

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Kyle Nel a prisoner at HMP Guys Marsh on 8 June 2018

A report by the Prisons and Probation Ombudsman

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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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.

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 Kyle Nel died on 8 June 2018 at HMP Guys Marsh from the effects of psychoactive substances (PS). He was 32 years old. I offer my condolences to Mr Nel's family and friends.

Mr Nel had a history of substance misuse and there is evidence that he was heavily involved in the drug culture during his time in prison. He declined several offers of support from substance misuse services and continued to use PS, with fatal consequences.

Mr Nel's death was the third 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. In its inspection in January 2019, 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 Nel's death is another example of how dangerous PS is and how prisons are struggling to reduce PS use.

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

July 2019

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Summary

Events

1. On 22 February 2017, Mr Kyle Nel, a South African national, was remanded to prison charged with possession of a class A drug (heroin) with intent to supply. On 22 March, he was sentenced to two years, four months imprisonment. On 9 April 2018, Mr Nel was transferred to HMP Guys Marsh so he could be closer to his family and away from prisons with a high concentration of London gang members.
2. Mr Nel had a history of PS use and involvement in the prison drug culture. He was offered support from substance misuse services on several occasions but declined. Although there is evidence that Mr Nel was in debt because of his drug use, we have found no evidence that he was ever under duress to take PS in prison.
3. On 8 June, Mr Nel's cellmate said Mr Nel began smoking PS using a vaporiser (vape) as soon as they were locked in their cell at 5.30pm. He heard Mr Nel vomit and shortly afterwards noticed that Mr Nel's feet were blue. He raised the alarm by pressing the cell bell and shouting from the cell window.
4. Officers entered the cell promptly and radioed a code blue emergency. They then began chest compressions. Healthcare staff were off duty so emergency equipment was collected from the prison gym. An ambulance was called promptly and paramedics arrived quickly but Mr Nel was pronounced dead at 6.55pm.
5. A post-mortem examination and toxicology tests showed Mr Nel died from choking on his own vomit in association with using synthetic cannabinoids (PS).

Findings

6. Mr Nel was the third of four deaths at Guys Marsh in 2018 in which PS played some part. Mr Nel was offered appropriate support to address his substance misuse on several occasions but declined.
7. At the time, the prison was overwhelmed by PS and their strategy to reduce supply and demand was not sufficiently well developed.
8. 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.
9. There is evidence that Mr Nel was in debt because of his drug use and that he and his family were put under pressure to pay those debts. Mr Nel was moved to a different prison twice because of concerns for his safety and once to move closer to his family and away from prisons with a high number of London gang members.

10. Mr Nel's frequent prison transfers meant an appointment with a plastic surgeon for treatment of a hand injury did not take place before he died. The clinical reviewer is satisfied that Mr Nel was prescribed appropriate pain relief for his injury.

Recommendations

- The Governor should ensure that the key drug issues at Guy's Marsh are identified and that the prison's local drugs strategy is revised by September 2019 to ensure that these key issues are being addressed.

The Investigation Process

11. 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.
12. The investigator obtained copies of relevant extracts from Mr Nel's prison and medical records. She watched body worn camera footage from the emergency response and listened to the emergency radio traffic. The investigator liaised with Dorset police and obtained a copy of the summary of their investigation into Mr Nel's death.
13. NHS England commissioned an independent clinical reviewer to review Mr Nel's clinical care at the prison. The investigator and clinical reviewer interviewed three members of staff on 17 July 2018. The investigator also interviewed one prisoner and obtained further information by email from two other staff.
14. 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.
15. The investigator spoke to Mr Nel's mother, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Nel's mother asked why Mr Nel did not attend a hospital appointment with the plastic surgeon on 5 April 2018. She said Mr Nel complained that he was in a lot of pain from his arm injury and asked whether he had been prescribed appropriate pain relief in prison. She asked whether Mr Nel's frequent prison moves had impacted on the medical care he received for his injury.

Background Information

HMP Guys Marsh

16. 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.
17. Following an inspection by HM Inspectorate of Prisons in 2016, Guys Marsh was placed in special measures and remains in special measures at the time of writing (April 2019). 'Special measures' means HM Prisons and Probation Service has determined a prison needs additional, specialist support to improve performance.

HM Inspectorate of Prisons

18. 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

19. 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

20. 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.

Psychoactive Substances (PS)

21. 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.

22. 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.
23. 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.

Key Events

24. Mr Kyle Nel was born in South Africa and had not been in prison in the UK before. In 2016, in the UK, he was involved in a serious car accident and had plastic surgery on his right hand and arm.
25. On 22 February 2017, Mr Nel was remanded to HMP Wormwood Scrubs charged with possession of a class A drug (heroin) with intent to supply. He was sentenced to two years, four months imprisonment on 22 March 2017. Mr Nel was due for release from prison on 15 June 2018, but before he died he received notification that he would be detained under immigration powers pending deportation to South Africa.

HMP Wormwood Scrubs: 22 February – 4 August 2017

26. On 22 February, Mr Nel told a nurse at an initial health assessment, that he used cannabis regularly in the community and was prescribed diazepam (also known as Valium) for muscle spasms, and oxycodone (an opioid painkiller) for pain management of his arm injury. The nurse requested Mr Nel's discharge letter from the Royal London Hospital and a prison GP prescribed co-codamol (an opioid painkiller).
27. Mr Nel's hospital discharge letter confirmed he had been prescribed diazepam for a short time after a skin graft operation in 2016, but had never been prescribed oxycodone. The letter said Mr Nel was due for a follow up appointment with the plastic surgeon at the Royal London Hospital. On 10 April, Mr Nel complained of pain and severe cramps in his right arm. A prison GP diagnosed neuropathic pain (pain affecting the nervous system) and prescribed duloxetine (a painkiller used primarily for neuropathic pain) and naproxen (an anti-inflammatory). The GP chased up Mr Nel's referral to the plastic surgeon twice but there is no evidence on Mr Nel's medical record that an appointment was received while he was at Wormwood Scrubs.
28. On 23 April, Mr Nel tested positive for PS and cannabis in a mandatory drug test. On 30 May, Mr Nel told a mental health nurse that he sometimes woke up to find he had cut his arms but could not remember doing so. He said sometimes as many as three days were completely blank to him. He said officers told him that he had howled like a dog and shouted there were people in his cell when he was on his own but he had no memory of doing so. The nurse referred Mr Nel for a mental health assessment and on 7 June, the mental health team concluded that Mr Nel was not psychotic and was therefore unsuitable for their caseload.

HMP Highpoint: 4 August – 14 December 2017

29. On 4 August, Mr Nel was transferred to HMP Highpoint. A GP continued his prescriptions for duloxetine and naproxen. On 21 October, staff found a mobile phone in Mr Nel's possession during a target-led search. On 7 and 17 November, staff suspected he was under the influence of PS.
30. On 3 December, Mr Nel's mother told the prison that he was under threat and she had received text messages asking her to put money in a bank account. Mr

Nel admitted to staff that he was heavily in debt to a Somali gang that he knew outside prison. Mr Nel was moved to the segregation unit for his own protection.

31. Mr Nel complained of hand and arm pain a number of times at Highpoint. He was referred to the GP but did not turn up for several appointments. On 11 December, the GP prescribed amitriptyline for Mr Nel's pain. Mr Nel asked for diazepam and pregabalin (used for neuropathic pain) instead. Both drugs are highly tradable in prison and the GP was concerned Mr Nel was drug-seeking, but made an appointment to discuss his pain relief further on 14 December. Mr Nel was transferred to Brixton on 14 December because of concerns for his safety in Highpoint.

HMP Brixton: 14 December 2107 – 5 March 2018

32. After an initial health assessment at Brixton, the prison GP re-prescribed amitriptyline (which Mr Nel was allowed to have in his possession), duloxetine and naproxen. On 20 December, Mr Nel was notified that he was liable for deportation to South Africa.
33. On 21 December, Mr Nel told the Brixton GP that his pain medication was not managing his pain. Mr Nel admitted that he did not take his medication regularly because he was unhappy with it. The GP said stronger medication needed to be prescribed by a pain management consultant or a neurologist. He noted an entry on Mr Nel's medical record from 6 November that a referral to a plastic surgeon had ended because he was "not accepted for care". He asked for an explanation from the hospital because he did not know what this meant. Mr Nel's medical record showed he continued to take his pain relief medication intermittently.
34. On 28 December, the night patrol officer saw Mr Nel and his cellmate inhaling PS from a milk carton in their cell. The same day, the GP sent a referral to Whipps Cross hospital's plastic surgery department. On 2 January 2018, Mr Nel saw the prison physiotherapist for his hand pain. He did not turn up to several subsequent appointments. On 7, 18 and 20 January, staff suspected he was under the influence of PS and was supplying drugs other prisoners on his wing. On 27 January, staff caught Mr Nel attempting to receive a large amount of PS from his girlfriend during a visit.

HMP Coldingley: 5 March – 9 April 2018

35. On 5 March, Mr Nel was transferred to HMP Coldingley. The GP at Brixton noted before he left that Mr Nel's outstanding plastic surgery appointment was important and asked a nurse to liaise with Coldingley to see whether they were able to facilitate this for Mr Nel.
36. The same day Mr Nel told a nurse at an initial health assessment that he had no history of substance misuse and was not on any medication. Mr Nel said he had an outstanding appointment with a plastic surgeon. The nurse referred Mr Nel for a mental health assessment. Mr Nel did not turn up for the assessment on 14 March.
37. On 16 March, staff saw Mr Nel smoking out of his cell window and suspected he was under the influence of PS. On 20 March, Mr Nel was found unconscious on the floor of his cell apparently as a result of taking PS. On 22 March, he was

found unresponsive in his cell on two separate occasions. Staff removed drug paraphernalia from his cell and the same day he was moved to the segregation unit for his own protection because of threats from other prisoners on his wing over drug debts. On 26 March, Mr Nel's mother informed staff that she was receiving messages on WhatsApp (a social media platform) from people threatening to hurt Mr Nel if she did not pay his drug debts.

38. The same day, Mr Nel said his mother had received notification that he had been given a plastic surgery appointment on 5 April. We have not seen this letter and do not know which hospital referral it resulted from. On 27 March, Mr Nel said he would not take any medication until he had been to his hospital appointment. The next day, the prison GP referred Mr Nel to the plastic surgery department at Frimley Park Hospital, the hospital local to Coldingley. On 6 April, the prison received a letter from Frimley Park confirming an appointment for Mr Nel on 12 July 2018.

HMP Guys Marsh: 9 April – 7 June 2018

39. On 9 April 2018, Mr Nel was transferred to Guys Marsh. He had requested a transfer to a prison closer to his family and away from London-based gangs. He told a nurse at an initial health assessment that he was not on any prescribed medication. He said he had used cannabis but did not have a drug problem. Mr Nel said he had an outstanding appointment with the plastic surgeon at the Royal London Hospital.
40. Mr Nel was not prescribed any medication at Guys Marsh and did not see a GP there. The nurse manager said all new prisoners are offered the opportunity to see a GP. Mr Nel's medical record does not say whether he declined to see a doctor nor that he complained of arm pain at Guys Marsh.
41. Just before 2.00pm on 10 April, staff suspected Mr Nel was under the influence of PS and alerted healthcare staff and the substance misuse team. The prison paramedic said Mr Nel was confused, disoriented and verbally aggressive. Later, Mr Nel told the duty substance misuse recovery worker that he did not use drugs and did not want to engage with the substance misuse team at Guy's Marsh.
42. At about 3.15pm the same day, two prison managers visited Mr Nel because another prisoner had died from suspected PS use. They had planned to discuss the risks of taking PS with Mr Nel but found him under the influence of PS again. The next day, the substance misuse recovery worker visited Mr Nel and talked to him about the dangers of PS and harm minimisation techniques. Mr Nel declined support from substance misuse services.
43. On 12 April, the custodial manager (CM) in charge of Tarrant Unit checked Mr Nel in accordance with Guys Marsh's local policy on supporting prisoners found under the influence of PS.
44. On 14 April, Mr Nel's mother told an officer that she had received threats about Mr Nel's safety on her phone. An officer went to see Mr Nel in his cell to establish whether he was under threat. She found him under the influence of PS. She called healthcare staff to assess him and removed tablets not prescribed to him and a lighter from his cell. The officer referred Mr Nel to the substance

misuse team. She also reduced him to basic level of the Incentives and Earned Privileges (IEP) Scheme (which aims to encourage and reward responsible behaviour).

45. On 16 April, staff decided to split Mr Nel and his cellmate up because they were both using PS regularly. Mr Nel was moved to Gwent Unit, a standard wing. Mr Nel denied using PS and told the duty substance misuse recovery worker that his former cellmate had 'spiked' his cigarettes. He said he was fully aware of the dangers of using PS and did not want to receive support for substance misuse.
46. Mr Nel's mother telephoned the prison on 19 April, after Mr Nel told her that he was under threat from other prisoners. A CM went to see Mr Nel in response. Mr Nel was again under the influence of PS in his cell. The CM began a welfare log in accordance with local policy at Guys Marsh. Wing staff told the CM that Mr Nel had refused to talk to them about whether he was at risk or who he was at risk from.
47. On 24 April, Mr Nel's girlfriend telephoned the safer custody hotline and said she was worried about Mr Nel. Mr Nel told an officer that he was under threat because his drug debts had followed him from another prison and from outside prison. The people he was in debt to had contacted prisoners in Guys Marsh and he was being threatened wherever he went in the prison. Mr Nel said he would defend himself if anyone attacked him. He asked to move to Cambria Unit and an officer agreed to complete a referral. Mr Nel was reluctant to say much about the bullies, but the officer noted two of them were on Gwent Unit. Mr Nel said he had no thoughts of suicide or self-harm and would call his mother to reassure her. Mr Nel again refused intervention from the substance misuse team when the duty recovery worker visited him.
48. On 2 May, an officer challenged Mr Nel about his drug use. She said he appeared to be under the influence of PS every other day. Mr Nel said he was only smoking PS if it was free. The officer warned him of the consequences, including getting further into debt.
49. On 4 May, the CM on Gwent Unit found Mr Nel unresponsive due to the effects of PS. The CM reduced Mr Nel to the basic level of the IEP Scheme. Staff also found a mobile phone in his cell during a search. Mr Nel was charged with breaking prison rules, but a prison discipline hearing found Mr Nel had obtained the phone with the intention of giving it to staff and dismissed the charge. After the hearing, Mr Nel was moved to Jubilee Unit, a unit for enhanced prisoners and fathers. On 25 May, Mr Nel tested negative in a random prison drug test.
50. On 29 May, an Offender Supervisor (prison probation officer) notified Mr Nel that he would be detained under immigration powers after his release date from prison on 15 June. Mr Nel said he would appeal the Home Office's decision to deport him. On 7 June, Mr Nel's Offender Supervisor received a movement order from the Home Office to transfer Mr Nel to Brook House Immigration Removal Centre (IRC).
51. A prisoner told the investigator that he shared a cell with Mr Nel for about four weeks. He said Mr Nel used PS whenever he could and usually took it using his

vape. He said Mr Nel usually collected his PS through the Jubilee Unit fence from other prisoners on free flow.

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52. An officer said he saw Mr Nel alive and well in his cell at roll check at about 5.30pm on 8 June. Mr Nel's cellmate said Mr Nel began smoking PS through his vape as soon as they were locked in. He heard Mr Nel vomit and noticed shortly afterwards that his feet were blue so he rang the cell bell.
53. At about 6.15pm, an officer said that he was leaving Jubilee Unit when he heard Mr Nel's cellmate shout from his window that Mr Nel was not breathing. The officer ran to Mr Nel's cell, alerting the other wing staff on the way. He opened the cell and found Mr Nel slumped in a chair. His face was dark blue and there was a large pool of vomit on the floor. The officer said it was obvious he was not breathing so he radioed a code blue emergency (indicating a prisoner has breathing difficulties or is unconscious). The emergency radio traffic shows the code blue was received at 6.16pm. The control room officer telephoned for an ambulance immediately according to national instructions.
54. Another officer followed the first into Mr Nel's cell and together they lifted Mr Nel to the floor. One of them turned on his body worn camera as required by Prison Service national instructions. The other began chest compressions (cardiopulmonary resuscitation – CPR).
55. Another officer arrived and tried to clear Mr Nel's airway to give him rescue breaths. He said Mr Nel's airway was blocked with vomit. The orderly officer in charge of running the prison arrived at Mr Nel's cell at 6.18pm. At 6.19pm, she asked an officer to collect the defibrillator from the prison gym. (At the time the prison had two defibrillators, one in the prison gym and one in the control room. The one in the gym was nearest. Further emergency equipment was held in healthcare but healthcare staff had gone off duty.)
56. Six officers rotated cycles of chest compressions. They attached the defibrillator as soon as it arrived, which advised them to continue CPR.
57. Body worn camera footage showed paramedics arrived at 6.28pm. They asked staff to move Mr Nel to the landing, so they had more room to assess him. They attempted to clear Mr Nel's airway while the officers continued chest compressions. An officer said throughout the attempted resuscitation vomit was coming out of Mr Nel's mouth and nose. Records from South West Ambulance Service showed that the paramedics were unable to clear Mr Nel's airway successfully using electronic suction.
58. The paramedics attached their defibrillator to Mr Nel because it had a cardiac rhythm monitoring screen. It showed an abnormal heart rhythm and they decided to continue resuscitation. At 6.55pm, the paramedics confirmed that Mr Nel had died.

Contact with Mr Nel's family

59. The Governor and an operational manager drove to Mr Nel's mother's house immediately and broke the news of Mr Nel's death. The manager maintained

contact with Mr Nel's mother and arranged for her to visit the prison and meet staff and prisoners who had known her son.

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

Support for prisoners and staff

61. After Mr Nel's death, the Governor and senior managers 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 Nel's cellmate was taken to a different cell and given support.
62. The prison posted notices informing other prisoners of Mr Nel'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 Nel's death.

Post-mortem report

63. The pathologist concluded Mr Nel died from choking on his own vomit in association with using synthetic cannabinoids (PS).

Findings

Substance Misuse Management and Guys Marsh's Drug Strategy

64. 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 Nel's death is a clear example of how dangerous PS is and illustrates why prisons must do all they can to eradicate its use.
65. We are satisfied that Mr Nel received appropriate offers of support to address his PS use but that he chose to decline all offers of intervention from substance misuse services. In the absence of engagement from Mr Nel, the prison tried to address his PS use through the IEP scheme and prison discipline system. The prison split Mr Nel and a previous cellmate up because they were both frequent PS users and moved Mr Nel to Jubilee Unit away from prisoners he said were threatening him over drug debts. Mr Nel was also subject to cell searches and mandatory drug testing.
66. We are concerned that efforts to help Mr Nel and prevent him accessing drugs were undermined by the ready availability of PS at Guys Marsh. Mr Nel was apparently able to obtain PS almost immediately on arrival at Guys Marsh and to use it frequently across three different units.
67. Our investigations into Mr Nel's death and those of the three other prisoners who died at Guys Marsh in 2018, found that the prison is taking a number of measures to tackle the problem of PS. Nevertheless, the recent HMIP inspection in January 2019 found 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.
68. Guys Marsh is not alone in facing this problem – 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, the PPO has been calling for national guidance to prisons from HMPPS providing evidence-based advice on what works, and we welcome the fact that such guidance has now been issued, together with a Prison Service strategy to reduce the supply of and demand for drugs in prisons.
69. In relation to reducing the supply of drugs, the new Prison Service 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.”

We, therefore, recommend:

The Governor should ensure that the key drug issues at Guy's Marsh are identified and that the prison's local drugs strategy is revised by September 2019 to ensure that these key issues are being addressed.

Clinical issues

70. Mr Nel suffered a significant injury to his right hand and arm in a road accident in 2016. He said that he was prescribed oxycodone and diazepam in the community and asked for both to be prescribed in prison. Mr Nel's hospital discharge letter showed that he had only been prescribed diazepam for a short time after a skin graft and had not been prescribed oxycodone.
71. The clinical reviewer concluded that Mr Nel received pain relief in prison that was appropriate to the problems he presented with. There are no records that he complained of pain at Guys Marsh and he did not see a GP there.
72. Mr Nel had an outstanding follow-up appointment with a plastic surgeon but this appointment appears to have lapsed and a GP in HMP Brixton re-referred him in December 2017. Mr Nel's mother received a letter for a hospital appointment on 5 April. By this time, Mr Nel had moved to Coldingley and they referred him to their local hospital. An appointment was made at Frimley Park Hospital on 12 July 2018 but Mr Nel died before this.
73. Mr Nel's moves to different prisons did therefore impact on his follow up care for his arm injury. We note, however, that the moves were mainly driven by concerns for Mr Nel's safety after he incurred drug-related debts, and because he had requested a transfer to a prison closer to his family and away from London-based gangs.

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