Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Omar Ali Musa a prisoner at HMP Isis on 4 February 2016

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*

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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.

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

Mr Omar Ali Musa died at HMP Isis on 4 February 2016. Mr Musa was 26 years old. I offer my condolences to Mr Musa's family and friends.

Mr Musa was found unconscious and not breathing in his cell at morning unlock. The post mortem and toxicology report showed he had taken heroin, cocaine and new psychoactive substances (NPS) before he died. We found no evidence that Mr Musa intended to take his life, instead he appears to have actively sought and been able to obtain illicit drugs while in custody.

Mr Musa's death emphasises the need for HMP Isis to develop and implement detailed drug supply and demand reduction strategies. It is disappointing they had not yet done so by the time of Mr Musa's death, despite recommendations made by Her Majesty's Inspectorate of Prisons in 2014 and 2016.

I am concerned that staff did not use an emergency code immediately and the response was not as prompt as it should have been. We cannot say that this affected the outcome for Mr Musa but there needs to be an increase in staff awareness of emergency procedures.

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 2017**

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Summary

Events

1. On 1 October 2012, Mr Omar Musa was recalled after being released on licence from a nine year sentence for robbery. He was released again on 5 April 2013 and recalled again on 31 October 2014. Mr Musa was at large until 8 January 2016 and was taken to HMP Wandsworth the next day. He reported using alcohol and illicit drugs, and completed an alcohol withdrawal programme.

2. On 1 February 2016, Mr Musa was transferred to HMP Isis. He appeared physically and mentally well and was given a single cell on the induction unit. Nothing of note happened over the next few days. Mr Musa appeared to interact well with staff and prisoners.

3. At 8.03am on 4 February, an officer discovered Mr Musa unresponsive in his cell at morning unlock. He radioed for the emergency response nurse. Officers and nurses tried to resuscitate Mr Musa and paramedics attended. They pronounced him dead at 9.10am.

4. A post-mortem report showed Mr Musa had taken heroin, cocaine and new psychoactive substances (NPS) before he died. The cause of death was "combined toxic effects of morphine (heroin) and cocaine".

Findings

5. We do not know how, when or where Mr Musa obtained the illicit substances he took before he died. Because all prisoners arrive at Isis from other prisons, where they should have already been tested for drugs, there is no routine drug testing on arrival.

6. Mr Musa's death emphasises the need for Isis to develop and implement a detailed drug supply reduction strategy. Despite recommendations to this effect from successive inspections in 2014 and 2016, Isis has not yet implemented this and we have seen no evidence of progress since April 2016.

7. The officer who found Mr Butler on 4 February 2016 did not use an emergency code to indicate that it was a life-threatening situation. As a result, only one nurse responded initially and did not bring any emergency equipment. There was also a delay in calling an emergency ambulance. We cannot say that this delay altered the outcome for Mr Musa.

Recommendations

- The Governor ensures that a detailed drug supply reduction strategy is implemented as a matter of urgency.
- The Governor and Head of Healthcare should ensure that all staff are aware of PSI 03/2013 and local guidance and understand their responsibilities during medical emergencies, including that:
    - Staff use the appropriate code to communicate a medical emergency;

- Staff called to the scene take the relevant equipment;
- The control room calls an ambulance immediately an emergency medical code call is received.

The Investigation Process

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

9. The investigator visited Isis on 10 February 2016. She obtained copies of relevant extracts from Mr Musa's prison and medical records. She watched CCTV and listened to radio messages of 4 February.

10. NHS England commissioned a clinical reviewer to review Mr Musa's clinical care at the prison.

11. The investigator interviewed four members of staff and one prisoner at Isis on 10 February and 14 March. The clinical reviewer and the investigator interviewed five staff together on 21 March and 6 May. The investigator spoke to a former member of staff by telephone.

12. We informed HM Coroner for Southwark of the investigation who sent the results of the post-mortem examination. We have given the coroner a copy of this report.

13. One of the Ombudsman's family liaison officers contacted Mr Musa's brother and mother to explain the investigation and to ask if they had any matters they wanted the investigation to consider. Mr Musa's brother said they wanted to know what happened before Mr Musa died, and specifically:

    - Whether the morning checks were done appropriately,
    - Why cardiopulmonary resuscitation took place if Mr Musa had died.
    - When Mr Musa was last seen alive.
    - When Mr Musa was declared dead.

Background Information

HMP Isis

14. HMP Isis is a medium security prison in South East London, holding about 600 young adults and men aged 18-30. Oxleas NHS Foundation Trust provides healthcare services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Isis was in May 2016. Inspectors reported that the security department was well managed and proportionate. The prison's main security risks were trafficking and violence. Searches and suspicion drug testing were often delayed because of insufficient resources. The proportion of prisoners who said it was easy to get illegal drugs at Isis had risen since the previous inspection, but was lower than comparator prisons. The prison was identifying and disrupting supply routes, which were predominantly through staff corruption and visits, but there was no detailed supply reduction strategy and action plan. HMIP repeated a recommendation about this from their previous inspection in 2014.

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. In its latest annual report, for the year to December 2015, the IMB reported that drug misuse remained low for a prison of its size and many of the positive tests involved prisoners who had recently entered the prison. Access to drug workers was limited due to the restricted regime in operation (due to staff shortages). The Board raised concerns that the use of new psychoactive substances (NPS) had increased.

Previous deaths at HMP Isis

17. Mr Musa is the first prisoner to die at HMP Isis since it opened in 2010.

NPS

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

19. In July 2015, we published a Learning Lessons Bulletin about the use of NPS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of NPS; the need for more effective drug supply reduction

strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

20. NOMS now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements. Testing has begun, and NOMS continue to analyse data about drug use in prison to ensure new versions of NPS are included in the testing process.

Key Events

21. On 1 October 2012, the Parole Board recalled Mr Omar Ali Musa from licence. He was released on licence again on 5 April 2013. The Parole Board recalled him to prison a second time on 31 October 2014, but he remained unlawfully at large until police arrested him on 8 January 2016. On 9 January, he was taken to HMP Wandsworth.

22. Mr Musa said he took cocaine daily, cannabis most days and heroin every other day. He said he drank half a bottle of brandy a day. His urine tested positive for cocaine and cannabis. Mr Musa completed an alcohol withdrawal programme on 14 January. He was prescribed naproxen (used to relieve pain) for dental problems and was allowed to keep it in his possession. He had no known history of self-harm or attempted suicide.

23. On 1 February, Mr Musa was transferred to HMP Isis. Mr Musa told a nurse at an initial health assessment that he had been recalled to prison from licence after a period at large. He said he had an old injury to his leg so the nurse made him an appointment with the GP. The nurse said Mr Musa's blood pressure and pulse were normal and he did not appear unwell or in any distress. (Mr Musa's urine was not tested for drugs because Isis is a training prison that only accepts prisoners transferring from other prisons where testing should already have taken place.)

24. An officer spoke to Mr Musa in reception. Mr Musa said he was not sure if he would have any gang related issues in Isis or whether he knew anyone from his local area. Mr Musa said he was okay and did not raise any concerns.

25. A prison GP continued Mr Musa's prescription for naproxen and allowed him to have it in his possession. He did not see Mr Musa. Mr Musa was given a single cell on the induction unit.

26. An officer completed Mr Musa's first night interview. He told her he wanted to keep his head down and get on with his sentence. He talked openly to her and nothing about him raised her concern.

27. Between 9.00 and 9.30am on 2 February, the Anglican chaplain spoke to Mr Musa on her induction unit round. He was not dressed and told her he was okay, did not want to see anyone and had been in prison lots of times and had done many inductions. She told him to get dressed and she would come back to talk to him. They went into a private room on the landing. She said Mr Musa was very polite and told her he would like to attend Friday prayers with the other Muslim prisoners. He said he did not want a Koran or to attend the Islamic studies course. She said nothing about Mr Musa raised concern.

28. At 11.00am, Mr Musa had a second day health assessment but the record was not saved to the electronic medical record as it should have been. It appears that Mr Musa asked to see the GP and an appointment was made for 8 February.

29. During social time on Tuesday 2 February, Mr Musa asked an officer to lock him in his cell. About 30 minutes later, he asked to come out again as he

wanted to talk to other prisoners who had come to his door. She said this was not unusual and Mr Musa seemed fine.

30. At 2.26pm, Mr Musa telephoned his brother. The investigator listened to a recording of the call. Mr Musa told his brother he had moved to Isis and named three other people that he knew there. He said he had been happy in Wandsworth and had had a nice cell. He complained about the amount of time he was locked in his cell at Isis. Mr Musa said when he moved to a standard wing he was going to "hook up and get something". The brothers spoke about getting hold of "food" (prison slang for drugs) and "tech" (prison slang for a mobile phone). Mr Musa also said another prisoner, who he did not name, was trying to get him something to help him sleep.

31. At about 3.30pm on 3 February, an officer told Mr Musa that he would be moving to another cell on landing three while his cell was painted. He left Mr Musa to pack his things and then took him to his new cell on G spur. He said Mr Musa appeared quite happy to move cells. He did not appear under the influence of any substances. He checked him about 30 minutes later and Mr Musa had unpacked some of his things and seemed to be settling in.

32. A prisoner said he arrived at Isis on the same day as Mr Musa from a different prison. He had known Mr Musa since they were children but had not seen him since May 2015. He spoke to Mr Musa during social time on 3 February. He said Mr Musa appeared fine and they shared a joke and talked about events and people from their home area. Mr Musa appeared sober. He said he was getting on alright at Isis and was not having any gang related trouble. He knew quite a few prisoners from his home area who were on other wings. Mr Musa complained about the amount of time in his cell and the quality of social time. He said it was more interesting watching TV in his cell.

33. The investigator watched CCTV of the period between the evening meal and lock up on 3 February. Mr Musa collected his medication from the hatch and appeared to be interacting normally with his peers.

34. Officer A remembered locking Mr Musa in his cell after the evening meal. He completed the roll count but could not remember specifically what Mr Musa was doing. He went off duty at about 5.45pm.

Thursday 4 February 2016

35. At about 8.00am, three officers began opening the cells to let the prisoners out for exercise. Officer A looked through the observation panel and saw Mr Musa lying on his back on the bed, with one hand behind his head and vomit over his face. He called Mr Musa's name but there was no response. He immediately went into the cell and discovered that Mr Musa was cold to the touch. CCTV showed this was at 8.03am. He called for Officer B and radioed for the emergency response nurse but did not use a code to indicate what the emergency was.

36. Both officers put Mr Musa in the recovery position. Officer A tried to unblock his airway with a towel while Officer B tried to find a pulse. Officer A radioed for the emergency response nurse a second time, again without using a code. He

then ran downstairs to see if he could find a nurse on the central hub between the wings.

37. Officer C was working on the central hub when Officer A came looking for a nurse. She went to Mr Musa's cell and she and Officer B began cardiopulmonary resuscitation. Officer C said Mr Musa's mouth and nose were blocked and she tried to clear them before using her breathing mask to give rescue breaths while Officer B began chest compressions.

38. The designated emergency response nurse said he was in the healthcare centre when he heard the radio call for him to attend G spur. He went straight to Mr Musa's cell and found Mr Musa was still on the bed. He asked the officers to move Mr Musa to the floor and shouted for the nursing team to bring the emergency bags.

39. CCTV showed that the nurse entered Mr Musa's cell at 8.07am. The London Ambulance call log showed the prison called an ambulance at 8.09am. More nurses entered Mr Musa's cell at 8.11am with emergency equipment, including a defibrillator (a life-saving device that gives the heart an electric shock in some cases of cardiac arrest). The nurse attached it to Mr Musa. The defibrillator advised no shock and the officers and nurses took it in turns to continue cardiopulmonary resuscitation. They used a manual suction machine to unblock Mr Musa's airways and gave him oxygen using an ambu bag (a hand-held device, which gives positive pressure ventilation to patients who are not breathing or breathing adequately).

40. Paramedics arrived at 8.25am and asked Officer C to help with the breathing apparatus. A second team of paramedics arrived and took over but they pronounced Mr Musa dead at 9.10am. The police later discovered some burnt foil in Mr Musa's cell.

Contact with Mr Musa's family

41. An officer and the prison imam travelled to Mr Musa's mother's house and broke the news of his death at 12.45pm. The prison contributed towards the costs of Mr Musa's funeral in line with national guidance.

Support for prisoners and staff

42. After Mr Musa's death, the Governor at the time debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

43. The prison posted notices informing other prisoners of Mr Musa's death. Staff reviewed all prisoners subject to suicide and self-harm prevention procedures in case they had been adversely affected by Mr Musa's death. A prisoner said staff had asked him if he was okay and a prison chaplain had visited him.

Post-mortem report

44. The toxicology report showed that Mr Musa had taken heroin, cocaine, NPS and cannabis material. The cause of death was "combined toxic effects of morphine (heroin) and cocaine". The report does not establish the quantities of drugs or when he took them.

Findings

Illicit substances including NPS

45. Mr Musa died from taking a combination of illicit substances. We do not know how or when he obtained these. Because there is no routine drug testing of new prisoners, it is possible that Mr Musa brought some of them with him from Wandsworth. It is apparent from the investigation that he actively sought and had connections which could provide him illicit items, likely to include drugs and phones. Intelligence gathered by the prison after his death pointed to a NPS that was available in Isis at the time known as "Man Down". In May 2016, Her Majesty's Inspectorate of Prisons recommended that Isis should develop a detailed drug supply reduction strategy – a repeat of a recommendation they made at their previous inspection in 2014. Isis had not completed this at the time of writing and we have seen no evidence of progress since April 2016.

46. We have not seen any clear evidence that Mr Musa should have been regarded as under suspicion of using or trading illicit substances during his short time at Isis. However, the availability of and demand for drugs has increased throughout the prison service and NPS especially present grave dangers to physical and mental health. Isis is aware of an increased availability of drugs in the prison which has historically been protected by its position within the perimeter of HMP Belmarsh. It is disappointing that they have not responded more swiftly to this increased threat despite the need for a coherent approach being identified in 2014. We make the following recommendation:

The Governor should ensure that a detailed drug supply and demand reduction strategy is implemented as a matter of urgency.

Emergency response

47. Prison Service Instruction (PSI) 03/2013 says that the Governor must have a medical emergency response code protocol that ensures an ambulance is called automatically in a life-threatening medical emergency. The protocol gives guidance on efficiently communicating the nature of a medical emergency, ensuring that staff take the correct equipment to the incident and that there are no delays in calling an ambulance. It explicitly says that all prison staff must be made aware of and understand the protocol and their responsibilities during medical emergencies. Governors are required to have a two code medical emergency response system based on the instruction. As is usual, Isis uses code blue to indicate an emergency when a prisoner is unconscious, or having breathing difficulties, and code red when a prisoner is bleeding. Calling an emergency code should automatically trigger the control room to call an ambulance.

48. Officer A did not radio a code blue when he discovered Mr Musa unresponsive in his cell. At interview, he said he realised later that he should have said code blue to indicate a prisoner was unconscious or not breathing. As a result, only the nurse responded and he did not bring any emergency equipment with him. He arrived four minutes after Officer A radioed for him and the other nurses and emergency equipment only arrived after a further four minutes (eight minutes

after Mr Musa was found). No one called an ambulance until 8.09am, six minutes after the officer found Mr Musa unresponsive.

49. In cases where a person has stopped breathing, prompt resuscitation is crucial. Mr Musa's airways were blocked and equipment was required to properly clear them to give him oxygen. Although it is unlikely that the delays in the emergency equipment arriving and in calling an ambulance made a difference to the outcome for Mr Musa, such a delay could be critical for other prisoners in life-threatening situations.

The Governor and Head of Healthcare should ensure that all staff are aware of PSI 03/2013 and local guidance and understand their responsibilities during medical emergencies, including that:

- **Staff use the appropriate code to communicate a medical emergency.**
- **Staff called to the scene take the relevant equipment.**
- **The control room calls an ambulance immediately and emergency medical code call is received.**

50. Since Mr Musa's death the prison has bought electronic suction machines and placed one on each house block and in the dental clinic.

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