Final Report

of an Independent Investigation into the Case of HM commissioned by the Secretary of State for Justice in accordance with Article 2 of the European Convention on Human Rights

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Contents

Glossary

Bedwatch	a hospital admission of at least one night in length, during which the prisoner requires constant supervision for security purposes
Category B	The category of prisoners for whom the highest conditions of security are not necessary but for whom escape must be made very difficult
CCTV	Closed-Circuit Television
CNA	Certified Normal Accommodation (Uncrowded capacity is the Prison Service's own measure of accommodation). CNA represents the good, decent standard of accommodation that the Service aspires to provide all prisoners
Code Blue	Alert given on radio for life-threatening medical condition
CSRA	Cell Sharing Risk Assessment
Detox	Abbreviation for detoxification. The intervention during period of withdrawal from addictive substance, usually heroin
Dynamic Security	Concept and working method by which staff prioritise the creation and maintenance of everyday communication and interaction with prisoners (introduced by Ian Dunbar in 1985)

ECHR	European Convention on Human Rights
F213	Report of Injury to a Prisoner
HMCIP	Her Majesty's Chief Inspector of Prisons
HMPPS	Her Majesty's Prison and Probation Service
Hotel	The radio call sign for a Healthcare Officer or Nurse
IEP	Incentive and Earned Privileges
IRS	Incident Reporting System
IMB	Independent Monitoring Board. A group of members of the public who monitor the day-to-day life in their local prison or removal centre and ensure that proper standards of care and decency are maintained. IMB members are independent and unpaid
Methadone	An opioid used for opioid maintenance therapy
NOMS	National Offender Management Service, an executive agency responsible for making sure that people serve the order handed out by the courts, both in prisons and the community. (On 1 April 2017 NOMS was replaced by HM Prison and Probation Service)
Operational Capacity	The total number of prisoners that an establishment can hold taking into account control, security and the proper operation of the planned regime
Paranoia (adjective: paranoid)	an irrational distrust or fear of others

PGA	Prison Governors' Association
PNC	Police National Computer
POA	Prison Officers' Association (Trade Union)
PTSD	Post traumatic stress disorder
Prison-NOMIS	Prison National Offender Management Information System, abbreviated to P-NOMIS and shortened to NOMIS. An operational database containing offenders' personal details, offences and case history, et cetera
Radicalisation	The action or process of causing someone to adopt radical positions on political or social issues
SIR	Security Information Report. A form for describing what they have seen, heard, found etc. This was either placed in a box or, if urgent, taken by hand to security or a senior manager in the prison. The SIR would be evaluated and appropriate action directed/taken
Smokers' pack	an emergency allocation of tobacco
SystmOne	A clinical software brand supporting the 'one patient, one record' model of healthcare
Unannounced inspection	Prison inspection carried out without notice to a prison following up the recommendations of a full announced inspection

Executive Summary

On 16 October 2015, HM was remanded into custody at HMP High Down as an unconvicted prisoner charged with offences of dishonestly making a false declaration and possession of class A drugs.

Following initial accommodation in the first night induction unit, HM spent the greater part of his time in House Block 4 of HMP High Down, the Substance Abuse Unit having been assessed as being a problematic drug user. According to the initial assessments, HM was not at risk of self-harm and it was considered that he did not present a risk of harm to other prisoners. He was assessed as safe to share a cell with another prisoner and indeed at one stage shared a cell without any apparent problems with his assailant, GN.

On reception, HM said he was on a methadone prescription. HM had contact with health care during the next fortnight, in relation to his stabilisation on a daily dose of methadone. He felt well on this dose, and was considering reducing after he had been to court.

HM had confirmed that he was a practising Muslim and on the afternoon of 30 October 2015 he returned to House Block 4 from Friday prayers. HM and his assailant, GN (who had also been to prayers) were in the communal area of the House Block engaged in conversation. The two men argued and GN struck HM knocking him to the floor, which led to him sustaining a head injury. The communal area was well supervised, staff responded immediately ensuring that HM received prompt first aid and GN was taken away from the scene of the assault. The emergency services were called and paramedics treated HM. He was then taken by ambulance to hospital where his condition deteriorated dramatically. The police were also informed and started a criminal investigation given the severity of the assault.

On 3 October 2015, GN was convicted of possession of a blade/article, which was sharply pointed in a public place and sentenced to 12 weeks imprisonment. On the same day he was received at HMP High Down. Unfortunately, most of the records

relating to GN's time in HMP High Down have been lost and efforts to contact him have proved unsuccessful. GN did disclose a history of mental illness and steps were put in place to undertake a fuller assessment but this did not take place. It should be noted however, that GN did not display symptoms of mental illness while he was at HMP High Down. He did however, have a history of drug misuse and was prescribed methadone as part of the treatment regime. GN was assessed as being safe to share a cell with other prisoners.

The motivation for the assault on HM is unclear; it may have been an argument about tobacco (the incident predates the smoking ban in prisons) or it may have been about religious observance. As far as we can tell from our investigation there did not appear to be any prior indications that GN might carry out an assault on HM and therefore we conclude that it could not have been predicted or prevented.

GN was subsequently convicted of an offence of Grievous Bodily Harm (GBH) and sentenced to two years imprisonment.

Following serious assaults and other incidents, prison staff are required to undertake a number of reporting and review activities in order to ensure that relevant staff are held to account and learning takes place. We found that these activities had been completed except that a full investigation was not completed when it became apparent that HM had sustained life-changing injuries.

In this report of our investigation, we make a total of 8 findings and 3 recommendations.

LIST OF FINDINGS

Finding 1

The overall healthcare HM received whilst at HMP High Down was equivalent to that he could have expected in the community.

Finding 2

Overall, the needs and risks of HM were correctly identified when he arrived at HMP High Down.

Finding 3

Staff responded well to the assault on HM; their approach was calm and professional.

Finding 4

The Clinical Reviewer concluded that, in light of the information available, the management of GN's substance misuse disorder was within acceptable standards. However, the mental health in-reach team also screened him and further actions were thought to be necessary. There is no record that these actions were completed during the following 21 days. This was an unacceptable delay. However, despite this delay in completing the mental health assessment, GN did appear to be well mentally during repeated assessments by the substance misuse team. This suggests that a mental health assessment may not have changed the outcome.

Finding 5

We did not have sufficient evidence to decide whether the needs and risks presented by GN were correctly identified and steps taken to mitigate any risk he presented to staff and prisoners.

Finding 6

Based on the available evidence, the assault could not have reasonably been foreseen.

Finding 7

Staff acted promptly when they realised that GN was the person who had assaulted HM and took effective steps to de-escalate the difficult situation.

Finding 8

HMP High Down complied with all the relevant post incident policies and procedures, except that a full investigation was not completed when it became apparent that HM had sustained serious harm as a result of his life-changing injuries.

LIST OF RECOMMENDATIONS

Recommendations to Central and North-West London NHS Foundation Trust

Recommendation 1

The psychiatric in-reach service at HMP High Down should consider the delay in completing the actions arising from the assessment on GN in October 2015 and describe the current arrangements for avoiding such delays.

Recommendation 2

The in-reach team should consider whether an algorithm based on risk presentation that is high, medium or low, would help to dictate time-frames for specific actions to be taken.

Recommendation to HM Prison and Probation Service

Recommendation 3

As a considerable time may pass before an Article 2 investigation is commissioned, HMPPS should clarify whether the prison is responsible for completing a full investigation where serious harm to an individual has been sustained.

Part 1 The Investigation

1.1 How we conducted the investigation

Andy Smith, former Assistant Chief Inspector of Probation, assisted by Louise Taylor, a retired Governor from the Prison Service, conducted the investigation. Dr Deborah Brooke, who conducted the clinical reviews, is an independent psychiatrist and is also the author of a number of independent reviews.

The investigation was commissioned on 16 January 2018 by Gordon Davison of Her Majesty's Prison and Probation Service (HMPPS) Safer Custody and Public Protection Group who represented the Secretary of State for Justice in this matter.[1] During the investigation Andy Rogers took over from Gordon Davison as the Commissioning Authority for independent investigations into incidents of serious self-harm or serious assaults.

It should be noted that at the time of the incident the National Offender Management Service (NOMS) was the executive agency responsible for prison and probation services across England and Wales. On 1 April 2017 Her Majesty's Prison and Probation Service (HMPPS) replaced NOMS as the executive agency responsible for delivering prison and probation services.

I am commissioned by the Secretary of State for justice to conduct an investigation with the following terms of reference:

- to examine the management of HM by HMP High Down from the date of his reception on 16 October 2015 until the date of the serious assault on him on 30 October 2015, and in light of the policies and procedures applicable to HM at the relevant time;

- to examine the management of GN by HMP High Down from his reception on 3 October 2015 until the incident on 30 October 2015 and any relevant intelligence;

[1] Commissioning Letter from Gordon Davison to Andy Smith dated 16 January 2018

- to examine relevant health issues during the periods spent in custody at HMP High Down by HM and GN, including mental health assessments, and their clinical care up to the point of the incident on 30 October 2015;

- to consider, within the operational context of the Prison Service, what lessons in respect of current policies and procedures can usefully be learned and to make recommendations as to how such policies and procedures might be improved;

- to provide a draft and final report of your findings including the relevant supporting documents as annexes;

- to provide your views, as part of your draft report, on what you consider to be an appropriate element of public scrutiny in all the circumstances of this case. The Secretary of State will take your views into account and consider any recommendation made on this point when deciding what steps will be necessary to satisfy this aspect of the investigative obligation under Article 2 of the ECHR.

Louise Taylor and I conducted a detailed examination of the records that were initially disclosed to us pertaining to HM and GN. Unfortunately, the prison record on GN relating to his time at HMP High Down was not able to be located, despite extensive enquires as to its whereabouts by HMPPS. We cannot be certain how significant this gap in the information is, but our judgment is that, on balance we believe that the other information and evidence made available to us was sufficient for us to complete the investigation.

Dr Deborah Brooke conducted a clinical review based on the medical records on HM and GN. Her findings and conclusions have been incorporated into this report.

An Article 2 investigation of this nature should seek to ascertain the views of the victim's family. Unfortunately, attempts to contact the family of HM were unsuccessful, but I have interviewed him in the Neurological Rehabilitation Unit where he is being treated for the life-changing after effects of the assault that took place in HMP High

Down. HM was deemed (by medical staff) to have capacity to be interviewed. I was able to explain to him the purpose of the investigation and my role in it but he had almost no recollection of the assault.

I have made a number of attempts to locate GN, but these were unsuccessful and his current whereabouts are unknown.

A chronology of the events leading up to the assault on HM was prepared.[2]

At an early stage, letters explaining the nature of the investigation and our Terms of Reference were sent to the Independent Monitoring Board (IMB), Prison Governors' Association (PGA) and Prison Officers' Association (POA) at HMP High Down.
We subsequently interviewed four members of staff at HMP High Down. We also visited the scene of the assault and also viewed the route the ambulance would have taken.

We were provided with the Police Report (MG5) by Surrey Police, which related to the assault.

We also received information from Central and North-West London NHS Foundation Trust (CNWL), which operate the healthcare provision at HMP High Down (although at the time of the incident it was Virgin Health Care).

Finally, we viewed CCTV records from 30 October, this included activity before the assault, the actual assault and action taken after the assault.

1.2 HMP High Down

HMP High Down in Sutton, Surrey is a category B prison for men. Opened in 1992, it was built on the site of a former mental hospital. It serves the Crown court in Guildford

[2] Chronology relating to HM and GN as at 17 April 2019

and Croydon and the surrounding magistrates' courts. Two additional new house blocks were opened in 2009.

There are six residential units including a first night induction unit substance misuse unit (House Block 4) where the assault took place and includes facilities for dispensing medication under supervision.

At the time of the incident the Certified Normal Accommodation (CNA) was 999 and the operational capacity 1163.

1.3 HM Inspectorate of Prisons

HM Chief Inspector of Prisons (HMCIP), Nick Hardwick, published an inspection report on HMP High Down in March 2015, following an unannounced inspection in January 2015. The Chief Inspector concluded that:

> *'Despite the pressures it was under, the prison was focused on keeping prisoners safe. It was clear that in the period before the inspection safety had been a concern but safety outcomes now compared well with similar prisons we have recently inspected. In common with many prisons, HMP High Down had had a serious problem with the availability of new psychoactive substances, and the associated security and health issues these created. However, a combination of effective treatment and supply reduction strategies and prisoner-delivered education appeared to have reduced the problem and this had contributed to making the prison safer overall.'* [3]

As regards health care provision, the judgment was that:

> *'Health services were good overall but staff shortages resulted in too many appointments being cancelled. Good care was provided on the inpatient unit,*

[3] Report of an Unannounced Inspection of HMP High Down 12-23 January 2015 by HM Chief Inspector of Prisons p.6

but the regime required improvement. Patients on the unit were very positive about the support they received. The pharmacy clinics gave prisoners prompt access to a range of services and so reduced the demand for GP appointments, which was good practice. Primary mental health services had only recently been commissioned and the development of the service had been delayed by difficulties in recruiting staff. Secondary mental health services were better. There were unacceptable delays in transferring prisoners to secure mental health facilities.'[4]

However, despite this HMCIP concluded that:

'There remained a number of areas of serious concern at HMP High Down. The prison management was aware of most of these, and despite serious staffing shortages, credible plans for improvement were being implemented. We saw impressive work by some individual staff. However, there was still a big job to do. It is essential now that vacancies are filled, more activity places are provided and that managers ensure greater consistency in the quality of work done across all areas of the prison.'[5]

A further inspection took place in 2018 and the Chief Inspector reported as follows:

'We were particularly concerned that uncertainty as to the prison's future role was preventing senior leadership from effective planning, and this was having a direct impact on outcomes for prisoners…Violence had increased and was now at a similar level to other local prisons, and much of it was related to the ready availability of illicit drugs'.[6]

[4] Report of an Unannounced Inspection of HMP High Down 12-23 January 2015 by HM Chief Inspector of Prisons p.6-7

[5] Report of an Unannounced Inspection of HMP High Down 12-23 January 2015 by HM Chief Inspector of Prisons p.6-7

[6] Report of an Unannounced Inspection of HMP High Down 8-17 May 2018 by HM Chief Inspector of Prisons p.5

1.4 Independent Monitoring Board

The annual report of HMP High Down, Independent Monitoring Board (IMB) for the relevant period under investigation made a number of relevant observations about the prison.

> *'Although there has been an increase in staff levels in the reporting year, the Board still feels that low levels of staffing, aggravated by the impact of high levels (20% of staff) of sickness and 'light duties', are having a negative impact on prisoners' experience'.*
>
> *'Prisoners report that particular sources of frustration are: the length of time spent in cell, lack of opportunities for communication with officers to address any problems they might have and long delays in dealing with sentence plans and release dates'.*
>
> *'The Board feels there may be a causal connection between this frustration and violence towards fellow prisoners and officers. Violent incidents, while in line with comparable establishments (according to HMCIP), have risen this year from 190 to 217.'*[7]
>
> *'The Board has often felt that the mood in the prison has become more volatile, with a greater incidence of challenging behaviour.*
>
> *One of the major aggravating factors is the prevalence of the 'legal high', Spice, which affects behaviour and health in unpredictable ways. Prisoners themselves report this as the greatest problem in the prison. Other drivers of violence … are gang affiliations and debt. There is a new violence reduction strategy, with a tool for analysing data and a regular meeting. Levels of staffing mean that there is less continuity on the House Blocks, with officers being less familiar with prisoners and having less time to interact informally with them.*

[7] Annual Report of the Independent Monitoring Board to the Secretary of State for Justice 2015 (January 2015 - December 2015) p 6-7

This has compromised 'Dynamic security', when officers are aware of what is happening amongst prisoners on the House Block.[8]

[8] Annual Report of the Independent Monitoring Board to the Secretary of State for Justice 2015 (January 2015 - December 2015) p 14

Part 2 The events in detail

2.1 Background: HM

According to a Pre-Sentence Report produced in the summer of 2013, HM was brought up in the Stoke Newington area of London and was frequently taken out of school to visit his father in prison. There are references to a childhood marred by violence. It was reported that HM is estranged from his wife and daughter who now live overseas.[9]

HM has a number of convictions including ones for violence, but most of his offending was related to the need to finance a serious drug habit. He had served a number of short custodial sentences and appears to have been a generally well behaved and compliant prisoner. In August 2013 he received a prison sentence for an offence of dishonestly by making a false declaration and was released from HMP Highpoint on 12 November 2013.

Immediately prior to his last remand into custody he was employed as a waiter and lived with friends in Kent.

On 16 October 2015 HM was remanded by Bromley Magistrates' Court into custody at HMP High Down as an unconvicted prisoner charged with offences of dishonestly making a false declaration and possession of Class A drugs (heroin).[10]

2.2 Reception and subsequent location

The Location List entries on 16 October relate to HM's reception at High Down where he was first located in Reception and booked onto NOMIS at 13:22. He remained in Reception until 17:02, from where he was transferred to House Block 4 (Substance Abuse Unit).

[9] Pre-sentence report for Bromley Magistrates' Court, dated 9 July 2013
[10] HM NOMIS Case Note History p1

The following evening (17 October), he was transferred to House Block 2 (first night and induction unit) and moved to another cell within House Block 2 the following morning (18 October).

On 19 October, he moved to another cell on House Block 2, but this related to a period of 2 hours and 11 minutes. He then spent 16 minutes as 'TAP' (Temporary Absence from Prison), before being allocated to three different cells on House Block 4 during the next 11 days.[11] We do not know the reason for the temporary absence, but in the prison Reception Register the term is used where prisoners leave the prison for medical or dental appointments. At one stage HM shared a cell for a short time with GN without any reported problems.

On the afternoon of 30 October, HM was taken from the prison by ambulance to Hospital A, following the serious assault against him committed by GN.

2.3 Assessment of needs and risks

On arrival at HMP High Down a first night interview was completed in respect of HM and a smokers' pack issued. In the NOMIS Case History Note it was recorded that:

> *'No self-harm or concerns raised.'*[12]

A basic assessment of risks and needs via the completion of a Basic screening tool also took place on 16 October 2015. HM confirmed that he was a practicing Muslim and revealed that his drug use was problematical.[13]

According to the NOMIS Case History Record HM was assessed as standard on the Cell Sharing Risk Assessment (CSRA).[14] This classification meant that HM was

[11] Location history for HM
[12] HM NOMIS Case Note History p1
[13] Basic Custody Screening dated 16 October 2015
[14] HM NOMIS Record of CSRA

considered safe to share a cell with another prisoner and there appears nothing in his subsequent behaviour to contradict this.

On 24 October a member of the Chaplaincy staff recorded that HM was a Muslim and that he wished to attend Friday prayers. He was duly placed on the 'unlock list.' [15] On 28 October, a Gym induction was completed.[16]

2.4 HM: Health Care 16 October to 30 October 2015

This information was extracted from HM's prison medical records (SystmOne). On reception on 16 October, HM said he was on a methadone prescription. This was managed according to the usual first night protocol for inmates reporting methadone treatment. On 17 October, health care staff confirmed with his usual pharmacy that his daily dose of methadone was 25mg.

HM had contact with health care during the next fortnight, in relation to his stabilisation on a daily dose of 25mg methadone. He felt well on this dose, and was considering reducing after he had been to court.

He also attended to have a leg ulcer dressed. On 30 October, HM would have received 25mg methadone, prescribed for 8am.

2.5 The day of the assault, 30 October 2015

On 30 October HM returned to D spur on House Block 4 following his attendance at Friday prayers. We have viewed the CCTV record, which provides a good picture of the incident and is consistent with accounts of the assault set out in the HMP High Down, Fact Finding Report into a serious self-harm and/or assault incident and the Serious Assault Questionnaire.[17]

[15] HM NOMIS Case Note History p1
[16] HM NOMIS Case Note History p1
[17] HMP High Down - Fact Finding Report into a serious self-harm and/or assault dated 4 November 2015

On the CCTV recording, HM and GN can be seen talking to each other when suddenly GN punches HM and he falls to the floor, striking his head with considerable force. The actions of staff following this are very quick as the following timeline taken from the CCTV recording illustrates:

- 14:24:07 Assault
- 14:24:38 GN taken away
- 14:25:00 Drug Worker to scene
- 14:26:40 First Response arrives
- 14:27:40 Second Response arrives (Nurse 1)
- 14:29:30 Member of staff to office
- 14:30:38 Member of staff leaves office
- 14:41:00 HM walks to office
- 15:33:00 HM walks from house block with ambulance staff

Paramedics treated HM for some time following the assault but he was able to walk with them to the waiting ambulance. The prison Reception Log records the ambulance leaving the prison at 15:50.[18] We interviewed the prison officer who was responsible for escorting HM to hospital and he could not recall anything about the escort. We assume that this failure to recall the incident was because at the time the injuries to HM did not seem particularly serious. It was clear however, that once HM had arrived at Hospital A his condition deteriorated significantly.

Nurse 1 was the second medical responder to the scene and provided immediate first aid prior to the arrival of the paramedics (explaining that he had a role that enabled him to 'drop everything' and immediately go to the scene). He said that he saw the casualty lying on the floor just outside the medicine hatch. He was told that HM had been pushed over and hit his head on the floor or the wall. Nurse 1 called a code red over the radio. He explained that this was used for injuries and blood, whilst a code blue is used for a serious threat to life. He gave him a memory test, which included questions about where he was and noted deterioration in his condition.

[18] Reception Log dated 30 October 2015

He said that one member of staff from the detox team and two others came to help. Nurse 1 said that HM wanted to get up and go. Nurse 1 took his blood pressure, temperature and BMS (blood monitoring). At that stage there was no evidence of a head injury except that his pupils were fixed and he was told that he had been unconscious.

When paramedics arrived, Nurse 1 told them that HM's pupils were non-reactive (didn't get bigger or smaller) and this seemed abnormal. The paramedics checked and decided that HM needed to go to hospital. He had a bruise on the back of his head but not the classic symptoms of a head injury.[19]

The medical record confirms that health care staff responded to an alarm on the wing. HM was described as confused and disorientated. His vital signs were recorded and his blood sugar checked. An ambulance was called. His vital signs were checked again.

HM was assessed in the Accident and Emergency Department at Hospital A. He was transferred to Hospital C in London and underwent neurosurgery for intracranial bleeding that same evening.

2.6 The management of HM after the incident on 30 October 2015

HM was diagnosed with a bleed on the brain and placed in a medically induced coma. He spent considerable time in hospital (with prison officers allocated 'bed watch' duties), prior to his transfer to a neurological unit where he continues to undergo rehabilitation. He will require residential care for the rest of his life as a result of the brain injuries he received. The charges against HM were discontinued by the Crown Prosecution Service on 18 February 2016.[20]

[19] Transcript of interview with Nurse 1, dated 16 May 2019
[20] HM NOMIS Case Note History p4

2.7 Background: GN

We have been hampered in this investigation by the fact that the prison file, which relates to GN's time in HMP High Down, has been lost. We were told that the file was sent to HMP Belmarsh in January 2016 when GN was transferred to that prison from HMP High Down. At our request HMPPS staff have made extensive efforts to locate the file but without success. In addition, efforts to contact GN have proved fruitless. As a result the information we have about GN is very limited. We have however, been supplied with a copy of NOMIS Case Notes which gives some details of GN's time in High Down.[21]

We understand that GN originates from London and has a history of drug addiction. We also know (from later records) that when GN was subsequently detained on 13 June 2017, he disclosed that he had Paranoid Schizophrenia, Post-Traumatic Stress Disorder and was Bipolar.

On 3 October 2015 GN was convicted of possession of a blade/article, which was sharply pointed in a public place and sentenced to 12 weeks imprisonment by Bromley Road (London) Magistrates' Court. On the same day he was received at HMP High Down.[22]

2.8 GN in HMP High Down 3 – 30 October 2015

The NOMIS Case Note records GN's initial first night interview:

'…no concerns identified at being located at HOBM [High Down], small smokers pack issued, pin no 26 issued. No conflicts identified with other prisoners here. STD [Standard] CSRA.'[23]

Reference is also made to GN's Muslim faith in the Case Notes.

[21] GN NOMIS Case Note History p1 - 10
[22] GN NOMIS Case Note History p1
[23] GN NOMIS Case Note History p1

The Serious Incident Questionnaire confirmed GN's CSRA as standard and that he was a practising Muslim.[24] GN had a drug problem and was therefore located in House Block 4 where he received some treatment and medication for his problems. We also know at one stage that he shared a cell with HM and that there were no previous reports of animosity between the two men. A Security Incident Report (SIR) produced on GN a short time after the assault makes reference to an earlier SIR suggesting that GN was involved in the radicalisation of other prisoners.

2.9 GN Health Care 3 - 30 October 2015

This information was extracted from GN's prison medical records (SystmOne). At Reception on 3 October, GN said he was on a methadone prescription. He said he had been admitted to a psychiatric hospital for three months during the previous year, that he had PTSD and schizophrenia and that he had not taken his psychiatric medication for over a year.

His urine sample was positive for multiple substances. He was prescribed methadone (30mg). This was managed according to the usual first night protocol for inmates reporting methadone treatment.

In addition to his daily attendance to be given his methadone, GN was monitored daily by the substance misuse team for the next week, and then given a more detailed examination on 20 October, in relation to his stabilization on a daily dose of 40mg methadone. The notes relating to these contacts with GN do not suggest that any mental state abnormalities were noticed.

GN was referred to the in-reach team on 5 October. He was seen for initial screening for the mental health team on 9 October. He gave the same history of his psychiatric hospitalization, and said that he had been off medication since mid-2014. He said he had been given a diagnosis of bipolar affective disorder, or another psychotic disorder. He said he was in prison because he had been carrying a knife, but that it was for self-defense. His mental state examination was unremarkable. It was agreed that the

[24] Serious Assault Incident Questionnaire, undated

background information would be requested from the GP and a review with the in-reach psychiatrist would be arranged. In the meantime, he would be allocated to an in-reach community psychiatric nurse (CPN). No further information relating to this is available. There is no record that he was seen by a CPN.

2.10 The events of 30 October 2015

The House Block 4 Core Day timetable at the time of the incident included: movement to Friday prayers at 13:00, return from Friday prayers at 14:00 followed by a number of activities up to 14:00 including the issuing of medication.[25]

GN returned to the House Block from Friday prayers together with a number of other prisoners including HM. At 14:24 GN assaulted HM following an argument.

We interviewed the supervising officer, Senior Officer 1 on the day for House Block 4 about the incident. She described how she heard a 'loud bang' and found a group of prisoners surrounding HM who was on the floor. She called a 'Code Blue' on her radio to summon urgent medical assistance and then looked at the CCTV footage where she saw GN make a 'hand movement' towards HM.[26]

Senior Officer 1 then arranged for GN to be immediately taken to the Segregation Unit and to be placed on the 'Basic Regime', which included taking away his television. She explained that this was normal procedure following such an incident.[27] The Incentives and Earned Privileges (IEP) review was recorded in the Case Note by Senior Officer 1, with a further review timetabled for 6 November[28]. She said that she thought the disagreement between the two men might have been caused by an argument about tobacco (the incident happened before the introduction of the smoking ban in prison).[29] The Police Report (MG5) also references a disagreement over tobacco and debts as the cause of the incident.

[25] House Block 4 Core Day (as 17 May 2015)
[26] Transcript of interview with Senior Officer 1, dated 4 December 2018
[27] Transcript of interview with Senior Officer 1, dated 4 December 2018
[28] GN NOMIS Case Note History p 3
[29] Transcript of interview with Senior Officer 1, dated 4 December 2018

The Serious Assault Incident Questionnaire completed shortly after the incident sets out another possible explanation for the assault. Apparently, HM had upset fellow Muslim prisoners by attending Friday prayers under the influence of drugs (a subsequent Security Incident Report also suggests that HM may have been under the influence of drugs). On return to House Block 4, GN attempted to remonstrate with HM about this and his original offences of dishonestly taking Driving Licence theory tests on behalf of others. GN is reported to have said that he dismissed HM with a wave of his hand and this led him to strike him and for him to fall.[30] Nurse 1 said that on the previous Friday, he had heard HM and GN have a 'friendly argument' about Islam as they walked past.[31]

We also interviewed Prison Officer 1 who was supervising prisoners on the spur who were collecting their medication at the time of the incident. His task was to maintain order and ensure that medicines were not passed on to other prisoners as well as keeping a general oversight of what was going on.

The witness described how he heard loud voices and went over to speak to the prisoners concerned:

> *'…from what I could overhear, it was HM who wanted tobacco or was trying to get tobacco off somebody and GN was saying, 'no, he already owes too much,' and you know, 'if you give it to him, he's not … he won't pay it back, I'm still waiting to paid'*

He then described how he heard a 'loud smack' and how he:

> *'…turned around and saw HM just falling backwards. He made no attempt whatsoever to stop himself; it looked like he pretty much was knocked out on his feet at that time. He just collapsed backwards, his head banged on the floor once or twice, certainly the once which was again another loud smack. GN was*

[30] Serious Assault Incident Questionnaire, undated p1
[31] Transcript of interview with Nurse 1, dated 16 May 2019

there, which I'm taking in at the time. Other people in the queue aren't getting involved at all. GN is then immediately… as I'm running over… trying to engage me in conversation, saying, 'what happened, is he all right?' At that time my suspicion was, it was GN that had actually done the damage because of what … was happening before, that there was no one else in that queue that I could see would be involved …'

Prison Officer 1 then asked GN to leave the scene and medical staff took over 'within seconds.'[32]

2.11 Management of GN after the incident on 30 October 2015

Following the incident prison staff escorted GN back to his cell. The NOMIS Case Note dated 31 October confirms that GN was by now located in the Segregation Unit.[33]

On 5 November GN was charged with two offences of Grievous Bodily Harm (Section 20) and on 11 December he appeared at Guildford Crown Court and was sentenced to two years imprisonment, with £900 courts costs and £120 victim surcharge.[34]

On 7 January 2016 GN was transferred to HMP Belmarsh.[35]

[32] Transcript of interview with Prison Officer 1, dated 4 December 2018
[33] GN NOMIS Case History Notes p3
[34] GN NOMIS Case History Note p 7
[35] GN NOMIS Case History Note p 9

Part 3 Issues examined in the investigation

3.1 How well were HM's physical and mental health needs assessed and treated?

HM was diagnosed on reception in HMP High Down on 16 October to have opiate dependence.

The Clinical Reviewer concluded that HM's opiate dependency syndrome was managed entirely appropriately in HMP High Down and in accordance with standard protocols in 2015 for newly remanded prisoners.[36] Unfortunately, it was not possible to review the prescribing protocol used by the provider of substance misuse services for HMP High Down at the time of the incident as the provider has now changed.

The Clinical Reviewer also considered whether the prescribed medication could have made HM more susceptible to bleeding and commented as follows:

> 'HM had been prescribed 25mg of methadone before his reception into prison, as was confirmed by his usual pharmacy. He would have developed tolerance to this dose, as was confirmed by the substance misuse worker's daily assessments of him in the period immediately following his arrival in the prison – HM seemed well, with no sedation. There were no concerns about his general well-being either from the substance misuse workers or from the health care staff who dressed his leg ulcer.
>
> Neither the British National Formulary, nor the electronic Medical Compendium list bleeding as a complication of treatment with methadone. The methadone prescription is thus extremely unlikely to have to have made HM more susceptible to intracranial bleeding'.[37]

[36] Clinical Review on HM whilst a serving prisoner at HMP High Down carried out by Dr. Deborah Brooke, dated 11 April 2019.
[37] Clinical Review on HM whilst a serving prisoner at HMP High Down carried out by Dr. Deborah Brooke, dated 11 April 2019.

With regard to the care and treatment of HM, the Clinical Reviewer had no recommendations to make.

Findings

The overall healthcare HM received whilst at HMP High Down was equivalent to that he could have expected in the community.

3.2 Were the needs and risks of HM correctly identified?

A Basic Custody Screening was completed promptly when HM arrived at HMP High Down; and identified the key issues relevant to HM[38], although more detail of his substance misuse issues could have been included. A plan for HM was drawn up focussed on education and accommodation.

The CSRA on HM was recorded on the Basic Custody Screening document[39] as standard. We have not seen the original CSRA document, but given the information contained in the Basic Custody Screening and HM's subsequent behaviour we would judge this classification to be correct.

Findings

Overall the needs and risks of HM were correctly identified when he arrived at HMP High Down.

[38] HM Basic Custody Screening, dated 16 October 2015
[39] HM Basic Custody Screening, dated 16 October 2015

3.3 How well did staff respond to the assault on HM on 30 October 2015?

HM was not assessed as being a vulnerable prisoner at risk of assault from other prisoners. There was no record of hostility between him and GN; indeed they had at one stage shared a cell without apparent problem.[40]

The location of the assault was well covered by CCTV and well supervised. We were particularly impressed by the account given to us by witness (Prison Officer 1), who described his actions on the day in question (corroborated by CCTV evidence). He was aware of what was going on at all times and therefore was in a position to intervene swiftly when he realised what had happened.[41]

The assistance given by prison medical staff was also impressive. The response was swift and well executed. Staff involved knew what to do and there was evidence that they were well trained. For example, Nurse 1 had been trained in immediate life support techniques. The protocols for calling for urgent medical assistance worked well and the outside emergency services were contacted and dispatched in good time.

Findings

Staff responded well to the assault on HM; their approach was calm and professional.

3.4 How well were GN's physical and mental health needs assessed and treated?

GN was diagnosed on reception into HMP High Down on 3 October 2015 to have opiate dependence and cocaine use.

He gave a history of an admission to a psychiatric hospital for three months during the previous year and that he had not taken his psychiatric medication for over a year. On

[40] Serious Assault Incident Questionnaire, undated

[41] Transcript of interview with Prison Officer 1, dated 4 December 2018

screening by the mental health team, his mental state was unremarkable. Neither this history nor the diagnosis was clarified during the subsequent three weeks in the prison.

GN's opiate dependency syndrome was managed entirely appropriately in HMP High Down, and in accordance with standard prison protocols in 2015.

GN was screened with reference to his health needs within an acceptable time after reception into the prison, but there is no evidence that the necessary actions from this screening interview were carried out.[42]

Findings

The Clinical Reviewer concluded that, in light of the information available, the management of GN's substance misuse disorder was within acceptable standards. However, the mental health in-reach team also screened him and further actions were thought to be necessary. There is no record that these actions were completed during the following 21 days. This was an unacceptable delay.

Despite this delay in completing the mental health assessment, GN did appear to be well mentally during repeated assessments by the substance misuse team. This suggests that a mental health assessment may not have changed the outcome.

Recommendation 1 to Central and North West NHS Foundation Trust

The psychiatric in-reach service at HMP High Down should consider the delay in completing the actions arising from the mental assessment on GN in October 2015 and describe the current arrangements for avoiding such delays.

Recommendation 2 to Central and North West NHS Foundation Trust

The in-reach team should consider whether an algorithm based on risk presentation, that is, high, medium or low, would help to dictate time-frames for specific actions to be taken.

[42] Clinical Review on GN whilst a serving prisoner at HMP High Down carried out by Dr. Deborah Brooke, dated 8 September 2019

3.5 Were the needs and risks of GN correctly identified?

The lack of documentation in respect of GN's time in High Down severely hampered our investigation. We know from the post incident documentation that he was assessed as a standard risk on the CSRA and that he was also subject to treatment for a drug problem, but we have not seen the source material that the CSRA was based upon. We also do not know if a Basic Custody Screening or similar assessment was completed. The post incident reports do not suggest that there were significant concerns about GN, although the earlier SIR suggesting that he was involved in the radicalisation of prisoners is a matter for concern.

There were concerns about GN's mental health. At the time of his reception into HMP High Down and two years after the incident he was reporting significant mental health problems, it appears unlikely however, that these problems contributed to the assault on HM.

Findings

We did not have sufficient evidence to decide whether the needs and risks presented by GN were correctly identified and steps taken to mitigate any risk he presented to staff and prisoners.

3.6 Could the assault have been prevented?

HMP High Down had recently issued a new Violence Reduction Strategy[43] and the HMI Prisons inspection in January 2016 had noted progress in reducing violence in HMP High Down.

The assault was not preceded by any reports of threats or intimidation. The main motivation appeared to be a heated disagreement about low level debts and tobacco, although it should be noted that Prison Officer 1 told us that he had no reason to believe that GN was a 'big time' dealer in tobacco or was enforcing debts for other

[43] Violence Reduction HMP High Down October 2015 to October 2016 (Version 1)

prisoners.[44] In addition, there were no SIRs suggesting that GN was dealing in tobacco. There is also some evidence that GN did not consider HM to be a good Muslim because of his offending pattern and use of drugs when attending Friday prayers.

Findings

Based on the available evidence, the assault could not have reasonably been foreseen.

3.7 Was GN managed properly after the incident?

Steps were taken to remove GN from the scene of the assault and for him to be swiftly taken to another location.

Findings

Staff acted promptly when they realised that GN was the person who had assaulted HM and took effective steps to deescalate the difficult situation.

3.8 Were the correct post incident policy and procedures followed?

PSI 11/2002 Incident Reporting System

PSI 11/2002 requires that Establishments report all assaults. An assault is classified as serious if it is a sexual assault, it results in detention in outside hospital as an inpatient, requires medical treatment for concussion or internal injuries or is a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing or similar treatment, bites or temporary blindness.

[44] Transcript of interview with Prison Officer 1, dated 4 December 2018

A serious assault falls under the scope of Group A incidents, which are incidents that require reporting by telephone immediately.

There is no doubt that the assault on HM was a serious assault. However, in the IRS incident statement the incident is identified as an assault in Group D i.e. one not requiring reporting by telephone immediately, but which must be entered on the Incident Reporting System (IRS).[45]

As the entries were handwritten, we assume that the IRS incident statement was a local form used to inform the person responsible for completing IRS. Section 3a was not completed which should have identified the assault as a prisoner on prisoner assault, but all other answers were completed in full. The form was completed on 30 October 2015, but the form did not give a space for the time of the entries, although it was signed by the Orderly Officer at 19:00hrs on 30 October 2015. At the time of completion, the author may have been unaware that HM had been or would be admitted as an inpatient, although it was apparent that he had suffered loss of consciousness as reported on the F213. Despite the initial classification in Group D, the assault was treated as a serious assault and reported by telephone as shown in the daily report circulated by the National Operations Unit (NOU) and therefore the prison complied with the mandatory procedures in PSI 11/2002.

PSI 15/2014 Investigations and learning following incidents of serious self-harm or serious assaults

The first mandatory action in PSI 15/2014 was that Governors must ensure that all the relevant staff are aware of the requirement to investigate the circumstances of incidents of serious assaults (on staff, prisoners and others) and serious self-harm.
It appears that key staff had knowledge of this requirement. The PSI also required that Governors must ensure that all incidents of serious assaults (on staff, prisoners and others) and serious self-harm are telephone reported to the NOU in line with PSI 11/2012 Incident Reporting System; and investigated at an appropriate level; and that

[45] Incident Statement attaching F213, dated 30 October 2015

any lessons are learned from the incident. As also required in PSI 11/2002, this incident was reported by telephone in accordance with procedures and investigated by a custodial manager, which appears to be an appropriate level.

Governors were also required to ensure that when requested by Equality, Rights and Decency (ERD) Group, the serious assaults questionnaire (annex B to the PSI) was completed and returned to ERD Group within three working days of the incident being reported. Where the ERD Group indicated that an independent investigation may be required, all documentation relating to the prisoner(s) involved in the incident (for example, core record, medical record, and Assessment, Care in Custody and Teamwork or Cell Sharing Risk Assessment forms) must be retained. The questionnaire was completed in full and was returned on the 4 November 2015.[46] On 23 December 2015 the ERG Group informed High Down that an independent investigation might be required, but as this investigation has found not all documentation relating to GN had been retained. The ERD Group amended the procedures in 2019. An email is now sent to prisons when notifying them that an independent investigation may be necessary following an incident of serious assault requesting that a full copy of the victims *and* the perpetrators records are gathered and stored securely.

Lastly the PSI required that in all cases in which a questionnaire was completed and returned to ERD Group, Governors must ensure that a copy of the investigation report is submitted to ERD Group not later than one week after the investigation has been completed. An investigation report was completed on 4 November 2015, and submitted on the same date to ERG. The report covered all the aspects identified in PSI 15/20, paragraph 20.[47]

PSO 1300 - Investigations

PSO 1300 distinguishes between simple investigation and formal investigations with the emphasis being on simple investigations wherever possible.

[46] Serious Assault Incident Questionnaire, undated
[47] HMP High Down – Fact Finding Report into a Serious Self-Harm and/or Assault Incident, dated 4 November 2015

However, the PSO 1.6.1 requires that a formal investigation will be necessary if 'from the findings of a simple investigation or from the outset, it appears that there was serious harm to any person'.[48]

As the report from Custodial Manager 1 was identified as a fact-finding report, it was unlikely to be a formal investigation. However, it may be that the only subsequent investigation required was an Article 2 investigation.

PSI 64/2011 - Safer Custody and PSI 09/2011 Cell Sharing Risk Assessment

There are considerable mandatory actions in the above PSIs that relate to the assessment of individuals for the risk that they pose to themselves, to others and/or from others.

We cannot assess whether staff followed the procedures in PSI 09/2011 to identify prisoners who pose a risk to or from others with regard to cell sharing because although we have the outcome of the cell sharing risk assessment for GN, we do not have the assessment itself. As a result, we are unaware whether staff checked relevant documents for evidence of risk, e.g. the Person Escort Record, pre-sentence reports, NOMIS, and clinical records.

Based on the information available to the investigation, the CSRA assessment of standard appears to have been reasonable. However, later records show that when GN was detained on 13 June 2017, he stated that he had paranoid schizophrenia, post-traumatic stress disorder and was bipolar and he claimed that this information was supported on the PNC.

PSI 64/2011 requires that all prisoners must be asked to nominate a next of kin who must be updated regularly. HM had been asked and had identified a next of kin, namely his brother.

[48] PSO 1300 Investigations Paragraph 1.6.1

The PSI also requires that where prisoners have suffered sudden life-threatening harm, the prisoner's wishes on whom they would like to be contacted must be ascertained where possible. In the event that the prisoner is unable to communicate their wishes, the prison must contact the nominated next of kin who must be given an accurate account of what has happened. As HM could not communicate his wishes, HM's brother was contacted but documentation does not state what information was passed on. As early reports from hospital indicated that the prognosis was very poor, a Family Liaison Officer (FLO), Custodial Manager 2 was appointed in the event that HM died from his injuries. Engagement with next of kin is required for prisoners who have suffered a rapid deterioration in their physical health regardless of whether death is likely to occur as a result of injuries. It is good practice for communication with the family to be recorded in a FLO log. This was requested but not supplied.

Incident Management Manual

Like PSI 11/2002, Chapter 3 of the Incident Management Manual requires that an assault is reported immediately if it is a serious assault. Any assault, including a fight, is classified as serious if it is a sexual assault; results in detention in outside hospital as an inpatient; requires medical treatment for concussion or internal injuries; or the injury is a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing or similar treatment, bites, or temporary or permanent blindness.

As the prison was compliant in PSI 11/2002, it was also compliant with the incident management manual.

Staff Care

All violence in prison is clearly unacceptable and Prison Service managers have a duty of care in terms of supporting staff when they have been involved in dealing with a violent incident. Nurse 1 had the most contact with HM in the immediate aftermath of the assault. In his interview with us he told that his manager had come to see him and told him that HM had deteriorated. He was offered the opportunity to have the rest of

the day of but he said that he would stay on. He said that he was satisfied that he was supported.[49]

Findings

HMP High Down complied with all the relevant post incident policies and procedures, except that a full investigation was not completed when it became apparent that HM had sustained serious harm as a result of his life-changing injuries.

Recommendation 3 to HMPPS

As a considerable time may pass before an Article 2 investigation is commissioned, HMPPS should clarify whether the prison is responsible for completing a full investigation where serious harm to an individual has been sustained.

[49] Transcript of interview with Nurse 1, dated 16 May 2019

Part 4 The Inquiry Process

4.1 Other investigations

We have confirmed with all the interested parties to the investigation, that there were no other investigations carried out into the assault on HM.

4.2 The Independent Article 2 Investigation

The outbreak of the Covid-19 pandemic occurred at the time we were consulting on the draft report with the Interested Parties to the investigation. The pandemic led to disruption in services and as a result it took considerably longer than expected to obtain full feedback from the Interested Parties on the report, its's conclusions and recommendations. In addition, a further Health provider emerged as an Interested Party to the investigation after the draft report had been completed; this also contributed to the delay in finalising the report.

An expectation of all Article 2 Investigations is that the close relatives of the victim are contacted by the investigator wherever possible in order for their views to be taken into account in producing a report. We made efforts to contact any known family members of HM during the course of the investigation and writing of the report, but failed to get a response. However, in early 2021 we were supplied with contact details of a close family member who had been nominated as the next of kin for HM. We spoke to her and explained the Article 2 process. The next of kin was supplied with a copy of the draft report and she confirmed that she was content with it and had no observations to make.

HM was a remand prisoner who was in HMP High Down for only two weeks and not surprisingly, the amount of documentary evidence available on him was limited. However, the existence of CCTV recordings of the assault did mitigate this, as it enabled us to see exactly what happened on 30 October 2015.

Of greater concern was the loss of records on GN pertaining to his time in HMP High Down and meant that although we do not think that this has impacted significantly on the quality of our findings, we do not know the full details of GN's time in HMP High Down between 3 and 30 October 2015.

4.3 Public scrutiny

The Commission to conduct the Article 2 Investigation requires the provision of a view by the independent investigator about the appropriate element of public scrutiny in all the circumstances of the case. Public scrutiny forms an important aspect of the investigative obligation under Article 2 of the European Convention on Human Rights. We have considered carefully whether the publication of the final version of this report will be sufficient to satisfy the requirement for public scrutiny or whether some further stage in the investigation is needed, such as a public hearing. We have reached the view that the publication will suffice and a public hearing is not needed in this case.

In reaching this view we have considered two questions. The first is whether there are serious conflicts in the evidence, which require the questioning of witnesses in a public setting to test the credibility of what they say. We do not think that there are any serious conflicts in the evidence.

The second question is whether the investigation has uncovered convincing evidence of widespread or serious systemic failures, such that a public hearing might be warranted to maintain public confidence. We have not uncovered any evidence of widespread or systemic failures.

We very much hope that our findings and recommendations will make a significant contribution to the improvement of the management of prisoners such as HM and GN in the future. We do not, however, consider that any further element of public scrutiny is required in this particular case.

Annexes

ANNEX 1 Documents reviewed and disclosed

1.1 Chronology

1.1.1 Chronology relating to HM and GN as at 17 April 2019

1.2 HM Documents

1.2.1 HM NOMIS Case Note History

1.2.2 HM Location History

1.2.3 HM Basic Custody Screening, 16 October 2015

1.2.4 HM CNOMIS Record of CSRA 25.04.2017

1.3 GN Documents

1.3.1 GN NOMIS Case Note History

1.4 Interview Transcripts

1.4.1 Transcript of Interview with Prison Officer 1 on 4 December 2018

1.4.2 Transcript of Interview with Nurse 1 on 16 May 2019

1.4.3 Transcript of Interview with Senior Officer 1 on 4 December 2016

1.4.4 Transcript of Interview with Prison Officer 2 on 4 December 2018

1.5 General Documents

1.5.1 Violence Reduction HMP High Down, October 2015 to October 2016 (Version 1)

1.5.2 House Block 4 Core Day (as 17 May 2015)

1.6 NOMS Policies

1.6.1 PSO 1300 Investigations

1.6.2 PSO 2750 Violence Reduction issued June 2007

1.7 Documents about the incident

1.7.1 HMP High Down - Fact Finding Report into a serious self-harm and/or assault dated 4 November 2015

1.7.2 Serious Assault Incident Questionnaire, undated

1.7.3 Incident Statement attaching F213, dated 30 October 2015

1.7.4 Reception Log dated 30 October 2015

ANNEX 2 Documents reviewed but not disclosed

2.1 HM Records

Prison records:

2.1.1 Pre-sentence report for Bromley Magistrates' Court, dated 9 July 2013

2.1.2 Intelligence Report dated 21 November 2015

Health records

2.1.3 Clinical Records from SystmOne for HM 16 – 30 October 2015

2.1.4 Clinical Review on HM whilst a serving prisoner at HMP High Down carried out by Dr. Deborah Brooke, dated 11 April 2019

2.2 Emails

2.2.1 Email from HMP High Down – submission of Fact Finding Report template and Serious Assault Questionnaire – 4 November 2015

2.2.2 Email to HMP High Down re retention of records – 23 December 2015

2.2.3 Email – example of request to a prison for retention of perpetrator records – 1 November 2019

2.3 GN Records

Prison records:

2.3.1 Intelligence Report dated 30 October 2015

2.3.2 Intelligence Report dated 14 December 2015

Health records

2.3.3 Clinical Records from SystmOne for GN 3 – 30 October 2015

2.3.4 Clinical Review on GN whilst a serving prisoner at HMP High Down carried out by Dr. Deborah Brooke, 8 September 2019

2.4 Prison Documents

2.4.1 House Block 4 Movement Sheet, 30 October 2015

2.4.2 Internal Map of where HM was located and area of incident

ANNEX 3 Documents reviewed and not annexed

3.1 NOMS Policies

3.11 PSI 20/2015 – The Cell Sharing Risk Assessment

https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/PSI_20_2015_Cell_sharing.pdf

3.12 PSI 45/2010 – Integrated Drug Treatment Services

https://www.justice.gov.uk/downloads/offenders/psipso/psi-2010/psi_2010_45_IDTS.doc

3.13 PSI 64/2011 – Management of Prisoners at risk of harm to self, to others and from others (Safer Custody)

https://www.justice.gov.uk/downloads/offenders/psipso/psi-2011/psi-64-2011-safer-custody.doc

3.14 PSI 23/2014 – Prison-NOMIS (Prison National Offender Management Information System)

https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/psi-23-2014-prison-nomis.pdf

3.15 PSI 06/2015 – Early Days in Custody

http://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-07-2015-pi-06-2015-early-days-in-custody.pdf

3.16 PSI 15/2014 Investigations and learning following incidents of serious self-harm or serious assaults

https://www.justice.gov.uk/downloads/offenders/psipso/psi-2014/PSI-15-2014-Investigation-and-Learning-following-Incidents-of-Serious-Self-harm-and-Serious-Assaults-Revision-July2016.pdf

3.17 PSO 3050 Continuity of Healthcare for Prisoners

https://www.justice.gov.uk/downloads/offenders/psipso/pso/PSO_3050_continuity_of_healthcare_for_prisoners.doc

3.2 HMCIP Reports

3.21 Report of an announced inspection of HMP High Down 12 – 23 January 2015 by HM Chief Inspector of Prisons

https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/06/High-Downweb-2015.pdf

3.22 Report of an unannounced inspection of HMP High Down 8 – 17 May 2018 by HM Chief Inspector of Prisons

https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/09/High-Down-Web-2018.pdf

3.3 IMB Reports

3.31 HMP High Down, Annual Report of the Independent Monitoring Board to the Secretary of State for Justice (January 2015 – December 2015

https://www.imb.org.uk/report/high-down-2015-annual-report/

ANNEX 4 Documents and information requested but not received

4.1 HM Records

Prison records

4.11 Family Liaison Officer Log

4.12 Extract from Gate Log showing when ambulance arrived dated 30 October 2015

4.2 GN Records

Prison records

4.21 GN prison file relating to time at HMP High Down between 3 and 30 October 2015

4.22 GN Cell Sharing Risk Assessment