Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Terence Ojuederie a prisoner at HMP Peterborough on 9 December 2015

A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE

PO Box 70769
London, SE1P 4XY
Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk
T | 020 7633 4100
F | 020 7633 4141

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

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

Mr Terence Ojuederie was killed in his cell at HMP Peterborough on 9 December 2015. He was 42 years old. I offer my condolences to Mr Ojuederie's family and friends. In October 2016, Mr Jordan Palmer, who shared the cell with Mr Ojuederie, was convicted of his manslaughter on the grounds of diminished responsibility.

Homicides in prison are rare and identifying likely perpetrators can be difficult. I am satisfied that Mr Palmer's risk for sharing a cell was appropriately assessed when he arrived at Peterborough. Although intelligence came to light later in his sentence which should have prompted a review of his risk, I recognise that this might not have led to staff assessing that Mr Palmer's risk had increased.

There was little evidence that staff had meaningful contact with either Mr Ojuederie or Mr Palmer. This meant that they did not give themselves the best opportunity to identify any potential underlying issues in the men's relationship.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners (save for Mr Palmer) involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **July 2017**

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Summary

Events

1. In July 2015, Mr Terence Ojuederie was sentenced to 21 months in prison. On 8 September, he was transferred to HMP Peterborough. Prison staff described Mr Ojuederie as a quiet man who did not cause any issues. One officer told us that he suspected that Mr Ojuederie smoked new psychoactive substances (NPS).

2. In January 2014, Mr Jordan Palmer was remanded in custody and later was sentenced to six years in prison. On 15 June 2015, he was transferred to Peterborough, where reception staff assessed his cell sharing risk to be standard. He was diagnosed with attention deficit hyperactivity disorder (ADHD) and had frequent assessment and counselling sessions with a psychiatrist and a psychologist. In September, security intelligence suggested that he had a knife which he had threatened to use on someone.

3. On 16 October, Mr Ojuederie and Mr Palmer began to share a cell. Mr Palmer told us that Mr Ojuederie frequently smoked NPS and, on 8 December, he asked an officer if he could move cells. The officer told us that he did not remember speaking to him about this.

4. At around 1.25am on 9 December, Mr Palmer called officers to his cell and indicated he had seriously assaulted Mr Ojuederie. Emergency nurses and paramedics were called, but Mr Ojuederie was pronounced dead shortly afterwards.

5. In October 2016, a jury convicted Mr Palmer of Mr Ojuederie's manslaughter on the grounds of diminished responsibility. During his trial, he argued that he had involuntarily ingested Mr Ojuederie's NPS, which had affected his mind to the extent that he was not in control of his actions.

Findings

6. We are concerned that prison staff did not review Mr Palmer's cell sharing risk assessment when security information indicated he had a knife and had threatened to use it. Despite this, we recognise that this would not automatically have led staff to increase his risk.

7. We are also concerned that Mr Ojuederie was not referred to substance misuse services for his use of NPS.

8. There was little evidence of any meaningful staff interaction with either Mr Ojuederie or Mr Palmer, meaning that staff had less opportunity to identify any underlying issues between them.

Recommendations

- The Director should ensure that a multidisciplinary team reviews a prisoner's cell sharing risk assessment when new information becomes known that might indicate increased risk.

- The Director should ensure that staff consistently follow a clear pathway for managing prisoners suspected of using NPS, that staff are vigilant for signs of its use and are briefed how to respond when prisoners appear to be under the influence of such substances.
- The Director should ensure that officers have meaningful contact with every prisoner through an effective personal officer scheme, which allows officers to get to know prisoners, identify their needs and make regular case history notes.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Peterborough informing them of the investigation and asking anyone with relevant information to contact him. One prisoner responded.

10. The investigator visited Peterborough on 16 December 2015. He obtained copies of relevant extracts from Mr Ojuederie's and Mr Palmer's prison and medical records. He also obtained police investigation records, including statements of staff and prisoners. We suspended our investigation at the request of the police and resumed it after Mr Palmer's trial had concluded in October 2016. We regret the consequent delay in issuing this report.

11. In December 2016, the investigator interviewed Mr Palmer and a prisoner who had responded to our notices. He interviewed four members of staff in February 2017.

12. NHS England commissioned a clinical reviewer to review Mr Ojuederie's clinical care at the prison, and another clinical reviewer to review Mr Palmer's clinical care.

13. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation. We have given the coroner a copy of this report.

14. One of the Ombudsman's family liaison officers contacted Mr Ojuederie's partner and sister to explain the investigation and that we would suspend it until the outcome of Mr Palmer's trial. The family liaison officer contacted Mr Ojuederie's partner and sister again when we resumed our investigation. The family liaison officer and the investigator subsequently met Mr Ojuederie's partner, sister and brother-in-law, with their solicitor, in January 2017. At the meeting, they raised the following matters they wanted the investigation to consider:

    - Whether it was appropriate for Mr Ojuederie and Mr Palmer to share a cell, given the nature of Mr Palmer's offence and his history of violence.

    - Whether prison staff responded appropriately when Mr Palmer presented with symptoms of NPS use on 9 December 2015.

    - Whether prison staff responded appropriately when Mr Palmer assaulted Mr Ojuederie, including whether there was a delay before staff:
        - made a code red medical emergency radio message;
        - called an emergency ambulance;
        - opened the cell; and
        - whether adequate steps were taken to treat and resuscitate Mr Ojuederie.

15. Mr Ojuederie's partner and sister received a copy of the initial report. They did not make any comments.

Background information

HMP Peterborough

16. HMP Peterborough is privately operated by Sodexo Justice Services. It holds men and women in separate sides of the prison and has 24-hour healthcare provision. Sodexo Justice Services provides primary care services and Cambridge and Peterborough NHS Foundation Trust provides mental health services.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Peterborough was in February 2015. Inspectors reported that prisoners felt safer than at comparable establishments and at the previous inspection (in 2011), although black and minority ethnic prisoners were among those more likely to say they felt unsafe. They also reported that prison managers recognised the use of new psychoactive substances (NPS) as an ongoing concern, and the introduction of an awareness campaign had resulted in a reduction in the number of drug-related incidents. Inspectors also reported that the mental health inreach team delivered an appropriate range of services.

Independent Monitoring Board

18. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to March 2016, the IMB reported that the number of violent incidents at the prison had increased during the year. They were concerned about the number of incidents of suspected NPS use but highlighted ways in which the prison had tried to increase prisoners' awareness of the dangers.

Previous deaths at HMP Peterborough

19. Mr Ojuederie was the seventh prisoner to die at Peterborough since January 2014. There was one other homicide in 2008. In our investigation into the death of a man in 2015, we found that prison staff did not manage him in line with local protocols for prisoners suspected of using NPS.

NPS

20. Previously known as 'legal highs', NPS are an increasing problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of NPS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide or self-harm.

21. In July 2015, we published a Learning Lessons Bulletin about the use of NPS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of

the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

22. The National Offender Management Service (NOMS) now has in place provisions that enable prisoners to be tested for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements. Testing has begun, and NOMS continue to analyse data about drug use in prison to ensure new versions of NPS are included in the testing process.

Key Events

Mr Terence Ojuederie

23. Mr Terence Ojuederie served several relatively short prison sentences during his life. On 13 July 2015, he was sentenced to 21 months in prison for burglary and theft. At an initial health screen at HMP Bedford, Mr Ojuederie said he had used heroin for a long time. He said he was prescribed buprenorphine (as a substitute for heroin) but used heroin and cocaine in addition to this. He began a methadone detoxification programme, which a prison GP changed to buprenorphine two weeks later at Mr Ojuederie's request. (Methadone is usually prescribed as a substitute for heroin.)

24. On 31 July, Mr Ojuederie was transferred to HMP The Mount. After he left, a prisoner told officers at Bedford that Mr Ojuederie had been the main supplier of 'Spice', an NPS, on his wing. On 25 August, Mr Ojuederie returned to Bedford, and completed his detoxification programme a week later.

25. On 8 September, Mr Ojuederie was transferred to HMP Peterborough. He tested positive for illicit buprenorphine, and a prison doctor prescribed him a short course of the medication to support his detoxification.

26. On 16 October, Mr Ojuederie and Mr Palmer began to share a cell on Cavell Wing, a standard residential unit on Houseblock 5.

27. In October or November (the form is undated) an officer wrote an assessment of Mr Ojuederie's suitability for release on home detention curfew. He wrote that Mr Ojuederie was polite to staff and other prisoners. Several other officers reflected this view in their police statements after Mr Ojuederie's death. Another officer told us that he had sometimes found Mr Ojuederie with slow or slurred speech and therefore suspected that he might have used Spice. He said he submitted a security intelligence report about this, but there is no record of this in Mr Ojuederie's security file or elsewhere. No other members of staff at Peterborough ever recorded that they had identified or suspected that Mr Ojuederie used NPS.

Mr Jordan Palmer

28. On 7 January 2014, Mr Jordan Palmer was remanded to HMP Nottingham, charged with wounding with intent to cause grievous bodily harm. Although he had various previous convictions for offences such as common assault and burglary, it was his first time in prison. Prison staff completed a cell sharing risk assessment, designed to assess the risk of violence a prisoner poses. They concluded that his risk of severe cell violence to or from a cellmate was standard (on a scale of standard and high).

29. At a routine health screen, Mr Palmer told a nurse that he had experienced depression and anxiety since childhood. He said he was prescribed various medications including citalopram (an antidepressant). A prison doctor continued this prescription.

30. On 5 March, a psychiatrist assessed Mr Palmer for a court report and recorded a probable diagnosis of attention deficit hyperactivity disorder (ADHD). On 12 May, he subsequently saw him in his prison clinic, and prescribed a course of atomexitine (medication for ADHD). Mr Palmer stopped taking the medication that summer due to the side effects he said he experienced.

31. On 10 July, Mr Palmer was sentenced to six years in prison. On 21 July, he was transferred to HMP Stocken.

32. On 3 February 2015, a prison GP assessed Mr Palmer, who complained of insomnia and anxiety. The GP prescribed a course of quetiapine (usually used as an antipsychotic but is also used in low doses to treat anxiety).

33. In March, Mr Palmer completed a substance misuse assessment as part of his sentence plan. He described a history of alcohol, cannabis and amphetamine misuse. He was allocated a recovery team keyworker and referred for drug and alcohol intervention programmes.

34. On 15 June, Mr Palmer was transferred to Peterborough because prison staff suspected his involvement in an incident at Stocken, where several prisoners had accessed the prison pharmacy and taken medication. At the time of the transfer, his medication included quetiapine and sertraline (an antidepressant he had recently been prescribed as an alternative to citalopram).

35. An officer reviewed Mr Palmer's cell sharing risk assessment after the transfer. He noted that Mr Palmer had one recorded incident of violence with another prisoner (in April 2014) and he had been found guilty of several offences at prison disciplinary hearings, including using threatening or abusive behaviour and damaging or destroying prison property. He concluded that his risk for sharing a cell remained standard.

36. At a review with a prison GP on 2 July, Mr Palmer said that he did not find sertraline and quetiapine helpful. She prescribed trazodone as an alternative antidepressant. He stopped taking trazodone later that month as he said he could not tolerate it.

37. On 5 July, a mental health nurse assessed Mr Palmer. He said he felt anxious, that he was easily irritable and got into fights with other prisoners. (There is no record that he had been involved in a fight at Peterborough at this time.) The next day, a nurse recorded that Mr Palmer had told him that he would like to be assessed for ADHD.

38. On 13 July, prison staff charged Mr Palmer with a disciplinary offence when he assaulted another prisoner. He agreed that his behaviour was not acceptable, and said he committed the assault because he believed the other prisoner was a bully. The disciplinary hearing did not proceed, for reasons that are not recorded.

39. On 11 September, a clinical psychologist completed an ADHD assessment. She concluded that Mr Palmer should see a psychiatrist to consider medication and that he should have one-to-one counselling sessions to help him manage his moods and better cope with distress.

40. Mr Palmer subsequently saw a psychiatrist on 23 September. She discussed his clinical and personal history with him. She recorded that he represented a risk to others due to his impulsive behaviour. She prescribed a course of methylphenidate (medication for ADHD).

41. On 29 September, an officer submitted a security intelligence report which said that he had received information that Mr Palmer had a "large blade" which he would use on someone. There is no record that anyone took any further action.

42. The next day, the psychiatrist assessed Mr Palmer. He said his symptoms were better and he felt calmer and less restless. She recorded that she did not now consider him a risk to others. She increased the dose of methylphenidate.

43. On 8 October, Mr Palmer told a prison GP that his mood was low. The GP prescribed citalopram (an antidepressant).

44. The psychiatrist assessed Mr Palmer again on 12 October. He told her while he still felt restless; he felt better overall and could now think things through more before taking action.

45. On 16 October, the psychologist completed a one-to-one session with Mr Palmer. She recorded that he found his medication helpful and said he felt more relaxed and settled.

46. On 6 November, the psychiatrist assessed Mr Palmer. She recorded that he was well and his symptoms of ADHD were under control. She recorded her view that he was at low risk of harming himself or others.

47. In the first week of December, Mr Palmer made several telephone calls to his mother, sister and ex-partner. Prisoners at Peterborough have telephones in their cells. Their calls are recorded and we listened to recordings of his calls. He spoke aggressively to his mother, sister and ex-partner and, on 6 December, told them he wanted no more to do with them.

8 December 2015

48. On the morning of 8 December, Mr Palmer saw the psychiatrist for a review. She recorded that he was upset about breaking up with his partner and he said he had cried the evening before. She noted that he appeared tired and distressed when talking about his ex-partner, and that his mood was low but likely related to his relationship break up. She noted that he appeared to get on with his cellmate (Mr Ojuederie). He said he was able to concentrate better since he started medication for ADHD. She again recorded that his risk of harming himself or others was low.

49. Mr Palmer told us that Mr Ojuederie frequently smoked Spice in their cell. He said he did not like Mr Ojuederie's drug use and, on 8 December, asked an officer if he could move cells. He said that the officer told him they would try to facilitate this but he heard nothing further. The officer told us that Mr Palmer did not approach him to ask for a cell move and he could not remember speaking to him at all that day. None of the other officers who worked on Cavell Wing that day said in their police statements that they had a conversation with either Mr Palmer or Mr Ojuederie about a cell move. Several prisoners told the police that

they had heard that Mr Palmer and Mr Ojuederie had had a disagreement and that Mr Palmer had asked to move cells.

50. Staff locked prisoners in their cells at around 6.45pm. At around 10.00pm, Mr Ojuederie telephoned his partner. His voice was slurred during the call and much of what he said was incoherent. He told his partner he had taken something “pretty powerful”.

51. At night, two operational support officers (OSG) work on Houseblock 5, one covering Cavell and Nene Wings on the upper level, and the other covering Burleigh and Royce Wings on the lower level. On the night of 8-9 December, OSG A was responsible for the Cavell and Nene Wings, and OSG B was responsible for Burleigh and Royce Wings. They base themselves in an office on the ground floor of the houseblock, and answer any cell calls over an intercom system in the office.

52. At around 1.05am, Mr Palmer pressed the cell’s intercom button and told OSG A that he did not feel well. The OSG went to the cell and told us that Mr Palmer had sweat on his brow and went to the washbasin to retch. He said his impression was that he had taken Spice. He contacted the on-call nurse, who said she was with another patient and would come over later. She asked him to advise Mr Palmer to drink plenty of water.

53. OSG A then returned to the cell (at 1.15am) and passed on the nurse’s message to Mr Palmer. He said that Mr Palmer was now sitting on the top bunk and appeared better than before. He said he did not need to see the nurse, although the OSG said he told him that the nurse would come anyway.

54. At around 1.25am, Mr Palmer pressed the cell intercom again. He told OSG A, “I don’t know what I’ve done”. The OSG said he would come to the cell. CCTV footage shows he arrived at the cell at 1.27am. He said that when he looked in the cell, it was apparent that Mr Palmer has seriously assaulted Mr Ojuederie. He said he could not see Mr Ojuederie breathing, or any other signs of life. He radioed a code red medical emergency (indicating that a prisoner has lost a lot of blood). The control room operator called for an ambulance.

55. At 1.28am, OSG B arrived at the cell. At night, officers carry a cell key in a sealed pouch that they can break and use to go into a cell in an emergency, subject to a risk assessment. OSG A said that he and OSG B discussed whether to open the cell but concluded that it was not safe to do so until other staff arrived.

56. At 1.29am, two senior officers and the on-call nurse arrived at the cell. Both senior officers looked in the cell and discussed what to do. They decided to handcuff Mr Palmer, remove him from the cell and hold him in an activity room on the wing. They opened the cell at 1.31am, and removed him. An officer and OSG B began cardiopulmonary resuscitation. Two nurses applied a defibrillator, which advised to continue resuscitation. Paramedics arrived at Mr Ojuederie’s cell at 1.46am. They initially continued resuscitation, but recorded that Mr Ojuederie had died at 2.19am.

Contact with Mr Ojuederie's family

57. On the morning of 9 December, a family liaison officer and an officer visited Mr Ojuederie's partner, his nominated next of kin, and informed her of Mr Ojuederie's death. In line with Prison Service instructions, the prison contributed to the funeral costs.

Support for prisoners and staff

58. After Mr Ojuederie's death, the then Director debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

59. The prison posted notices informing other prisoners of Mr Ojuederie'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 Ojuederie's death.

Post-mortem report

60. A post-mortem examination established the cause of death as significant blunt force trauma to the face and chest. Toxicology tests identified the presence of synthetic cannabinoid substances (Spice). No synthetic cannabinoids were found in Mr Palmer's blood and urine samples taken after the death.

Mr Palmer's trial

61. Mr Palmer was charged with murder but, during the course of his trial in October 2016, jurors heard that he believed he had involuntarily ingested Mr Ojuederie's Spice and he had no recollection of his later actions. Forensic psychiatrists told the jury that involuntary ingestion of drugs could have caused a drug-induced psychosis and, as such, his mind might not have controlled his actions. The jury found him guilty of manslaughter on grounds of diminished responsibility. The judge sentenced him to 14 years in prison.

Findings

Assessment of risk

62. Prison Service Instruction (PSI) 09/2011 requires that cell sharing risk assessments are completed as part of the reception process when prisoners are first received into custody and must assess the risk that a prisoner will murder or be severely violent towards a cellmate. Cell sharing risk assessments must be based on evidence of risk and completed before a prisoner is allocated to a shared cell.

63. PSI 09/2011 lists indicators of heightened risk, including a previous life-threatening assault; a murder or manslaughter of another prisoner; a serious sexual assault of an adult victim of the same sex; a healthcare assessment identifying increased risk; racially or homophobically motivated offences; repeated violence in custody; arson; kidnap/false imprisonment; significant prisoner vulnerability and officers' observations. It says that violence in the community is not a good predictor of prison violence.

64. Mr Palmer had none of the indicators of heightened risk when he was received into custody, and he was therefore assessed as presenting a standard risk.

65. An officer reviewed the cell sharing risk assessment when Mr Palmer was transferred to Peterborough. He noted that Mr Palmer had one recorded incident of violence with another prisoner and concluded that he should remain standard risk. PSI 09/2011 advises that more than two incidents of violence would suggest that high risk might apply. His assessment was therefore reasonable.

66. There is no indication that Mr Ojuederie was concerned about sharing a cell. He did not have any of the risk factors listed in PSI 09/2011 which would have indicated that he was not suitable to share a cell or that he was significantly vulnerable to attack by other prisoners.

67. PSI 09/2011 requires that a multidisciplinary team review the cell sharing risk assessment "where new or additional information becomes known which indicates increased risk". It lists examples of when increased risk might apply, including homicidal impulse or ideation (where it becomes known that the prisoner has urges to kill, thinks and fantasises about killing), and repeated (more than two incidents of) violence.

68. At Peterborough, Mr Palmer assaulted another prisoner in July and, in September (before he shared a cell with Mr Ojuederie), security information indicated he had a "large blade" which he had said he would use on someone. It is not clear whether staff took any action when this security information was submitted. We consider that it should have prompted a review of his cell sharing risk. This would have led staff to consider whether his claim that he might seriously injure another prisoner indicated that he posed an increased risk of cell sharing. While this would not automatically have meant that staff identified that his risk of cell sharing was heightened, they should have considered it in light of this information. We make the following recommendation:

The Director should ensure that a multidisciplinary team reviews a prisoner's cell sharing risk assessment when new information becomes known that might indicate increased risk.

Mr Palmer's clinical care

69. Mr Palmer was diagnosed with attention deficit hyperactivity disorder (ADHD) in prison. At Peterborough, his treatment involved medication and psychological consultations. A consultant psychiatrist who reviewed Mr Palmer's clinical care in custody concluded that his ADHD was managed appropriately and within accepted guidelines.

NPS

70. We are concerned about the prevalence of NPS in prisons and the effect it has on the behaviours and health of those taking it. In July 2015, we published a learning lessons bulletin about deaths in which NPS was thought to be a factor. We highlighted several lessons to be learned, including the need for better awareness among staff of the dangers of NPS; the need for more effective drug supply reduction strategies; and better monitoring by drug treatment services.

71. Mr Palmer said that Mr Ojuederie frequently smoked Spice when they shared a cell. An officer told us that he suspected Mr Ojuederie smoked Spice because he had sometimes found him with slow or slurred speech. Although he said he had submitted a security intelligence report, there is no indication in Mr Ojuederie's prison records that he, or any other officer, did so.

72. Peterborough has an NPS protocol which outlines the actions staff need to take if they suspect a prisoner has taken Spice, or is exhibiting symptoms that they may have taken an illicit substance. It states that for a mild reaction staff should complete a security intelligence report and refer the prisoner to the drug recovery team. Mr Ojuederie was not monitored in line with the protocol and was not referred to substance misuse services for NPS use. We make the following recommendation:

The Director should ensure that staff consistently follow a clear pathway for managing prisoners suspected of using NPS, that staff are vigilant for signs of its use and are briefed how to respond when prisoners appear to be under the influence of such substances.

Mr Palmer's request to move cells

73. Mr Palmer said that he asked prison staff for a cell move on 8 December, because he was upset about Mr Ojuederie's frequent use of Spice. Other prisoners told the police that they had heard that he had asked for a move. An officer strongly denied speaking to him about a move, despite the prisoner telling us otherwise. None of the other officers working on Cavell Wing on 8 December said that the prisoner approached them about a cell move. Without independent corroboration, it is not possible to know exactly what happened.

74. Good communication in prison is important and good 'dynamic' security, indicated by positive relationships between staff and prisoners, helps to identify risks and vulnerabilities – to the safety of the whole prison as well as to

individuals. It is apparent that other prisoners were aware that Mr Palmer was unhappy in his cell, yet none of the staff said they knew about this.

75. During his time at Peterborough, there was no personal officer entry in Mr Ojuederie's case notes and no entries from any officers about his welfare. There were very few entries in Mr Palmer's case notes (none of which were personal officer entries), and no entries after he began to share a cell with Mr Ojuederie on 16 October.

76. We acknowledge the difficulties of running a successful personal officer scheme in a busy local prison such as Peterborough, but it is of concern that so few entries were made for Mr Ojuederie and Mr Palmer. While more meaningful contact would not necessarily have led to a cell move for either man – and we appreciate that Mr Palmer had told healthcare staff he was happy with his cellmate – this was a missed opportunity to identify any underlying issues between them. We make the following recommendation:

The Director should ensure that officers have meaningful contact with every prisoner through an effective personal officer scheme which allows officers to get to know prisoners, identify their needs and make regular case history notes.

Response to first cell call

77. Mr Palmer pressed the cell intercom at around 1.05am, and said he did not feel well. OSG A said that Mr Palmer was sweating and appeared to retch. He concluded that Mr Palmer had taken Spice and contacted a nurse, who said he should drink water and that she would come to see him later.

78. Peterborough's NPS protocol states that staff should make an emergency call for healthcare assistance when a prisoner has suffered a severe reaction to drugs. Mr Palmer's symptoms at the time did not suggest a severe reaction.

79. The consultant psychiatrist noted that severe reactions to Spice are rare and difficult to predict, and that most prisoners who use Spice do not need emergency intervention. She concluded that the nurse's advice was appropriate in view of Mr Palmer's symptoms at the time.

Emergency response

80. PSI 24/2011, which covers management and security at nights, says that staff have a duty of care to prisoners, to themselves, and to other staff. The preservation of life must take precedence over usual arrangements for opening cells and where there is, or appears to be, immediate danger to life, then cells may be unlocked without the authority of the night orderly officer and an individual member of staff can enter the cell on their own. Staff are not expected to take action that they feel would put themselves or others in unnecessary danger. Their observations and knowledge of the prisoner should be used to make a rapid dynamic risk assessment.

81. OSG A promptly radioed a code red for emergency medical assistance, and the control room operator called an ambulance shortly afterwards. He and his colleague did not open Mr Ojuederie's cell immediately but instead waited for

colleagues to arrive. He said this was because they did not think it was safe for them to do so, given the severity of Mr Palmer's assault on Mr Ojuederie. When their colleagues arrived, it was two minutes until they opened the cell. We appreciate that prison staff were faced with a unique and difficult situation, and it was important to both ensure their safety and that there was somewhere secure to hold Mr Palmer. Taking into account the nature of the events, we can understand why they did not open the cell immediately and we do not criticise that decision.

82. A GP who reviewed Mr Ojuederie's clinical care in custody, found that prison healthcare staff dealt with the emergency appropriately.

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PO Box 70769
London, SE1P 4XY

Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100
F | 020 7633 4141