Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Edward King a prisoner at HMP Lowdham Grange on 12 February 2017

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.

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 Edward King died on 12 February 2017 from the toxic effects of new psychoactive substances (NPS), while a prisoner at HMP Lowdham Grange. He was 54 years old. We offer our condolences to Mr King's family and friends.

Mr King, who had a long history of substance misuse, suffered from severe back pain and openly admitted using illicit substances to control his pain. The clinical reviewer found that his back pain was poorly managed and there was no integrated approach to managing his physical and substance misuse issues.

We share the concern of HM Inspectorate of Prisons and the Independent Monitoring Board about the availability of NPS and other illicit substances at Lowdham Grange. The prison must do more to address this.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman **March 2018**

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Summary

Events

1. Mr Edward King was sentenced to life imprisonment in October 2010. He was moved to HMP Lowdham Grange in January 2016.

2. Mr King had a history of back pain and had taken tramadol (an opiate based painkiller) for 12 years. On 4 July 2016, after Mr King had attempted to 'divert' his tramadol on three occasions, a prison GP halved his tramadol prescription. ('Diversion' is the practice of a prisoner passing his prescribed medication to other prisoners illicitly in return for payment or in response to bullying.) When Mr King tried to divert his tramadol again two weeks later, it was stopped altogether. The prison GP placed Mr King on an opiate detoxification regime, which he completed on 3 August. However, Mr King openly admitted using illicit substances and trafficked medications to control his back pain and even after prison GPs prescribed alternative pain relief, Mr King continued to do so.

3. On 15 September, prison staff suspected that Mr King had taken illicit drugs and they found a substance which they assumed to be new psychoactive substances (NPS) in his cell. During December and January, Mr King told the substance misuse service that he was taking illicit substances, including NPS, to control his back pain.

4. At around 5pm on 12 February 2017, a prison manager and a prison officer saw Mr King on CCTV entering his cell while unsteady on his feet. They went to Mr King's cell and found him collapsed on the floor. The prison manager made an emergency radio call at 5.13pm. A nurse arrived and started cardiopulmonary resuscitation (CPR). At 5.25pm, paramedics arrived and took over advanced life support but at 6pm, they pronounced that Mr King had died.

5. The post mortem concluded that Mr King died because of the toxic effects of synthetic cannabinoids.

Findings

6. Mr King's back pain was poorly managed and there was no integrated approach to managing his condition. The abrupt stopping of his tramadol was not in line with national pharmaceutical guidance. For these reasons the clinical reviewer concluded that Mr King's clinical care at the prison was not equivalent to that which he could have expected to receive in the community.

7. We found that the use of illicit substances at Lowdham Grange was rife. Prison officers expressed concern that staffing levels prevented them from effectively monitoring prisoners who were suspected of using illicit substances. Although the prison has a detailed substance misuse policy, we consider that it must do more to reduce the availability of illicit and trafficked substances.

Recommendations

- The Head of Healthcare should ensure that there is an appropriate detoxification programme when opiate based medication is reduced or stopped.

- The Director and Head of Healthcare should ensure that an integrated care plan is implemented for prisoners with complex clinical and substance misuse issues.
- The Director should ensure that effective supply and demand reduction strategies are properly implemented to help reduce the availability of new psychoactive substances, and that staff are vigilant to signs of their use and take appropriate action.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Lowdham Grange informing them of the investigation and asking anyone with relevant information to contact her. One prisoner responded.

9. The investigator visited Lowdham Grange on 1 March 2017. The investigator obtained copies of relevant extracts from Mr King's prison and medical records and took statements from three prisoners. The investigator interviewed seven members of staff at Lowdham Grange on 13 July.

10. NHS England commissioned a clinical reviewer to review Mr King's clinical care at the prison. The clinical reviewer conducted joint interviews with the investigator.

11. We informed HM Coroner for Nottinghamshire and Nottingham City of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

12. The investigator wrote to Mr King's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.

13. Our investigation was suspended between 27 March and 11 September while we awaited the cause of death and clinical review report. The completion of this report was delayed as a result.

14. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly. The action plan has been annexed to this report.

Background Information

HMP Lowdham Grange

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

HM Inspectorate of Prisons

16. The most recent inspection of HMP Lowdham Grange was in June 2015. Inspectors reported that some security procedures were disproportionate to the risks posed and although the prison was sighted on its security issues, actions from its intelligence reports were not always prompt enough. Mandatory drug testing was below target but security finds and intelligence reports indicated a growing use of undetectable NPS. Inspectors noted that more prisoners than at the last inspection said that it was easy to get illegal drugs and alcohol.

Independent Monitoring Board

17. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to January 2017, the IMB reported that the mandatory drugs testing figures continued to show that drugs were available in the prison with NPS usage continuing to be high. The IMB commented that Lowdham Grange had made great efforts to prevent drugs entering the prison. The security department regularly carried out intelligence led cell searches which had been successful.

Previous deaths at HMP Lowdham Grange

18. Mr King was the fifth prisoner to die at Lowdham Grange since January 2015. One of the previous deaths was caused by the toxic effects of NPS.

New Psychoactive Substances (NPS)

19. New psychoactive substances, previously known as ‘legal highs’ are an increasing problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of 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.

20. 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.

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

Key Events

22. On 17 April 2010, Mr Edward King was remanded in custody for violent offences and sent to HMP Doncaster. On 25 October, he was sentenced to life in prison. Mr King spent time in several prisons before being moved to HMP Lowdham Grange on 23 February 2016.

23. On arrival at Lowdham Grange, a prison nurse completed Mr King's initial health assessment. Mr King had spent most of his childhood in care and most of his adult life in prison. He had a history of post traumatic stress disorder and was diagnosed with a personality disorder. He also had a history of substance misuse and self-harm. The nurse made a referral to the prison's mental health team. She noted that Mr King took 400mg of tramadol (an opiate based painkiller) every day for back pain, the maximum daily dose for an adult.

24. The prison's mental health team assessed Mr King on 8 March. A prison mental health nurse noted that Mr King was moderately depressed and had a history of self-harm. Mr King did not attend his mental health appointments in April and May 2016. He told the nurse he did not want any further support and he was subsequently discharged from the mental health service.

Substance Misuse

25. On 24 February, a prison nurse witnessed Mr King attempting to divert tramadol. As an opiate-based drug, tramadol is highly tradeable in prisons and prisoners who are prescribed tramadol must, therefore, be seen to swallow the tablet before they leave the medication hatch. The next day a prison GP warned Mr King that he would not prescribe tramadol if Mr King did not take it exactly as directed.

26. On 18 March, a prison nurse from the Integrated Substance Misuse Service telephoned Mr King. Mr King said he had been drug-free for over six months and did not want to receive information about prevention and relapse. The nurse advised Mr King to contact the Substance Misuse Service if he needed support.

27. On 18 June, 2 July and 3 July, healthcare staff caught Mr King attempting to divert tramadol. Mr King reacted aggressively when challenged by staff and his medical record states he was referred to the pain management clinic and a GP for a medication review.

28. On 4 July, Mr King asked a prison GP to prescribe pregabalin (used to treat epilepsy, anxiety and nerve pain) instead of tramadol. The GP said that he could not change Mr King's prescribed medication without assessing his back pain. At a healthcare multidisciplinary team (MDT) meeting later that day, the GP reduced Mr King's tramadol dose by half to 200mg.

29. On 6 July, a prison nurse saw Mr King about his back pain. The nurse noted that Mr King had taken tramadol for 12 years and his dose had recently been halved. Mr King complained that his back pain was not controlled and he was having difficulty coping. The nurse noted that Mr King had visible lower spine abnormalities and advised a further review by a GP.

30. On 13 July, a prison nurse assessed Mr King in his cell. Mr King complained of poor appetite, headaches, nausea and vomiting which were symptoms of tramadol withdrawal. The nurse advised Mr King to drink plenty of water.

31. Mr King was caught attempting to divert tramadol again on 16 July and a prison nurse made a referral to the substance misuse service. An assessment took place with a prison nurse on 17 July. Mr King agreed to allow healthcare staff to check he had swallowed the tramadol tablet before he returned to the wing. He did not report any other issues.

32. On 18 July, Mr King told a prison GP he was buying subutex (used to treat opioid addiction and chronic pain) and voltarol (anti-inflammatory painkiller) on the wing for back pain. The GP agreed to prescribe tramadol again and diclofenac (painkillers).

33. On 19 July, the healthcare MDT decided that GPs should not prescribe Mr King tramadol due to the risk of diverting. As a result, Mr King threatened to self-harm on the wing. Prison staff monitored him under the Assessment, Care in Custody and Teamwork (ACCT) process until 5 August.

34. Mr King completed a tramadol detoxification programme on 3 August. The same day he told a prison GP that he was using dihydrocodeine (painkiller) illicitly. The GP prescribed naproxen (anti-inflammatory painkiller).

35. On 15 August, Mr King told a prison GP he was using pregabalin (painkiller), gabapentin (painkiller) and dihydrocodeine illicitly to control his back pain. The GP prescribed amitriptyline (antidepressant that also treats chronic pain) and made a referral to the Substance Misuse Service for a psychosocial assessment.

36. On 18 August, a substance misuse recovery worker assessed Mr King who openly reported using illicit and trafficked substances. The substance misuse recovery worker concluded that Mr King's substance misuse was prompted by his back pain. Mr King refused any further support from the Substance Misuse Service so the support worker gave him harm reduction advice.

37. On 15 September, prison officers reported that Mr King appeared to be under the influence of an illicit substance. Staff completed a cell search and found four paper strips which they assumed to contain NPS. An intelligence report was submitted. A prison nurse attended to assess Mr King but he refused an examination and a referral to the Substance Misuse Service.

38. On 22 September, prison officers reported again that Mr King appeared to be under the influence of an illicit substance. A prison nurse attended and Mr King refused any further intervention. No evidence of NPS use was found in Mr King's cell. Prison staff submitted an intelligence report.

39. On 5 December, Mr King telephoned the Substance Misuse Service and told a substance misuse recovery worker he was taking heroin and subutex to control his back pain. The recovery worker noted that Mr King's use of illicit substances was due to back pain and the Substance Misuse Service could not, therefore, help. He made a referral to healthcare.

40. On 15 December, a prison GP prescribed Mr King dihydrocodeine because this had helped his back pain when used illicitly.

41. On 28 December, prison officers contacted healthcare because they were concerned that Mr King was under the influence of an illicit substance. A prison nurse spoke to Mr King but he refused to be assessed. On 29 December, Mr King telephoned the Substance Misuse Service and told a substance misuse recovery worker he had taken ecstasy and NPS the previous day. Mr King said the NPS was a new batch and he had underestimated its strength. The recovery worker gave Mr King harm reduction advice.

42. On 23 January, a substance misuse recovery worker assessed Mr King who told him he was using NPS to control his back pain. He told Mr King about the risks of taking NPS and referred him to healthcare. Mr King failed to attend his appointments with healthcare and there is no evidence that healthcare staff saw him again about his back pain or prescribed medication before he died.

Events of 12 February 2017

43. At approximately 5pm on 12 February 2017, a prison manager, and a prison officer reviewed CCTV footage of the wing. The recording showed a prisoner, who they did not initially identify as Mr King, unsteady on his feet and entering a cell with a broken mop handle.

44. At 5.10pm, the prison manager and the officer went to the cell and found Mr King collapsed on the floor. At 5.13pm, the prison manager called an emergency code blue (which indicates that a prisoner is unconscious or has breathing problems) and the control room immediately called for an ambulance.

45. A prison nurse and a prison manager arrived and checked Mr King's vital signs but could not find a pulse. The nurse started cardiopulmonary resuscitation (CPR). Paramedics arrived at 5.25pm and took control of Mr King's care. Advanced life support continued until 6pm, when a paramedic confirmed that Mr King had died.

Contact with Mr King's family

46. A prison counsellor, acted as the prison's family liaison officer (FLO). At 7.45pm, the FLO and a police officer went to see Mr King's sister, his nominated next of kin, and informed her of his death. The FLO offered condolences and support.

47. The FLO remained in contact with Mr King's sister until Mr King's funeral on 20 March. The prison contributed towards the cost in line with Prison Service Instructions.

Support for prisoners and staff

48. After Mr King's death, an assistant director, 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.

49. The prison posted notices informing other prisoners of Mr King's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr King's death.

Post-mortem report

50. The pathologist concluded that Mr King died because of the toxic effects of synthetic cannabinoids (NPS). The pathologist added that in the absence of a traumatic or natural death, this was the most likely conclusion.

Findings

Clinical care

51. Mr King complained of severe back pain throughout his time at Lowdham Grange and was prescribed the maximum dose of tramadol for over 12 years. After using a clinical assessment tool, a nurse concluded that Mr King was suffering from severe back pain with visible spinal abnormalities.

52. The clinical reviewer concluded that Mr King's back pain was not appropriately investigated by prison GPs or a specialist pain management nurse. The Head of Healthcare told us that a qualified pain management nurse was not available at Lowdham Grange despite being referred to in Mr King's clinical record.

53. The clinical reviewer considered that Mr King's back pain was poorly managed. After prison GPs stopped prescribing tramadol due to diverting issues, Mr King openly admitted that he was using illicit substances to control his back pain. The clinical reviewer commented that the healthcare team decided to halve Mr King's tramadol dose before stopping it completely a week later. This was not in accordance with national pharmaceutical guidance for opiate withdrawal which advises a gradual reduction. We make the following recommendation:

    The Head of Healthcare should ensure that there is an appropriate detoxification programme when opiate based medication is reduced or stopped.

54. Healthcare and prison staff did not implement an integrated care plan to manage Mr King's back pain and illicit substance misuse. The clinical reviewer concluded that Mr King's clinical care was not equivalent to that which he could have expected to receive in the community. We make the following recommendation:

    The Director and Head of Healthcare should ensure that an integrated care plan is implemented for prisoners with complex clinical and substance misuse issues.

Illicit substances

55. Mr King had a history of taking illicit substances and he diverted medication while at Lowdham Grange. He made regular contact with the Integrated Substance Misuse Service and openly admitted that he was taking illicit substances to control his back pain.

56. Lowdham Grange has a Substance Misuse Strategy, issued in January 2017. It states the prison will not tolerate the presence of illicit drugs and is committed to eliminating the supply of, and demand for, drugs. It also states that it has systems in place to identify, assess and support prisoners with a drug misuse problem, and that it recognises the specific needs of particular groups, including those from ethnic minorities.

57. Healthcare has a NPS policy in place to respond, observe and escalate incidents of NPS use. Healthcare staff can refer prisoners to either a clinical or psychological pathway. The Substance Misuse Service matron told us that, while she works in partnership with prison staff, she did not attend integrated

meetings with the prison's security department to discuss prisoners who were openly using illicit substances.

58. The prison director responsible for drug strategy told us that Lowdham Grange no longer held integrated meetings to discuss NPS because security intelligence suggested that the use of NPS had reduced. The director said that the prison had a comprehensive system in place to reduce the presence of NPS on the wings. This included methods to reduce staff corruption, monitoring of prisoners' mail, analysis of security intelligence and searching of prisoners and their cells.

59. Prison officers told us that due to staffing levels on the wing they were unable to effectively monitor prisoners who were suspected of using NPS and other illicit substances.

60. The PPO's Learning Lessons Bulletin on NPS, issued in July 2015, set out why these substances were a source of increasing concern in prisons. There was emerging evidence that NPS posed dangers to both physical and mental health. In addition, trading these substances could lead to debt, violence and intimidation. In our Annual Report for 2016/2017 we noted that the number of deaths where the use of NPS may have played a part continued to rise and that there was a greater need than ever for more effective drug supply and demand reduction strategies including better monitoring by drug treatment services and effective violence reduction strategies.

61. Mr King's death is a clear example of how dangerous NPS can be, and illustrates why prisons must do all they can to eradicate their use. While we recognise the merits of the prison's substance misuse strategy, we are concerned that there appears to be an accepted drug culture at the prison, which suggests the strategy's delivery is less than fully effective. We have made a recommendation to Lowdham Grange about NPS before, and repeat it here:

The Director should ensure that effective supply and demand reduction strategies are properly implemented to help reduce the availability of new psychoactive substances, and that staff are vigilant to signs of their use and take appropriate action.

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