

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Lee Annis a prisoner at HMP Durham on 19 February 2018

**A report by the Prisons and Probation Ombudsman**

## 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*



© Crown copyright 2018

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](http://nationalarchives.gov.uk/doc/open-government-licence/version/3) or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

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 Lee Annis died on 19 February 2018 at HMP Durham after being found unconscious in his cell. He died on his 40<sup>th</sup> birthday. I offer my condolences to Mr Annis's family and friends.

The post-mortem report noted Mr Annis's cause of death as unascertained. While toxicology testing did not identify synthetic cannabinoids in Mr Annis's system, the toxicologist noted that he could not exclude that Mr Annis took synthetic cannabinoids before he died, and the police found an implement they believe was used to take drugs when searching Mr Annis's cell after his death.

The prison had no evidence to suggest that Mr Annis was at risk during his time there but we note the limited evidence of meaningful interactions between Mr Annis and prison staff and consider, given his history of drug abuse, the comments of the pathologist and the indications of possible continuing abuse, that there may well have been missed opportunities to intervene.

Durham has a local drug strategy that it is working to implement but we are concerned that individual prisons are being left to develop local strategies to reduce the supply and demand for drugs. In our view there is now an urgent need for national guidance on the best measures to combat this serious problem and the Acting Ombudsman has made a recommendation to this effect to the Chief Executive of HM Prison and Probation Service in a previous investigation. She has also written to the Prisons Minister setting out her concerns at the number of drug-related deaths in custody.

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

**Richard Pickering**  
**Deputy Prisons and Probation Ombudsman**

**November 2018**

## **Contents**

Summary .....	1
The Investigation Process .....	3
Background Information .....	4
Key Events .....	6
Findings.....	11

# Summary

## Events

1. On 6 January 2018, Mr Lee Annis was sent to HMP Durham after being charged with murder.
2. A nurse in reception noted that Mr Annis had a history of substance misuse including cannabis, crack cocaine and benzodiazepines. Mr Annis took a drug test which was positive for opiates and benzodiazepines. The nurse referred Mr Annis to the substance misuse team, the GP and to the mental health team because he had been charged with murder.
3. On two occasions, Mr Annis was visited by the substance misuse team but he told them he did not need their services. Substance misuse workers provided harm minimisation advice and information about overdose risks, tolerance levels and illicit drug use including psychoactive substances.
4. On 11 January, a mental health nurse assessed Mr Annis. He told the nurse that he was feeling low because of his murder charge, had a history of depression, and wanted to speak to a GP about starting antidepressant medication. Mr Annis also told the mental health nurse that he had memory loss problems after being in intensive care following an overdose a few years ago, which made him feel frustrated. The mental health nurse gave Mr Annis a distraction pack and referred him to the GP. Mr Annis did not attend his appointment with the GP and no further appointments were made.
5. On 16 February, the mental health nurse reviewed Mr Annis who said he was feeling more positive and was hopeful he would be released at his upcoming trial. The mental health nurse noted that Mr Annis would remain under the care of the mental health team.
6. On 19 February, on Mr Annis's 40th birthday, he spent the evening playing PlayStation and watching TV with his cellmate. Mr Annis's cellmate said that Mr Annis complained of chest pain and tried to call the healthcare unit from the phone in their cell but healthcare staff did not answer. Mr Annis's cellmate said the chest pain kept going away so they did not press their cell bell alarm for help from staff. At 7.45pm, a prison officer spoke to Mr Annis's cellmate but noted nothing of concern.
7. At around 11.00pm, Mr Annis starting fitting while he was sitting on the bottom bunk with his cellmate. Mr Annis's cell mate pressed their cell bell alarm and tried to put Mr Annis in the recovery position. An officer arrived and called an emergency code but did not enter the cell because she was concerned for her safety. Two nurses arrived and also decided to wait before going into the cell. About a minute later, a prison manager arrived and opened the cell and started CPR with one of the nurses, while the other nurse went to phone the control room to give information to the ambulance. Paramedics arrived and went to Mr Annis's cell. They continued trying to resuscitate him but at 11.30pm, they recorded that Mr Annis had died.

## Findings

8. Although Mr Annis had a history of substance misuse and was referred to the substance misuse team when he arrived at Durham, he did not want to engage with services. While staff were aware that drugs were a problem at Durham, there was no indication that Mr Annis was taking illicit substances in prison.
9. A mental health nurse made an appointment for Mr Annis to speak to a GP about antidepressant medication. Mr Annis arrived at healthcare but did not attend his appointment. Staff did not follow this up or arrange another appointment.
10. We consider that it was reasonable that the officer who first found Mr Annis unconscious in his cell decided not to enter the cell alone for safety reasons. However, we are concerned that when two nurses joined her, none of them entered the cell until a prison manager arrived, which caused a short delay in the emergency response. Healthcare staff said that they would never enter a cell without prison staff under any circumstances.
11. We are concerned at the availability of PS at Durham. Despite a comprehensive local drugs strategy, it is clear that more needs to be done to limit supply and demand. In our view there is now an urgent need for HMPPS to issue national guidance on this to prisons, rather than leaving individual establishments to develop their own local strategies on a piecemeal basis.
12. A nurse burnt her leg on the heating pipe in Mr Annis's cell while trying to resuscitate him. We are concerned that there is no risk assessment process in place for staff working in cells with exposed heating pipes.

## Recommendations

- The Head of Healthcare should ensure that healthcare staff follow up requested actions on SystemOne.
- The Governor and Head of Healthcare should ensure that all staff understand the importance of entering a cell without delay in an emergency, subject to a risk assessment, in order to help preserve the life of a prisoner.
- The Governor and the Head of Healthcare should ensure that risk assessments are carried out to ensure the safety of staff working in cells with exposed heating pipes.

## The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Durham informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
14. The investigator visited HMP Durham on 8 March 2018. She obtained copies of relevant extracts from Mr Annis's prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Annis's clinical care at the prison.
16. The investigator and clinical reviewer interviewed five members of staff at HMP Durham on 16 and 17 April and a member of staff by phone on 8 May. The investigator interviewed a prisoner by phone on 12 June.
17. We informed HM Coroner for Durham and South Darlington of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
18. We contacted Mr Annis's family to explain the investigation and to ask if they had any matters they wanted the investigation to consider. Mr Annis's family did not respond.
19. Mr Annis's family received a copy of the initial report. They identified no factual inaccuracies.
20. The initial report was shared with the Prison Service. The Prison Service identified no factual inaccuracies and its action plan is annexed to this report.

## Background Information

### HMP Durham

21. HMP Durham, which holds up to 996 men, is a local prison serving the courts of Durham, Tyneside and Cumbria. Care UK provides primary healthcare services and Tees, Esk and Wear Valley NHS Trust provide mental health services.

### HM Inspectorate of Prisons

22. The most recent inspection of HMP Durham was in October 2016. Inspectors found that the biggest security threat to the prison was psychoactive substances (PS) and this was impacting on prisoner safety. 47% of prisoners surveyed said it was easy to get illegal drugs and that PS were freely available. Inspectors noted that about 38 clinical incidents a month involved prisoners suspected of being under the influence of PS.
23. Although drugs were readily available, inspectors found that the security team had taken a number of successful steps to reduce these threats, including analysing intelligence reports, target searching of cells and prisoners, placing prisoners on closed visits, banning visitors and working with local police. Productive security and stability meetings were well attended and there was a more strategic approach to the significant drug problem. Implementation of the supply reduction strategy was monitored at security and drug strategy meetings.

### Independent Monitoring Board

24. 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 October 2017, the IMB reported that the most commonly abused drugs were cannabis, buprenorphine and PS. The prison reached or exceeded its target for random drug testing. Primary health care and mental health care services were well regarded.

### Previous deaths at HMP Durham

25. Mr Annis's death is the 17th of 24 deaths at Durham since February 2015. There have been nine self-inflicted deaths, 11 deaths from natural causes, one death due to illicit substances and two deaths that are still awaiting classification. In four previous investigations we made recommendations about a delay in the emergency response due to staff not carrying radios, not bringing emergency equipment or not calling an emergency code. In one case we recommended that Durham develop effective strategies to reduce the supply and demand of illicit substances and know how to respond when prisoners appear under the influence of drugs.

### Psychoactive Substances (PS)

26. 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 PS 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.

27. In July 2015, we published a Learning Lessons Bulletin about the use of PS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of PS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.
28. 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 PS are included in the testing process.

## Key Events

29. On 6 January 2018, Mr Lee Annis was sent to HMP Durham after being charged with murder. This was not his first time in prison.
30. In reception, a health care support worker gave Mr Annis a drug test where he tested positive to opiates and benzodiazepines. A nurse assessed Mr Annis in reception. She noted that he had a history of substance misuse and had used drugs in the past month, including cannabis, crack cocaine, and benzodiazepines, and that he had no history of mental health problems. She referred Mr Annis to the substance misuse team and the GP. She also referred him to the mental health team because he had been charged with murder.
31. Mr Annis told a prison GP that he did not have a problem with alcohol and only took benzodiazepines on and off to help him sleep. He said that he did not take any other drugs and did not feel depressed or have any thoughts of self-harm. The GP noted that Mr Annis had chronic leg ulcers on his left lower leg and took codeine for pain relief. He referred Mr Annis to a wound clinic to have the dressings on his leg changed and prescribed a low dose of co-codamol (pain medication). The GP told Mr Annis to make a GP appointment if he had any concerns.
32. An administration officer in the substance misuse team noted that Mr Annis was seen by a substance misuse service peer mentor (supports the Drug and Alcohol Recovery team in promoting recovery) as part of his induction process but he told them that he did not want to engage with substance misuse services. She spoke to Mr Annis about harm reduction, overdose risks, tolerance levels and illicit drug use including psychoactive substances (PS) and gave him an information leaflet. Mr Annis signed a form to confirm that this information had been explained to him and he did not need any substance misuse treatment.
33. On 8 January, a support worker in the psychosocial substance misuse team also noted that Mr Annis did not want to engage in substance misuse services and that he had been given advice on harm minimisation. The same day, a mental health and learning disability nurse went to assess Mr Annis on the wing but he was at court. She noted that she would book another appointment for Mr Annis. An appointment was booked for the next day.
34. On 9 January, a healthcare support worker cleaned and dressed Mr Annis's leg ulcer. Healthcare staff continued to manage Mr Annis's leg ulcer while he was at Durham and saw him for regular appointments to clean and dress his wound. The same day, a community psychiatric nurse went to Mr Annis's wing to complete a mental health assessment but he had to rebook the appointment because Mr Annis was at court again.
35. On 11 January, a nurse completed a mental health assessment for Mr Annis. She said that all prisoners who have been charged with murder are assessed by the mental health team to assess their level of risk to themselves or others and to identify if they have any mental health issues. Mr Annis told the nurse that he felt low in mood because of his murder charge, had a history of depression and used to take citalopram (antidepressant medication). Mr Annis said that he wanted to speak to a GP about starting antidepressant medication again. The nurse noted

that Mr Annis said that he did not have any thoughts of suicide or self-harm and booked him an appointment with the GP.

36. Mr Annis told the nurse that he had a history of heroin and benzodiazepine use and occasionally drank alcohol. Mr Annis said that he had been in intensive care a few years ago after overdosing on heroin, which had resulted in memory loss problems. Mr Annis said his memory problems made him feel frustrated and he did not like others to know about it. The nurse spoke to Mr Annis about writing things down and he said he already did this and it helped him. Mr Annis said that he had good family support and would like a job to keep him occupied, so the nurse said she would send him a distraction pack (packs of puzzle or colouring books to distract prisoners from negative thinking). She noted that Mr Annis would remain under the care of the mental health team so they could provide ongoing support and made a GP appointment for him to talk about his low mood.
37. On 29 January, Mr Annis went to healthcare to have his leg ulcer cleaned and dressed. Mr Annis also had an appointment with the GP to discuss antidepressant medication. Staff marked that Mr Annis arrived at his GP appointment but he did not see the GP and there is no entry from the GP in his medical records. Mr Annis did not attend another appointment with the GP and was not prescribed antidepressant medication while at Durham.
38. On 7 February, a nurse went to see Mr Annis on the wing but he was not there. She arranged a further appointment to review his mental health.
39. On 16 February, a nurse assessed Mr Annis on the wing. She told the investigator that Mr Annis was more positive at this review and spoke about his upcoming trial and was hopeful that he would be released. He told her that his head was 'still battered' from being on a murder charge but he was starting to adjust to custody. She said that she had no concerns about his mood which had improved since their last review. Mr Annis spoke to the nurse about his sister and said that she had visited him in prison. The nurse noted that the only concern Mr Annis spoke about was his memory loss problems and that he was worried this would affect the outcome of the trial. The nurse noted that he would remain under the care of the mental health team.

## **19 February**

40. On 19 February, it was Mr Annis's 40th birthday. At around 4.00pm, Mr Annis and his cellmate had some tea and were then locked in their cell for the night. Mr Annis's cellmate said that not long after they were locked in their cell, Mr Annis said he was having chest pain and held his hands to the middle of his chest. His cellmate said that the pain seemed to pass and they sat on the bottom bunk and played PlayStation games. Mr Annis complained of chest pain again and started rubbing his chest.
41. His cellmate said that Mr Annis seemed a little concerned about his chest pain and tried to call the healthcare unit using the in-cell phone a few times but could not get through. He was not sure what time Mr Annis tried to call healthcare. He said that Mr Annis complained of chest pain a few more times but it always seemed to go away.

42. At around 7.45pm, Officer A started checking the roll and cell doors. She said that she knew Mr Annis's cellmate better than Mr Annis and remembered that he had a joke with her at the door when she checked their cell. She told the investigator that nothing came to her attention when she checked the cell.
43. At around 9.00pm, Mr Annis's cellmate said that he and Mr Annis started watching TV. Mr Annis continued to complain of chest pain on and off. When their TV programme finished at 10.00pm, they started playing PlayStation again. Mr Annis's cellmate said that around 11.00pm, they were sitting on the bottom bunk and Mr Annis suddenly started fitting. He said that Mr Annis's face and arms started going purple, there was froth around his mouth, and he fell against the hot pipes at the back of the cell. He thought Mr Annis might have hit his head. He tried to put Mr Annis in the recovery position and then pressed the cell bell alarm and started kicking the door and shouting for help. He put a pillow under Mr Annis's head and held him while he was fitting. He said that when Mr Annis stopped fitting his body went floppy in his arms. He kept speaking to him saying things like 'Come on mate.'
44. At approximately 10.50pm, Officer A was making a hot drink when the cell bell in Mr Annis's cell was activated. As she arrived at the cell, she heard Mr Annis's cellmate shouting 'Boss! Boss! Here, Boss!' and banging the cell door. She checked through the observation panel and saw Mr Annis's cellmate frantically saying that Mr Annis had been fitting. She asked him to move away from the door and she saw Mr Annis lying on the cell floor on his left side. She noted that he had soiled himself and appeared to be unconscious and not moving.
45. At 10.56pm, Officer A used her radio to call a code blue (an emergency code indicating that a prisoner is unconscious, not breathing or is having breathing problems). She told the investigator that she had a sealed pouch with keys, but decided to wait for other staff to arrive before going into the cell. She said that she decided to wait because she was alone, there were two male prisoners in the cell and she was concerned for her own safety.
46. Two nurses arrived. Nurse A looked through the observation panel and saw Mr Annis lying on his stomach with his cellmate shouting at him and shaking him. She asked him if Mr Annis was responding or breathing and he said no. She noted that Mr Annis had lost control of his bladder. The officer said that Mr Annis's cellmate was panicking and he said that he was scared because Mr Annis would not wake up. She told him that help was on the way and that he had done the right thing by trying to put Mr Annis in the recovery position.
47. Nurse B went to get the emergency equipment and oxygen and after giving this to Nurse A, she went to the clinic to look at Mr Annis's records to check if he had any medical condition to explain what happened, but could not find anything to explain this.
48. About a minute later, a prison manager and Officer B arrived and opened Mr Annis's cell. The manager unlocked the cell door and asked Officer B to take Mr Annis's cellmate out of the cell. The manager told the investigator that he had a body worn camera and should have turned it on but was focused on starting CPR.

49. Nurse A and the manager went into the cell and moved Mr Annis onto his back and called his name and Nurse B checked for a pulse but he did not respond. The manager said that Mr Annis had white froth in his mouth and his eyes were open but he thought that Mr Annis had died. Nurse A noted that Mr Annis was bluish, cold and clammy. She checked his airway while the manager started chest compressions and connected the defibrillator machine which advised no shock. Nurse A gave Mr Annis oxygen and the manager started CPR. Officer A went to the A wing office and phoned the control room to give them information about Mr Annis and tell them he was found unconscious in his cell.
50. Nurse A said that there was not much space in the cell when carrying out CPR because Mr Annis was a big man. She said that the cell was a difficult area to work in because it had fixed furniture so staff were climbing over Mr Annis. Nurse A said that she had to press up against the heating pipes in the cell and afterwards had superficial burns on her legs. She said that Mr Annis was too big to pull out of the cell onto the landing, otherwise they would have thought about doing this. The manager said that while they could have taken Mr Annis onto the landing to conduct CPR, he was concerned that this would mean other prisoners could see what was happening and he thought it was important to try and first obtain a response from Mr Annis.
51. At 11.05pm, the ambulance arrived at the prison gate. The gate was not working so had to be hand-cranked by an operational support grade working on the gate. Two minutes later, the ambulance came into the prison.
52. Paramedics took over the resuscitation attempt and Nurse A spoke to Mr Annis's cellmate about what had happened before Mr Annis became unwell. Nurse A then took Mr Annis to the separation and care unit. Nurse B went to print some of Mr Annis's medical records in case they were needed by the paramedics. Paramedics continued trying to resuscitate Mr Annis but at 11.30pm, they recorded that he had died.

### **After Mr Annis's death**

53. After Mr Annis's death, police searched his cell and found a razor that had the top removed with foil on the end. The investigating police officer said that it looked like it had been turned into a spoon used to take drugs. He said that no drugs or other equipment were found during the cell search, but that police did not open mattresses or remove doors of the cell when searching and this would have been required to be certain there were no drugs in the cell.

### **Contact with Mr Annis's family**

54. At 2.40am, two prison family liaison officers went to Mr Annis's sister's home and told her and her partner that Mr Annis had died. They offered condolences and support. The prison contributed to the costs of Mr Annis's funeral, in line with national guidance.

### **Support for prisoners and staff**

55. After Mr Annis's death, the duty governor debriefed 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.

56. The prison posted notices informing other prisoners of Mr Annis'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 Annis's death.

### **Post-mortem report**

57. The post-mortem report noted Mr Annis's cause of death as unascertained. Toxicology testing did not identify synthetic cannabinoids in Mr Annis's system but the toxicologist noted that they could not exclude that Mr Annis took synthetic cannabinoids before he died. The toxicology report also noted that Mr Annis had low levels of mirtazapine (an antidepressant) in his system, although not at levels that would explain his death. It is unclear how Mr Annis got antidepressants as he was not prescribed this medication while at Durham.
58. The report noted that Mr Annis's heart showed a mild to moderate degree of enlargement which can cause a risk of abnormal electrical activity in the heart which can be fatal in extreme cases. The report concluded that Mr Annis's death could have been as a result of heart disease but this would not normally be associated with fitting. The toxicologist could not rule out that Mr Annis had taken synthetic cannabinoids before his death. It was noted that synthetic cannabinoids cause fitting and if there was circumstantial evidence that Mr Annis had taken these drugs in the hours leading up to his collapse then this should be considered a potential cause of death.

# Findings

## Psychoactive substances

59. Mr Annis had a history of substance misuse and although the toxicology report did not indicate the presence of PS or other drugs at levels that would have contributed to his death, the toxicologist said that they could not rule out that Mr Annis had taken illicit substances before he died. Although the police found equipment in Mr Annis's cell that they think was used to take illicit substances, we cannot be sure that this belonged to Mr Annis.
60. There were no intelligence reports submitted about Mr Annis in relation to illicit drug use in the short time he was on remand at Durham. A nurse said that she did not suspect that Mr Annis was under the influence of drugs while at Durham and an officer described him as quiet, polite and no trouble on the wing.
61. A prison manager in the security team said that she knew Mr Annis from previous sentences and he was known to use illicit drugs. She said that Mr Annis struggled with his drug taking and used to get into debt in prison. She said that while there were intelligence reports submitted about Mr Annis during his previous sentence, he was not someone that the security team was particularly concerned about.
62. HMIP's inspectorate report from October 2016, found that the supply of drugs in Durham was the biggest security threat to the prison and was affecting prisoner safety, the prison had taken successful steps to reduce supply, taken a strategic approach to the problem of illicit substances and monitored implementation of the strategy at security and drug strategy meetings.
63. The Head of Security said that Durham is currently reviewing its drug strategy. The current strategy, 'Approach and Strategy for Tackling PS' dated February 2018, states that a 'multi-pronged' approach to tackling elements of the PS issue is required, which includes supply reduction, immediate treatment and support and assessment and support. It incorporates a prisoner welfare process map which provides guidance for staff dealing with PS incidents, dependant on how the prisoner is presenting. It also provides guidance on how the strategy will be communicated to prisoners, staff and visitors.
64. The investigation found that the prison is currently undertaking a number of measures to tackle the problem of PS including the use of search dogs, cell searches, processing mail and using fabric checks to look for illicit items in cells or suspicious behaviour of prisoners. The security team manager said that the drug detection dogs are also used regularly to patrol the walls three to four times a day and prisoners are escorted around the prison to limit their ability to collect packages thrown over the wall.
65. We accept that Durham has a drug strategy in place and staff are working hard to implement it. Nevertheless, the HMIP report indicated that drugs are easily accessible to prisoners and it cannot be ruled out that Mr Annis died after taking PS. It is clear, therefore, that more needs to be done to reduce both the supply and the demand for PS.

66. Durham is not alone in facing this problem – it is a serious problem across much of the prison estate. Individual prisons are for the most part doing their best to tackle the problem by developing their own local drug strategies. However, in the PPO’s view there is now an urgent need for national guidance to prisons from HMPPS providing evidence-based advice on what works.
67. In a recent investigation, we recommended that the Chief Executive of HM Prison and Probation Service (HMPPS) should issue detailed national guidance on measures to reduce the supply and demand of drugs, including PS, in prisons. The Acting Ombudsman also wrote to the Prisons Minister raising her concerns about the high number of deaths she was investigating that were due, or linked, to the use of PS. The Chief Executive has told us that HMPPS plan to issue a national drug strategy in the autumn of 2018. We therefore make no recommendation.

### **Substance misuse and mental health care**

68. The clinical reviewer concluded that Mr Annis received a good standard of care that was equivalent to that which he could have expected to receive in the community. A nurse referred Mr Annis to the mental health and substance misuse teams and the GP in reception. Mr Annis was seen by the GP but told staff from the substance misuse team that he did not need their services.
69. A mental health nurse saw Mr Annis for two appointments, and referred him to the GP to discuss antidepressants. A GP appointment was scheduled for 29 January, but Mr Annis did not attend and was never prescribed antidepressant medication. Mr Annis saw healthcare staff that day to have his leg ulcer treated and was marked as having arrived for his GP appointment, but there is no record of a GP appointment having taken place. The toxicology report showed that Mr Annis had antidepressant medication in his system when he died and it remains unclear where he obtained this medication.
70. There was no further GP appointment arranged, however, when a nurse saw Mr Annis again on 16 February, she had no concerns about his mood which had improved since his last review and noted that he was more positive about his upcoming trial. We are concerned that Mr Annis’s missed GP appointment was not followed up and make the following recommendation:

**The Head of Healthcare should ensure that healthcare staff follow up requested actions on SystemOne.**

### **Entering cells at night**

71. PSI 64/2011 states that all staff must be aware that the preservation of life is the priority when managing at-risk prisoners. Justifiable decisions about when to enter a cell must take account of the need to preserve life and should be documented in wing observation books, NOMIS history sheets and ACCT Plans.
72. Officer A told the investigator that when she went to Mr Annis’s cell and called the code blue, she conducted a risk assessment and decided to wait before going into the cell because she was a female officer on her own and there were two prisoners in the cell. She said that she has never gone into a cell on her own, and while there are possibly circumstances where she would decide to go into a

cell on her own, this was not one of them. We consider this was a reasonable decision.

73. Nurse A and Nurse B joined Officer A outside the cell and then Nurse B left to collect the emergency bag. No one entered the cell until the prison manager and Officer B arrived around one minute later. Nurse A said that she would never enter a cell alone at night under any circumstances and would always wait for officers to arrive before going into a prisoner's cell. We consider that given there was an officer already there when the two nurses arrived, they could see that Mr Annis was lying unconscious on the cell floor having soiled himself, and they knew additional staff were on their way, Officer A and Nurse A should have entered the cell. Although the manager arrived at Mr Annis's cell after around a minute and it is unlikely that the delay would have affected the outcome in this case, in an emergency, even a short delay can have a significant impact on a person's chance of survival. We are particularly concerned that healthcare staff said they would never enter a cell at night under any circumstances; healthcare staff can and should enter a cell in an emergency medical situation where it is safe to do so. We make the following recommendation:

**The Governor and Head of Healthcare should ensure that all staff understand the importance of entering a cell without delay in an emergency, subject to a risk assessment, in order to help preserve the life of a prisoner.**

#### **Risk assessment for heating pipes in cell**

74. Nurse A received superficial burns on her legs when she was trying to resuscitate Mr Annis because she was pressed up against the heating pipes at the back of his cell. Nurse A said that Mr Annis was too big to move out onto the landing to do CPR and the manager said they did not move him onto the landing because their priority was to continue doing CPR and they were worried about maintaining privacy for Mr Annis.
75. In a previous investigation at Durham, a prisoner received serious burns after he had a stroke and fell against the heating pipes in his cell. After his death, the Head of Healthcare wrote to prison managers recommending risk assessments to reduce the potential risk of exposed heating pipes to elderly and ill prisoners. The health and safety department replied that it would not be feasible to modify the pipes but they had started a review of the residential risk assessment policy. We consider that consideration should also be given to the potential risks to staff of exposed heating pipes in cells and make the following recommendation:

**The Governor and the Head of Healthcare should ensure that risk assessments are carried out to ensure the safety of staff working in cells with exposed heating pipes.**

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations