Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Godfrey Muzhuzha, a prisoner at HMP The Mount, on 3 May 2021

A report by the Prisons and Probation Ombudsman

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OUR VISION

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

WHAT WE DO

WHAT WE VALUE

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

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

Mr Godfrey Muzhuzha died on 3 May 2021 at HMP The Mount. The cause of his death was pulmonary thromboembolism (a blocked blood vessel in the lungs) due to deep vein thrombosis. He was 51 years old. I offer my condolences to Mr Muzhuzha's family and friends.

The clinical reviewer concluded that Mr Muzhuzha's clinical care at The Mount was equivalent to that which he could have expected to receive in the community. However, she found some deficiencies in assessing and monitoring the severity of his illness when he became ill the day before his death.

I am concerned that operational staff did not comply with the mandatory policy to call a medical emergency response code when Mr Muzhuzha first reported breathing difficulties. It is important to follow the expected medical emergency procedures in all cases and vital when there are no healthcare staff on duty for immediate help and advice.

The investigation also found that although the prison reimbursed the cost of repatriating Mr Muzhuzha's body to Zimbabwe, there was no offer of a contribution to his funeral expenses.

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

Kimberley Bingham
Acting Prisons and Probation Ombudsman **March 2023**

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Summary

Events

1. Mr Godfrey Muzhuzha, a Zimbabwean national, had been in prison since 26 April 2005, serving life imprisonment for murder. He had no significant health conditions.

2. On 2 May 2021, Mr Muzhuzha was unwell with a persistent cough, fever and shiver. Healthcare staff suspected he had caught COVID-19.

3. At around 6.15pm on 3 May, Mr Muzhuzha's cell mate asked for help, as Mr Muzhuzha was short of breath. Officers spoke to him and planned to conduct welfare checks every 15 minutes. A few minutes later, Mr Muzhuzha became unconscious. The officers returned to his cell and began cardiopulmonary resuscitation (CPR). Paramedics attended and took over the resuscitation attempts. However, at 7.28pm, they confirmed that Mr Muzhuzha had died.

Findings

4. The clinical reviewer concluded that Mr Muzhuzha's clinical care was of a reasonable standard and equivalent to that which he could have expected to receive in the community. However, she found that the nurse who reviewed him when he became unwell recorded no clinical observations and did not use a formal clinical assessment tool to monitor the severity of his illness.

5. We are concerned that staff did not follow the mandatory requirement to call a medical emergency response code when Mr Muzhuzha first reported breathing difficulties. Use of the code would have triggered a request for an ambulance and advice from the ambulance service call handler before he lost consciousness.

6. Although the prison paid for Mr Muzhuzha's body to be repatriated to Zimbabwe, there is no evidence that staff offered to contribute to the costs of his funeral.

Recommendations

- The Head of Healthcare should ensure that clinical observations are taken and recorded when a prisoner is unwell.

- The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 (NEWS2) to assess prisoners who are unwell and identify any clinical deterioration.

- The Governor should ensure that all staff are fully aware of and understand their responsibilities in a medical emergency, including the use of an emergency response code if a prisoner has breathing difficulties, or is unresponsive.

- The Governor should ensure that staff offer reasonable funeral expenses, in addition to repatriation costs, if a deceased foreign national prisoner is repatriated.

The Investigation Process

7. The PPO issued notices to staff and prisoners at HMP The Mount, informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. NHS England commissioned an independent clinical reviewer to review Mr Muzhuzha's clinical care at the prison.

9. The initial investigator obtained copies of relevant extracts from Mr Muzhuzha's prison and medical records. Another investigator completed the latter stages of the investigation.

10. We informed HM Coroner for Hertfordshire of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

11. The Ombudsman's family liaison officer contacted Mr Muzhuzha's family representative to explain the investigation and to ask if they wanted to receive a copy of the investigation report. They did not respond.

12. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.

13. At an inquest held on 11 April 2024, the Coroner concluded that Mr Muzhuzha died of natural causes.

Background Information

HMP The Mount

14. HMP The Mount is a medium security prison holding around 1000 men. Practice Plus Group provides primary care and mental health services and coordinates the work of other providers. No healthcare staff are on duty overnight.

HM Inspectorate of Prisons

15. The most recent inspection of HMP The Mount was in March 2022. Inspectors reported that there was an appropriate range of primary care services in the healthcare centre, as well as community-based services on the wing. Healthcare staff were conscientious and knew patients well. However, training and regular clinical supervision had been interrupted by the COVID-19 pandemic.

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 latest annual report, for the year to 28 February 2022, the IMB reported that healthcare services were working well and there had been significant improvement since the COVID-19 restrictions ended.

Previous deaths at HMP The Mount

17. Mr Muzhuza was the fifth prisoner at The Mount to die since May 2019. Two of the previous deaths were from natural causes, one was self-inflicted, and one was drug-related. There have since been six deaths, two from natural causes, two self-inflicted, one drug-related and one to be determined. There are no similarities between the findings in this investigation and those of the previous deaths. We have previously raised the use of medical emergency codes at The Mount.

Key Events

18. Mr Godfrey Muzhuzha, a Zimbabwean national, was remanded to prison on 26 April 2005. He was convicted of murder on 6 December and sentenced to life imprisonment, with a tariff of 15 years. Mr Muzhuzha spent time in several prisons and transferred to HMP The Mount on 26 April 2013.

19. Mr Muzhuzha temporarily transferred to HMP Hewell on 5 November 2019, to attend court hearings. He returned to The Mount on 2 December. Initial and secondary health screens identified no health concerns and he had little contact with the healthcare department over the next 17 months.

20. In the early hours of 2 May 2021, Mr Muzhuzha rang his cell bell and told an officer that he felt unwell, with a persistent cough, fever and shivering. Staff suspected he had symptoms of COVID-19. He was advised to self-isolate, rest and alert staff if he felt worse.

21. When a nurse arrived for duty that morning, the custodial manager informed her that Mr Muzhuzha was unwell, so she placed him on the emergency list. In the afternoon, a nurse assessed him and recorded his symptoms. She took a swab to be tested for COVID-19 and gave him a packet of paracetamol. (The test result later returned as negative.)

Events of 3 May 2021

22. On 3 May, an officer delivered Mr Muzhuzha's lunch and evening meal at 11.40am and 4.00pm, respectively. Mr Muzuzha said he felt alright, and the officer had no concerns about him.

23. At around 6.15pm, Mr Muzhuzha's cell bell was pressed, and an officer responded. His cell mate said that Mr Muzhuzha was having difficulty breathing, and the officer saw that he was short of breath. As healthcare staff were not on duty at that time, the officer consulted a custodial manager, who advised him to wait for the alarm bell responders before going into the cell.

24. A supervising officer and two officers arrived. Mr Muzhuzha was lying on the floor and told the staff that he had been struggling to breathe for around half an hour. They told him that he would be monitored for 30 minutes, with wellbeing checks every 15 minutes and if he was no better at the end of that time, they would call an ambulance. They advised his cell mate to press the bell if he needed help in between visits.

25. Around five minutes after the officers left the cell, Mr Muzhuzha's cell mate rang the bell again and they all returned. Mr Muzhuzha was still on the floor, in a different position, face down, unresponsive, with blood trickling from his nose. The officers placed him on his back and a faint pulse was detected. In a statement, the supervising officer said he called a code blue (a medical emergency code which indicates a prisoner is unresponsive or has breathing difficulties) and a code red (to indicate severe bleeding). He explained that he had called both codes to make it clear that the situation was serious and also messaged over the radio that an

ambulance was required urgently. The four staff started CPR, taking turns to perform chest compressions.

26. An entry in the communications room log at 6.35pm noted, “ambulance required and called”. Paramedics arrived at 6.46pm and continued the resuscitation attempts. At 7.28pm, they confirmed that Mr Muzhuzha had died.

Contact with Mr Muzhuzha’s family

27. At around 9.30pm, the prison’s family liaison officer contacted the friend Mr Muzhuzha had nominated as his next of kin, to break the news of his death. On 4 May, arrangements were made to notify Mr Muzhuzha’s children. On 5 May, his friend withdrew from acting as next of kin.

28. On 11 May, the prison’s senior chaplain notified the Zimbabwean Embassy. She asked embassy staff to check whether Mr Muzhuzha’s mother knew about his death and her wishes if he were to be cremated.

29. Mr Muzhuzha’s family later instructed solicitors and another person to represent them. On 20 May, they asked what financial help was available towards the funeral and repatriation to Zimbabwe. The prison reimbursed the costs of repatriating Mr Muzhuzha.

Support for prisoners and staff

30. After Mr Muzhuzha’s death, a debrief was held for the staff involved in the emergency response, to ensure they had the opportunity to discuss any issues arising and to offer support. The prison posted notices informing staff and other prisoners of Mr Muzhuzha’s death and how to access support.

31. Mr Muzhuzha’s cell mate received support from prison Listeners and Samaritans.

Post-mortem report

32. The post-mortem report concluded that the cause of Mr Muzhuzha’s death was pulmonary thromboembolism (a blocked blood vessel in the lungs) due to deep vein thrombosis.

Findings

Clinical care

33. The clinical reviewer concluded that the care Mr Muzhuzha received at The Mount was of a reasonable standard and equivalent to that which he could have expected to receive in the community. However, she found some weaknesses in clinical processes which the Head of Healthcare will need to consider. Full details of her findings are in the clinical review report and we reflect those linked to Mr Muzhuzha's cause of death.

Clinical observations and use of the National Early Warning Score 2

34. A nurse noted symptoms of breathlessness and fever when she reviewed Mr Muzhuzha on 2 May, but she recorded no clinical observations. The clinical reviewer considered that she should have checked Mr Muzhuzha's temperature, respiratory rate and blood oxygen saturation levels. (She also highlighted a previous assessment on 31 December 2020, when no clinical observations were taken.)

35. The clinical reviewer also considered that a National Early Warning Score 2 (NEWS2) should have been calculated. (NEWS2 is a clinical assessment tool to help determine the severity of a patient's illness and identify any deterioration.) We recommend:

    The Head of Healthcare should ensure that clinical observations are taken and recorded when a prisoner is unwell.

    The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 (NEWS2) to assess prisoners who are unwell and identify any clinical deterioration.

Emergency response

36. Prison Service Instruction (PSI) 03/2013, *Medical Emergency Response Codes,* and The Mount's local guidance sets out the actions staff should take in a medical emergency. This includes a mandatory requirement to use a code system if a prisoner has breathing difficulties or is unresponsive, to ensure that an ambulance is called immediately. The guidance states that there should be no delay, as an ambulance can be cancelled if not needed.

37. The staff who went to the cell when Mr Muzhuzha first reported difficulty breathing were clearly concerned about his health and shortness of breath, as they planned to conduct 15-minute checks. However, they did not call a code blue at that time. When Mr Muzhuzha was later found unresponsive, a supervising officer called code blue and red calls, but they were not recorded in the communications room log.

38. We acknowledge that it can be difficult for operational staff to determine the severity of symptoms and that the officers thought the best course was to actively monitor Mr Muzhuzha. However, the guidance is very clear that difficulty breathing, or a loss of consciousness must be treated as a medical emergency with an urgent

response. As there are no healthcare staff overnight at the prison, it is even more critical for operational staff to comply with the emergency procedures. We recommend:

The Governor should ensure that all staff are fully aware of and understand their responsibilities in a medical emergency, including the use of an emergency response code if a prisoner has breathing difficulties, or is unresponsive.

Funeral and repatriation expenses

39. PSI 64/2011 sets out the processes after a death in custody, including financial help. Prisons must offer a contribution of up to £3000 towards funeral expenses, as well as reasonable repatriation costs if the deceased prisoner was a foreign national.

40. While The Mount paid £2,450 for repatriating Mr Muzhuzha's body to Zimbabwe, significantly more than the average cost of £1,200 noted in the PSI, there is no evidence that they offered anything towards his funeral expenses. As a funeral and a repatriation incur separate costs, prisons are expected to offer contributions to both. We recommend:

The Governor should ensure that staff offer reasonable funeral expenses, in addition to repatriation costs, if a deceased foreign national prisoner is repatriated.

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