

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Jason Needham, a prisoner at HMP Featherstone, on 26 January 2020

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*



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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.

Mr Jason Needham died in hospital on 26 January 2020, of gastric aspiration (inhalation of his stomach contents), caused by taking methadone and psychoactive substances (PS), while a prisoner at HMP Featherstone. He was 43 years old. I offer my condolences to Mr Needham's family and friends.

Mr Needham had a history of drug misuse and was frequently suspected of being under the influence of PS while he was at Featherstone. The investigation found that staff responded appropriately on each occasion.

I am concerned that Mr Needham was able to obtain PS with apparent ease. In December 2019, Featherstone updated its drug strategy. The prison will need to ensure that it is implemented fully, and monitored, to prevent the harms caused by drug use.

The clinical reviewer found that the standard of Mr Needham's clinical care was equivalent to that he could have expected to receive in the community.

However, she was concerned that Mr Needham continued to be prescribed an antipsychotic drug, despite there being no evidence that he had a psychotic illness. This medication was not found in Mr Needham's system when he died, so it is possible that he was trading it for PS. His medication should have been reviewed more frequently.

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

October 2020

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Summary

Events

1. Mr Jason Needham arrived at HMP Featherstone on 2 September 2019. He had a history of substance misuse and was prescribed methadone (an opiate substitute). He was also prescribed quetiapine (an antipsychotic).
2. Mr Needham was suspected of being under the influence of psychoactive substances (PS) on numerous occasions. On each occasion, his methadone dose was stopped, in line with standard procedure because of the health risks of combining methadone with illicit drugs.
3. On the morning of 25 January 2020, staff told Mr Needham that they would not be giving him his methadone dose because he had been seen under the influence of PS the previous day. A few minutes later, Mr Needham made deep cuts to his leg. He was taken to hospital and returned to the prison that afternoon. Staff started suicide and self-harm prevention procedures (known as ACCT).
4. At lunchtime on 26 January, a prisoner rang their cell bell and asked staff to check Mr Needham, who was shouting and screaming in his cell. Mr Needham was aggressive and threatening towards staff, and healthcare staff were unable to examine him. Staff suspected that he had taken PS.
5. Around half an hour later, an officer went to Mr Needham's cell to carry out an ACCT check and saw him lying unresponsive on his cell floor. He called a medical emergency code. Prison staff responded. They went into the cell and found Mr Needham was not breathing. They started cardiopulmonary resuscitation (CPR), which was continued by healthcare staff and paramedics.
6. Paramedics managed to establish a faint pulse, and took Mr Needham to hospital. However, he was pronounced dead at 5.35pm.
7. The post-mortem report concluded that Mr Needham died from gastric aspiration (inhalation of his stomach contents), caused by methadone and psychoactive substances (PS) toxicity.

Findings

8. The investigation found that staff responded appropriately when Mr Needham was suspected of being under the influence of PS.
9. We are concerned that Mr Needham was able to obtain PS with apparent ease. Featherstone updated its drug strategy in December 2019. The prison will need to ensure it is fully implemented, and monitored, to prevent the harms caused by drug use.
10. The clinical reviewer was satisfied that the standard of Mr Needham's clinical care was equivalent to that he could have expected to receive in the community.
11. However, she found that Mr Needham continued to be prescribed quetiapine (an antipsychotic) despite there being no evidence of him having a psychotic illness.

Toxicology tests conducted after Mr Needham's death show that he had not been taking quetiapine, which suggests he may have been trading it for PS.

Recommendations

- The Head of Healthcare should ensure that prisoners taking regular medication have medication reviews at regular intervals.

The Investigation Process

12. The investigator issued notices to staff and prisoners at HMP Featherstone informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
13. The investigator visited Featherstone on 29 February 2020. She obtained copies of relevant extracts from Mr Needham's prison and medical records.
14. NHS England commissioned an independent clinical reviewer to review Mr Needham's clinical care at the prison. The investigator interviewed two members of staff on 24 March and she and the clinical reviewer jointly interviewed five members of healthcare staff on 21 April. Due to the restrictions of coronavirus, these interviews were conducted by telephone.
15. We informed HM Coroner for South Staffordshire of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
16. One of the Ombudsman's family liaison officers contacted Mr Needham's family to ask whether they had any questions about his death. They asked:
 - When staff last checked on Mr Needham.
 - The frequency of their checks.
 - Why staff did not respond to him banging on his cell door.
 - How long it took for staff to respond to Mr Needham after he stopped banging on his cell door.
17. Mr Needham's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.

Background Information

HMP Featherstone

18. HMP Featherstone is a medium security, category C prison, holding around 650 convicted men. Care UK provides healthcare services.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Featherstone was in October 2018. In HMIP's survey, 61% of prisoners said that drugs were easily obtainable, and nearly a quarter said that they had developed a drug problem at the prison - far more than at similar prisons. There continued to be regular finds of illicit substances, but there was evidence that the availability of drugs was reducing. Inspectors reported that psychoactive substances (PS) were the most prevalent drug used and continued to pose a significant threat to the health and safety of prisoners and staff alike. The drug strategy was reasonably good and included both supply and demand initiatives, but was not sufficiently underpinned by a comprehensive strategic action plan to monitor progress.

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 31 October 2019, the Board noted that detailed attention had been given throughout the year to tackling the supply of illicit items, namely drugs, mobile phones and tobacco, resulting in some improvement. New netting had been installed to prevent 'throw-overs' and cell searches had been robust, based on intelligence received, resulting in increasing amounts of contraband being confiscated.

Previous deaths at HMP Featherstone

21. Mr Needham was the fifth prisoner to die at Featherstone since January 2018. Of the previous deaths, one was self-inflicted and three were from natural causes. We have previously raised concerns about the availability of PS at Featherstone.

Assessment, Care in Custody and Teamwork

22. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of an ACCT is to try to determine the level of risk, how to reduce risk and how best to monitor and supervise the prisoner. After an initial assessment of the prisoner's main concerns, levels of supervision and interactions are set according to the perceived risk of harm. Checks should be carried out at irregular intervals to prevent the prisoner anticipating when they will occur. Regular multidisciplinary review meetings involving the prisoner should be held.
23. As part of the process a caremap (a plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the actions of the caremap have been completed. All decisions made as part of the ACCT process and any relevant observations about the prisoner should be written in the ACCT booklet, which accompanies the prisoner as they move around the prison.

Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011, Management of prisoners at risk of harm to self, to others and from others.

Psychoactive Substances (PS)

24. 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.
25. 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.
26. 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.

Key Events

27. On 31 August 2017, Mr Jason Needham was sentenced to three years in prison for burglary. He was released on licence on 28 August 2018 but was recalled three days later after breaching his licence. Mr Needham was released and recalled to custody twice more, the last time on 15 April 2019, when he was sent to HMP Hewell.
28. Mr Needham was suspected of using psychoactive substances (PS) on three occasions at Hewell. He denied using PS and said that he had collapsed due to seizures.
29. In July, Mr Needham was caught trying to conceal his buprenorphine (heroin substitute) medication and his prescription was changed to methadone, a liquid which is much harder to divert.

HMP Featherstone

30. Mr Needham was moved to HMP Featherstone on 2 September 2019.
31. A nurse carried out Mr Needham's reception health screen. Mr Needham said he had been diagnosed with bipolar disorder, anxiety and attention deficit hyperactivity disorder (ADHD). He had a history of opiate, cocaine, cannabis and alcohol misuse. The nurse referred Mr Needham to the prison's Inclusion Team (a combined mental health team and substance misuse service team).
32. Mr Needham was prescribed methadone (an opiate substitute), quetiapine (an antipsychotic), and nefopam (a painkiller) for ongoing leg and back pain. He told staff that he used illicit drugs to ease leg pain and to calm and stabilise himself.
33. A mental health nurse from the Inclusion Team assessed Mr Needham on 5 September and recorded that he was suffering from ADHD, Emotionally Unstable Personality Disorder, and alcohol and heroin misuse problems.
34. He was allocated to a drug and alcohol recovery worker with the substance misuse team. She met him on 13 September and they discussed his use of cocaine, heroin, his alcohol dependence and his previous PS use. Mr Needham said he had previously attended drug and alcohol awareness groups and the recovery worker referred him to Alcoholics Anonymous and Narcotics Anonymous.
35. On 27 September, staff radioed a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties) and an ambulance was called because Mr Needham was thrashing about on his bed and vomiting. He then became unresponsive and appeared to be choking on his vomit, although he started to respond after ten minutes of oxygen. Paramedics took him to hospital, but he discharged himself before he could have any tests.
36. A prison GP assessed Mr Needham on 2 October. Mr Needham said that he still suffered leg and back pain, that nefopam was not helping with the pain and that he had nerve damage from previous self-harm. He said he had last self-harmed eight months earlier, had recurrent seizures after a head injury 18 years ago and felt his brain was not working as it should. The GP noted that a neurologist had

assessed Mr Needham in 2011 and found no evidence of epilepsy or any brain abnormality, and that a CT scan in 2014 had not shown any brain abnormality. However, he referred Mr Needham to Airdale Hospital's neurology service. (The GP asked the hospital to expedite the appointment on 13 January 2019, but it was still outstanding when Mr Needham died.)

37. On 15 October, Mr Needham was behaving erratically at work, and staff escorted him back to his cell. Staff suspected that he was under the influence of PS and put him onto the basic regime of the Incentives and Earned Privileges (IEP) scheme.
38. During a meeting with his recovery worker on 18 October, Mr Needham told her that he had not used PS since he had left Hewell, and that he was frustrated that staff mistook his seizures for PS use.
39. On 30 October, Mr Needham was again suspected of being under the influence of PS. Healthcare staff stopped his dose of methadone the next day, which is standard procedure if a prisoner is suspected of taking illicit drugs, and informed the substance misuse service. Mr Needham denied he had used PS and said he had had a seizure and was awaiting a neurology appointment.
40. On 31 October, Mr Needham cut his arm. Staff called a code red (a medical emergency code used to indicate severe blood loss). A nurse attended, cleaned and glued the wound and referred Mr Needham to the mental health team. Staff started suicide and self-harm prevention procedures (known as ACCT) and put Mr Needham on hourly observations.
41. Mr Needham attended the first ACCT case review on 1 November, with a supervising officer (SO) and the mental health team manager. Mr Needham said he had cut himself because he had been put on the basic regime, as staff thought he had taken PS on 30 October. Mr Needham said he had had a seizure and should not have been punished. He said he had no thoughts of self-harm and did not need to remain on an ACCT. Staff agreed to stop ACCT procedures.
42. In early December, staff on the houseblock received an undated, anonymous note from a prisoner, which said Mr Needham said he felt he needed to hurt someone, had thoughts of stabbing prisoners and a member of staff, felt paranoid and was hearing voices. The note also said he kept a weapon on him.
43. An officer relocated Mr Needham from Houseblock 4 to Houseblock 1 on 18 December. (The reason for this move is not documented.) While searching Mr Needham's cell on Houseblock 4, she found an improvised weapon (although it is not clear what this was), a mobile phone charger and six litres of 'hooch' (illicitly brewed alcohol). She placed Mr Needham on a disciplinary charge.
44. Mr Needham attended a disciplinary hearing in the Care and Separation Unit (CSU – the segregation unit) on 19 December. He said he would not return to his houseblock as he was being bullied there, but gave no details. Mr Needham said he wrote the anonymous letter, because he wanted to move to the CSU. Mr Needham said he knew the items were in his cell, but he had been bullied into holding them. Mr Needham was punished with seven days cellular confinement, suspended for six months. He was returned to Houseblock 1.

45. Mr Needham's recovery worker saw him on 20 and 23 December, when he told her he was hearing voices and feeling paranoid and that he used illicit drugs to make the noises in his head more manageable.
46. A violence reduction representative, an officer, met Mr Needham on 30 December. Mr Needham told him he had been bullied into holding the items found in his cell on 18 December but would not give any more details.
47. On 10 January 2020, staff found Mr Needham collapsed at the bottom of a staircase. They thought he had had a seizure. However, when a nurse examined him, she found no signs of an epileptic seizure and considered Mr Needham had collapsed because of PS use.
48. Mr Needham gave a mandatory drug sample on 11 January. The results, received on 20 January, showed he had taken PS.
49. On 14 January, a nurse saw Mr Needham for a mental health assessment. He told her that he was hearing voices and denied using PS. She did not consider he was displaying signs of a psychotic illness and recorded a diagnosis of ADHD and Emotionally Unstable Personality Disorder.
50. On 18 January, staff found Mr Needham lying on the floor of the landing. He said he had felt dizzy and fallen. A nurse noted he had no injuries and escorted him back to his cell. On the way, a prisoner told the nurse that Mr Needham had been smoking 'Mamba' (PS). An intelligence report noted that a prisoner had said Mr Needham was being used as a "guinea pig" to try all new strains of 'Mamba'.
51. An officer, a violence reduction representative, met Mr Needham on 22 January. He said he was not able to work due to his seizures and memory loss. He also said he had incurred a debt on the houseblock, but did not elaborate. He denied smoking PS. The officer saw him again on 24 January, following an apparent assault on him a few days earlier. Mr Needham said it had been an accident, and the cut to his eye had been sustained during a seizure.
52. Mr Needham's last telephone call was on 23 January. He said it was taking "forever" for his neurologist appointment and his seizures were getting worse. He said he was worried and thought he should be in hospital.
53. On 24 January, an officer recorded that Mr Needham appeared to be under the influence of drugs. Mr Needham told a nurse, a member of the SMS team, that he was still experiencing seizures, but everyone thought he was using PS, which was not true. The nurse told him about the dangers of using illicit drugs as well as methadone, and said that his methadone dose would be reduced for safety reasons if he was found to have used PS.

Events of 25 and 26 January

54. On 25 January, at approximately 9.07am, Mr Needham was told he would not receive methadone that day, because he had used an illicit substance the day before. At 9.15am, two nurses attended a code red call. Mr Needham had made deep cuts on both sides of his right calf. A nurse cleaned and dressed the wounds and went to arrange for Mr Needham to go to the healthcare department

for stitches. However, she had to return minutes later as Mr Needham had tampered with the dressing she had applied and his leg was bleeding again. A nurse reapplied the dressing. Mr Needham said he had cut himself “to piss off staff”.

55. At 9.30am, a SO started ACCT procedures and set observations at two an hour.
56. At approximately 9.50am, staff called a code blue, as Mr Needham had collapsed. He was conscious and talking to staff, but his leg was bleeding again. A nurse attended and decided to send Mr Needham to hospital. His leg was treated and he returned to the prison at 2.30pm. Staff observed him twice an hour.
57. At 8.30am on 26 January, Mr Needham pressed his cell bell and asked to see someone from the Substance Misuse Service. There is no record whether he did.
58. At 9.40am, an officer carried out an ACCT assessment interview with Mr Needham. Mr Needham said he had cut himself as he was frustrated that he had not received his methadone the day before, because of suspected PS use, and had been confined to his cell. He remained on two observations an hour.
59. At 10.20am, a SO told Mr Needham he would have his first ACCT case review later that morning. During this conversation, the SO had to attend a code blue call. The SO then had a number of incidents to deal with throughout the morning, so was unable to carry out Mr Needham’s ACCT review. Mr Needham collected his lunch at 11.25am, and staff observed him on the wing talking to other prisoners at 12.00pm.
60. At 12.20pm, an officer answered the cell bell of Mr Needham’s neighbour, who asked him to check on Mr Needham who had been shouting and screaming. The officer checked on Mr Needham, who appeared to be under the influence of drugs. The officer called a code blue and waited for assistance before going into the cell. A SO arrived in response to the code blue call. Mr Needham was sitting on the floor and shouted for the SO to get out.
61. Two nurses also responded to the code blue. Mr Needham continued to behave erratically and aggressively and prison staff did not consider it safe for them to go into the cell. The nurses told the investigator that they could see Mr Needham walking around his cell, apparently talking to himself or an imaginary person. They said they were not concerned about his physical health at the time and that, if they had been, they would have insisted on having the cell door opened so they could examine him. A nurse advised staff to observe him regularly and to call the healthcare department if they were concerned. She suspected he had taken PS.
62. At 12.57pm, an officer went to Mr Needham’s cell to carry out an ACCT check and saw Mr Needham lying on his cell floor. He shouted his name but got no response. The officer shouted out to another officer for assistance and radioed a code blue at 12.59pm.
63. Three officers responded and went to Mr Needham’s cell. All four officers went into the cell and found Mr Needham’s head wedged under the radiator pipes. The officers had to pull Mr Needham by his legs to free him. They noted he was not breathing and showed no signs of life and that his pupils were fixed and

dilated. An officer switched on his body-worn video camera (BWVC). Another officer then began chest compressions. Mr Needham had vomited, so they could not start rescue breaths. An officer radioed a code blue again and checked an ambulance had been called, which it had.

64. A SO responded to the code blue and went to Mr Needham's cell. She was also wearing a BWVC. The SO took over chest compressions, while a nurse, who arrived a few seconds later, administered oxygen. They applied a defibrillator, which advised not to shock. At 1.19pm, the nurse asked staff to move Mr Needham onto the landing to give them more room.
65. BWVC footage shows staff continued CPR until paramedics, air ambulance staff and a doctor arrived and took over at 1.28pm. Paramedics gave Mr Needham adrenalin and established a faint pulse. At 1.59pm, they took him to New Cross Hospital. After examination, medical staff decided there would be no further interventions, and Mr Needham died at 5.35pm.

Contact with Mr Needham's family

66. The prison appointed an officer as the family liaison officer (FLO). The Acting Governor and the FLO met Mr Needham's family at New Cross Hospital in Wolverhampton. The family had just been told that Mr Needham would not be given any further medical intervention. The prison contributed to Mr Needham's funeral, in line with national guidance.

Support for prisoners and staff

67. After Mr Needham's death, a prison manager held a debrief. The staff care team also offered support.
68. The prison posted notices informing other prisoners of Mr Needham'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 Needham's death.

Post-mortem report

69. Mr Needham's post-mortem report concluded that he died from gastric aspiration (inhalation of his stomach contents), caused by methadone and PS toxicity.

Findings

Featherstone's drug strategy

70. The PPO's Learning Lessons Bulletin on psychoactive substances (PS), issued in July 2015, highlighted that PS use has a profoundly negative impact on the physical and mental health of prisoners. Mr Needham's death is an example of the dangers of PS and illustrates how prisons must do all they can to eradicate its use.
71. HM Inspectorate of Prisons expressed concern at the easy availability of PS when they inspected Featherstone in October 2018, although they said there was evidence that it was reducing. The IMB noted in its latest report that further steps had been taken to reduce the supply of drugs, leading to some improvement.
72. In April 2019, HM Prison and Probation Service (HMPPS) published the National Drug Strategy. It set out plans to reduce substance misuse in prisons by providing detailed guidance for prisons to help them identify issues and share best practice. In relation to reducing the supply of drugs, the HMPPS strategy says:
- "Every prison is different, and will benefit from tools to assess their specific security needs. We have worked with prisons to carry out Vulnerability Assessments in prisons to build a picture of the security risks and enable establishments to better target their resources to tackle them. This resource will continue to be offered across the estate. The Drug Diagnostic toolkit used for the prisons in the 10 Prisons Project has also proved to be useful in identifying key issues in different establishments and so we will share this for use across the whole estate, supporting prisons to identify where changes could have the greatest impact."
73. In December 2019, Featherstone produced an updated drugs strategy. It sets out its plan to restrict the supply, reduce demand and build recovery. We consider that Featherstone has taken appropriate action in response to the HMPPS National Drug Strategy and we make no recommendation.
74. We are satisfied that Mr Needham was managed appropriately when he appeared to be under the influence of illicit drugs. Staff submitted intelligence reports, shared information about Mr Needham, withheld doses of methadone (because of the risks of taking methadone at the same time as PS or other illicit drugs) and referred him to mental health and substance misuse staff for their intervention.

Clinical care

75. The clinical reviewer found that the standard of Mr Needham's clinical care was equivalent to that he could have expected to receive in the community.

Physical healthcare

76. The clinical reviewer was satisfied that Mr Needham was appropriately referred to a neurologist when he said he was suffering from seizures. She was

concerned at the length of time before the hospital arranged an appointment, but this was outside the prison GP's control.

77. The clinical reviewer noted that there is no evidence in Mr Needham's medical records or from the post-mortem that he suffered from epilepsy. The post-mortem showed that his brain was structurally normal with no evidence of a scar on his brain that could have caused him to have seizures. His heart was also normal with no evidence of a heart condition that would have led to episodes of collapse. The clinical reviewer said that the episodes of collapse which Mr Needham called seizures that he said he was suffering may have been drug induced, and that it would have been inappropriate to treat him with anticonvulsive medication while he was continuing to use illicit drugs.

Substance misuse care

78. The clinical reviewer said that Mr Needham had many appointments with substance misuse workers. Despite multiple interventions by the mental health teams and substance misuse teams, he was unable to stop using illicit drugs. Most of the time he denied that he was using drugs, although occasionally he told staff that he used drugs to stop voices in his head.

Mental health care

79. The clinical reviewer was satisfied that Mr Needham was appropriately referred for mental health assessments.
80. However, she was concerned that Mr Needham continued to be prescribed quetiapine (an antipsychotic).
81. Mr Needham was first prescribed quetiapine in 2009, after being diagnosed with schizophrenia. The diagnosis was questioned in 2011 as there was no evidence he had a psychotic illness, and he was diagnosed with ADHD, Emotionally Unstable Personality Disorder (a condition characterised by impulsivity, self-harm, poor self-control, paranoia, depression and a feeling of emptiness) and Antisocial Personality Disorder. However, he continued to be prescribed quetiapine until he died.
82. The clinical reviewer noted that prescribing quetiapine for a personality disorder is outside of NICE guidelines which say that antipsychotics should be prescribed to people with personality disorders only for a short-term crisis or to manage or treat comorbid conditions. She was concerned that Mr Needham continued to be prescribed quetiapine without an assessment of his needs.
83. She noted that Mr Needham's toxicology report showed no trace of quetiapine, indicating he had not taken it for some time before he died. This suggests he may have been trading it for PS.
84. We make the following recommendation:

The Head of Healthcare should ensure that prisoners taking regular medication have medication reviews at regular intervals.

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