Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Collingborn a prisoner at HMP Guys Marsh on 24 June 2018

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 we oversee can improve their work in the future.

Mr Mark Collingborn died on 24 June 2018 at HMP Guys Marsh from the effects of psychoactive substances (PS) on undiagnosed chronic heart disease. He was 36 years old. I offer my condolences to Mr Collingborn's family and friends.

Mr Collingborn had a history of substance misuse in prison and in the community and there is abundant evidence that he used PS frequently, sometimes daily, in Guys Marsh. Despite making efforts to address his drug use and being offered appropriate support by substance misuse services, he was unable to stop using PS. This had fatal consequences.

Mr Collingborn's death was the fourth of four deaths at Guys Marsh between March and June 2018 in which PS played some part. While the prison has taken measures to tackle the issue, more needs to be done. Her Majesty's Inspector of Prisons found that drugs are still too readily available in the prison. I repeat the concerns I have expressed in too many investigations about the number of deaths my office investigates in which PS has played at least some part. Mr Collingborn's death is another example of how dangerous PS is and how prisons are struggling to reduce PS use.

I am concerned that individual prisons are being left to develop local strategies to reduce the supply and demand for drugs. In my view there is an urgent need for national guidance on the best measures to combat this serious problem. We have already made a recommendation to this effect to the Chief Executive of HM Prison and Probation Service. We have also written to the Prisons Minister setting out our concerns at the number of drug-related deaths in custody.

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 **March 2019**

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Events

1. On 3 May 2017, Mr Mark Collingborn was recalled to prison charged with grievous bodily harm (GBH). On 17 May, he was transferred to HMP Guys Marsh where he had served several previous sentences.

2. Mr Collingborn had a history of substance misuse in prison and the community. His record at Guys Marsh showed he used psychoactive substances (PS) frequently, sometimes daily. Mr Collingborn made efforts to address his drug use. He attended several courses and led group sessions for SMART and First Steps courses.

3. On 15 June, Mr Collingborn began sharing a cell with his friend. His friend told Dorset police that Mr Collingborn took PS regularly in their cell. In the early morning of 24 June, his friend said that he woke up to find Mr Collingborn struggling for breath. He pressed the cell bell when he was unable to wake him.

4. The night patrol officer entered the cell promptly and began chest compressions. Nurses, emergency equipment and paramedics arrived quickly but Mr Collingborn was pronounced dead at 7.55am.

5. A post-mortem examination and toxicology tests showed Mr Collingborn died from the effects of PS on undiagnosed chronic heart disease.

Findings

6. Mr Collingborn was the fourth of four deaths at Guys Marsh in which PS played some part. At the time, the prison was overwhelmed by PS and their strategy to reduce supply and demand was not sufficiently well developed.

7. In response to these deaths, Guys Marsh developed a number of strategies targeting supply disruption, keeping offenders who have taken PS safe and working with them afterwards to address their behaviour. At the time of writing this report, these are not yet embedded and, in January 2019, Her Majesty's Inspector of Prisons (HMIP) found that drugs were still too readily available in Guys Marsh.

8. Mr Collingborn's heart disease was asymptomatic. The clinical reviewer did not find that any opportunities to diagnose it were missed by healthcare staff. The service Mr Collingborn received to address his substance abuse and work on his sentence plan was good.

9. An emergency code, required by national instructions, was not used when Mr Collingborn was found unresponsive, but this did not result in a delay in summoning nurses and emergency services. Since Mr Collingborn's death, emergency equipment has been placed on every unit and custodial managers have received Intermediate Life Support (ILS) training.

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 Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Guys Marsh 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 Collingborn's prison and medical records. The prison downloaded CCTV from Anglia Wing but copied the 24 hours after Mr Collingborn's death in error. The relevant period had expired on their system by the time the mistake was discovered. The investigator liaised with Dorset police and obtained copies of statements from their investigation.

12. NHS England commissioned an independent clinical reviewer to review Mr Collingborn's clinical care at the prison. The investigator and clinical reviewer interviewed three members of staff at Guys Marsh in September 2018. Mr Collingborn's cellmate declined to be interviewed and two other staff were on long-term sick leave.

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

14. The investigator spoke to Mr Collingborn's father, to explain the investigation and to ask if he had any matters he wanted the investigation to consider. We sent him a copy of the draft version of this report. Mr Collingborn's father did not raise any factual inaccuracies but commented that he wished Guys Marsh had told him that his son's drug use was so bad.

Background Information

HMP Guys Marsh

15. Guys Marsh is a medium security prison that holds up to 579 men. Care UK provides primary and secondary mental healthcare and has commissioned another agency, EDP, to provide integrated substance misuse services. Healthcare services are available on weekdays and at weekends from 8.30am to 6.00pm and there is a doctor on duty on Saturday mornings.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Guys Marsh was in January 2019. The report was not available at the time of writing but initial feedback showed that some improvements have been made to reduce the supply of illicit drugs, but it remained high. Many good initiatives were relatively recent and were not yet sufficiently embedded. Suspicion testing was being carried out in a timely fashion but target searching in response to intelligence was often not taking place. Drugs were still too readily available in the prison. There had been a great deal of attention to reducing the supply of illicit drugs, with appropriate use of dogs and technology, but too many of these initiatives were less than a year old and not yet sufficiently embedded. There was a good range of psychosocial support with 50% of the population actively engaging with services.

Independent Monitoring Board

17. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to November 2017, the IMB noted that there were staff shortages and the availability of psychoactive substances (and other illegal drugs) led to debt, which in turn impacted on safety, security and decency.

Previous deaths at HMP Guys Marsh

18. The deaths of two prisoners at Guys Marsh in March and September 2016 involved illegal drugs. Psychoactive substances were a contributory factor in all four deaths at Guys Marsh in 2018. In two of the deaths at Guys Marsh in 2016 and in the second of the four in 2018, no emergency code was called. We repeat a recommendation about emergency response procedures at Guys Marsh.

19. Following a previous inspection in 2016, Guys Marsh was placed in special measures and remains in special measures at the time of writing (February 2018). ‘Special measures’ means HM Prisons and Probation Service has determined a prison needs additional, specialist support to improve performance.

Psychoactive Substances (PS)

20. 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.

21. 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.

22. HM Prison and Probation Service (HMPPS) now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements.

Incentives and Earned Privileges (IEP) Scheme:

23. Each prison has an Incentives and Earned Privileges 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 to wear their own clothes. There are three levels, basic, standard and enhanced.

Key Events

24. Mr Mark Collingborn had a long history of substance misuse including heroin, crack cocaine, cannabis and psychoactive substances (PS). He had been to prison before and had served several sentences at HMP Guys Marsh. On 4 November 2016, he was released on licence from Guys Marsh and lived in a dry house (drug and alcohol free) as a condition of his licence.

25. On 3 May 2017, he was recalled to HMP Exeter charged with a further offence of grievous bodily harm (GBH). He was transferred back to Guys Marsh on 18 May. After a short period on Anglia unit, the induction unit, Mr Collingborn was moved to Gwent unit, a standard prison unit.

26. On 30 May, a substance misuse worker completed an initial assessment with Mr Collingborn. Mr Collingborn agreed to complete some in-cell work and attend Self-Management and Recovery Training (SMART).

27. On 2 June 2017, Mr Collingborn began working with his offender supervisor, a prison probation officer. She said that Mr Collingborn had already referred himself to several courses designed to tackle his offending behaviour and wanted to move to Saxon unit (the unit for prisoners who agree to be drug free). On 22 June, an assistant practitioner examined Mr Collingborn at the request of officers and concluded that he was under the influence of PS.

28. On 5 July, the substance misuse worker closed Mr Collingborn's substance misuse file because he had not returned any of the in-cell work or attended any substance misuse groups. On 8 July, Mr Collingborn appeared to be under the influence of PS. The substance misuse worker reopened Mr Collingborn's substance misuse file on 10 July, and agreed to meet Mr Collingborn for 1:1 sessions. The first of these took place on 21 July.

29. On 24 July, Mr Collingborn met his offender supervisor and substance misuse worker on Saxon unit and agreed to work on relapse prevention and undertake the First Steps programme (an addiction recovery programme based on the first three steps of the 12 steps programme). On 4 August, he started the Thinking Skills Programme (TSP). On 7 August, the person running TSP reported that Mr Collingborn appeared to be under the influence of PS. The same day, the substance misuse worker received Mr Collingborn's completed in-cell work. He commented that a lot of thought and effort had been put into Mr Collingborn's answers.

30. On 9 August, the substance misuse worker and Mr Collingborn worked on First Steps as agreed. Mr Collingborn said that he had relapsed recently but was now back on track. On 17 and 22 August, Mr Collingborn appeared to be under the influence of PS. He was placed on the basic level of the IEP scheme (the IEP scheme aims to encourage and reward responsible behaviour). On 25 August, he attended SMART. On 30 August, staff suspected that Mr Collingborn was under the influence of a brewed substance.

31. On 1, 8,14, 22 and 28 September, Mr Collingborn led the SMART group and made a positive contribution. On 9,18 and 19 September, Mr Collingborn appeared to be under the influence of PS. On 12 September, he completed TSP.

On 25 September, Mr Collingborn was moved back to Gwent unit after several prisoners told staff that he was not abiding by his compact to remain drug free on Saxon unit.

32. On 2 October, Mr Collingborn appeared under the influence of PS and told his offender supervisor that he was struggling on Gwent unit because his cellmate was a regular drug user. On 10 October, he was moved to Dorset unit where he hoped to be part of the Key4 Life programme (a charity run rehabilitation programme). On 13 October, Mr Collingborn told the substance misuse worker that he had family problems outside prison and was temporarily stopping SMART. He continued to meet the substance misuse worker regularly for individual sessions.

33. On 15 November, his offender supervisor and substance misuse worker told Mr Collingborn that they would not support his release on parole at his upcoming oral hearing on 15 December, in part because of his continued use of PS. They planned for Mr Collingborn to attend Timewise (a rehabilitation course targeting skills to enable behavioural change), to re-engage with substance misuse groupwork and to remain free from IEP warnings and prison discipline hearings. (The parole hearing went ahead as planned on 15 December and on 20 December, the Parole Board confirmed Mr Collingborn should remain in custody to work on his offending behaviour.) Mr Collingborn returned to SMART on 23 November, and attended regularly thereafter until his death.

34. On 6 December, a nurse examined Mr Collingborn and concluded he was under the influence of PS. On 14 December, Mr Collingborn tested positive for PS in a random drugs test. On 28 December, he received seven days cellular confinement on the segregation unit as punishment at a prison disciplinary hearing.

35. On 29 December 2017, staff overheard Mr Collingborn saying that he had suffered an adverse reaction to high strength PS. On 3, 10, 12, 13, 14, 17 January and 6 February 2018, Mr Collingborn appeared to be the influence of PS. A prison discipline hearing on 7 February, found him guilty of being under the influence of an illicit substance and in possession of an improvised pipe made from an empty milk carton.

36. On 8 February, Mr Collingborn's offender supervisor referred him to HMP Ranby to attend KAIZEN (a programme for prisoners convicted of violent offences). Ranby accepted Mr Collingborn on to their waiting list on 14 February. On 19 February, officers saw Mr Collingborn in a smoky cell with other prisoners, believed to be smoking PS.

37. On 12 March, Mr Collingborn's offender supervisor referred him to HMP Erlestoke because they had just started running KAIZEN. On 16 March, Mr Collingborn attended a telephone conference with her and his offender manager. Mr Collingborn said that he used PS regularly and described every day as a "battle". He said that he had stopped working with substance misuse services and thought he would benefit from resuming 1:1 sessions with the substance misuse worker. Mr Collingborn was upset and tearful and said he was struggling. He agreed to an appointment with the mental health team for added support.

38. On 19 and 23 March, Mr Collingborn appeared to be the influence of PS. On 20 March, Mr Collingborn missed his first appointment with the mental health team. On 26 March, the substance misuse worker recommended to the offender supervisor that Mr Collingborn support the substance misuse worker leading the First Steps programme because he had experience of the 12 steps programme and had led the SMART group for several months.

39. On 29 March, the offender supervisor discussed Mr Collingborn's role as a supporter for the First Steps Team and revisited the benefits of working with the mental health team for emotional support. Mr Collingborn said he had missed his mental health appointment because he did not want to take medication.

40. On 5 April, Mr Collingborn, helped lead the First Steps group session. The offender supervisor noted on 6 April, that he was in good spirits and was feeling positive about his role. He helped lead First Steps again on 10 April.

41. On 18 April, Mr Collingborn was placed on basic regime of the IEP scheme for being under the influence of an illicit substance. On 19 and 20 April, he was also under the influence of drugs and was charged with breaking prison rules for smashing his cell observation panel and verbally abusing staff. On 22 and 23 April, he again verbally abused staff.

42. On 26 April and 3 May, Mr Collingborn helped lead First Steps and contributed positively. On 6 May, Mr Collingborn was found under the influence of PS. He was unable to speak or move and nurses were called to his cell. The same day he verbally abused an officer.

43. Mr Collingborn attended First Steps on 17 and 24 May and 14, 20 and 21 June and made positive contributions to the group. On 13 June, a mental health nurse assessed Mr Collingborn. He said he did not want to work with the mental health team and was discharged from their caseload.

44. On 15 June, Mr Collingborn moved to Anglia unit to share a cell with his friend. His friend did not want to be interviewed by the investigator but provided a statement to Dorset police. He said he knew Mr Collingborn from outside prison. Mr Collingborn was a regular PS user and wanted to move in with him because he did not use PS and he thought he would be a good influence. He said that Mr Collingborn continued to smoke PS in their cell, despite his efforts to stop him.

45. On 22 June, Mr Collingborn told his offender supervisor he had moved to Anglia unit to be with his friend because he was a positive influence. She reminded him to behave well and abstain from illicit substances. She said Timewise was due to start soon and Mr Collingborn was keen to attend it.

23 June 2018

46. An officer said that he saw Mr Collingborn on the wing between 2.30pm and 3.30pm. At about 5.00pm, the prisoner who lived in the cell next door to Mr Collingborn said that he offered him some PS on a piece of A4 paper. He told Mr Collingborn he could not afford it but Mr Collingborn tore him off a small piece of the paper anyway. He said he smoked two cigarettes made with the paper and was unable to move for about five minutes after each one. He said that he used PS regularly and this was a common effect.

47. At about 5.30pm on 23 June, an officer locked Mr Collingborn and his cellmate into their cell for the night. His cellmate said Mr Collingborn had smoked three cigarettes made with PS contaminated paper that night. In between each cigarette Mr Collingborn went to sleep. His cellmate went to sleep at about 11.00pm.

24 June 2018

48. Mr Collingborn's cellmate said he woke up at about 5.00am when Mr Collingborn banged his head on his bed as he got up from the lower bunk to go to the toilet. They laughed about Mr Collingborn banging his head. (The prisoner next door said he was awake at about 4.30am and heard a thud followed by someone walking around the cell.) His cellmate said that he went back to sleep but woke up again when he heard Mr Collingborn struggling to breathe. He said that he tried to wake Mr Collingborn up but could not, so he pressed the cell bell.

49. An Operational Support Grade (OSG), the night patrol officer, responded to the cell bell as soon as he heard it. His cellmate told him he could not wake Mr Collingborn. The OSG said Mr Collingborn was lying on his back in bed with his head tilted to one side. He said his first impression was that Mr Collingborn was dead. He radioed the control room for assistance and decided to enter the cell immediately. He did not use an emergency code. The OSG and the cellmate moved Mr Collingborn to the floor. The OSG checked for signs of life and realised Mr Collingborn was not breathing and had urinated. He checked Mr Collingborn's airway and began chest compressions (cardio-pulmonary resuscitation – CPR).

50. The OSG radioed a second time for "urgent assistance" because Mr Collingborn was unresponsive. The control room incident log recorded the call at 7.19am. At 7.20am, the incident log recorded that a Custodial Manager (CM) radioed that an ambulance was needed. A minute later, the CM radioed that the ambulance was needed urgently and the control room officer rang the emergency services. South West Ambulance Service records confirm that the prison rang the emergency services at 7.21am.

51. Two officers said they had just arrived for work when the CM told them to go to Anglia because a prisoner was unresponsive. They found the OSG giving Mr Collingborn chest compressions and his cellmate outside the cell very upset. An officer remained in the cell and rotated chest compressions with the OSG. The other officer took the cellmate to a safer cell and then ran to the communications room to get a defibrillator. She met a nurse arriving for her shift and they returned to Mr Collingborn's cell together. On the way, she asked another nurse to collect the bag of emergency equipment from healthcare.

52. The nurse said Mr Collingborn had no pulse, his pupils were fixed and she was unable to obtain oxygen readings using an oximeter because his limbs were too cold. She attached the defibrillator, it advised her to shock Mr Collingborn but when she did so the machine said the shock had been cancelled. The other nurse arrived with the emergency bag and they gave Mr Collingborn oxygen via an airway.

53. The ambulance arrived at the prison at 7.35am and paramedics were with Mr Collingborn at 7.38am. They attached their defibrillator to Mr Collingborn because it had a cardiac rhythm monitoring screen. It showed an abnormal heart rhythm and they decided to continue resuscitation. Paramedics and prison staff completed four more rounds of CPR and electric shocks but at 7.55am paramedics confirmed that Mr Collingborn had died.

Contact with Mr Collingborn's family

54. The Governor and an operational manager drove to Mr Collingborn's father's house immediately and broke the news of Mr Collingborn's death. An officer maintained contact with Mr Collingborn's father and returned his son's property to him.

55. The prison contributed to the cost of the funeral in line with national guidance.

Support for prisoners and staff

56. After Mr Collingborn's death, the 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. Mr Collingborn's cellmate was taken to the Chaplaincy and given support.

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

Post-mortem report

58. The pathologist concluded Mr Collingborn died from the effects of PS intoxication on undiagnosed chronic heart disease. Mr Collingborn's heart showed extensive scarring likely to be a result of long-term drug abuse. His heart disease was asymptomatic (without symptoms) and sudden death could have occurred at any time.

Findings

Substance Misuse Management and Guys Marsh's Drug Strategy

59. The PPO's Learning Lessons Bulletin on PS, issued in July 2015, highlighted that PS was then a source of increasing concern in prisons. Not only does PS use have a profoundly negative impact on physical and mental health, but trading these substances can lead to debt, violence and intimidation. Mr Collingborn's death is a clear example of how dangerous PS is and illustrates why prisons must do all they can to eradicate its use.

60. We are satisfied that Mr Collingborn was well supported by his substance misuse worker and offender supervisor who took a coordinated approach to his sentence plan and addressing his offending behaviour. Mr Collingborn met both regularly and worked on several different courses and programmes for his substance misuse and violence. He received praise for the contributions he made to SMART and First Steps groupwork. Mr Collingborn's PS use was also dealt with through the IEP scheme and prison discipline system.

61. I am concerned that despite Mr Collingborn's efforts to stay drug free and those of staff to support him, this good work was undermined by the ready availability of PS in Guys Marsh.

62. Overall, our investigation into Mr Collingborn's death and those of the three prisoners who died before him in 2018, found that the prison is undertaking a number of measures to tackle the problem of PS. We accept that the prison has a drug strategy in place and staff are working hard to implement it. We have seen clear evidence of a desire from senior management to combat the PS problem and of custodial and healthcare staff working alongside each other to so.

63. Nevertheless, the recent HMIP report indicated that drugs are still easily accessible to prisoners and that these initiatives are not yet embedded. It is clear, therefore, that more needs to be done to reduce both the supply and the demand for PS.

64. Guys Marsh 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 an urgent need for national guidance to prisons from HMPPS providing evidence-based advice on what works.

65. In a number of recent investigations, we have 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 told us that HMPPS planned to issue a national drug strategy in the autumn of 2018. We are concerned that at the time of writing (January 2019), 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.

Clinical issues

66. The post-mortem found Mr Collingborn had extensive myocardial fibrosis. This is a condition where areas of microscopic scarring form in the heart muscle, weakening the muscle and increasing the risk of sudden cardiac events and sudden death. The post-mortem report suggests this to be most likely related to previous drug use, especially cocaine use.

67. We were told at interview by staff that Mr Collingborn often went to the prison gym, and looked to be in good physical health. Myocardial fibrosis can be a 'silent' condition even when widespread, although it can also cause symptoms such as breathlessness on exertion, palpitations, sudden collapse or fainting attacks. The clinical reviewer noted only one occasion, in 2015, where Mr Collingborn told a nurse that he sometimes felt breathless. He was not breathless in the consultation and had normal blood pressure, heart rate and oxygen saturation measurement. He did not report breathlessness again to staff. Otherwise, there were no indications from Mr Collingborn's healthcare record that he ever complained of symptoms that might be related to an underlying, undiagnosed heart condition.

68. The clinical reviewer said that screening for myocardial fibrosis would not normally be done in an otherwise asymptomatic man with a history of cocaine use, and there is no current NICE guidance regarding this scenario. The clinical reviewer concluded that no opportunities were missed to diagnose this condition, as it was indeed "silent until the fatal event".

The Emergency Response

69. Prison Service Instruction 03/2013 requires governors to have a two code medical emergency response system based on the instruction. As is usual, Guys Marsh use code blue to indicate an emergency when a prisoner is unconscious, or having breathing difficulties, and code red when a prisoner is bleeding. Its provisions are mirrored in local policies at Guys Marsh. Calling an emergency code should automatically trigger the control room to call an ambulance.

70. The OSG responded promptly to Mr Collingborn's cellmate pressing the cell bell and entered the cell as soon as he saw Mr Collingborn's condition. He acknowledged at interview that in the heat of the moment he had not used an emergency code. The orderly officer, the CM, established immediately that Mr Collingborn was unconscious and instructed the control room officer to call an ambulance two minutes after Mr Collingborn was found. The OSG gave Mr Collingborn CPR in line with current guidance and two nurses attended quickly and brought emergency equipment.

71. We are satisfied that there was no delay in providing emergency aid to Mr Collingborn. We recently recommended that the Governor remind staff of the need to use an emergency code and we are aware that guidance to staff was

issued in August 2018. In addition, emergency equipment was put on every unit and the prison has trained all custodial managers in Custodial Officer Immediate Life Support (COILS). We therefore make no recommendation.

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