Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Imran Mahmood a prisoner at HMP Dovegate on 16 July 2018

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU
Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk
T I 020 7633 4100
F I 020 7633 4141

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 we oversee can improve their work in the future.

Mr Imran Mahmood died on 16 July 2018, of morphine/heroin poisoning at HMP Dovegate. He was 42 years old. I offer my condolences to Mr Mahmood's family and friends.

Mr Mahmood frequently used illicit drugs in prison, even during detoxification. Although he seemed motivated to stop, Mr Mahmood was reluctant to follow the prescribed pathways for detoxification.

I am satisfied that prison, healthcare and substance misuse staff encouraged Mr Mahmood to address his drug taking and offered structured support. However, the apparent ease with which he appeared to obtain drugs suggests that much more needs to be done at Dovegate to stop the flow into the prison. The proposed HMPPS national drug strategy should assist prisons in reducing supply and demand, but is now overdue. I urge the Chief Executive to prioritise this important area of work.

I am concerned that staff did not comply with the specified procedures for medical emergencies and that this led to an excessive delay in calling an ambulance and escorting paramedics through the prison. Speed of response is crucial when a prisoner is unresponsive.

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

Sue McAllister CB
Prisons and Probation Ombudsman **May 2019**

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Summary

Events

1. On 26 February 2016, Mr Imran Mahmood was remanded to HMP Birmingham. He was later convicted of violent offences and sentenced to 15 years in prison.

2. Mr Mahmood had a history of substance misuse. In March, he completed a methadone detoxification, but admitted to healthcare staff that he had bought methadone on the wing throughout. During a subsequent methadone reduction programme later in the year, Mr Mahmood again took illicit drugs and began using Subutex, another opioid.

3. Mr Mahmood was transferred to HMP Dovegate on 13 July 2017. At his reception health screen, he told staff that he had occasionally used heroin in prison, but was not addicted.

4. Mr Mahmood continued to use illicit Subutex. He was referred to the substance misuse service three times over the next eight months and had several discussions with the team. He declined their support, as he was unhappy with the options offered for detoxification and said that he would detoxify on his own. He had no further contact with the service after March 2018.

5. At around 5.00am on 16 July, two prison staff conducting the early morning check of prisoners were concerned about Mr Mahmood as he was lying face down on the floor in his cell. They called for the night manager, who attended the cell with additional officers. On entering, they found Mr Mahmood unresponsive and requested an ambulance at 5.07am. Prison staff and a nurse attempted to resuscitate him while waiting for the ambulance crew. A paramedic confirmed Mr Mahmood's death at 6.01am.

Findings

6. The ready access to drugs at Dovegate needs to be further addressed, as Mr Mahmood reportedly bought illicit drugs daily, despite the prison's comprehensive drug supply reduction strategy. We have previously 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 in prisons. The Chief Executive told us in response that HMPPS planned to issue a national drug strategy in the autumn of 2018. We are concerned that at the time of writing, HMPPS has still not issued the strategy.

7. Mr Mahmood's substance misuse records were not available to reception healthcare staff at Dovegate. Therefore, they relied on his assertion that he had only occasionally used illicit drugs in prison. He was not referred to the substance misuse service until five weeks later, when the prison received the records. We consider that such records should be immediately available to the receiving prison when a prisoner transfers.

8. Mr Mahmood openly discussed his drug use with some staff. In response to this and on receiving intelligence reports, he was promptly referred to the substance

misuse team. We are satisfied that he received appropriate advice and support to address his addiction.

9. The investigation found that staff did not comply with the requirement to call an emergency code blue to indicate that Mr Mahmood was unresponsive. This led to an excessive delay in calling an ambulance and the emergency nurse was unaware of the nature of the incident until she arrived at the cell. When the ambulance arrived at the prison, it took nine minutes to escort the crew to the cell. Although this did not appear to affect the outcome for Mr Mahmood, these delays were unacceptable.

Recommendations

- The Chief Executive of HMPPS should provide the Ombudsman with a revised date for issuing detailed national guidance on measures to reduce the supply and demand of drugs in prisons, and an assurance that this new date will be met.
- The Governor and Service Manager for DART at HMP Birmingham should ensure that when a prisoner transfers, their substance misuse service records are sent to the receiving prison immediately.
- The Director should ensure that all prison staff understand their responsibilities during medical emergencies. Staff should use an emergency code immediately when there are serious concerns about the health of a prisoner, so that there is no delay in calling an ambulance and alerting medical staff. There should be no unnecessary delays in paramedics reaching the prisoner.

The Investigation Process

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

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

12. NHS England commissioned a clinical reviewer to review Mr Mahmood's clinical care at the prison. The investigator and clinical reviewer interviewed eight members of staff at Dovegate on 5 October.

13. We informed HM Coroner for South Staffordshire of the investigation. He gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

14. The investigator wrote to Mr Mahmood's wife, his listed next of kin, as well as a nominated family representative to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They did not reply. However, during the investigation, Mr Mahmood's son telephoned to enquire about the investigation and said the family wished to receive a copy of our report.

15. Mr Mahmood's wife and family representative received a copy of the initial report. They made no comments.

16. We shared the initial report with HM Prison and Probation Service (HMPPS) and they found no factual inaccuracies.

Background Information

HMP Dovegate

17. HMP Dovegate is run by Serco. The main prison holds around 933 remanded and sentenced adult men. There is also a therapeutic community, separate to the main prison, which holds up to 200 men. Care UK, who took over from Serco Health in October 2014, provides healthcare services.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Dovegate was in May and June 2017. Inspectors reported that the availability of illicit substances was considerable and the prison needed a more effective approach to reduce the supply of drugs. Although managers had acted on this, evidence suggested that drugs and alcohol were still too readily available.

19. Inspectors said that the management of security intelligence reports had improved. They were efficiently collated and analysed and staff had completed a substantial number of intelligence-led searches. They also found that substance misuse interventions to help reduce demand were excellent, with a wide range of one-to-one and group-based approaches.

Independent Monitoring Board

20. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to 30 September 2017, the IMB reported that the prison was settled and reasonably calm and health services were generally better than before. Intelligence reporting had improved, but the use of psychoactive substances (previously known as 'legal highs') was still high.

Previous deaths at HMP Dovegate

21. Mr Mahmood's death was the sixth at Dovegate since January 2016 and there have been three subsequent deaths. There is a possibility that two of the deaths on which we have yet to report might be drug-related.

Incentives and Earned Privileges Scheme (IEP)

22. Each prison has an incentives and earned privileges (IEP) scheme which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and wear their own clothes. There are four levels, entry, basic, standard and enhanced.

Key Events

23. Mr Imran Mahmood had previously been in prison for several offences, including robbery and possessing and supplying controlled drugs and had been on licence in the community since January 2015. On 26 February 2016, Mr Mahmood was recalled to prison and remanded to HMP Birmingham. He was subsequently convicted of robbery and firearms offences and sentenced to 15 years imprisonment.

24. At health screens on 26 and 27 February, healthcare staff noted that Mr Mahmood was dependent on heroin and used crack cocaine. He said that he had not used heroin during the five years he had been in prison, but had started smoking it again in March 2015. Mr Mahmood was a smoker, who had asthma, for which he was prescribed inhalers.

25. Mr Mahmood was initially placed on a maintenance dose of methadone and given lifestyle advice on harm minimisation. He subsequently completed methadone detoxification. However, on 29 March, he told a prison GP that he had been using illicit methadone bought on his wing throughout and that he had used 30-40ml that morning. The prison GP prescribed 20ml methadone, with a plan to start detoxification if Mr Mahmood remained at Birmingham after sentencing. Two days later, Mr Mahmood told a nurse that he was buying 30-50ml methadone on the wing.

26. On 6 July, Mr Mahmood was sentenced to 15 years in prison. On 18 July, a prison GP reviewed him with a member of the drug services team. It was agreed that they would start weaning him off methadone the following week, with fortnightly reductions. Mr Mahmood denied any illicit drug use at that time.

27. Mr Mahmood began the methadone reduction programme on 28 July. A nurse noted that he understood that using illicit drugs with methadone could be dangerous, or even fatal and that, for safety, his methadone would be withheld if he appeared intoxicated or over-sedated. Mr Mahmood agreed to information sharing between the drug treatment team, GPs, healthcare staff, pharmacists, substance misuse team and wing staff, as appropriate.

28. A prison GP reviewed Mr Mahmood monthly and encouraged him to resist using illicit drugs to allow the detoxification to work. Mr Mahmood initially denied using additional drugs. However, during a review on 10 October, he said that he had bought additional methadone and stormed out of the room when a prison GP refused to increase his prescription.

29. In February 2017, after a fight with another prisoner and a positive test for Subutex, Mr Mahmood was reduced from enhanced to basic status on the prison's incentives and earned privileges scheme. (Subutex is an opioid used to treat opioid addiction and dependence.)

30. In April, it was noted in Mr Mahmood's probation records that he continued to struggle with drug use and admitted he had been taking Subutex. The substance misuse team had refused his request for Subutex and offered him methadone, which he had declined as he felt it would not help him. He was encouraged to

make further contact with the substance misuse team and accepted that he would need to address his drug taking.

31. On 13 July 2017, Mr Mahmood was transferred to HMP Dovegate. At a reception health screen, he told a healthcare manager that he occasionally used heroin, but was not addicted. He was not referred to the substance misuse service.

32. On 21 August, Dovegate received Mr Mahmood's substance misuse file from Birmingham. On 23 August, a member of the substance misuse team assessed him. They discussed harm reduction, as well as the use and spiking of psychoactive substances in prison and she noted that Mr Mahmood seemed fully aware of these issues. He declined the services of the team and she advised him how to self-refer if he wanted to work with them in the future.

33. In August and September, security intelligence reports indicated that, on three occasions, Mr Mahmood was one of several prisoners who had received money from the same sender. (This often indicates involvement in illicit activities.)

34. On 6 October, a clinical administrator assessed Mr Mahmood for RESOLVE, an offending behaviour programme. During the meeting, he disclosed that he had been taking illicit Subutex daily. He explained that he felt unable to work with the substance misuse team, as they had recommended methadone. He was unhappy with this, as he had found in the past that he had to supplement his prescription with illicit methadone, but did not have to do this with Subutex. She referred him to the substance misuse team. A few days later, Mr Mahmood told his offender supervisor that he had been using drugs and needed substance misuse help before he could be accepted for RESOLVE.

35. Following the clinical administrator referral, a member of the substance misuse team had a meeting with Mr Mahmood on 17 October, to discuss substance misuse treatment. Mr Mahmood requested detoxification to stop his daily use of Subutex. She explained that he would first have to complete structured work to demonstrate his motivation to reduce his use before they could put him forward for the illicit pathway. The illicit pathway involved taking a reducing prescription of methadone, with structured support and homework, but there would be the option of detoxification with lofexidine (medication to help with the physical symptoms of opioid withdrawal) or other symptomatic drugs if he was sufficiently motivated.

36. Mr Mahmood declined methadone and felt the other options would not help. The member of the substance misuse team offered him psychosocial work, but he said there was no point as he could do this himself. They discussed harm reduction and overdose awareness and Mr Mahmood acknowledged that he needed to stop taking drugs before he could start the RESOLVE programme. She reminded him about the opportunity for self-referral at any time, either by ringing the substance misuse team hotline, or through the automated teller machines (terminals in the houseblocks which allow prisoners to perform functions such as making a medical appointment, order meals or check their accounts).

37. On 4 December, a security intelligence report suggested that Mr Mahmood was using Subutex daily and that it was available on the wing every day.

38. The next day, a prisoner told staff that he was under threat from Mr Mahmood and another prisoner, as he owed them over £400 and he was selling his food to repay the debt. Staff checked the prisoner's cell and found it bare, suggesting that he had sold all his possessions.

39. Mr Mahmood was again referred to the substance misuse service. On 31 January 2018, a substance misuse practitioner, visited him to discuss his illicit use of Subutex. Mr Mahmood told him that he had started using it a few months before and was using 8mg a day (a relatively high dose). He and his offender supervisor had agreed that he needed to address this, with support from the substance misuse team. The substance misuse practitioner reminded him that psychosocial support was available and advised that his options for detoxifying would be either a self-detoxification, or clinical intervention through the illicit pathway. Mr Mahmood was undecided as to his best option and asked him to see him again in two days, to give him time to consider it.

40. On 2 February, a substance misuse practitioner went back to see Mr Mahmood, who said that he wanted to stop using illicit drugs. He was spending most of his earnings on it and had previously found it difficult to reduce his consumption, as illicit substances were rife on his wing. He completed an assessment and drew up 'motivation to change' and 'stabilisation' care plans, noting the offer of the healthy lifestyle programme, a clinical detoxification and psychosocial support. He recorded Mr Mahmood's dependence as heroin and buprenorphine (the generic name for Subutex) and that he had taken the latter that day.

41. On 7 February, a nurse and a substance misuse practitioner had a follow up meeting with Mr Mahmood. He told them he wanted to complete some courses in preparation for release. They discussed starting methadone and he refused this and asked for Subutex. They explained that this could only be prescribed for detoxification, not maintenance. Mr Mahmood was upset, as he felt he would use heroin in addition to methadone. They explained that this would not happen if he received the correct dose. As he would not agree to detoxification, they advised him on how to safely reduce his Subutex use by himself.

42. A substance misuse practitioner and Mr Mahmood met again on 16 February. Mr Mahmood said that after giving it a lot of thought, he had decided to complete a 'self-detox', with a view to being prescribed lofexidine once he had completely stopped using illicit drugs. The substance misuse practitioner encouraged him and offered the team's support throughout, until he felt stable enough to stop using the service. He agreed to send him a substance misuse diary and to place him on the voluntary drug testing programme.

43. On 7 March, a nurse noted that Mr Mahmood did not attend for a substance misuse nurse clinical appointment.

44. On 8 March, his offender supervisor noted that he had visited Mr Mahmood to discuss his self-detox and sentence plan. No further information is recorded in his prison records, but his probation record indicates that he had admitted his use of Subutex to his offender supervisor and had said that methadone would not

help him. However, he accepted that he would have to access drug misuse support in the future and seemed motivated to do so.

45. At a welfare check on 14 March, to discuss his intentions, Mr Mahmood told a substance misuse practitioner, he would not consider the illicit pathway, or use of methadone or lofexidine. He insisted he would reduce his use by himself and self-refer if he required support. The substance misuse practitioner therefore discharged Mr Mahmood from the care of the substance misuse team and there was no further formal contact. He occasionally saw him around the prison and said he seemed alright.

46. In May and June, Mr Mahmood reported back pain and swollen feet and ankles. After tests and assessments by prison nurses and a GP, he was referred for physiotherapy.

47. At approximately 4.55am on 16 July, a security officer began the morning count and check of prisoners on Houseblock (HB) 2. When she arrived at Mr Mahmood's cell (J44) on the upper floor at about 5.00pm, she shone a light through the observation panel and noticed that he was lying face down on the floor. She banged the door and tapped the glass with her torch, but there was no response. She asked a prison officer who was checking cells on the ground floor, to go up to the cell and he too tried to get a response. At 5.01am, the officer radioed to request the night manager, stating that a prisoner was unresponsive.

48. The night manager went to the cell, accompanied by other officers. The night manager and an officer then went into the cell. They turned Mr Mahmood over and saw that he was not breathing and had vomited. He was cold and his lips and tongue were blue. The officer said he began chest compressions, rotating with the night manager and another officer. A few minutes after they arrived, an officer radioed the communications room to request an ambulance and an officer went to collect the nurse from HB 3. Ambulance Service records show that they received the call at 5.07am.

49. A nurse said that at around 5.10am, she received a call from an officer to say that they would be collecting her. (Nurses do not hold keys during the night.) As no reason was given, she assumed it was to escort her to get keys for the day shift. When the officer arrived, the nurse was told that she was needed in HB 2, but again with no explanation. She said she was unprepared, as she thought it was for something simple.

50. The nurse estimated that it took around three to four minutes to get from HB 3 to HB 2. When she reached the cell, she asked for the emergency bag, which was locked in a room in the houseblock and the night manager, was the only person with the keys. She said that no one had started cardiopulmonary resuscitation (CPR) before she arrived. She attempted to give oxygen and used the defibrillator, which advised no shocks. She continued cardiopulmonary resuscitation (CPR), assisted by officers, until the ambulance crew arrived at around 5.25am and took over. One of the paramedics confirmed Mr Mahmood's death at 6.01am.

51. After Mr Mahmood's death, staff found a burnt vape pen in his cell. This may have been used for smoking drugs but, at the time of writing, we do not know if it tested positive for drugs.

Contact with Mr Mahmood's family

52. Mr Mahmood had a relative in Dovegate, who was asked not to contact his family. However, some family members became aware of Mr Mahmood's death before prison staff were able to break the news.

53. Mid-morning on 16 July, the prison's family liaison officers (FLOs), a prison manager and a prison chaplain visited Mr Mahmood's wife. She was not at home, but arrived around an hour later. They informed her of Mr Mahmood's death and offered condolences, information and support. The next day, the FLOs went to the hospital with Mr Mahmood's family. They remained in close contact with them and attended pre-funeral ceremonies.

54. Mr Mahmood's funeral was held on 19 July. In line with Prison Service policy, the prison contributed to the costs.

Support for prisoners and staff

55. The prison posted notices informing other prisoners of Mr Mahmood'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 Mahmood's death.

56. No formal debrief meeting was held as some staff had gone home at the end of their shift, but managers spoke to staff individually and offered the support of the care team.

Post-mortem report

57. The report of the post-mortem examination concluded that the cause of Mr Mahmood's death was morphine/heroin poisoning. The pathologist noted that Mr Mahmood had probably survived for some time after the substance was taken. There was no evidence of synthetic cannabinoids or fentanyl substances

Findings

Drug strategy at HMP Dovegate

58. Following an inspection at Dovegate in June 2017, HM Chief Inspector of Prisons was concerned about the ready availability of illicit drugs. Dovegate's drug supply reduction strategy, currently under revision, outlines a number of measures to reduce the demand and supply of drugs. It is a concern that in spite of a comprehensive strategy and a number of different processes, Mr Mahmood was able to obtain illicit drugs, apparently daily, over a long period. This suggests that much more needs to be done to tackle the issue of drugs at Dovegate.

59. Drug taking and trading 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 an urgent need for national guidance to prisons from HMPPS providing evidence-based advice on what works.

60. In a previous 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 in prisons. The Acting Ombudsman also wrote to the Prisons Minister raising her concerns about the high number of drug-related deaths she was investigating. The Chief Executive told us in response that HMPPS planned to issue a national drug strategy in the autumn of 2018. We are concerned that at the time of writing, this strategy has still not been issued. We therefore make the following recommendation:

    The Chief Executive of HMPPS should provide the Ombudsman with a revised date for issuing detailed national guidance on measures to reduce the supply and demand of drugs in prisons, and an assurance that this new date will be met.

Management of Mr Mahmood's substance misuse

Reception procedures

61. Mr Mahmood had a history of substance misuse in the community. After he was recalled to Birmingham prison in February 2016, he was placed on a maintenance dose of methadone (and subsequently a reducing dose to detoxify), but immediately began using illicit drugs in addition to that prescribed.

62. When he transferred from Birmingham to Dovegate on 13 July 2017, Mr Mahmood told reception healthcare staff that he had occasionally used drugs in prison, but was not addicted. As they did not consider him to have an existing problem, they did not refer him to the substance misuse service. When his substance misuse records were received on 21 August, he was referred to the service, but after an assessment two days later, he declined to engage with the team.

63. In the absence of the relevant records, healthcare staff at Dovegate had relied on information from Mr Mahmood and took it at face value. We consider that such

important clinical information should be available at the outset, to provide an accurate and more balanced view of a prisoner's needs and to improve decision-making. We make the following recommendation:

The Governor and Service Manager for DART at HMP Birmingham should ensure that when a prisoner transfers, their substance misuse service records are sent to the receiving prison immediately.

Action on security intelligence reports and Mr Mahmood's disclosures of drug taking

64. Mr Mahmood was open to staff about his use of illicit drugs. Prison intelligence reports also indicated involvement in drug taking, or dealing and a specific report in December 2017, noted that he was taking Subutex daily.

65. The prison's security department passed the details of each intelligence report to the Safer Custody team and, additionally, notified the substance misuse service of the intelligence received in December. In response to the reports, prison staff referred Mr Mahmood to the service and practitioners assessed him each time and completed the early stages of the planning process.

66. Mr Mahmood declined the help offered, mainly because he did not want to take methadone. He thought it would make him crave additional drugs. He asked to be maintained on Subutex, but this could only be prescribed for detoxification. The substance misuse practitioners tried, but were unable to persuade him that the correct dosage of methadone would be sufficient to prevent craving. Mr Mahmood therefore chose to self-detoxify, with support if he needed it and the substance misuse workers advised him on how to do this safely. Although he seemed motivated to stop taking drugs, it is not known whether he attempted this.

67. In line with the confidentiality protocol, substance misuse practitioners at Dovegate did not share information with prison staff. However, there was provision to do so if Mr Mahmood was a security threat. In any case, he had told his offender supervisor and an education assessor about his use of Subutex. Both had made referrals after receiving this information.

68. We are satisfied that prison staff took action on the intelligence reports and referred Mr Mahmood to the substance misuse service. In turn, substance misuse workers promptly offered help. The clinical reviewer is satisfied that the drug treatment pathways offered by the substance misuse service at Dovegate are in line with good practice. We agree with the clinical reviewer that Mr Mahmood received appropriate information and options, as well as the opportunity of support to stop using illicit substances.

Emergency response

Entering cells at night

69. The staff who found Mr Mahmood unresponsive did not go into the cell immediately, but asked for the night manager to attend first. The officer told the investigator he was aware that he had the authority to enter a cell at night in an emergency, subject to a dynamic risk assessment and he had thought about going in. However, he felt this would have possibly put himself and a security officer at risk, as the cell was in darkness and even with a torch it was impossible

to see clearly what had happened and whether Mr Mahmood was breathing. The security officer had not been trained in control and restraint and he was mindful of the risk that Mr Mahmood could be feigning illness.

70. The security officer said that although she had a pouch with a cell key for night emergencies, she would usually get permission from the night manager. She was cautious because she was fairly new to the role and felt extra care was necessary because of the prevalence of psychoactive substances and its effect on prisoners' moods.

71. We are satisfied that both members of staff are aware of the policy on entering cells at night but, having considered the risks, felt justified in waiting for additional staff on this occasion.

Use of emergency codes and calling an ambulance

72. Prison Service Instruction (PSI) 03/2013 on Medical Emergency Response Codes sets out the actions staff should take in a medical emergency. It contains mandatory instructions for governors and directors to have a protocol to provide guidance on efficiently communicating the nature of a medical emergency, ensuring staff take the relevant equipment to the incident and that there are no delays in calling an ambulance. It stipulates that if an emergency code is called over the radio, an ambulance must be called immediately. Staff should ensure there are no delays in calling an ambulance and it should not be a requirement for a member of the healthcare team, or a manager to attend the scene before calling an ambulance. In line with the PSI, Dovegate has a local protocol, NTS 005/2017 issued on 8 March 2017.

73. At interview, the security officer and officer were aware of and able to explain the emergency procedures. However, during the incident, neither had used an emergency code, as stipulated in the PSI and local instructions. The security officer said they had effectively indicated a code blue by calling for urgent assistance from the night manager. However, using this terminology would not have triggered the control room to call an ambulance or healthcare staff to attend. The officer said he did not think about calling a code, as he could not see properly or work out whether it should be a code red or blue. After the manager and other staff had gone into the cell, an officer radioed for an ambulance at 5.07am, six or seven minutes after Mr Mahmood was first found. When the ambulance arrived 5.25am, it took nine minutes to escort the crew to the cell.

74. In addition to the delay in calling an ambulance, the lack of a code meant that the nurse was unaware of the emergency and, oddly, the officer who collected her did not tell her.

75. There were differing accounts as to whether the prison staff, or the nurse started CPR and the investigation was unable to resolve this. However, we are satisfied that CPR was conducted professionally once started.

76. We are concerned that staff did not fully comply with the emergency response procedures. Use of the relevant code informs staff not only that there is an emergency but also of its nature and enables better preparation. It is understandable that in stressful situations, mistakes can be made, but a quick

response is vital in increasing the chances of successful resuscitation and, in this case, the lack of an emergency code resulted in a delay in starting CPR and calling an ambulance. Although it might not have changed the outcome for Mr Mahmood, we agree with the clinical reviewer that these delays were unacceptable and make the following recommendation:

The Director should ensure that all prison staff understand their responsibilities during medical emergencies. Staff should use an emergency code immediately when there are serious concerns about the health of a prisoner, so that there is no delay in calling an ambulance and alerting medical staff. There should be no unnecessary delays in paramedics reaching the prisoner.

Clinical care

77. The clinical reviewer also considered other aspects of Mr Mahmood's clinical care, unrelated to his substance misuse. She was satisfied that, overall, the care he received was equivalent to that he could have expected in the community. However, she identified some deficiencies in provision and has made relevant recommendations.

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Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T I 020 7633 4100
F I 020 7633 4141