessment on 3 July, Mr Kennedy told the nurse that he experienced residual paranoia from previous drug use. He said that he had used mephedrone (a synthetic amphetamine) which he blamed for his anxiety and low mood. He said he could not cope in social situations, and often stayed in his cell during association periods (when prisoners have free time). The nurse recorded, 'He [Mr Kennedy] says that his feelings of paranoia can last for days and that it builds and that it can start by him just picking up on something that someone has said that might in all honesty be harmless'. Mr Kennedy did not want to be prescribed medication, but this time he agreed to be referred to the psychological therapies team. The nurse noted he would review Mr Kennedy and possibly refer him for a psychiatric assessment.
34. On 28 July a worker from the psychological therapies team met Mr Kennedy who said that he had adjusted to being in a new prison and no longer felt anxious. He apologised for wasting her time. She told Mr Kennedy he had not wasted her time and he could ask for help again if his situation changed. She discussed Mr Kennedy with a prison counsellor and they agreed to close his case and he was discharged from the psychological therapies team caseload. After this, Mr Kennedy had no further contact with mental health services.
35. On 23 November, Mr Kennedy's new offender supervisor completed an OASys (an assessment of risks and needs) and reviewed Mr Kennedy's sentence plan with him. They agreed targets for Mr Kennedy to improve his problem-solving skills, increase his awareness of the impact of alcohol on his offending and improve his employment skills. Mr Kennedy completed a self-assessment and recorded that stress, depression, loneliness, and not having a partner, were issues for him.
36. On 13 January 2015, the offender supervisor referred Mr Kennedy to the Thinking Skills Programme. On 22 January, a member of the offending

behaviour team assessed Mr Kennedy. She concluded he did not meet the criteria for the programme, as his risk of offending and needs had been assessed as low.

37. On 27 January, Mr Kennedy referred himself to the substance misuse team. On 29 January, he told a worker from the substance misuse service that he wanted to increase his awareness about the impact of drinking alcohol, as this was a sentence plan target. He said that he had previously used cannabis, ecstasy and MDMA (a synthetic amphetamine). She noted Mr Kennedy did not have any thoughts of suicide or self-harm, and he reported no concerns about his physical or mental health. She asked Mr Kennedy to complete a workbook about alcohol.
38. On 19 February, a worker from the substance misuse service reviewed Mr Kennedy and noted that he had shown very good awareness of his alcohol use and how it had impacted on his offending. She concluded that he did not need to do any further work and discharged him from the substance misuse services. (All of the prisoners we interviewed said that Mr Kennedy had never used drugs in prison, and there is no evidence of any drug use or suspicions in his prison records.)
39. The offender supervisor spoke to Mr Kennedy on 29 March, and told him that he had received positive reports. He encouraged him to continue working hard and said that his security category would be reviewed every six months.
40. Healthcare staff treated Mr Kennedy for minor ailments, but he had no significant health issues before his death. Prison officers and workshop instructors recorded extremely positive comments in Mr Kennedy's prison record, and reflected that he had worked hard to improve his skills and at the same time supported other prisoners as a mentor in the bricklaying workshop.
41. On 8 June, Mr Kennedy applied to join the Listener scheme to support other prisoners. An administrator sent the application to prison staff who knew him and to security staff for comments.
42. On 8 July, the offender supervisor reviewed Mr Kennedy's security category. He recorded that Mr Kennedy had made good progress and if he continued to progress, he would consider supporting a move to a category D open prison at the next review in six months, which was due in January 2016.
43. Staff supported Mr Kennedy's application to become a Listener, although healthcare staff were not asked for comments. (The prison has subsequently changed the system to include comments from healthcare staff, where relevant.) On 27 July, the Samaritans interviewed him and accepted him for the Listener training. He attended four days' training, and formally began his role as a Listener from 24 August. Mr Kennedy supported other prisoners as a Listener three times. Each time another Listener accompanied him. The Listener told the investigator that there was nothing during any of these contacts that was particularly distressing. He never had any concerns about Mr Kennedy and said he was a cheerful, but private man.

44. All prisoners' telephone calls, except those that are legally privileged, are recorded, and prison staff listen to a random sample. The investigator listened to Mr Kennedy's calls. On 17 January 2016, he spoke to his sister for about 17 minutes. There was nothing in the conversation that suggested Mr Kennedy had any particular difficulties or indicated that his risk of suicide had increased. He made no other calls before he died.
45. On 24 January, Mr Kennedy applied to transfer to HMP Lindholme, for a rail engineering course run by Amber Train Ltd, which provides training in railway maintenance and employment opportunities for released prisoners.
46. On 27 January, Mr Kennedy went to work as usual in the bricklaying workshop. The workshop instructor said there was nothing unusual about Mr Kennedy's behaviour. He seemed his normal self and helped staff and other prisoners. Prisoners told the investigator that during the afternoon there was some 'banter' between a few of the prisoners about Mr Kennedy being gay, and some reference to his friendship with another prisoner. He said he had not heard any of this exchange, and said, had done so, he would have stopped any offensive language.
47. The Governor of Moorland visited the bricklaying workshop that day and Mr Kennedy asked him about moving to Lindholme to do the railway maintenance course. He told Mr Kennedy that such a transfer was unusual but suggested that he should write to the deputy governor at Lindholme and ask to be considered for the course. He told the investigator that he had planned to contact the duty governor himself to support Mr Kennedy's request. He said there was nothing about Mr Kennedy's presentation that caused him any concern.
48. A friend of Mr Kennedy, who lived in the cell next to him, told the investigator that, during the evening association period, Mr Kennedy asked him if the other prisoners thought he was gay. He said Mr Kennedy was paranoid about the comments made in the workshop earlier. He assured him it had only been a joke and that he should not worry about it. (He and other friends did not think Mr Kennedy was gay.) He said Mr Kennedy seemed to accept his reassurance and he was not concerned about him. He said Mr Kennedy had asked him to make a curry the next day, and Mr Kennedy then went for a shower before they were locked in their cells for the night.
49. An officer locked Mr Kennedy into his single cell at 6.00pm. At 6.08pm, the officer briefly opened Mr Kennedy's cell again so he could give something to a prisoner, whose cell was nearby. The prisoner told the investigator he had borrowed Mr Kennedy's lighter from him.
50. Prisoners told the investigator that Mr Kennedy was a private man who rarely spoke about his personal feelings or his life outside prison. A prisoner who lived in the cell opposite Mr Kennedy told the investigator that about three weeks before he died Mr Kennedy had told him he was worried he might not be re-categorised to D. However, he said Mr Kennedy did not appear to be particularly upset about this.

Thursday 28 January

51. About 5.50am on 28 January, the night patrol officer on Mr Kennedy's spur started a routine security check to establish that all prisoners were in their cells. At such checks, staff do not have to get a response from prisoners, but they should be alert to any safety concerns.
52. At 5.51am, CCTV shows the night patrol officer outside Mr Kennedy's cell for about 40 seconds - considerably longer than normal for such a check. He shone a torch into the cell through the observation panel in the door. He then continued checking other cells. When interviewed, he said he did not recall specifically checking Mr Kennedy's cell and did not know why he had stopped outside his cell for so long. He said it was sometimes difficult to see into the cells, and some prisoners did not always sleep in bed. He said that if he had had any concerns, or if the observation panel had been covered, he would have contacted the night manager. He said he left the prison at around 7.30am.
53. CCTV shows that at 8.15am, Officer A began to unlock the cells on Mr Kennedy's spur. He arrived at Mr Kennedy's cell a minute or two later and found he had covered the observation panel. He got no response when he called Mr Kennedy's name so he went into the cell and found Mr Kennedy hanged from the window by a ligature made of a dressing gown cord and a sheet. He supported Mr Kennedy's weight then cut the ligature and radioed a code blue medical emergency. (He originally gave the wrong location but this was quickly corrected.) He unlocked the prisoner from the cell next door, as he was becoming distressed. He went back into Mr Kennedy's cell and checked him for signs of life. He told the investigator that Mr Kennedy's body was very cold and already stiff. The prisoner stayed outside the cell. CCTV shows he was very distressed, but he directed other staff to Mr Kennedy's cell.
54. Nurse A arrived at Mr Kennedy's cell at 8.21am with an emergency resuscitation bag. Two more nurses arrived shortly afterwards and Nurse A told them that Mr Kennedy was dead. Nurse B went into the cell and assessed Mr Kennedy. He asked the control room to call an ambulance and started cardiopulmonary resuscitation. The nurses attached a defibrillator, which found no shockable heart rhythm. The three nurses continued attempting to resuscitate Mr Kennedy until paramedics arrived.
55. Yorkshire Ambulance Service records indicate that the prison called an emergency ambulance at 8.28am. The first paramedics arrived at Mr Kennedy's cell at 8.40am. At 8.44am, he recorded that Mr Kennedy had died.
56. Mr Kennedy did not leave a suicide note. Staff found a letter in his cell to the deputy governor at Lindholme outlining the reasons why he wanted to transfer prisons to complete the railway maintenance course. In the letter he said, 'I only want to better myself for when I get out'.

Contact with Mr Kennedy's family.

57. The Governor of Moorland contacted HMP Styal, which was closer to Mr Kennedy's mother's home, and arranged for a family liaison officer from Styal

to inform Mr Kennedy's mother of his death. Moorland's family liaison officer contacted Mr Kennedy's mother later that day to offer condolences and support.

58. Mr Kennedy's funeral was held on 11 February. In line with Prison Service policy, Moorland contributed towards the costs of the funeral. On 17 February, there was a well-attended memorial service at the prison and prisoners had a collection for Mr Kennedy's family.

Support for prisoners and staff

59. The duty governor debriefed the staff involved in the emergency response to offer them support and allow them to discuss any issues arising. The staff care team also offered support. (The nurses said they did not feel well-supported by the NHS Trust, which employed them.)
60. After Mr Kennedy died, staff checked all prisoners assessed as at risk of suicide and self-harm in case they had been adversely affected by Mr Kennedy's death.

Post-mortem report

61. A pathologist concluded that Mr Kennedy had died from hanging. Toxicology tests found no drugs (including any new psychoactive substances) or alcohol in his body.

Findings

Identification of risk of suicide and self-harm

62. Prison Service Instruction (PSI) 64/2011, which covers safer custody, lists a number of risk factors and potential triggers for suicide and self-harm. These include a family history of suicide, previous self-harm, being charged with a violent offence, a history of substance misuse, a history of mental health problems and being single. All of these factors applied to Mr Kennedy. However, he did not always tell staff the full extent of his previous drug use. Mr Kennedy's father and grandfather had killed themselves. This family history would have significantly increased his risk, but he did not disclose this to anyone in prison.
63. When Mr Kennedy first arrived at Nottingham, we are satisfied that staff considered his risk factors for suicide and self-harm but made a reasonable decision that he did not need to be monitored under ACCT, suicide and self-harm prevention procedures. A nurse referred Mr Kennedy to the mental health team on 10 January 2014, but he did not attend the appointments he was offered.
64. After Mr Kennedy transferred to Moorland, there was little to indicate that he was at increased risk of suicide and self-harm. Mr Kennedy had no contact with mental health services at the prison after July 2014. He had identified some problems with paranoia and anxiety, but did not want any medication and declined psychological therapies, as he said he was no longer anxious. This was over eighteen months before his death, and he never reported any further mental health concerns.
65. On the afternoon and evening before he died, Mr Kennedy appeared to be upset about remarks made by other prisoners (which they described as light-hearted banter) about his sexuality. A prisoner said he had seemed paranoid about this. In June 2014, Mr Kennedy told a nurse that his feelings of paranoia could start by him picking up on small things that someone had said, which he acknowledged might have been harmless. It is possible that brooding on these remarks triggered his actions, but staff did not know about the incident in the workshop and could not have intervened. The prisoner believed he had reassured Mr Kennedy that it had just been a joke.
66. Mr Kennedy gave no indication to anyone of his intentions and did not appear low in mood. On the evening before his death he had spoken to the prisoner about what they would do the next day, He was planning for the future and had written a letter to Lindholme applying to transfer there.
67. Mr Kennedy's friends at Moorland said that he was very popular and they had no concerns about his wellbeing. They were extremely shocked by his death. Prison staff were also shocked and said he gave no indication that he was at increased risk. While Mr Kennedy's family history would indicate that he was always a higher risk of suicide, we do not consider that the prison could reasonably have identified that he was at increased risk immediately before his death or done anything to prevent it.

Early morning check

68. When the night patrol officer checked Mr Kennedy's cell during the early morning roll check on 28 January, he stopped outside the cell for significantly longer than the other cells. He could not recall why, or recall checking Mr Kennedy specifically, but thought he might have spent longer at the cell if he could not see him immediately. He noted that sometimes prisoners did not sleep in their beds, which made it more difficult to see them. He said he was 99.5% sure that the door observation panel was not covered at the time and that he would have called the night manager, if it was.
69. Prison Service Instruction (PSI) 24/2011, about the management and security of prisons at nights, requires staff who find observation panels covered to inform the night manager, who should send additional staff to the cell to deal with the incident. Moorland's local instructions reflect the national guidance. Staff said that prisoners often covered their observation panels but the night patrol officer said that he had never had such an incident at night. The prison was unable to give us information about how often night managers had been required to deal with covered panels at night.
70. We do not know for certain when Mr Kennedy died. However, the presence of rigor mortis and pooled blood in his body suggests he had been dead for some hours. Rigor mortis does not usually begin until about two hours after death and in normal circumstances is complete within three to six hours. The onset of rigor is delayed at low temperatures. Nurses described Mr Kennedy's cell as 'extremely cold' when they got there. It was January and the window was open, as Mr Kennedy had used the window frame as a ligature point.
71. Mr Kennedy might have been alive when the night patrol officer checked him, but it seems more likely that he was dead. It is possible that during his extended check, and using a torch, he saw the outline of Mr Kennedy's body and was satisfied he was in the cell. The primary purpose of a roll check is to account for all prisoners, but staff are also expected to satisfy themselves of each prisoner's well-being and need to see into cells sufficiently well to identify if there are any concerns. We do not consider that it is likely that anything could have been done to save Mr Kennedy at the time of the officer's check, but all staff need to be alert for any concerns when carrying out roll checks. We make the following recommendation:

The Governor should ensure that staff satisfy themselves of a prisoner's safety at a roll check if they cannot see them properly and alert the relevant manager if there are any concerns or the observation panel is covered.

Emergency response

72. Prison Service Instruction (PSI) 3/2013 requires prisons to have a medical emergency response code protocol, which states how staff communicate the nature of a medical emergency, and that the control room calls an ambulance

immediately when a code is used. Moorland re-issued their local protocol (255/2015), which reflects national guidance, on 4 November 2015. However, training notes for staff working in the control room, dated 26 June 2015, do not reflect the requirement for staff to call an ambulance immediately and say that an operational manager will advise the control room whether to call an ambulance. They suggest that 'sometimes in a code red/blue situation you may be asked to call for an ambulance'. However, the PSI makes it clear that it must not be a requirement for a member of the prison healthcare team or a manager to attend the scene before emergency services are called.

73. Officer A correctly radioed a code blue when he discovered Mr Kennedy hanged but the control room did not call an ambulance until 8.28am, twelve minutes later. It was clear from our interviews and informal discussions with staff that many staff did not understand the emergency medical code protocol. While the delay in calling an ambulance would not have altered the outcome for Mr Kennedy, as it is apparent that he had been dead for some time, in other emergencies any delay could be critical. We make the following recommendation:

The Governor should ensure that control room staff call an ambulance immediately a medical emergency code is received.

Resuscitation

74. The nurses who responded to the emergency noted that blood had pooled in Mr Kennedy's body and there were clear signs of rigor mortis. Despite this, they decided to attempt resuscitation.
75. Nurses A and B told the investigator that nurses at Moorland will always carry out resuscitation until a doctor or an ambulance crew take over. The Healthcare Trust has a policy, which says that staff may withhold cardiopulmonary resuscitation where rigor mortis or hypostasis (pooling of blood) are present, but the nurses were unaware of this.
76. We understand the commendable wish to attempt and continue resuscitation until death has been formally recognised, but staff should understand that they are not required to carry out cardiopulmonary resuscitation in these circumstances. Trying to resuscitate someone who is clearly dead is distressing for staff and undignified for the deceased. The European Resuscitation Council Guidelines for Resuscitation 2010 say resuscitation is inappropriate and should not be provided when there is clear evidence that it will be futile, such as the presence of rigor mortis. We make the following recommendation:

The Governor and Head of Healthcare should ensure that staff are given clear guidance about the circumstances in which resuscitation is inappropriate.

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