

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Scott Tinsley a prisoner at HMP Oakwood on 3 January 2016

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

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

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

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

Mr Scott Tinsley was found hanging in his cell at HMP Oakwood at 10.20am on 3 January 2016. Paramedics were called but they confirmed that Mr Tinsley had died. He was 40 years old. I offer my condolences to Mr Tinsley's family and friends.

The investigation found that Mr Tinsley had never given any indication of suicidal thoughts throughout his time in custody. I am satisfied that staff at Oakwood could not have predicted or prevented Mr Tinsley's actions.

However, I am concerned that staff did not follow unlock procedures properly although it is impossible know if this would have changed the outcome for Mr Tinsley. I am also concerned at the evident availability of illicit drugs at Oakwood and share the concerns of HM Inspectorate of Prisons and the Independent Monitoring Board about this issue.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

November 2016

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Summary

Events

1. On 13 November 2014, Mr Scott Tinsley was remanded into custody at HMP Dovegate charged with burglary. Mr Tinsley had been in prison before and had served several custodial sentences since 1997. On 9 January 2015, Mr Tinsley was convicted and sentenced to 40 months in custody. Mr Tinsley had been at HMP Oakwood since 25 February 2015.
2. Mr Tinsley had not harmed himself in prison and no one had ever considered he was at risk of suicide. He had settled well at Oakwood, had a job as a wing cleaner and was on the enhanced regime level. Mr Tinsley had a history of amphetamine and heroin abuse. He was put on a drug detoxification programme and prescribed reducing amounts of opiate substitute medication.
3. At 10.20am on 3 January 2016, a prisoner on the same wing as Mr Tinsley found him hanging in his cell and raised the alarm. The staff arrived at 10.21am and called an emergency and began cardiopulmonary resuscitation (CPR) until paramedics arrived. The paramedics took over emergency treatment but at 10.43am confirmed that Mr Tinsley had died.

Findings

4. Mr Tinsley had given no indication either verbally or in terms of how he presented to staff, other prisoners, or his family that he had thoughts of suicide. We do not consider that prison staff could have predicted or prevented his actions.
5. We are concerned, however, that he was evidently able to access illicit drugs at Oakwood on numerous occasions and was, on his own admission, taking these as a form of self-medication. Because of his ongoing success in following a drug detoxification programme over this period, it seems likely that this intake was restricted to medication legitimately prescribed to other prisoners that Mr Tinsley had acquired illicitly. However, given his previous history of substance misuse, we cannot rule out the use of New Psychoactive Substances (NPS).
6. We are concerned that staff who unlocked prisoners on Mr Tinsley's wing on the morning of 3 January did not check the wellbeing of each prisoner as mandated by prison guidance. We cannot know whether this would have changed the outcome for Mr Tinsley. It is also of concern that Mr Tinsley admitted obtaining and taking illicit drugs on several occasions, although we accept that there is nothing to suggest that they played a part in his death.

Recommendations

- The Director should ensure that, when a cell door is unlocked, staff satisfy themselves of the wellbeing of the prisoner and that there are no immediate issues that need attention.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Oakwood informing them of the investigation and asking anyone with relevant information to contact him. No one responded but two prisoners were interviewed at the investigator's instigation.
8. The investigator visited Oakwood on 20 January. He obtained copies of relevant extracts from Mr Tinsley's prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Tinsley's clinical care at the prison.
10. The investigator interviewed ten members of staff and two prisoners at Oakwood in February, jointly with Mr Thornley.
11. We informed HM Coroner for South Staffordshire of the investigation, who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Tinsley's mother to explain the investigation and to ask if the family had any matters they wanted the investigation to consider. Mr Tinsley's mother wanted to know if he had used illicit drugs in prison and also enquired about the appropriateness of his withdrawal from methadone. She was also concerned at having been provided with contradictory information as to the existence of a suicide note, something which she felt could unnecessarily raise the suspicions of grieving families. Mr Tinsley's mother received a copy of the initial report. The solicitor representing Mr Tinsley's mother wrote to us to say they had no comments to make.

Background Information

HMP Oakwood

13. HMP Oakwood is managed privately by G4S and began to take prisoners on 24 April 2012. Oakwood is one of the largest prisons in England and Wales, providing places for up to 1,605 Category C male prisoners. Until 31 March 2016, Worcester Health and Care Trust provided the healthcare services. These include a daily GP clinic, a number of specialist services, and out-of-hours GPs. From 1 April 2016, Care UK became the provider of healthcare services at the prison.

HM Inspectorate of Prisons

14. The most recent inspection of HMP Oakwood was conducted in December 2014. Inspectors found that the prison was much calmer than when inspected in 2013, overall levels of violence had reduced and the management of safety had improved. There were still high levels of bullying, often related to the availability of so-called 'legal highs' such as 'black mamba' and associated debt.
15. Health services, about which inspectors had been very concerned at the last inspection, had also improved but were affected by staffing shortages. Support for prisoners with substance abuse issues was very good and a wide range of therapeutic interventions was available. Administrative weaknesses in pharmaceutical distribution arrangements had been addressed and the management of divertible medication had improved. There was insufficient mental health provision to meet the needs of the population and transfers to external mental health facilities took too long.

Independent Monitoring Board

16. 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 most recently published report for the year to March 2016, the IMB were greatly concerned with the use of illicit drugs in the prison and the additional problems caused by NPS. The IMB also commented that mental health issues were a major issue as many are a result of drug use. The IMB were concerned that agency nurses were used on a very regular basis and this contributed to a poorer continuity of care. The IMB noted that from April 2016, Care UK would be the healthcare provider at the prison.

New Psychoactive Substances

17. New Psychoactive Substances (NPS) are an increasing problem across the prison estate. They are difficult to detect, as they are not identified in current drug screening tests. Many NPS contain synthetic cannabinoids, which can produce experiences similar to cannabis. NPS are usually made up of dried, shredded plant material with chemical additives and are smoked. They can affect the body in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting.

18. As well as emerging evidence of dangers to both physical and mental health, it is possible that there are links to suicide or self-harm. Trading in these substances, while in prison can lead to debt, violence, and intimidation.
19. In July 2015, we published a Learning Lessons Bulletin about the use of NPS including the dangers to both physical and mental health and the possible links to suicide and self-harm. The bulletin identified the need for better awareness among staff and prisoners of the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies because of the links between NPS and debt and bullying.

Previous deaths at HMP Oakwood

20. Mr Tinsley's death was the second at Oakwood since the prison opened in April 2012. The previous death was from natural causes. There are no similarities between this death and that of Mr Tinsley.

Key Events

21. On 13 November 2014, Mr Tinsley was remanded to prison at HMP Dovegate charged with burglary. Mr Tinsley had a custodial history dating back to 1991. He also had a history of amphetamine, heroin and alcohol abuse. On 9 January 2015, Mr Tinsley was convicted and sentenced to 40 months. Mr Tinsley's projected release date was 31 July 2016.
22. Mr Tinsley's medical records show that each time he was in prison he was treated for depression and received detoxification treatment for drug abuse. When Mr Tinsley arrived at Dovegate, he was prescribed a 55mls daily dose of methadone (an opiate substitute) and a 30mg daily dose of mirtazapine (for depression). Mr Tinsley was able to retain possession of the mirtazapine but was issued with the methadone each day.
23. On 25 February 2015, Mr Tinsley transferred to HMP Oakwood. Throughout Mr Tinsley's entire time in custody he never self-harmed and no one ever assessed him as being at risk of suicide or self harm. At Oakwood, Mr Tinsley lived in a single cell on D Wing. Each cell has toilet, shower facilities, television and telephone. Mr Tinsley was on the enhanced level of the Incentives and Earned Privileges (IEP) scheme, which rewards good behaviour with additional privileges. He was employed as a wing cleaner. Officers described Mr Tinsley as polite, courteous and hard working, and as someone who never gave staff any cause for concern.
24. On 12 March, Mr Tinsley saw a substance misuse doctor. Mr Tinsley said that he had used solvents from the age of eight years old, cannabis from the age of 12 and heroin and amphetamines from the age of 17. The doctor noted that Mr Tinsley had been prescribed 80mls of methadone in the community but that his current prescription was 55mls. The doctor recorded that he put Mr Tinsley on a detoxification programme intended to reduce his intake to 40mls by weekly amounts of 5mls, then to remain on 40mls for two weeks before continuing to reduce at 2mls per week.
25. On 13 March, Mr Tinsley saw a substance misuse support worker. Mr Tinsley said that he was not happy that he had to reduce the amount of methadone. She explained to Mr Tinsley that Oakwood followed the prescribed reduction regime protocols of Worcestershire Health and Care Trust to enable prisoners to be drug-free on release. She arranged to see Mr Tinsley in three weeks.
26. On 20 March, Mr Tinsley saw a prison doctor, as he complained of being in low mood and wanted an increase in the level of mirtazapine from 30 mg as an increased dose had helped him in the past. The doctor recorded that Mr Tinsley had no thoughts of suicide and increased the amount of mirtazapine to 45mg.
27. Between 2 April and 28 May, Mr Tinsley failed to attend seven appointments with the substance misuse support worker. Each time Mr Tinsley failed to attend, she sent him a letter giving him another appointment and explained that failing to see the substance misuse team would impact on his clinical treatment. During this same period, the amount of Mr Tinsley's prescribed methadone had reduced to 24mls.

28. On 29 May, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley apologised that he had not attended the previous appointments but said he was very low and wanted to keep himself to himself. Mr Tinsley requested a two month stabilisation period once he had reduced to 20mls of methadone. She explained that this would be the substance misuse doctor's decision but the usual stabilisation period was four weeks. She referred Mr Tinsley to be seen by a doctor for his low mood. She recorded that Mr Tinsley's current dose of methadone was 24mls.
29. On 3 June, as a result of the referral made by the substance misuse support worker, Mr Tinsley saw a prison doctor. Mr Tinsley said that, although he was on mirtazapine, he felt anxious, unsettled, low in mood and disliked being in the company of other people. He said he slept well, had a good diet but felt isolated as he had no visits from his family or contact with his children. The doctor suggested to Mr Tinsley that he would benefit from seeing a counsellor but he refused. The doctor referred Mr Tinsley to the mental health team and prescribed propranolol (for anxiety).
30. On 19 June, Mr Tinsley saw the substance misuse doctor for a detoxification medication review. He put Mr Tinsley on a four week stabilisation period at 20mls, with his medication to be reduced by weekly amounts of 2mls, and to be reviewed again once the amount had reduced to 10mls. He recorded that he had discussed with Mr Tinsley that, once the amount of methadone had fallen to 10mls, he would review Mr Tinsley's detoxification programme and consider a prescription of lofexidine, intended to alleviate the physical symptoms of opioid withdrawal.
31. On 25 June, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he was pleased that the substance misuse doctor had agreed to the four week stabilisation period but did not want to stop taking methadone as he was fed up with having to collect it daily. He also said his mood had not improved since the increase of mirtazapine.
32. On 9 July, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said his mood had improved slightly. He said his goal was not to be dependant on a clinical substance any longer due to its impact on his daily life. However, he was anxious about coming off methadone completely but would strive not to take illicit drugs instead.
33. On 14 July, Mr Tinsley saw a mental health nurse for a mental health assessment. Mr Tinsley said that he had never suffered from any mental illness in the past but he felt in low mood, lacked energy and suffered from poor concentration. He said that he felt paranoid and anxious when in a large group of people. Mr Tinsley said that he had a good relationship with his mother whom he telephoned regularly. He said he had no thoughts of self-harm or suicide. Mr Tinsley said he enjoyed his job as a wing cleaner and would spend his free time in his cell resting and watching television. She explained to Mr Tinsley that his heavy use of amphetamines in the past could be a factor in his current condition. She advised Mr Tinsley not to use new psychoactive substances (NPS), such as 'Black Mamba' or 'Spice', as these would increase his feelings of paranoia and anxiety. She recorded that there were no concerns about Mr Tinsley's risk of

self-harm or suicide, there was no evidence of agitation or anxious behaviour, and that he was already prescribed medication for depression.

34. On 22 July, Mr Tinsley saw a prison doctor as he had hurt his back while lifting weights in the gym. He examined Mr Tinsley and diagnosed the lower back pain as being caused by a muscular strain and prescribed ibuprofen and paracetamol. He recorded that Mr Tinsley had no thoughts of self-harm or suicide and there were no psychotic issues.
35. On 27 July, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he was managing with the reduction in methadone and requested a further reduction of 2mls every two weeks once the level reached 10mls. He said this would help him be successful as this would be the first time in ten years that he would be drug-free. He said once his detoxification programme ended he wanted his medication changed to lofexidine. She told Mr Tinsley that the substance misuse doctor would consider this once he was on the appropriate level of methadone. She recorded that Mr Tinsley's current dose of methadone was 14mls.
36. On 6 August, Mr Tinsley saw the substance misuse doctor for a detoxification medication review. Mr Tinsley said that he had used subutex (opiate substitute) on top of his methadone for the past couple days. He strongly advised Mr Tinsley not to use any illicit drugs and told him that his methadone level would remain at 12mls for two weeks and then reduce to 10mls over a further two week period.
37. On 24 August, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he had used subutex again on two or three occasions since he last saw the substance misuse doctor. Mr Tinsley said "I've always been a user why should I change now". She recorded that Mr Tinsley's current dose of methadone was 10mls and she stressed the importance of not using any illicit drugs on top of his prescribed medication.
38. On 28 August, a substance misuse nursing specialist authorised Mr Tinsley to remain on a 10mls dose of methadone for a further two weeks, then to reduce by 2mls per fortnight, with the aim of changing the prescription to lofexidine once Mr Tinsley reached 4mls of methadone.
39. On 8 September, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said his mood had improved slightly but that he felt anxious most mornings. He said he had not used any illicit drugs in addition to his medication. She told Mr Tinsley that the substance misuse doctor would see him again once his amount of methadone had reached 4mls. She recorded that Mr Tinsley's current dose of methadone was 8mls.
40. On 23 September, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he was experiencing leg cramps and disturbed sleep. He said he had considered using illicit drugs once he stopped taking methadone. She explained the dangers of doing this as it would counter-act the effects of the prescribed lofexidine. She told Mr Tinsley he had an appointment with the substance misuse doctor and encouraged him to

continue with the good progress that he had made towards being drug-free. She recorded that Mr Tinsley's current dose of methadone was 6mls.

41. On 2 October, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. She recorded that Mr Tinsley was now on 4mls of methadone. Mr Tinsley said he felt "ok" but was concerned how he would feel once he came off methadone altogether. He said he had not taken any illicit drugs and had an appointment with the substance misuse doctor in four days' time. She told Mr Tinsley how well he had done and encouraged him to focus on the benefits of not being dependant on methadone.
42. On 6 October, Mr Tinsley saw the substance misuse doctor for a detoxification medication review. He recorded that Mr Tinsley was now on 4mls of methadone and prescribed the same amount of methadone until 19 October, when the medication would change to lofexidine.
43. On 19 October, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he had started the lofexidine and felt "ok" and was aware of how lofexidine works. She congratulated Mr Tinsley on his progress towards becoming drug-free.
44. On 29 October, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he was feeling better than he had expected on lofexidine and had no problems with sleeping. He said he experienced aches in his legs so had taken some illicit drugs on three occasions since he had last seen her. She strongly advised Mr Tinsley not to use illicit drugs as this would counter-act the affects of the lofexidine.
45. On 17 November, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he had used illicit drugs recently, experienced cramps, disturbed sleep and was irritable. She recorded that she discussed at length with Mr Tinsley the effects of withdrawal, the benefits of lofexidine and that the impact of illicit drug use would only prolong his withdrawal symptoms.
46. On 25 November, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said he had not used any illicit drugs since he last saw her and he felt "seven out of ten". He said his mood was low but was no different to his mood before he had stopped taking methadone. She encouraged Mr Tinsley to continue his progress to be drug-free.
47. On 29 November, a nurse saw Mr Tinsley in his cell to conduct a random check of in-possession medication. On this day Mr Tinsley should have had 16 tablets of mirtazapine remaining of a repeat prescription of 28 tablets issued on 17 November. However, the nurse only found 3 tablets and referred Mr Tinsley to a doctor for a medication review.
48. On 30 November, a prison doctor stopped Mr Tinsley's prescription for mirtazapine. He wrote to Mr Tinsley to say that because of the incorrect count of mirtazapine he had stopped this medication. He asked Mr Tinsley to make an appointment if he wanted to discuss an alternative anti-depressant.

49. On 15 December, Mr Tinsley saw the substance misuse support worker for a detoxification monitoring review. Mr Tinsley said that he had remained completely drug-free, was sleeping well and felt "eight or nine out of 10". She told Mr Tinsley that this was a huge achievement for him. Mr Tinsley said that his mirtazapine had recently been stopped after a medication check and he felt in low mood. He told her that he had not sold his medication but took more than the recommended daily dose if he felt unwell and did not take any when he felt better. She referred Mr Tinsley to be seen by a doctor to discuss alternative medication. This was the last healthcare intervention with Mr Tinsley before his death.
50. The Head of Healthcare told the investigator that, following a referral for a prisoner to be seen by a doctor, urgent cases were seen in 24 hours, while all other cases within two weeks. She said in the weeks leading up to the 3 January, the average waiting time to see a doctor for a non-urgent appointment was 12 days.
51. A first line manager told the investigator that he was responsible for violence reduction at Oakwood. This involved receiving and monitoring all incidents of bullying and issues concerning prisoners being in debt. He said that Mr Tinsley was neither a victim nor perpetrator of bullying and he had no debt issues.
52. A Prison Custody Officer (PCO) was Mr Tinsley's personal officer. He explained that the role of the personal officer was to assist prisoners with any problems or issues that they may have. He said Mr Tinsley was an enhanced prisoner, a wing cleaner, not in debt and had not raised any issues or concerns with him. He said all prisoners were issued with breakfast packs the previous day and Mr Tinsley was regular a late riser, usually getting up sometime between 9.00am and 9.30am each day.
53. A fellow prisoner told the investigator that he lived in the next cell to Mr Tinsley. He said he got on very well with Mr Tinsley, they had become good friends and Mr Tinsley got on well with other prisoners and staff. He said Mr Tinsley was not bullied or in debt. He said that he knew Mr Tinsley was on medication but did not know what for. He said in the weeks leading up to 3 January 2016, Mr Tinsley had been angry but he did not know why. He said that the last time he spoke to Mr Tinsley was on the evening of 2 January, when they said they would see one another in the morning. He said that Mr Tinsley seemed his usual self.
54. Another prisoner told the investigator that he was on the same wing as Mr Tinsley. He said he had known Mr Tinsley for a number of years both in the community and in prison. He said Mr Tinsley was angry when his medication was stopped but other than that he seemed his usual self. He said he last spoke to Mr Tinsley on 2 January, and he seemed fine.
55. A PCO explained to the investigator that the regime operated at Oakwood at weekends differed to that operated during the week. At weekends, prisoners are unlocked at 8.00am and then enjoy open association until lunchtime when prisoners are re-locked in their cells between 12.30pm and 2.00pm. Prisoners are then unlocked at 2.00pm until 5.00pm when they are locked up again until the following morning. He said he had spoken to Mr Tinsley on the afternoon of 2

January, as he had volunteered to clean the wing that afternoon. He said that he had no concerns about Mr Tinsley and he appeared fine.

56. Prison phone records show that Mr Tinsley was in regular contact with his mother. Mr Tinsley's last call to his mother was at 3.03pm on 2 January, and lasted for 31 minutes. Mr Tinsley's mother has told us that in previous calls he had spoken of being in agony and depressed, and was unable to cope with the effects of withdrawal from methadone. During his last call Mr Tinsley's mother said he sounded depressed and she told him to be positive as he would be released soon. Mr Tinsley did not give his mother any indication he had thoughts of self-harm or suicide.
57. A PCO told the investigator he was on night duty on Mr Tinsley's wing on 2 January. He said he had conducted a roll check (a numerical count so that all prisoners are physically accounted for) at 8.45pm, and, through the observation panel, saw Mr Tinsley lying on his bed watching television. At 5.10am, he conducted a second roll check and saw Mr Tinsley in bed and under the duvet. He could clearly see that Mr Tinsley was breathing as the television was still on and it illuminated the cell.
58. At 8.00am on 3 January, a PCO unlocked the prisoners on Mr Tinsley's wing. He told the investigator that he simply went down the line of cells and unlocked each door. He said he did not look into any of the cells through the observation panel, nor did he push the cell doors open. He then went to the healthcare room on the wing to supervise prisoners while they received their medication. He returned to the wing at 10.00am.
59. A prisoner told the investigator he left his cell to go to Sunday service at the chapel which started at 10.00am. He noticed that Mr Tinsley's cell door was shut and assumed that Mr Tinsley was still in bed.
60. At 10.20, he went to see Mr Tinsley in his cell. When he arrived, he found the door to Mr Tinsley's cell was shut. He told the investigator he pushed the door open and saw Mr Tinsley sitting on the floor, between the sink and the door, suspended with a ligature made from a shoe lace. He shouted to the PCO to come to Mr Tinsley's cell.
61. The PCO told the investigator that when he entered the cell he saw Mr Tinsley was suspended by a white shoe lace from a hook by the sink. He cut the ligature with his anti-ligature knife and used his radio to call a code blue emergency which alerts staff that a prisoner is unconscious or has difficulty breathing. The prison communications log shows that the code blue radio call was made at 10.21am and the 999 call was made immediately. He said that Mr Tinsley was dressed and that there were clear signs of lividity and rigor mortis. Staff immediately responded and started cardiopulmonary resuscitation (CPR).
62. Within two minutes a nurse arrived and took over the CPR and used an automated external defibrillator (which monitors the heart rhythm and administers electrical shocks to restore the normal rhythm when necessary). This found no shockable heart rhythm. The nurse was joined by four other nurses. Another nurse told the investigator that there were clear signs of rigor mortis around Mr

Tinsley's jaw and arms which, based on her experience, indicated that Mr Tinsley had been dead for some time.

63. Paramedics arrived at the prison at 10.37am, and reached Mr Tinsley's cell at 10.43am. The paramedics immediately told the nurses to stop CPR and confirmed that Mr Tinsley had died.

Contact with Mr Tinsley's family.

64. Two prison family liaison officers visited Mr Tinsley's mother at home at 1.30pm. They broke the news that Mr Tinsley had died and offered their condolences. In line with Prison Service instructions, the prison contributed to the costs of the funeral.

Support for prisoners and staff

65. The Director, Deputy Director and the Head of Safer Custody debriefed the staff who had been involved in the emergency response. Staff members were offered the support of the prison's care team.
66. The prison posted notices informing other prisoners of Mr Tinsley's death, and offering support. Staff reviewed all prisoners subject to suicide and self-harm prevention procedures in case they had been adversely affected by Mr Tinsley's death. The prisoner who had raised the alarm, said staff and the chaplaincy had supported him.

Post-mortem report

67. A post-mortem examination confirmed that the cause of Mr Tinsley's death was cerebral anoxia caused by hanging. The toxicology results found the presence of a therapeutic level of paracetamol but no evidence of drugs or alcohol.

Findings

Assessment of risk of suicide and self-harm

68. Mr Tinsley had been in prison several times before. He had a history of substance misuse but had no history of suicide attempts or self-harm. At no time during his last sentence was Mr Tinsley considered at risk of suicide, such that he needed additional monitoring and support using Prison Service suicide and self-harm prevention procedures.
69. We are concerned, however, that he was evidently able to access illicit drugs at Oakwood on numerous occasions and was, on his own admission, taking these as a form of self-medication. Because of his ongoing success in following a drug detoxification programme over this period, it seems likely that this intake was restricted to medication legitimately prescribed to other prisoners that Mr Tinsley had acquired illicitly. However, given his previous history of substance misuse, we cannot rule out the use of New Psychoactive Substances (NPS).
70. Mr Tinsley gave no indication to anyone that he had any suicidal thoughts immediately prior to 3 January or at any other time while he was at Oakwood. We do not consider that staff at Oakwood could have predicted that he intended to take his own life and therefore could have done anything to prevent his actions.

Clinical Care

71. The clinical reviewer did not consider that the standard of care Mr Tinsley received at Oakwood was equivalent to that he could have expected in the community, as Mr Tinsley should have had a GP review following the removal of a prescribed anti-depressant. Whether this would have affected the outcome is unknown and conjecture. However, the clinical reviewer did note that the drug reduction programme was in-line with the clinical substance misuse management protocol of the healthcare provider at Oakwood.
72. The clinical reviewer commented that Mr Tinsley had no long term physical conditions, allergies or intolerances. There were no outstanding appointments for Mr Tinsley, apart from a letter he had received on the 30 November from a prison doctor that informed him that his mirtazapine medication had been discontinued. Mr Tinsley was offered the chance to make an appointment if he felt that he had symptoms requiring the prescribing of antidepressants, and if he did need such medication then a suitable alternative could be prescribed. There was no record of Mr Tinsley having attended a doctor's appointment before his death.

Unlock procedures and prisoners' wellbeing

73. Prison officers are expected to check on a prisoner's wellbeing when unlocking cells. The Prison Officer Entry Level Training (POELT) manual states that "Prior to unlock, staff should physically check the presence of the occupants in every cell. You must ensure that you receive a positive response from them by knocking on the door and await a gesture of acknowledgement. If you fail to get a response you may need to open the cell to check. The purpose of this check is to confirm that the prisoner has not escaped, is ill or dead". Prison Service

Instruction 10/2011 states that “there need to be clearly understood systems in place for staff to assure themselves of the well-being of prisoners during or shortly after unlock ... Where prisoners are not necessarily expected to leave their cell, staff will need to check on their well-being, for example by obtaining a response during the unlock process.”

74. When the PCO unlocked Mr Tinsley’s cell on the morning of Sunday 3 January, he made no attempt to get a response from him. Oakwood’s Local Security Strategy specifies that staff should interact with prisoners when unlocking cells, this clearly was not done when unlocking Mr Tinsley’s cell and is contrary to current Prison Service instructions. While it is unclear whether this would have changed the outcome for Mr Tinsley, staff missed an obvious opportunity to check on Mr Tinsley’s wellbeing. In another case, such poor procedures could lead to a delay in treating a prisoner who was seriously ill. We make the following recommendation:

The Director should ensure that, when a cell door is unlocked, staff satisfy themselves of the wellbeing of the prisoner and that there are no immediate issues that need attention.

**Prisons &
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