Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Daniel Haynes, a prisoner at HMP Risley, on 28 March 2017

A report by the Prisons and Probation Ombudsman

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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO

WHAT WE VALUE

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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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Daniel Haynes died of synthetic cannabinoid toxicity at HMP Risley on 28 March 2017. He was 28 years old. I offer my condolences to Mr Haynes' family and friends.

The investigation found that Mr Haynes did not give any indication of suicidal thoughts prior to his death. He did though have a very clear and established pattern of dangerous drug abuse in the community and the evidence suggests that he was misusing drugs at Risley in the period before he died.

I am extremely concerned at the evident availability of illicit drugs at Risley. I share the concerns of HM Inspectorate of Prisons and the Independent Monitoring Board about this. Given the ready availability of drugs at Risley at this time and Mr Haynes' history, I am also concerned that staff did not suspect that he was using illicit drugs. It is hard to avoid the conclusion that the prison's drug strategy is not working and that, while that is the case, deaths such as that of Mr Haynes are almost inevitable.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman **May 2018**

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Summary

Events

1. On 2 December 2016, Mr Daniel Haynes was remanded into custody at HMP Birmingham, charged with robbery. He had not been in prison before. On 4 January 2017, Mr Haynes transferred to HMP Manchester and on 27 January, he was convicted and sentenced to seven years in custody. He was transferred to HMP Risley on 10 February 2017.

2. Mr Haynes had a long history of drug abuse in the community. He detoxified from heroin and crack cocaine in prison in December 2016 and agreed to receive support from substance misuse rehabilitation services. On 24 February he told a substance misuse worker at Risley that he was struggling with his desire to use drugs.

3. On 28 March 2017, at 5.55pm, an officer found Mr Haynes unresponsive in his cell, called an emergency and began cardiopulmonary resuscitation until paramedics arrived. The paramedics took over emergency treatment but at 6.42pm, pronounced Mr Haynes dead.

4. A post-mortem examination confirmed that the cause of Mr Haynes' death was synthetic cannabinoid toxicity.

Findings

New Psychoactive Substances

5. We found no evidence or other intelligence to suggest that Mr Haynes was being bullied at Risley, and no reason to consider that Mr Haynes' death was anything other than accidental.

6. There is a significant amount of evidence to suggest that Mr Haynes' illicit drug use on the day of his death was not a one-off, and that he was misusing drugs at Risley in the period before his death.

7. Both HM Inspectorate of Prisons and the Independent Monitoring Board have expressed concern about the ready availability of drugs at Risley at this time. Given his history of heavy drug use in the community, Mr Haynes was clearly vulnerable to misusing drugs in this environment. Although he had detoxified from heroin and cocaine when he first entered prison, he asked about being prescribed methadone at Risley about a month before his death. His mother thought that his frequent requests for money suggested he was using drugs in prison, and another prisoner told us that Mr Haynes used NPS regularly at Risley. We are concerned that, despite this, wing staff had no idea that Mr Haynes was using drugs. We are also concerned that Mr Haynes was apparently able to access illicit drugs readily at Risley.

Emergency Response

8. We are concerned about the emergency response. Staff did not use the emergency code as required and, after Mr Haynes had been found, there was a ten-minute delay in calling an ambulance. While a quicker response would not have affected the outcome for Mr Haynes, it could be crucial in other circumstances.

Recommendations

- The Governor of Risley should ensure there are effective supply and demand reduction strategies to help eradicate the availability of new psychoactive substances, and that staff are vigilant to signs of their use and know how to respond when a prisoner appears to be under the influence of such substances.
- The Governor of Risley should ensure that all prison staff are made aware of and understand PSI 03/2013, Medical Emergency Response Codes, and their responsibilities during medical emergencies, ensuring a medical emergency code is used and an ambulance is called immediately.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Risley informing them of the investigation and asking anyone with relevant information to contact him. No one responded but five prisoners were interviewed at the investigator's instigation.

10. The investigator visited Risley on 5 April. He obtained copies of relevant extracts from Mr Haynes' prison and medical records.

11. NHS England commissioned an independent clinical reviewer to review Mr Haynes' clinical care at the prison.

12. The investigator interviewed eight members of staff and two prisoners at Risley in April, conducting nine interviews jointly with the clinical reviewer.

13. We informed HM Coroner for Greater Manchester West District of the investigation. He gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.

14. One of the Ombudsman's family liaison officers contacted Mr Haynes' family to explain the investigation and to ask whether the family had any matters it wanted the investigation to consider. Mr Haynes' family wanted to know:

    - if he had been offered support for his medical conditions and drug addiction;
    - if he had been prescribed any medication;
    - if he had access to illicit drugs;
    - whether he had been bullied; and
    - the chronology of events.

15. Mr Haynes' family received a copy of the initial report. They did not make any comments.

Background Information

HMP Risley

16. HMP Risley is a medium security training prison which holds over 1,000 convicted men. Bridgewater Community Healthcare NHS Trust provides healthcare services in the prison. There is 24-hour healthcare cover and substance misuse services.

HM Inspectorate of Prisons

17. The most recent inspection HMP Risley was conducted in June 2016. Inspectors found that the daily routine at Risley was not being delivered. Inspectors were told that difficulties in industrial relations had led to significant regime curtailment in recent months. Inspectors found about a third of prisoners remained in their cells during the working day. The prison was unable to provide enough full-time activity to meet the needs of the population, and attendance and punctuality in learning and skills activities were poor.

18. There was evidence to suggest the availability and threat of NPS in the prison was undermining prisoner well-being and was a major challenge to the stability of the establishment. 60% of prisoners told inspectors it was easy to obtain drugs and NPS in Risley. Inspectors found health services were reasonable but the requirement to respond to NPS-related incidents placed significant additional demands on the service. Substance misuse services were good with a range of excellent recovery-focused interventions delivered by a well-integrated and skilled drugs team. However, inspectors found too many prisoners had been maintained on opiate substitution rather than having doses reduced.

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 March 2017, the IMB was greatly concerned with the use of illicit drugs in the prison and the additional problems caused by NPS. The high levels of substance misuse by prisoners prove a challenge for staff and the IMB is concerned over the lack of drug dogs. The IMB commented that there were problems in the running of the prison due to the reduction in staffing levels. This had an adverse effect on the welfare of prisoners who were locked in their cells for unacceptable periods.

New Psychoactive Substances (NPS)

20. New psychoactive substances, previously known as 'legal highs' are a major 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 NPS 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 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 NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

22. HM Prisons 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. Testing has begun, and HMPPS continue to analyse data about drug use in prison to ensure new versions of NPS are included in the testing process.

Previous deaths at HMP Risley

23. Mr Haynes' death was the first drug-related death at Risley since January 2015. Since Mr Haynes' death there has been another death apparently involving illicit drugs.

Key Events

HMP Birmingham

24. On 2 December 2016, Mr Haynes was charged with robbery and remanded into custody at HMP Birmingham. Mr Haynes had never been in prison before. He had a history of heroin and crack cocaine abuse. Mr Haynes had no history of self-harm.

25. When Mr Haynes arrived at HMP Birmingham, a nurse conducted an initial health screen. Mr Haynes said this was his first time in prison and he might self-harm, depending on who he shared a cell with. He said he misused heroin and crack cocaine and would spend up to £100 a day on drugs. Mr Haynes said he was dyslexic, suffered from attention deficit hyperactivity disorder (ADHD) and was bipolar but was not prescribed any medication.

26. The nurse opened an ACCT and documented Mr Haynes' stated intent that he might harm himself. She recorded in Mr Haynes' medical record that she had opened the ACCT, that Mr Haynes appeared in low mood and she had referred him to be reviewed by the mental health team. The ACCT was closed the following day.

27. A prison GP saw Mr Haynes on the morning of 3 December. Mr Haynes said he had had a horrible night, "rattling" from heroin and crack cocaine withdrawal, but usually preferred to come off drugs "cold turkey" (that is without the assistance of medication) by himself. He said that while in the community he spent up to £100 a day on drugs. Mr Haynes asked for medication to help with nausea, diarrhoea and sleep. The prison GP recorded that Mr Haynes had no physical signs of withdrawal and prescribed diazepam (for insomnia), prochlorperazine (for nausea), loperamide (for diarrhoea) and ibuprofen (mild pain relief).

28. On 12 December a first line manager, conducted the ACCT post-closure interview with Mr Haynes. (This interview should have been conducted on 10 December.) Mr Haynes said he had settled into the prison regime and had received good support from staff and the other prisoners.

HMP Manchester

29. On 4 January 2017, Mr Haynes appeared at Manchester Crown Court, was further remanded into custody and sent to HMP Manchester. When he arrived at Manchester, Mr Haynes saw a healthcare assistant, who conducted an initial health screen. She recorded in Mr Haynes' medical records that he had transferred from Birmingham, had completed a drug detoxification programme, and had no thoughts of self-harm.

30. On 6 January, Mr Haynes saw a substance misuse support worker. Mr Haynes said that he had detoxified from heroin and crack cocaine and felt he would benefit from the support of Narcotics Anonymous (a support group for recovering drug addicts). She recorded in Mr Haynes' medical record that she had added his name to the waiting list to join the Narcotics Anonymous meetings. On 27 January, Mr

Haynes appeared at Manchester Crown Court, was convicted and given a sentence of seven years and six months. On 10 February, Mr Haynes was transferred to HMP Risley.

HMP Risley

31. On 10 February, when Mr Haynes arrived at Risley, he saw a nurse who conducted an initial health screen. Mr Haynes said he suffered from ADHD but had not been prescribed any medication since the age of 12, had a history of ketamine and cocaine abuse and smoked cigarettes. The nurse recorded that Mr Haynes denied any thoughts of self-harm or suicide, declined any support for his mental health and declined to be referred to the smoking cessation service. He documented that he had referred Mr Haynes to be seen by the substance misuse support team and made Mr Haynes aware of how to access health services while he was at Risley. He assessed that Mr Haynes was suitable for normal prison location, any work and any type of cell occupancy.

32. An officer saw Mr Haynes to conduct his first night interview. Mr Haynes said he had no issues other than requesting to be put in a single cell for medical reasons. The officer recorded that Mr Haynes had been assessed by healthcare as suitable to occupy either a shared or single cell. Mr Haynes was allocated a single cell.

33. On 24 February, Mr Haynes saw a substance misuse support worker, following the referral made by a nurse. Mr Haynes said he had used opiates and crack cocaine and completed a detoxification programme at the start of his sentence. He said that he struggled with his desire to use substances and wondered if it would be better for him to be prescribed methadone (a synthetic opiate used as substitute for heroin in the treatment of heroin addiction). The substance misuse support worker recorded that he advised Mr Haynes that being prescribed methadone was a backwards step and suggested that Mr Haynes got involved in recovery options including starting Narcotics Anonymous meetings on the wing.

34. Prison records show that while at Risley, Mr Haynes was in frequent phone contact with his partner and his mother. The investigator has listened to the calls Mr Haynes made between 1 March and 28 March. In the calls to both his partner and mother, Mr Haynes continually asked for money, said he was in debt and asked his mother to visit with his daughter. In the call made to his father on 16 March, Mr Haynes talked about being in a single cell, not having a job, the availability of drugs on the wing and the visits from his partner. Mr Haynes did not ask his father for money or say he was in debt. Mr Haynes' last call was made on 25 March, to his mother. Mr Haynes said he was in debt and his mother told him that neither she, nor his partner, would give him any more money. His mother said she believed he was "doing drugs", she told him she had heard all his excuses before and that he was lying. Mr Haynes gave no indication he had thoughts of self-harm or suicide. Mr Haynes' partner also visited him in prison, her last visit being 27 March.

35. The investigator has found no evidence or intelligence to suggest that Mr Haynes was in debt or being bullied.

36. A fellow prisoner told the investigator he lived in the next cell to Mr Haynes. He said that Mr Haynes used ‘Spice’ (a form of NPS) up to three times a week. He said that on the day of his death, Mr Haynes was in a good mood as he had obtained some ‘Spice’. He said that Mr Haynes had given him a joint of ‘Spice’ in the afternoon, which he smoked and was “stoned” as it was so strong.

37. On 28 March, at 5.55pm, staff had noticed that Mr Haynes had not been for his evening meal. An officer went to check on Mr Haynes. The officer told the investigator he opened Mr Haynes’ cell door and found him slumped between the bed and heating pipes. Mr Haynes was unresponsive and there was blood coming from his mouth and nose. The officer used his radio to summon urgent medical assistance and a second officer, a custodial manager, and a supervising officer, immediately responded and started cardiopulmonary resuscitation (CPR). The officer used his radio to call a code blue emergency (the emergency medical code for someone found not breathing). The prison communications log shows that the radio call was made at 5.55pm and the 999 call was made at 6.05pm.

38. Within two minutes, four nurses and a student nurse arrived and took over the CPR. They used an automated external defibrillator (which monitors the heart rhythm and administers electrical shocks to restore the normal rhythm when necessary). This found no shockable heart rhythm.

39. North West Ambulance Service records show that the emergency call was received at 6.05pm, and paramedics arrived at the prison and took over Mr Haynes’ care at 6.19pm. At 6.42pm, the paramedics pronounced Mr Haynes dead. Staff found a ‘bong’ (a filtration device for smoking drugs and other substances) and what was described as herbal matter, believed to be NPS, in Mr Haynes’ cell. These items were given to the police.

Contact with Mr Haynes’ family

40. As Mr Haynes’ family lived in Oxfordshire, Risley asked the Governor of HMP Huntercombe for assistance in breaking the news to them. He and a prison family liaison officer visited Mr Haynes’ mother at home later that night. They informed her that Mr Haynes had died and offered their condolences. On 29 March, two prison family liaison officers from HMP Risley visited Mr Haynes’ parents to offer condolences and support. In the days that followed Risley maintained contact with Mr Haynes’ parents, and in line with Prison Service instructions, the prison contributed to the costs of the funeral.

Support for prisoners and staff

41. The Governor of HMP Risley debriefed the staff who had been involved in the emergency response. Staff members were offered the support of the prison’s care team.

42. The prison posted notices informing other prisoners of Mr Haynes’ death, and offering support. Staff reviewed all prisoners subject to suicide and self-harm

prevention procedures in case they had been adversely affected by Mr Haynes' death.

Post-mortem report

43. A post-mortem examination, conducted by a Home Office Forensic Pathologist, confirmed that the cause of Mr Haynes' death was synthetic cannabinoid toxicology. He, commenting on the toxicology results, confirmed Mr Haynes had used synthetic cannabinoids before his death.

Findings

New Psychoactive Substances

44. The investigation has not found any reason to consider that Mr Haynes' death was anything other than accidental.

45. There is a significant amount of evidence to suggest that Mr Haynes' illicit drug use on the day of his death was not a one-off, and that he was misusing drugs at Risley in the period before his death.

46. Mr Haynes made candid admissions to both prison and nursing staff about his history of drug use. He agreed to work with substance misuse recovery groups at the prison.

47. We are concerned that about a month before his death Mr Haynes said that he was struggling not to use drugs and asked about being placed on a methadone maintenance programme at Risley, even though he had successfully completed drug detoxification while at Birmingham. His mother thought that his frequent requests for money suggested he was using drugs in prison, and another prisoner told us that Mr Haynes used NPS regularly at Risley. In addition, a 'bong' and herbal matter was found in Mr Haynes' cell at the time of his death.

48. All of this, together with the toxicology results, suggests that Mr Haynes had already used, and planned to continue using drugs while at Risley.

49. Both HM Inspectorate of Prisons and the Independent Monitoring Board have expressed concern about the ready availability of drugs at Risley at this time. Given his history of heavy drug use in the community, Mr Haynes was clearly vulnerable to misusing drugs in this environment. It is therefore a cause for concern that Mr Haynes was apparently able to obtain and use illicit drugs at Risley without staff suspecting that he was doing so.

50. Wing staff and Mr Haynes' offender supervisor said Mr Haynes had not given them any indication that he was using drugs, was in debt or being bullied. We do not dispute what they told us, but we must query whether a more effective drugs strategy would have been more attuned to the risks with which Mr Haynes presented and the behaviours in which he apparently indulged.

51. In July 2015, we published a Learning Lesson Bulletin about the deaths associated with use of NPS. We identified dangers to physical and mental health, as well as risks of bullying and debt and possible links to suicide and self-harm. The bulletin identified the need for better awareness among staff of the dangers of NPS; the need for more effective drug supply reduction strategies; and better monitoring by drug treatment services. We make the following recommendation:

    The Governor of Risley should ensure there are effective supply and demand reduction strategies to help eradicate the availability of new psychoactive substances, and that staff are vigilant to signs of its use and know how to

respond when a prisoner appears to be under the influence of such substances.

Clinical Care

52. The clinical reviewer considered that the standard of care Mr Haynes received in prison was equivalent to that which he could have expected to receive in the community. He commented that Mr Haynes reported a lengthy history of substance misuse and he received appropriate care at HMP Birmingham for withdrawal from opiate drug use.

53. Mr Haynes did not present with any ongoing substance misuse withdrawal issues at HMP Manchester or at HMP Risley. He was referred to Narcotics Anonymous for support and introduced to other prisoners who were engaged in recovery programmes.

54. He concludes there was no indication of any mental health risk and no evidence that Mr Haynes had any thoughts of suicide.

Emergency Response

55. PSI 03/2013, Medical Emergency Response Codes, issued in February 2013, contains mandatory instructions for efficiently communicating the nature of a medical emergency, ensuring staff take the relevant equipment to the incident and that there are no delays in calling an ambulance. It explicitly states that all prison staff must be made aware of, and understand, this instruction and their responsibilities during medical emergencies. The PSI also includes a mandatory instruction that the terms of the medical emergency response protocols must be written and agreed in conjunction with the local healthcare commissioner at the prison and the local ambulance trust.

56. An officer used his radio to call for urgent medical assistance when he found Mr Haynes unresponsive in his cell but did not use an emergency medical response code (code blue) which would have indicated to the control room to call an ambulance immediately. Staff immediately responded and started CPR and a second officer used his radio to call a code blue emergency. The staff in the control room called for an ambulance at 6.05pm.

57. North West Ambulance Service records show they received the 999 call at 6.05pm, paramedics arrived at Risley at 6.19pm and took over Mr Haynes' care.

58. There was a ten minute delay between Mr Haynes being found and the 999 call being made. While we are satisfied that this delay would not have affected the outcome for Mr Haynes, it might be crucial in other emergencies in the future. We make the following recommendation:

    The Governor of Risley should ensure that all prison staff are made aware of and understand PSI 03/2013, *Medical Emergency Response Codes,* and their responsibilities during medical emergencies ensuring a medical emergency code is used and an ambulance is called immediately.

Inquest

59. The inquest, held from 6 to 10 November 2023, concluded that Mr Haynes' death was drug related.

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