Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roy Johnson a prisoner at HMP Lindholme on 30 December 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.

My office carries out investigations to understand what happened and identify how the organisations whose actions I oversee can improve their work in the future.

Mr Roy Johnson died on 30 December 2017 at HMP Lindholme from a heart attack and choking on his vomit. Toxicology results found that Mr Johnson had taken psychoactive substances (PS) prior to his death and that this may have contributed to his death. He was 50 years old. I offer my condolences to Mr Johnson's family and friends.

Mr Johnson was known to have both alcohol and substance misuse issues and was appropriately supported by the substance misuse team at Lindholme.

However, I am concerned that the intelligence suggesting Mr Johnson may have been involved in attempts to smuggle drugs into the prison was not acted upon.

Given this is one of a number of drug-related deaths at Lindholme, one of the 10 priority prisons identified to receive additional resource to improve safety and decency, I hope and expect to see effective action taken to prevent future deaths there.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman **January 2019**

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Summary

Events

1. On 20 May 2016, Mr Roy Johnson was sentenced to four years and six months imprisonment for arson and failure to surrender to custody. He was moved to HMP Lindholme on 30 November 2016.

2. The reception medical screening identified his current medication and health problems. Mr Johnson was considered fully mobile and fit for general prison regime.

3. Mr Johnson referred himself to the substance misuse team and engaged well with them.

4. In December 2016 and August and December 2017, Mr Johnson was suspected of being under the influence of PS. In December, intelligence indicated that Mr Johnson may be involved in attempts to send illicit drugs into the prison.

5. On 30 December 2017, an officer was told by a prisoner that Mr Johnson had collapsed in the doorway of a cell. When he reached the cell, the officer called an emergency radio code. Healthcare staff arrived and began cardiopulmonary resuscitation (CPR) and applied a defibrillator. A paramedic and ambulance staff arrived shortly afterwards and continued CPR. Mr Johnson was pronounced dead in the ambulance at 8.35pm before it had left the prison.

6. Toxicology reports indicated that Mr Johnson death was contributed by Psychoactive Substance (PS) in his system at the time of his death which contributed to the cause of death, a heart attack and choking on vomit.

Findings

Clinical care

7. The clinical reviewer concluded that the standard of care Mr Johnson received at Lindholme was equivalent to that which he could have expected to receive in the community.

Substance Misuse

8. Mr Johnson had a history of alcohol and substance misuse and engaged with the substance misuse team during his time at Lindholme. Intelligence suggested that Mr Johnson was known to have taken psychoactive substances and possibly also arranged the smuggling of the drug into prison, but no action was taken on that intelligence. There was little evidence of effective engagement with Mr Johnson to understand the risks posed by PS.

Emergency response

9. The officer on the wing was notified that that Mr Johnson had collapsed and went straight to the office and radioed for healthcare and yard patrol to attend. On arrival at the cell, it became clear Mr Johnson needed immediate medical assistance and a radio emergency code was called. Healthcare arrived promptly and began CPR and applied a defibrillator to Mr Johnson. A paramedic and ambulance staff arrived approximately 20 minutes later and, along with healthcare staff, worked together to try and resuscitate Mr Johnson.

Recommendation

- The Governor should ensure that, as part of an effective drug strategy, there is an active response to security intelligence, and that prisoners suspected of taking illicit drugs are effectively treated and monitored.

The Investigation Process

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

11. The investigator obtained copies of relevant extracts from Mr Johnson's prison and medical records.

12. The investigator interviewed four members of staff at HMP Lindholme on Tuesday 11 September 2018.

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

14. We informed HM Coroner for Doncaster of the investigation. She gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.

15. One of the Ombudsman's family liaison officers contacted Mr Johnson's partner, to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. Mr Johnson's partner raised no specific areas of concern but asked about timings on the day that Mr Johnson died. She also wanted to know what safeguards were in place at Lindholme with regard to Mr Johnson's substance misuse. Mr Johnson's family received a copy of the initial report. They did not raise any issues, or comment on any factual accuracies of the report.

16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Background Information

HMP Lindholme

17. HMP Lindholme is a medium security prison near Doncaster, which holds approximately 1,000 men. Care UK provides healthcare services and healthcare staff are on duty between 7.30am and 7.30pm every day.

18. In August 2018, the prisons minister, Rory Stewart MP, announced the prisons participating in the '10 Prisons Project'; HMP Lindholme is one of the named establishments. With the aid of a 10 million pound funding injection, the project seeks to improve safety, security and decency at the prisons by focusing on living conditions, preventing drugs entering the establishments and enhancing the leadership training available to Governors and their staff.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Lindholme was conducted in October 2017. Inspectors had noted at the previous inspection in March 2016, that the safety of the prison was significantly compromised by the ready availability of drugs and the consequent debt, bullying and violence. The most recent inspection showed that there had been some improvement in safety at Lindholme so HMIP was were able to raise their assessment from 'poor' to 'not sufficiently good'. However, they noted that improvement related to changes in reception and first night arrangements and was not a reflection of any diminution in the amount of violence or the threat posed to the prison by illicit drugs, which remained severe.

20. Over two-thirds of prisoners said that it was very easy or quite easy to acquire illicit drugs, and almost half to access alcohol, in the prison. Over a quarter said that they had developed a drug problem while at Lindholme, the availability and use of psychoactive drugs remained a serious problem. Inspectors noted the substance misuse meeting was held only once every two months and attendance was poor, with no representation from the security department. There was no detailed supply reduction action plan and there was little coordinated approach between all key stakeholders. Although inspectors accepted that the lengthy perimeter of the prison is difficult to defend, they found there was a need for a comprehensive, coordinated, drug supply reduction plan.

Independent Monitoring Board

21. 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 most recently published annual report for the year ending 31 January 2018, the Board noted the very prevalent use of psychoactive substances by prisoners has remained a major challenge to the day-to-day running and security of the prison, and to the substance misuse team and healthcare generally. The board commented that staffing levels had increased, but experienced officers continued to leave or retire.

Previous deaths at HMP Lindholme

22. Mr Johnson is the eighth prisoner to die at Lindholme in the past two years. There have been three other potentially drug-related deaths since that of Mr Johnson.

Integrated Drugs Treatment services (IDTS)

23. The Integrated Drug Treatment System aims to improve the quality of substance misuse treatment available for prisoners, with particular emphasis on those in the early days of custody and improving the integration between clinical and other drug workers.

Psychoactive Substances (PS)

24. Psychoactive substances (formerly known as 'new psychoactive substances' or 'legal highs') are a serious 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.

25. In July 2015, we published a Learning Lessons Bulletin about the use of PS (still at that time 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 PS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

26. 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.

Key Events

27. On 20 May 2016, Mr Roy Johnson was sentenced to four years and six months imprisonment for arson and failure to surrender to custody. He was moved to HMP Lindholme on 30 November 2016.

28. On arrival at Lindholme, the reception medical screen identified his current medication and health problems, which included alcohol-induced chronic pancreatitis and high blood pressure which was noted as being raised at 139/104. Nevertheless, Mr Johnson was fully mobile and able to carry out all regular daily tasks during his time in prison, and was considered fit for normal location in a single cell.

29. On 3 April 2017, Mr Johnson went to healthcare with symptoms of a viral infection. The symptoms became progressively worse and he was transferred to Doncaster Infirmary for assessment. He was treated for cellulitis (a bacterial infection of the skin and tissues beneath the skin) and returned to Lindholme a week later.

30. Throughout April, although Mr Johnson's blood pressure remained high, he underwent no further monitoring or investigations.

31. In 2015, while on remand at HMP Doncaster, Mr Johnson admitted to trying PS and regularly smoking cannabis and occasionally heroin while in the community. In January 2016, an emergency code was called at Doncaster after Mr Johnson was found in a confused state and was suspected of having taken PS. After arriving at HMP Lindholme, Mr Johnson made a self-referral to the substance misuse team. Mr Johnson engaged well with the substance misuse team on a voluntary basis and attended one-to-one sessions as well as group sessions.

32. On 31 August 2017, healthcare staff were called after Mr Johnson was found unresponsive. He said that he had taken sleeping pills and healthcare staff were unable to say whether he was under the influence of PS.

33. Between 16 October and 5 December 2017, six entries in Mr Johnson's Mercury file (a prisoner's security record) recorded suspicions that Mr Johnson was arranging for drugs to be sent into the prison. No further action was taken.

34. On 17 December, an intelligence report indicated that Mr Johnson had not responded to staff calls to attend the servery. When a member of staff went to his cell, he appeared unsteady on his feet and was slurring his words. There is no evidence that anything was done to investigate the matter further, or establish whether he was under the influence of PS.

Events of 30 December 2017

35. On 30 December 2017, at approximately 7:00pm, Officer A carried out his roll call on Mr Johnson's wing. The officer said that he saw Mr Johnson but, then had to go to the cell of another prisoner who had not presented himself for roll call and was clearly under the influence of an illicit substance.

36. At approximately 7.10pm, a cell bell was activated on the wing. Officer A said that he assumed that this was related to the prisoner who had been under the

influence earlier. As he was generally walking across the wing, Officer A was approached by a prisoner who said that Mr Johnson had collapsed in a cell doorway. The officer went to the office and called healthcare and yard patrol to attend.

37. When he arrived at the cell, Officer A could see that Mr Johnson had been placed in the recovery position. Officer A realised that he needed an ambulance and called a code blue emergency (indicating that a prisoner is unconscious or having problems breathing) at 7:17pm. Officer A and another officer tried to gain a verbal response from Mr Johnson however did not have the chance to start CPR as healthcare staff arrived within a couple of minutes. Two nurses arrived with a defibrillator and carried out a quick assessment which showed no pulse or signs of breathing. Healthcare staff applied the defibrillator pads and began CPR as advised by the defibrillator.

38. At 7.32pm, first response paramedics arrived at Lindholme and made their way to the wing and took over CPR. The ambulance crew arrived six minutes later and assisted with efforts to save Mr Johnson's life.

39. They continued resuscitation attempts for over an hour, during which time another ambulance was requested and arrived at 8.41pm. Mr Johnson was transferred to the ambulance and resuscitation continued. Efforts were discontinued on the advice of the medical director for the ambulance service. Mr Johnson was pronounced dead at 8.35pm, before the ambulance had left the prison.

Contact with Mr Johnson's family

40. At approximately 11.30pm, a deputy governor went to the home of Mr Johnson's partner to break the news of Mr Johnson's death. The police also attended. The following day, a custodial manager was assigned to be the family liaison officer. The family liaison officer made contact with Mr Johnson's partner and described the circumstances around Mr Johnson's death.

41. On 3 January, the family liaison officer visited Mr Johnson's partner and informed her of the support that would be provided by the prison, such as a contribution to costs of the funeral. The family liaison officer maintained regular contact with Mr Johnson's partner, providing updates and support until Mr Johnson's funeral. This was held on 1 February 2018 and was attended by the family liaison officer and the Governor.

Support for prisoners and staff

42. After Mr Johnson's death, the duty governor 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 Johnson'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 Johnson's death.

Post-mortem report

44. A post-mortem examination found that the cause of Mr Johnson's death was acute myocardial infarction (a heart attack) and the aspiration of gastric contents (breathing in his own vomit). The histopathologist noted that the toxicology results found that Mr Johnson had been under the influence of a synthetic cannabinoid (PS) at the time of his death and that it contributed towards Mr Johnson's death.

45. The effects of these drugs are unpredictable because of the variety of chemicals they contain and the unregulated nature of their manufacture.

46. The histopathologist stated that clinical literature shows that cardiac arrests can follow the use of PS. The use of PS could therefore not be excluded a s the cause of Mr Johnson's heart attack.

Findings

Clinical care

47. Mr Johnson received help both for his alcohol and substance misuse problems. He was given information on the dangers of PS and appeared to be fully aware of the risks. Prior to his death, there is no evidence to suggest that Mr Johnson was particularly unwell other than his ongoing long-term health complaints. The clinical reviewer concluded that the clinical care Mr Johnson received at Lindholme was equivalent to that which he could have expected to receive in the community.

Psychoactive substances at HMP Lindholme

48. We cannot rule out the possibility that Mr Johnson died as a direct result of using PS.

49. The acting Head of Security told us that Lindholme had measures in place to reduce the presence of PS in the prison. This included reducing staff corruption, the monitoring of prisoners' mail, the analysis of security intelligence and the searching of prisoners and their cells. However, she said that the availability of resources had major impact on the ability of the prison to ensure these strategies were fully effective.

50. We accept that Lindholme has a drug strategy in place and that staff are working hard to implement it. Nevertheless, both HMIP and the IMB have said that drugs are easily accessible to prisoners. It is clear, therefore, that more needs to be done to reduce both the supply of, and the demand for, PS.

51. Besides dangers to both physical and mental health, access to illicit substances poses a threat to an establishment's good order, and the trade in illicit drugs can lead to debt, violence and intimidation.

52. While Mr Johnson was at Lindholme, intelligence suggested he might be involved in trafficking drugs into the prison and that he was in possession of a mobile phone. No action was taken to investigate the intelligence and no searches were undertaken.

53. Mr Johnson appeared to be under the influence of an illicit substance just under two weeks before his death. But no further action was taken.

54. It is troubling that the investigation has been able to find little evidence either of proactive or reactive steps taken by the prison to quantify the risk of Mr Johnson seeking or securing illicit drugs or items. We make the following recommendation:

    The Governor should ensure that, as part of an effective drug strategy, there is an active response to security intelligence, and that prisoners suspected of taking illicit drugs are effectively treated and monitored.

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