Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Jones, a prisoner at HMP Parc, on 18 November 2018

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

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 Christopher Jones died in his cell at HMP Parc on 18 November 2018. His cause of death was recorded as a sudden death associated with synthetic cannabinoid use. (Synthetic cannabinoids are psychoactive substances (PS)). He was 38 years old. I offer my condolences to Mr Jones' family and friends.

Prison staff monitored Mr Jones' risk of suicide and self-harm for the two weeks before his death. Although there is no evidence that Mr Jones intended to take his life at the time of his death, there were some deficiencies in the way staff managed suicide and self-harm prevention procedures, known as ACCT.

Mr Jones' death was linked to his use of PS. He was fully aware of the risks of PS use but continued to use them.

It is extremely troubling that Mr Jones was able to obtain PS with ease at Parc, even though staff knew about his substance misuse issues. HM Inspectorate of Prisons and the Independent Monitoring Board have also reflected that PS use is widespread at Parc. Mr Jones' death came just four days before another prisoner took his life at Parc, with PS in his system when he died. Parc will need to reassess their approach in line with the Prison Service's recently published Prison Drugs Strategy.

The investigation also found deficiencies in the emergency response when Mr Jones was found unresponsive in his cell.

Sue McAllister, CB
Prisons and Probation Ombudsman **September 2019**

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Summary

Events

1. On 5 December 2017, Mr Christopher Jones was remanded to HMP Swansea. It was not his first time in prison. He had a history of violence, self-harm, substance misuse (both alcohol and drugs, including prolific PS use) and drug debts in prison.

2. On 26 January 2018, Mr Jones was sentenced to four years in prison.

3. On 13 August 2018, Mr Jones was transferred to HMP Parc, having recently completed a rapid detoxification programme at Swansea. Despite this and knowing the risks of substance misuse, Mr Jones continued to use PS.

4. On 4 October, post room staff found drugs (lysergic acid diethylamide, LSD) on a letter addressed to Mr Jones from his partner. The security team confiscated the letter. Mr Jones was upset that he was not allowed to have the letter. (The security team confiscated two more letters from his partner with traces of drugs on 23 October and 31 October.)

5. During October and November, staff reported that Mr Jones' behaviour had deteriorated and he was found under the influence of PS on more than one occasion. As a consequence, staff gave him a number of warnings and his Incentive and Earned Privileges scheme (IEP) level was reduced to basic. Mr Jones had a mental health assessment and was advised to make an appointment to see a prison GP, which he failed to do. Mr Jones refused the support from the drugs support team.

6. On 5 November, staff started suicide and self-harm monitoring (known as ACCT) after Mr Jones said that he had swallowed 20 paracetamol tablets. During his first ACCT case review on 6 November, a manager noted that Mr Jones was unhappy that he had had no contact with his partner because the security team had confiscated his letters.

7. At 6.05pm on 18 November, an officer, who was conducting an ACCT check, found Mr Jones sitting upright on his bed. When the officer could not get a response from Mr Jones, he reported it to the manager in charge of the prison who instructed him to continue to try and get a response from Mr Jones. At 6.20pm, the manager and two officers went into Mr Jones' cell and found that he was unconscious. Staff radioed a medical emergency code blue and the control room called an ambulance promptly. Staff tried unsuccessfully to resuscitate Mr Jones. Paramedics arrived at 6.35pm and assessed him but at 6.57pm, they recorded that Mr Jones had died.

Findings

Assessment and management of risk

8. When Mr Jones said that he had taken an overdose of paracetamol, staff appropriately assessed that he was at risk of suicide and self-harm and monitored him under ACCT procedures. Overall, this was well managed although staff failed

to fully update Mr Jones' caremap to note whether they had spoken to the security team about the letters from Mr Jones' partner.

9. There is no evidence that that Mr Jones' use of PS before his death was an attempt to harm himself.

Clinical care

10. The clinical reviewer concluded that the healthcare that Mr Jones received at Parc was equivalent to that which he could have expected to receive in the community.

11. Mr Jones died suddenly as a result of using PS. Although prison staff supported Mr Jones with his substance misuse issues and warned him of the dangers of using PS, he continued to use them.

Emergency response

12. When an officer found Mr Jones unresponsive, there was an unacceptable delay of nearly 20 minutes before a medical emergency code was called, even though Mr Jones was on an ACCT at the time.

13. There was a further unacceptable delay in staff bringing a defibrillator to Mr Jones' cell.

Recommendations

- The Director should ensure that the key drug issues at Parc are identified and that the prison's local drugs strategy is revised by September 2019 to address these issues.

- The Director should ensure that ACCT case managers complete caremaps, setting specific and meaningful caremap actions, identifying who is responsible for them and reviewing and recording progress at each review.

- The Director should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies so that there is no delay in calling a medical emergency code or calling an ambulance.

- The Director and Head of Healthcare should ensure that all staff know where defibrillators are kept, that these locations are clearly labelled and that staff check that defibrillators are kept in their usual locations.

- The Director should ensure that a copy of this report is shared with the members of staff so that they are aware of the Ombudsman's findings.

The Investigation Process

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

15. The investigator obtained copies of relevant extracts from Mr Jones' prison and medical records.

16. NHS England commissioned a clinical reviewer to review Mr Jones' clinical care at the prison.

17. The investigator interviewed nine members of staff at Parc, jointly with the clinical reviewer.

18. We informed HM Coroner for Bridgend and Glamorgan of the investigation. He gave us the cause of death. We have sent the Coroner a copy of this report.

19. We contacted Mr Jones' father to explain the investigation and to ask if he had any matters that he wanted us to consider. Mr Jones' father also received a copy of the initial report. Mr Jones' father did not respond.

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

Background Information

HMP & YOI Parc

21. HMP Parc is a medium security private prison run by G4S. It holds around 1,600 convicted men and young adults who are on remand or have been convicted. It also has a unit for around 60 young people under 18 years.

22. G4S Medical Services provide primary physical and mental health care services. There is 24-hour general healthcare and palliative care facilities. A local GP practice provides GP services, including a daily clinic and out-of-hours cover. Three healthcare staff are available in the prison at night.

HM Inspectorate of Prisons

23. The most recent inspection of Parc was in January 2016. Inspectors found that more needed to be done to address the levels of violence and the sense among prisoners that they were in an unsafe prison. They noted that the seemingly ready availability of new psychoactive substances (NPS) such as spice (a synthetic drug that mimics the effects of cannabis), was having a severely negative influence on the safety and stability of the prison.

Independent Monitoring Board

24. 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 28 February 2018, the IMB expressed concern that the level of substance abuse in the prison remained high and that the level of drugs, particularly PS, entering the prison was presenting a continual challenge.

Previous deaths at HMP Parc

25. Mr Jones was the tenth prisoner to die at HMP Parc since November 2016. In two of the previous deaths in November 2017 and June 2018, we found that the prisoners had taken psychoactive substances (PS) at some point before they died. Another prisoner took his life at Parc just four days after Mr Jones' death, and post-mortem toxicology tests also found PS in his system. We have made previous recommendations about improving the operation of ACCT procedures and how staff respond to prisoners using PS, and in our investigation into the prisoner who took his life in November 2018 shortly after Mr Jones died, we recommended that Parc should revise their drugs strategy.

Assessment, Care in Custody and Teamwork

26. ACCT is the Prison Service care-planning system used to support prisoners at risk of suicide or self-harm. The purpose of ACCT is to try to determine the level of risk, how to reduce the risk and how best to monitor and supervise the prisoner.

27. 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 irregular to prevent the prisoner anticipating when they will occur. There should be regular multidisciplinary reviews, involving the prisoner. As part of the process, a caremap (plan of care, support and intervention) is put in place. The ACCT plan should not be closed until all the caremap actions 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.

Psychoactive Substances (PS)

28. 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.

29. 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.

30. 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

31. On 5 December 2017, Mr Christopher Jones was charged with attempted robbery and remanded to HMP Swansea. He had served a number of prison sentences before. Staff noted that licence recall conditions applied to Mr Jones as he had only been released on licence from a previous prison sentence on 27 September 2017. Mr Jones had a history of substance misuse (both drugs, including PS, and alcohol).

32. During his reception screen, staff noted that Mr Jones had a history of self-harm but had no thoughts of suicide or self-harm. They noted that he had drug withdrawal symptoms and was prescribed Subutex (the brand name of buprenorphine, an opioid used to treat opioid addiction) and sertraline (an antidepressant). He tested positive for buprenorphine and benzodiazepine (a tranquiliser). Staff noted that he had previously received medication for mental health problems.

33. Mr Jones completed his prison induction, including a session on drug interventions and the risks of taking illicit substances.

34. In January 2018, staff found Mr Jones under the influence of PS and he was found trying to conceal his prescribed medication (subutex). Staff gave him a prison warning. A few days later, staff started suicide and self-harm prevention procedures, known as ACCT, after Mr Jones said that he had suicidal thoughts, was depressed and his mood was low. Mr Jones said that he had had issues with another prisoner on his wing but that this had stopped. (Staff stopped ACCT procedures on 20 February.)

35. On 26 January, Mr Jones was sentenced to four years and eight months in prison for burglary.

36. From February onwards, Mr Jones received many disciplinary charges for being under the influence of PS. On one occasion, he took an overdose of PS which resulted in him being transferred to hospital after he stopped breathing. Although Mr Jones recovered and returned to prison within 24 hours, he continued to use PS, demonstrated poor behaviour and failed to go to work on numerous occasions. Staff regularly reduced his Incentives and Earned Privileges (IEP) level to basic. (The IEP scheme is designed to encourage good behaviour and challenge misbehaviour.) An independent adjudicator also added 40 days to his prison sentence because of his poor behaviour over this period.

HMP Parc

37. On 13 August, Mr Jones was transferred to HMP Parc. During his reception interview, staff noted that he engaged well and had no thoughts of suicide or self-harm. They identified a number of risks, including a history of violence, self-harm, PS debts, assaulting staff, making improvised smoking devices and weapons. Mr Jones named his partner as his next of kin.

38. A nurse completed Mr Jones' health screen. He told her that he had depression and his mood was low because he was "coming off drugs". Staff referred Mr Jones to the mental health team and noted that he was prescribed diazepam (a

benzodiazepine used to treat anxiety, alcohol withdrawal and seizures) and thiamine (vitamin B1).

39. Afterwards, Mr Jones was moved to a single cell on the induction wing.

40. The next day, staff completed a substance misuse assessment and recorded that Mr Jones had a history of heroin and PS use. Although Mr Jones had recently completed a rapid detoxification programme at Swansea, he admitted that he still used PS. Staff advised Mr Jones about drug tolerance levels, the dangers of using PS and taking an overdose and how to minimise his substance misuse risk.

41. On 23 August, Mr Jones was moved to the drug support wing, where the substance misuse team are available to offer immediate support, if required.

42. On 28 August, an offender manager and a substance misuse offender supervisor (SMOS) met Mr Jones to review his progression. Mr Jones was working in the prison workshop. He said that he had completed a detoxification programme and was pleased that he had not used any illicit substances for at least a few days. He felt that he was doing well but needed constant praise and reward for his positive behaviour to continue.

43. On 3 September, healthcare staff completed a brief assessment of the severity of Mr Jones' mental health problems and identified that he had mild depression. He was referred to the primary mental health team.

44. On 11 September, Mr Jones was dismissed from his prison job for allegedly stealing sugar and tea bags.

45. On 29 September, Mr Jones had a random drugs test, the results of which were negative.

46. On 3 October, Mr Jones assaulted a prisoner whom he said had stolen his vape pipe. Staff placed Mr Jones on a disciplinary charge, and the SMOS spoke to Mr Jones about his behaviour. Mr Jones said that he needed constant acknowledgement and feedback about his behaviour, which he felt had improved. Knowing that he had recently been dismissed from his prison job and had a disciplinary hearing for assaulting a prisoner the next day, he was concerned that if his IEP level was reduced to basic, he would find it difficult to spend lots of time in his cell.

47. On 4 October, the SMOS spoke to two Prison Custody Officer's (PCO) on the drug support wing about how to manage him on basic IEP level. A PCO said that he was aware that Mr Jones' behaviour had improved and that he was happy to work with him to avoid further deterioration. However, Mr Jones' disciplinary hearing was subsequently adjourned.

48. That day, post room staff found drugs (LSD) on a letter addressed to Mr Jones from his partner. They gave the letter to the security team. Although the exact date is unknown, Mr Jones wrote a letter of complaint to the security team shortly after he was told that they had confiscated his letter from his partner. He wanted to see the letter. The security team told Mr Jones that he would not be given the letter as it had traces of LSD on it and had been destroyed for health and safety reasons. Mr Jones was upset about this.

49. On 8 October, a nurse who was a substance misuse team and mental health nurse, saw Mr Jones on the wing. Mr Jones said that his mood had been low for a number of weeks and that he was struggling. The nurse scheduled a mental health assessment for Mr Jones on 15 October.

50. That day, a member of the Violence Reduction Community Safety Team, spoke to Mr Jones about an altercation he had had with another prisoner. Mr Jones refused to say much about the incident but said that he was fed up of people thinking that he was an easy target because of his softly spoken Welsh accent. He asked Mr Jones repeatedly if he felt safe on the wing and he said yes.

51. On 11 October, staff searched Mr Jones' cell and found an illicit item concealed in his radio. It was sent to the security team for examination. There are no further records about this.

52. On 15 October, a nurse completed Mr Jones' mental health assessment. His scores for anxiety and depression were 'abnormal' and he was advised to book an appointment to see a prison GP or the pharmacist. Mr Jones did not make an appointment.

53. On 23 October, post room staff again found LSD on a letter addressed to Mr Jones from his partner. Records indicate that Mr Jones was to be told about this and that his cell would be searched in the next 72 hours.

54. On 25 October, the SMOS had an appointment with Mr Jones who said that he did not feel settled and could not concentrate. She offered to refer him to a substance misuse pharmacist, the SMOS and mental health teams, educational classes and activities groups but Mr Jones refused support. He said that he planned to continue to use illicit substances. Mr Jones participated in the diversional activities workshop that day and said that he enjoyed it.

55. On 31 October, the post room staff again found LSD on a letter addressed to Mr Jones from his partner. The security team noted that this was the third occasion that this had happened. They noted that when Mr Jones had been at HMP Swansea, there was substantial intelligence linking him to the drugs culture.

56. At around 12.30pm that day, staff radioed a medical emergency code blue (which indicates that a prisoner is unconscious or has breathing difficulties) after Mr Jones was found unresponsive in his cell under the influence of PS. A nurse and an in-house paramedic, attended Mr Jones' cell to examine him and started a PS log to monitor his wellbeing that day. (The purpose of a PS log is to monitor a prisoner regularly over a four-hour period, or longer if directed by healthcare staff.) Staff downgraded Mr Jones' IEP level to basic.

57. On 1 November, staff moved Mr Jones to a different cell on the drug support wing. There is no record to explain why. On 2 November, Mr Jones attended his previously adjourned disciplinary hearing for assault and was found guilty. Although he lost seven days' earnings and association time as a result, his punishment was suspended until 2 January 2019 subject to his good behaviour.

58. That day, the SMOS spoke to Mr Jones about his behaviour and recent PS attack on 31 October. Mr Jones said that he was disappointed that he had used PS again,

especially as it meant that he could not start his new job in the kitchens that day because he was on basic IEP level. She discussed Mr Jones' plans and encouraged him to work towards getting his job back. She asked him for his partner's and sister's details so that she could contact them in case he did not survive another PS attack (as there had been numerous occasions that he had taken PS and needed to be revived each time). The SMOS noted that her comment to Mr Jones appeared to "hit home", and that he became quite emotional. She asked Mr Jones about the letters that the security team had intercepted and he said that he knew nothing about it and believed it was meant for another prisoner named "Jones". However, for most of their discussion, Mr Jones was only able to focus on his letters and the implications of not being able to receive the rest of his mail.

5 November 2018

59. At around 1.45pm on 5 November, Mr Jones pressed his in-cell intercom system bell and told staff that he had had swallowed 20 paracetamol tablets. A nurse examined Mr Jones but he refused treatment. Staff started ACCT procedures and agreed to monitor him twice an hour and to have two conversations with him each day. Mr Jones said that he had swallowed the tablets because he was frustrated at the lack of contact with his partner.

60. Healthcare staff had initially advised that Mr Jones should be transferred to hospital. A nurse went to check on Mr Jones shortly after the incident. She recorded that he was laughing, making inappropriate jokes and did not appear unwell. When she asked him if he had taken an overdose, he stated "Well, no, I just wanted to fuck with security" because he had not been allowed to have his letters from his partner.

61. During the day, staff reported that Mr Jones' behaviour was poor on more than one occasion. He was rude to staff and repeatedly blocked his cell door observation panel.

62. On the afternoon of 6 November, Mr Jones barricaded his cell door, blocked the observation panel and set the fire alarm off. The SMOS was called to help staff de-escalate the situation. Mr Jones opened his cell door when the SMOS arrived and they talked in a calm manner. Mr Jones then apologised to staff for his behaviour and said that it was the only way he knew how to deal with having the mail from his partner withheld from him because they allegedly contained traces of LSD. Mr Jones was adamant that neither his partner nor he would do this. He said that his partner was his only contact and he asked if the security team could at least allow him to have a photocopy of the letter. The SMOS said that she would ask the security team if this was possible.

63. A PCO completed an ACCT assessment shortly after this incident. Mr Jones said that he had also told staff that he had swallowed batteries. He said that this was a lie, and he had just wanted to make staff complete additional paperwork. Mr Jones said that he was not on any medication and had never tried to harm or kill himself. He said that he was angry that he was not able to have the letters from his partner. By the end of the assessment, the PCO noted that Mr Jones' mood was better. He laughed and joked and said that he had no intention of hurting himself. He said that he had submitted a written complaint to the prison about not receiving his partner's

letter. The PCO noted that Mr Jones had two main concerns – the lack of access to his mail and the lack of contact with his partner.

64. A Custodial Operational Manager (COM), who was Mr Jones' ACCT case manager, chaired the first ACCT review afterwards with Mr Jones. A PCO, the SMOS and a nurse also attended. The panel noted that Mr Jones was annoyed at the security team for withholding his letters from his partner and that they had refused to give him a photocopy of them. He admitted that he had not taken an overdose of paracetamol and had only said it as he wanted to be transferred to hospital. Mr Jones said that he had no thoughts of suicide or self-harm. The panel reduced Mr Jones' ACCT observations to hourly during the day and night and staff were expected to have two conversations with him each day and night. The next ACCT review was scheduled for 13 November. The COM started the ACCT caremap for Mr Jones, and noted that she would speak to the security team that day about his mail. She did not, however, sign or date the caremap, nor was it updated before his death to confirm whether the action had been completed.

65. Staff raised no particular concerns about Mr Jones the next day but repeatedly asked him to remove toilet paper with which he had covered his cell door observation panel. Mr Jones' IEP level remained at basic.

66. On the morning of 8 November, staff noted that Mr Jones did not attend the diversionary activities workshop. That afternoon, staff called a medical emergency code blue after Mr Jones was found unresponsive in his cell under the influence of PS. Healthcare staff attended and Mr Jones regained consciousness after about five minutes. He refused treatment and said to staff, "I do this all the time." Staff started a PS log which was closed during the night after a nurse examined him.

67. Between 9 and 12 November, staff raised no concerns about Mr Jones. He was given a job in the prison workshop and appeared happy with this. He was still very aggrieved that his mail from his partner remained withheld and that his IEP level remained on basic.

68. On 13 November, Mr Jones told staff that he intended to behave disruptively and not to comply with prison instructions. He intimated that he intended to swallow batteries so that he would be transferred to hospital. Staff passed this information to the security team and monitored him that day. Mr Jones refused to engage with staff when they tried to speak to him.

69. On 14 November, the COM completed an ACCT review, assisted by a nurse. Mr Jones refused to attend the review and said that he had nothing to say to staff while the security team continued to withhold his mail. The review panel maintained Mr Jones' hourly ACCT observations. His next ACCT review was scheduled for 19 November.

70. The COM reviewed Mr Jones' IEP level and noted that he would remain on basic because of his continued use of illicit substances. She noted that his IEP level would be reviewed again on 21 November.

71. That night, Mr Jones told staff that he had swallowed an A4 battery because his mail was being withheld. A member of the healthcare team tried to examine Mr Jones but he refused. A PCO who was a night duty officer, recorded that Mr Jones

appeared to think that his actions were funny and he laughed and joked about the situation. Mr Jones also said that he felt okay. Staff advised him to tell them immediately if he had any gastrointestinal symptoms.

15 November

72. At 1.45am, Mr Jones pressed his in-cell intercom and said, "Tell security, thanks." The PCO went to Mr Jones' cell to speak to him. He recorded that Mr Jones initially appeared stressed about his mail issue but soon calmed down. Mr Jones said that he intended to explain everything at his ACCT review later that day.

73. At 8.45am, a SO completed an ad-hoc ACCT review, assisted by a nurse. Mr Jones again refused to attend the review and said that the security team continued to withhold his mail unfairly. The review panel maintained Mr Jones' ACCT observations at hourly, with staff required to have two conversations with him each day. His next ACCT review was scheduled for 19 November.

74. Afterwards, an in-house paramedic saw Mr Jones but he refused treatment and was again advised to report any gastrointestinal symptoms. Mr Jones later attended his job in the prison workshop. Staff noted he appeared in good spirits and was chatting to other prisoners.

75. A member of the chaplaincy team spoke to Mr Jones at around 3.00pm. Mr Jones said that he was still very upset about the situation with his partner. He said that he was on the verge of doing something stupid. Mr Jones later reiterated his unhappiness about the situation to a PCO and said that the security team had said that he would not be allowed to have the letters that his partner had sent him.

76. At 8.25pm, while conducting an ACCT check, the PCO tried to talk to Mr Jones who was lying in bed, reading. He refused to respond to him.

77. That night, a healthcare support worker contacted the on-call prison GP about Mr Jones. She told the GP that Mr Jones had repeatedly refused to let healthcare staff examine him after allegedly swallowing batteries. The on-call prison GP said that Mr Jones would not need to be observed overnight but an appointment should be made for him to see her the next day.

16 November

78. When staff unlocked Mr Jones in the morning, he said that he could not see himself ever coming off basic IEP level.

79. The on-call prison GP saw Mr Jones at around 10.45am. She examined him and noted no physical concerns. Mr Jones said that he was generally okay and had no thoughts of suicide or self-harm. However, he was frustrated because he believed that his partner had been wrongly accused of trying to smuggle drugs into the prison in letters sent to him. He said that his partner was currently in a rehabilitation centre and would not have done this. He admitted that he continued to use PS and said it helped him sleep. He also said that he had not swallowed any batteries but had just wanted to be transferred to hospital to have a break from the wing for a couple of days. The on-call prison GP advised Mr Jones about the dangers of misusing drugs.

17 November

80. On the morning of 17 November, a PCO noted in the prison records that it had been a disappointing start to the month for Mr Jones, and that he remained on basic IEP level after he was found under the influence of PS. The PCO noted that Mr Jones appeared very unsettled on the wing after the security team seized his mail from his partner. The PCO noted however that Mr Jones was following the prison regime and had a job in the prison workshop.

81. At 7.48pm, a PCO noted that while completing her ACCT check, Mr Jones said that he had started to struggle. There is no further information recorded about this.

18 November

82. A PCO recorded in the ACCT record that Mr Jones appeared in good spirits when he left his cell to collect his breakfast. At around 11.00am, a PCO recorded that Mr Jones said that he was not having a good day.

83. Later, Mr Jones had his lunch and socialised with other prisoners from around 3.30pm. When he returned to his cell at 4.20pm, Mr Jones told a PCO that he was tired. The PCO completed ACCT checks at 4.45pm and 5.15pm but raised no concerns.

84. All prisoners on the wing were locked in their cells by 5.15pm. The PCO checked on Mr Jones at 5.17pm and 5.39pm. He recorded that he appeared okay and had waved his hand at the PCO.

85. CCTV footage shows that a PCO completed an ACCT check for Mr Jones at 6.02pm. The PCO told the investigator that he looked through the cell door observation panel and saw Mr Jones sitting on his bed, slouched and leaning forward. He could not see Mr Jones' face and despite calling his name for around a minute, Mr Jones failed to respond to him. The PCO normally worked in the induction unit and was unfamiliar with Mr Jones and did not know what would be considered normal behaviour for him. He told the investigator that he thought Mr Jones was just ignoring him.

86. The PCO had not changed his prison radio location from the induction unit, where he usually worked, to the drug support unit and did not think that his radio would register his new location. He therefore went to the office downstairs, telephoned a COM who was the deputy officer in charge of the prison and told him that Mr Jones was not responding. The COM told the PCO that he would come to the unit but that, in the meantime, the PCO should continue to try and get a response from Mr Jones.

87. CCTV footage shows that the PCO returned to Mr Jones' cell at 6.10pm, 6.13pm and 6.16pm. On each occasion, the PCO said that he tried to get Mr Jones to respond to him for around a minute or so before leaving, and returning to try again. During this time, the PCO again contacted the control room to tell them that Mr Jones had still not responded. He said that the control room instructed him to keep trying.

88. CCTV footage shows that a COM, who was the officer in charge of the prison and a second COM arrived at Mr Jones' cell. The COM in charge told the investigator that he had been told that Mr Jones was possibly under the influence of an illicit substance. When Mr Jones did not respond to them, the officers unlocked his cell door and went in. The COM radioed a medical emergency code blue at 6.20pm. The control room called an ambulance immediately. (The Ambulance Service log recorded that they received the call at 6.22pm)

89. Both COM's checked Mr Jones for any signs of life. There was no response from Mr Jones. The COM in charge thought that he felt a faint pulse and so staff continued to try to get a response from Mr Jones. This pulse, however, soon disappeared and the COM placed Mr Jones on the floor in the recovery position and started cardiopulmonary resuscitation (CPR), doing chest compressions. The second COM ran to get a defibrillator from the office. A PCO subsequently returned to the wing office to update the emergency services by telephone.

90. A nurse responded to the code blue and brought a medical emergency bag with her. On route, she had radioed for a defibrillator. Body-worn camera footage shows that she arrived at the cell at 6.24pm. She was closely followed by a healthcare assistant and two nurses. A nurse assisted with CPR while the medical emergency equipment was set up. The nurses then took over the care of Mr Jones and CPR continued.

91. The second COM arrived with a defibrillator at 6.30pm. He told the investigator that it had taken longer to find one as it was not in the usual place. There was a defibrillator location sign in the office but it was not there so the second COM went instead to Houseblock C as he knew where to find one there.

92. The ambulance paramedics arrived at Mr Jones' cell at 6.35pm and took over Mr Jones' care. At 6.57pm, they pronounced that he had died.

Family liaison

93. A member of the chaplaincy team was appointed as the prison's family liaison officer (FLO). Mr Jones' partner was identified as his next of kin. The FLO and the Deputy Director visited the address they had for Mr Jones' partner at around 9.15pm but found the property unoccupied. After they tried unsuccessfully to telephone Mr Jones' partner, the police agreed to try to find her. The next day, another member of the chaplaincy team told the family liaison officer that Mr Jones had previously told them that his partner was temporarily living in an outreach centre. At around 11.15am that morning, the Deputy Director and the FLO visited her at the centre and broke the news of Mr Jones' death. Parc contributed to the cost of Mr Jones' funeral in line with national instructions.

Support for prisoners and staff

94. That day, the Duty Director debriefed the staff involved in the emergency response to ensure that they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support. The prison posted notices informing other prisoners of Mr Jones' death and offering support. Staff reviewed

all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Jones' death.

Post-mortem report

95. The post-mortem report established that the cause of Mr Jones's death was sudden death associated with synthetic cannabinoid (PS) use. The toxicology results identified PS in Mr Jones's blood.

Inquest

96. An inquest was concluded on 17 October 2023. The jury gave a narrative verdict in which they said:

"Christopher's principle cause of death was the ingestion of 5F-ADB. Ingested without intent to end life, however failure to call code blue when first found unresponsive could possibly have caused his death."

Findings

Psychoactive substances

97. The post-mortem report gave Mr Jones's cause of death as sudden death associated with synthetic cannabinoid (PS) use. He continually refused to abstain from using illicit substances, irrespective of their risks. While he was aware of the potentially fatal risks of substance misuse, he gave staff no indication that he wanted to self-harm or take his life. We are satisfied that staff acted appropriately and could not reasonably have foreseen Mr Jones's death on 18 November.

Drug strategy at HMP Parc

98. The prison has a local drugs strategy policy, issued in 2017, which sets out a number of actions to reduce the demand for and supply of illicit drugs. It is a concern that, despite the measures currently in place, Mr Jones's was able to obtain drugs regularly. This suggests that much more needs to be done to tackle the issue of drugs at Parc. The Head of Healthcare, told us that healthcare staff at Parc responded to 287 medical emergency codes from August to October 2018 inclusive, and 166 of these were for suspected drug-related misuse incidents.

99. 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 called for national guidance to prisons from HMPPS providing evidence-based advice on what works. 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.

100. 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."

101. We were told that Parc is now revising its drug strategy. Following our investigation into the death of another prisoner four days after Mr Jones died, we recently recommended that Parc should identify their key drug issues and revise their local drugs strategy to address these issues by September 2019. We repeat that here:

> **The Director should ensure that the key drug issues at Parc are identified and that the prison's local drugs strategy is revised by September 2019 to address these issues.**

ACCT management

102. When Mr Jones alleged that he had swallowed 20 paracetamol tablets on 5 November, staff immediately and appropriately started ACCT procedures, which remained in operation until his death. (Staff later learnt that Mr Jones had lied and had not taken an overdose.)

103. PSI 64/2011 on safer custody requires ACCT caremaps to reflect a prisoner's needs, level of risk and the triggers of their distress. Caremap actions should be tailored to meet prisoners' individual needs and reduce their risk. They should be time-bound and say who is responsible for completing the action. After Mr Jones's first ACCT case review, a COM noted on the caremap that she would speak to the security team about the letters from his partner. However, she did not date or sign the caremap action, and she did not update it at subsequent reviews to confirm whether she had done so and what the outcome was. This was a crucial issue for Mr Jones and one which continued to cause him distress and affect his risk. We make the following recommendation:

The Director should ensure that ACCT case managers complete caremaps, setting specific and meaningful caremap actions, identifying who is responsible for them and reviewing and recording progress at each review.

Clinical care

104. The clinical reviewer considered that the standard of care that Mr Jones received in prison was equivalent to that which he could have expected to receive in the community. He found that appropriate steps were taken to support Mr Jones's mental health during his time at Parc.

Emergency response

105. We are concerned that when a PCO could not get a response from Mr Jones at 6.02pm on 18 November, neither he nor the second COM acted with sufficient urgency.

106. The PCO was carrying a radio and it is not acceptable that he was unable to use it to call for assistance. We also consider that it was unacceptable for the second COM to tell the PCO to keep checking Mr Jones and not to arrive himself for nearly 20 minutes. Mr Jones was on an ACCT and we consider that the COM should have told the PCO to have called a code blue medical emergency if he could not get a response from him. The fact that the PCO called the control room while he was waiting for the COM to arrive suggests he was, rightly, uncomfortable leaving Mr Jones for so long and we consider that he should have used his initiative and called a code blue and entered the cell after conducting a dynamic risk assessment.

107. Once staff arrived and entered the cell, they started resuscitation efforts promptly and called a code blue which alerted healthcare staff, but by then 20 minutes had elapsed.

108. There was then a further unacceptable delay while the second COM located a defibrillator. He could not find the defibrillator in the office which is where he

expected it to be from his knowledge of working on other wings, and eventually got a defibrillator from C Wing as he knew exactly where to find it there.

109. Although staff continued resuscitation efforts until the defibrillator arrived, we note that the COM in charge thought that Mr Jones had a faint pulse when they first entered the cell. We cannot say whether the delay in calling a code blue and in locating a defibrillator affected the outcome for Mr Jones, but such delays could be critical in other life-threatening situations. We make the following recommendations:

The Director should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies so that there is no delay in calling a medical emergency code or calling an ambulance.

The Director and Head of Healthcare should ensure that all staff know where defibrillators are kept, that these locations are clearly labelled and that staff check that defibrillators are kept in their usual locations.

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