

**Investigation into the circumstances surrounding
the death of a man in May 2011
while in the custody of HMP Risley**

**Report by the Prisons and Probation Ombudsman
for England and Wales**

February 2012

This is the report of an investigation into the death from natural causes of a man in May 2011 at HMP Risley. The post mortem showed that he suffered from severe aortic and coronary atheroma (fatty deposits which develop on the inner lining of the arteries) which caused a fatal cardiopulmonary arrest (heart attack). I extend my condolences to anyone that has been affected by his death.

The investigation into his death was carried out by my colleagues. An independent clinical review of his medical care was conducted by a clinical reviewer on behalf of Warrington Primary Care Trust (PCT). I am grateful to him for his review. I would also like to thank the Governor of Risley and his staff for their co-operation during the investigation. I apologise that the report has been delayed.

The review of the man's clinical care shows that he received good quality care whilst in Risley. He had a complex medical history, which included ischaemic heart disease. Death from heart disease is not uncommon and, while much can be done to prevent and treat the condition, His case illustrates that this is not always so. Thus, a number of tests revealed no imminent concerns with his heart and he did not link some of his symptoms with his heart problems and refused an assessment from healthcare staff as he became ill. While this may not have changed the outcome, it emphasises the need for prisoners, as well as staff, to take any such symptoms seriously.

The report makes two recommendations. These relate to documenting interactions with prisoners and following the correct procedures for opening a cell during the night.

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SUMMARY

1. The man was convicted of serious offences in March 2008. He had a history of ischaemic heart disease¹ and had suffered a heart attack in 2001. He also suffered from arthritis, asthma, diabetes, alcohol induced liver disease and depression, for which he was issued appropriate medication. He was a smoker and was given appropriate support and advice regarding smoking cessation.
2. He did not present any significant health issues while at Rislely. In 2009, he declined to attend the cardiology² clinic. He told healthcare staff it was not necessary because he was not experiencing any chest pain.
3. In March 2010, he said that he had begun to experience chest pain which was not related to over-exercise. He was re-referred to the cardiology clinic and the results of an echocardiogram³ (ECG) test were normal.
4. He told prison staff he experienced chest pain in May 2011. An ECG was taken, the results of which were normal. A nurse contacted Broomwell Healthwatch⁴ for advice. The advice given was that the man should be monitored by staff through the night. Observations were recorded hourly in his medical record and staff observation book. There was no apparent decline in his condition during this time.
5. At approximately 5.40am, he was found by wing staff doing the morning roll check collapsed in his cell. Resuscitation attempts were made by wing staff until paramedics arrived. He was taken to hospital where he died an hour and a half later.

¹ Ischaemic Heart Disease is a condition in which fatty deposits build up in the linings of the walls of the coronary arteries. This causes a narrow artery and reduced blood flow to the heart muscle.

² Cardiology is the branch of medicine that deals with the treatment of heart disease.

³ An echocardiogram uses sound waves to build up a detailed picture of the heart.

⁴ Broomwell Healthwatch is a telemedical monitoring service that gives immediate interpretation of ECGs by expert clinicians over the telephone.

THE INVESTIGATION PROCESS

6. The investigation into his death was opened by one of our investigators on 12 May 2011. Notices were issued to staff and prisoners at Risley informing them of the investigation. No-one came forward to talk to the investigator with regard to the notices. The issuing of this report has been delayed in part by the length of time taken to complete the clinical review into his care. The report was received from the Primary Care Trust on 26 October 2011. These delays were then compounded by workload pressures within the Ombudsman's office.
7. The lead investigator received all documentation relating to the man's time in custody. Using this documentation she reviewed prison and health records and created a chronological timeline of events of his time at Risley.
8. The HM Coroner for Cheshire, Halton and Warrington, was contacted and informed of the nature and scope of the investigation. A copy of this report will be sent to him to assist with his enquiries into the death.
9. Warrington Primary Care Trust (PCT) was commissioned to undertake an independent clinical review into the standard of healthcare the man received while at HMP Risley. The clinical reviewer was provided with copies of all relevant medical and prison documentation relating to the man.
10. One of the Ombudsman's family liaison officers (FLOs) wrote to the man's family shortly after his death. She sent a letter explaining the investigation process and offered them the opportunity to raise any concerns or questions they wanted the investigation to address. No issues were raised at the outset of the investigation. His family were also offered the opportunity to receive and comment on the draft version of this report. It was their preference, however, not to receive this.
11. The National Offender Management Service responded to the draft report. They identified one factual inaccuracy and we include their response to the recommendations at the end of the report.

HMP RISLEY

12. HMP Risley is a modern, purpose built prison that opened in 1964. It is a category C training prison. Since the opening of a new wing in 2003, it has a capacity of 1,095 making it one of the largest category C prison in the country. All adult male prisoners are classified on reception and put into one of four security categories based on likelihood of escape and the risk to the public if they did escape. The categories are:

- Category A: prisoners who would be highly dangerous to the public, police or national security if there were to escape.
- Category B: prisoners for whom the highest security conditions are not necessary, but for whom escape needs to be made very difficult.
- Category C: prisoners who cannot be accommodated in open conditions but who are unlikely to make a determined escape attempt.
- Category D: open conditions, prisoners who can be trusted not to try to escape.

13. Healthcare staff are available in Risley 24 hours a day. By day, there is a doctor in the prison; at night, cover is provided by nursing staff. Prisoners who require in-patient treatment are transferred to other prisons or to outside hospital.

Her Majesty's Chief Inspector of Prisons

14. The prison was most recently inspected by HM Chief Inspector of Prisons during an announced inspection between 7 and 11 February 2011. The Chief Inspector made the following comments:

“The prison has suffered historically from a poor reputation. At our last inspection in April 2008 inspectors found the prison was not performing sufficiently well in any area apart from resettlement ... There is still much to be done to ensure that the prison becomes a fully effective establishment that meets the range of prisoners’ diverse needs ... Nevertheless, Risley is a much safer, cleaner and more decent prison than before...”

The inspection report said that Risley had been transformed in many areas with reasonably good outcomes for prisoners in all areas.

15. Regarding healthcare services at Risley, the Chief Inspector wrote in his report:

“Relationships between the prison and NHS agencies were good. The health care environment was being upgraded. Robust clinical governance arrangements were in place. There was an appropriate range of primary care and life-long condition clinics but no triage system ... There was a good system to notify patients about the outcome of diagnostic tests ... Access to external appointments and primary and secondary mental health services was good.”

Independent Monitoring Board

16. Each prison in England and Wales has an Independent Monitoring Board (IMB)⁵ formed of volunteers from the local community. The most recent annual report published by the IMB for the period April 2009 to March 2010 says that:

“A survey of a small sample of prisoners by the Board found that they all had high praise for the healthcare services and that the standard of care was comparable with that available in the community. There were some issues arising relating to the length of time taken to get appointments, but on investigation it was found that they were just within reasonable limits.”

Previous deaths at Risley

17. Since the Ombudsman began investigating all deaths in prisons in 2004, there have been twelve deaths at Risley, five of which were due to natural causes. In 2010, we made a recommendation that the Healthcare Manager at HMP Risley should review the current policies and guidelines for the response to prisoners experiencing angina, chest pain, and cardiac events to ensure that all healthcare staff are aware of the national best practice and incorporate it into daily practice. This issue is returned to in this report.

⁵ The IMB is responsible for monitoring day-to-day life in the prison and to ensure that proper standards of care and decency are maintained.

KEY FINDINGS

18. The man was convicted of serious offences in March 2008 and was given an indeterminate sentence for public protection (IPP)⁶, with a two year tariff.⁷ This was not his first time in custody.
19. He was initially taken to HMP Preston before moving to HMP Risley in May 2008. During his first reception health screen he told the nurse that he had a history of ischemic heart disease and had suffered a heart attack in 2001. He also suffered from diabetes, asthma, liver disease and depression and was a smoker. He was prescribed the appropriate medications to control the symptoms of his various health conditions, which were noted within his medical record.
20. He attended an appointment with a prison doctor, in September. He said he felt low and anxious and had trouble sleeping. He also experienced mild panic attacks. It was noted in his medical record that a long discussion took place regarding coping mechanisms that could help him ease his anxiety and minimise the panic attacks. He told the prison doctor that he had previously been prescribed diazepam⁸ and was keen to be prescribed more medication. The doctor prescribed citalopram⁹ with a two week review.
21. The review took place on 23 September. The man said the citalopram was making him feel unwell and he was still unable to sleep. The doctor stopped this medication and prescribed zopiclone¹⁰ to help his sleep. He took one tablet at night and this appeared to help him sleep which, in turn, helped him cope with his anxiety.
22. Prior to coming into prison, his ischaemic heart disease was monitored by a cardiologist. On 19 December, another prison doctor, referred him to the cardiology department at the Whiston Hospital. The appointment was made for 13 February 2009.
23. A Nurse undertook an assessment of the man's diabetes on 19 January 2009. He did not express any concerns about his condition. The entry in his medical record reveals that he understood the importance of having a healthy diet and checked his blood twice a day. The nurse gave him advice on exercise and smoking cessation. He said he had already reduced his cigarette intake.
24. The doctor reviewed the man's medications on 2 February. It was noted in his medical record that he had a history of chronic obstructive pulmonary disease

⁶ An IPP sentence is an indeterminate sentence for public protection. Prisoners receive a minimum tariff and are only released once their level of risk is reduced.

⁷ A tariff is the minimum term that has to be completed before a prisoner can be considered for parole.

⁸ Diazepam is a sedative used to treat anxiety.

⁹ Citalopram is an anti-depressant prescribed to treat depression.

¹⁰ Zopiclone is used to treat insomnia.

(COPD)¹¹. On examination, the doctor said that he appeared well. His angina medications were changed to help lower his blood pressure and to prevent breathing difficulties.

25. On 13 February he was due to attend the cardiology department at the Whiston Hospital on 13 February. An entry in his medical record on 25 February shows that he did not attend this appointment and was discharged from the cardiology service. On 6 March, he discussed his decision not to attend the cardiology clinic with the prison doctor. He explained that he had not experienced chest pain for several months and did not consider the appointment to be necessary.
26. He continued to complain of anxiety and insomnia and he was intermittently prescribed zopiclone to relieve his symptoms. During the morning of 27 November, a nurse went to the man's cell because he felt sick and dizzy. He said he had experienced these symptoms previously and had been prescribed medication. He was advised not to return to work until he had been seen by a doctor. His blood pressure and blood sugar level were in the normal range. He was seen by the doctor on 1 December and prescribed stemetil¹² to relieve his symptoms of vertigo and nausea.
27. A Nurse reviewed him on 22 January 2010. She noted in his medical record that the man had not experienced any chest pain or breathlessness for approximately 12 months and had not needed to use his glyceryl trinitrate (GTN) spray¹³.
28. He was examined by the prison doctor on 1 February. He was diagnosed with a chest infection and prescribed antibiotic treatment. He said that he was still suffering from stress and anxiety. He agreed to try citalopram again with a review after three weeks. There is an entry in his medical record that he did not attend an appointment on 22 February. This suggests that he did not attend for his follow up consultation.
29. On 2 March, he complained to the doctor that he was experiencing very mild chest tightness. He was referred again to the cardiology department. He told the doctor that he would attend the appointment this time and said that in the meantime he would use his GTN spray to help ease the tightness in his chest. The doctor advised him to inform staff immediately if he experienced any severe or enduring chest pain.
30. A cardiology appointment was made for 23 April. An entry in his medical record states that the appointment was cancelled due to an emergency and after consultation with the doctor. The appointment was rescheduled for 24 June. The investigator spoke to the Deputy Head of Offender Health. . He explained that his hospital appointment was cancelled due to a lack of prison escort staff.

¹¹ COPD stands for chronic obstructive pulmonary disease. This is a term used for a number of conditions; including chronic bronchitis and emphysema. COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder for air to get in and out of the lungs.

¹² Stemetil is used to treat nausea and vomiting.

¹³ A GTN spray is used to relieve the symptoms of angina.

Healthcare staff spoke to the doctor who advised that the appointment should be re-scheduled.

31. The investigator sought further information from the Head of Offender Health. She explained that the prison allocates six officers to escort prisoners to three routine hospital appointments in the morning and a maximum of four officers in the afternoon. This means the prison has the capacity to provide escort staff for five routine hospital appointments per day. She said on 23 April the number of hospital appointments exceeded the number of prison escort staff available due to an operational incident in the prison the previous evening. For this reason, the doctor was asked to decide which appointment could be rescheduled.
32. The doctor made an entry in the man's medical record on 25 May with regard to his panic attacks. He noted that the dosage of citalopram had been increased to 20mg per day and this had successfully stopped them.
33. He went to the cardiology clinic on 24 June. He was diagnosed with ischaemic heart disease, type II diabetes, hypertension, COPD and chronic lumbar back pain. A specialist registrar in cardiology, noted that the man appeared well with normal heart sounds and a clear chest. He was advised to continue using the GTN spray to alleviate his pain.
34. The doctor reviewed him on 28 September regarding his low mood. He said that citalopram was not working and he was still anxious and having trouble sleeping. He agreed to try zispin.¹⁴
35. On 21 November, he was started on insulin¹⁵ to control his diabetes. During a review on 1 December, he said that he felt much better now he was taking insulin and was able to self-administer his medication.
36. On 14 January 2011, he signed a disclaimer which said he did not want to attend an ECG appointment. His medical records do not record the reason for his refusal. On 11 February, he attended a diabetes review at outside hospital. During the appointment he had an ECG test, the results of which were normal.
37. He was seen by the nurse who assessed his diabetes at 11.55pm on 9 May. The nurse recorded in his medical record that he asked to be seen in his cell after suffering chest discomfort since 9.30am that day. On examination, the nurse found that his airways were clear, his breathing was normal and he was able to speak full sentences without difficulty. He experienced intermittent pain in the centre of his chest which lasted a few seconds and using the GTN spray had not relieved his symptoms. The nurse wrote in his medical record that his

¹⁴ Zispin is used to treat the symptoms of depression.

¹⁵ Insulin is a hormone made by an organ in our bodies called the pancreas. The pancreas lies just behind the stomach. The function of insulin is to help our bodies use glucose for energy.

examination was undertaken according to the guidance given by the National Institute for Health and Clinical Excellence (NICE).¹⁶

38. The man underwent an ECG which returned normal results. Broomwell Healthwatch advised that he should be monitored overnight and should inform staff immediately if his symptoms persisted or worsened. The nurse noted that she would ask the doctor to review him the following morning and possibly repeat the ECG. A book was opened for staff to record their observations and interactions with him.
39. During her telephone interview with the investigator the nurse said he told her that he had experienced slight discomfort in his chest since 9.30am that morning. He described the pain as 'nothing remarkable' and said it had more or less gone. The nurse told the investigator that healthcare had not been informed that he had experienced chest pain since the morning.
40. As the prison doctors were no longer on duty, she telephoned Broomwell Healthwatch for an interpretation of the ECG results. The nurse was advised that the results did not indicate that the man should be taken to hospital but should be monitored through out the night. She clarified this on several occasions with the Broomwell Healthwatch adviser. The nurse made a note of her attendance at the man's cell in his medical record. She also arranged for him to see a doctor in the morning to discuss how he was feeling and carry out another ECG test.
41. At approximately 4.30am, the nurse telephoned the wing for an update on his condition and to ensure that he was being routinely observed.
42. The investigator also spoke to an Instructional Officer¹⁷ in the Braille workshop. The Officer told the Investigator that he had been working in the Braille workshop for the last three years. He was aware of the man's on-going health problems, in particular that he suffered from heart problems and diabetes. During the afternoon of 9 May 2011, he told the officer that he had a pain in his left arm. The Officer said that the man refused to believe the symptoms were connected to his heart problems. Officer Jones urged him to attend healthcare but he was adamant that he was fine and did not require any treatment.
43. The officer told the investigator that in his opinion the man had the capacity to decide if he wanted to go to healthcare. If he had believed that his symptoms were serious he would have contacted healthcare staff despite his wishes. However, he was insistent that his discomfort was nothing unusual and a normal symptom associated with his medical history. The officer did not make a written record of his interaction with him because he did not consider it to be a significant event.

¹⁶ NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

¹⁷ Instructional Officers are specialist roles with prisons which help prisoners gain specific skills

10 May 2011

44. The man was observed hourly. At 3.00am on 10 May Operational Support Grade (OSG)¹⁸ turned on the cell light to ensure that he could be seen clearly. Due to the brightness of the light, he was seen using his hand to cover his eyes. At 4.00am the OSG used his torch to look into the cell. He was seen to move from his back to his left hand side. The nurse telephoned the wing at 4.30am for an update on his condition. She was told that an officer had just observed him and he was on his bed asleep.
45. The OSG noted in the observation book that at 5.00am the man was laying in bed. In his statement, the OSG said he had checked him again at 5.38am during the morning roll-check. He was lying on his bed with only his legs in view. The OSG attempted to gain a response by shouting and kicking the cell door. When he failed to respond he used his radio to make a 'code blue'¹⁹ call to the control room. The OSG did not enter the cell.
46. The control room log shows that a call for assistance was made at 5.38am A Senior Officer (SO) and an Officer responded to the radio call. In his statement the SO said he received a call for assistance at 5.35am. The Officer's statement says that he received the call at 5.45am. Given that the control log shows that the call was made at 5.38am and the SO and the Officer entered the man's cell together it appears that it was seven minutes before staff entered his cell.
47. Having entered his cell they immediately started cardio pulmonary resuscitation (CPR). The nurse who assessed the man's diabetes arrived at the man's cell approximately two minutes later with the emergency bags.²⁰ The nurse checked his airways and circulation. She attached the defibrillator²¹ pads to his chest to monitor his heart output and administered oxygen. The defibrillator gave an automated message that advised not to administer a shock and to continue with CPR. After the second round of CPR the defibrillator advised to administer a shock. This did not have an effect on his condition so the nurse continued with CPR.
48. The control room log shows that an ambulance was called at 5.40am. The paramedics arrived approximately twenty minutes later and were escorted to the man's cell. The paramedics carried out their own advanced life support checks. He was taken to hospital at 6.30am escorted by two Officers.

¹⁸ Operational support grades (OSGs) work in prisons carrying out duties essential to the smooth running of the establishment, including night patrols. They may work in and around a prison establishment or on duties which take them outside - to courts or other prisons, for example. OSGs do not routinely carry keys and will usually only open cells when there is an emergency.

¹⁹ A 'code blue' is called when there is a medical emergency. This indicates to staff that the patient is experiencing breathing or respiratory difficulties.

²⁰ The emergency bags contain first aid equipment such as bandages, oxygen and a defibrillator.

²¹ A defibrillator is an electrical device used to supply a brief electric shock to the heart to restore natural rhythm. The device monitors the heart's output and advises when a shock is necessary.

49. One of the Officers wrote in his statement that they arrived at the hospital at approximately 7.00am. The man was taken to the resuscitation unit but hospital staff were unable to revive him. He was pronounced dead at 7.10am.

Liaison with the man's family

50. A family liaison officer (FLO) was appointed. His prison record listed his cousin as his designated next of kin. He was visited at home by the FLO and the prison chaplain, Mr Joe McGunigle, and informed about the death.
51. His cousin contacted other family members and broke the news to them. They said they did not want to be responsible for the funeral arrangements and did not wish to speak the FLO or the chaplain. The man's half-sister was established as main contact point for the family with regard to arranging the funeral. HMP Risley met the funeral expenses in accordance with Prison Service Order 2710 "Follow up to a Death in Custody". The funeral took place on 26 May.

Support for prisoners

52. A notice to prisoners was issued on 10 May to inform prisoners about the man's death. Prisoners were reminded that support was available from prison Listeners,²² the Chaplaincy team and the Samaritans²³. A collection in his memory was held which received generous contributions from prisoners.

Support for staff

53. Following the death, a hot debrief²⁴ was held by Governor which was attended by uniformed and healthcare staff. Staff were offered access to the prison's staff care and welfare team. The nurse told the investigator that the support offered to her following the man's death was good. Following the death, the instructional Officer also said he was offered good support by prison staff, in particular by the Governor who held the hot debrief. He attended the funeral and memorial service.

Post mortem report

54. The HM Coroner for Cheshire, Halton and Warrington, held a post mortem examination. The results of the post mortem showed that the man had severe aortic and coronary atheroma²⁵ with areas of over 90% occlusion of the left coronary artery and 75% occlusion of the right coronary artery. His heart was

²² The Listener Support Scheme is a peer support scheme where selected prisoners are trained to listen in confidence to prisoners who may be experiencing feelings of distress, including those which may lead to self harm or suicide.

²³ The Samaritans provide confidential emotional support on a 24 hour basis and are most commonly contacted via the telephone.

²⁴ A hot debrief should be held as soon as possible after the incident. The purpose of the hot debrief is to allow those involved to discuss any issues or concerns. The hot debrief should focus on reassurance, information sharing and how staff can support each other.

²⁵ An atheroma is condition marked by deposits of small fatty nodules on the inner walls of the arteries.

enlarged due to concentric hypertrophy of the left ventricle. This means that there was severe swelling and accumulation of debris that contains cholesterol and fatty acids in his arteries, which can cause angina, heart attacks and strokes. His left artery was 90% blocked and his right artery was 75% blocked. His heart was enlarged due to the walls thickening which had reduced the capacity inside his heart.

ISSUES

Clinical care

Overall care

55. The clinical reviewer on behalf of Warrington PCT notes that the man was a prisoner who had suffered from chronic ill health due to diabetes, ischemic heart disease, asthma, alcohol induced liver disease and mental illness. He was also a cigarette smoker who was given smoking cessation advice during his stay at Risley.
56. The clinical reviewer considers that his medical conditions were appropriately managed by healthcare staff. The control of his diabetes was kept under regular review and he was seen by the diabetic nurse at the hospital. He notes that the man had several blood tests in relation to lipid levels²⁶, liver function and kidney function. Appropriate action was taken in relation to the results of his blood tests.
57. The man had a history of being treated for depression which was identified at his first reception health screen at Risley. He was seen by healthcare staff on several occasions. The clinical reviewer concludes that he was prescribed the appropriate medication to control his symptoms. His medication was regularly reviewed.
58. He made the decision that he did not need to attend the cardiology clinic in February 2009 because he was not experiencing any chest discomfort and did not consider the appointment to be necessary. The following year in January 2010 he agreed to be referred to the cardiology clinic because he was experiencing mild chest discomfort. An appointment was made for 23 April but was rescheduled due to a lack of prison escort staff.
59. The Head of Offender Health explained that this was due to an operational incident in the prison the previous evening. This meant that the number of available officers was reduced the following day. The prison doctor was asked to determine which appointment should be rescheduled and decided that the man's appointment was the least important. We have not considered the other appointments so are unable to comment on whether the doctor's decision was appropriate. He attended the cardiology department on 24 June where his heart sounds were assessed as normal and no concerns were raised by the cardiologist.

The man's chest pain

60. In his clinical review, the clinical reviewer comments about the decision not to refer him to hospital when he complained of chest pain on 10 May 2011. He acknowledges that some aspects of the clinical information would support the course of action taken by the Nurse. However, he also writes that the man had

²⁶ Lipid level tests measure the volume of fat in the bloodstream

significant risk factors and a referral to hospital should have been considered in light of these although he makes no formal recommendation.

61. We acknowledge the clinical reviewer's comments but also note that the Nurse had been advised by Broomwell Healthwatch that his ECG test results were normal and did not indicate that he should be taken to hospital. With hindsight, given the events of the following morning, it may have been appropriate to refer him to hospital. However, given the advice that the nurse received it is not reasonable to make any criticism of her decisions. In light of the clinical reviewer's comments, a copy of this report will be sent to Broomwell Healthwatch for their information.

The instructional Officer's conversation with the man

62. He told the Officer that he had a pain in his left arm which was not connected to his heart problems. The Officer tried to persuade him to attend healthcare but he refused to do so. We acknowledge the Officer's view that the man had the capacity to decide if he wanted to go to healthcare and that he did not make a written record of their interaction because he was insistent that his discomfort was a normal symptom associated with his medical history. However, it is concerning that, despite being aware that the man suffered from heart problems and diabetes, he did not document the conversation on either P-NOMIS²⁷ or inform his wing. This meant that there was no record in his core prison record that he had expressed concern about his health. The following is therefore recommended:

The Governor should ensure that prison staff are aware of the need to document significant interactions with prisoners and inform relevant staff of the content.

The discovery of the man

63. When the OSG checked him during the morning roll-check he was unable to get a response. He used his radio to request emergency assistance but did not enter his cell. Riskey's operational instructions for night staff say: "The relief morning staff will be required to gain a physical or verbal response from each individual prisoner." The purpose of this is both to check on the welfare of the prisoner and to protect the member of staff. In addition, staff are advised that where there is, or appears to be, immediate danger to life, cells may be unlocked without the authority of the night orderly officer and an individual member of staff may enter the cell on their own.
64. Although the OSG's statement says that he made a call for immediate assistance at 5.38am the investigation has found that it is likely that intervention did not occur for approximately seven minutes. Such a delay can have a serious impact on the chances of a prisoner's survival in emergency situations.

²⁷ P-NOMIS is an electronic database which is being introduced to support the management of offenders by having one custodial record for life.

65. A notice to staff was issued on 11 May 2011 to remind staff of the correct procedures for opening cells during the night to ensure speedy intervention to a prisoner's cell where life may be at risk. Although this swift action by Risley is to be welcomed, the potential impact of failing to open a prisoner's cell in an emergency situation cannot be underestimated. Whilst the clinical reviewer does not say that the man's life could have been saved by earlier intervention, officers should not delay in opening a prisoner's cell where life may be at risk. We therefore make the following recommendation:

The Governor should ensure that prison staff are aware of the correct procedures for opening cells during the night, in particular where a prisoner's life may be at risk and contingency plans are updated to reflect this as required.

CONCLUSION

66. The man had a complex medical history including ischaemic heart disease and angina. He had suffered a heart attack some years previously. Due to his medical history relating to his heart, he was referred to the cardiology department but because he had not experienced chest pain for some time he chose not to attend. It is unfortunate that a doctor did not assess him after he complained of pain in his chest, but no criticism is made of the prison due to the advice provided to them.
67. Notwithstanding the above point, it is notable that the clinical reviewer considers that he received a good quality of care during his time at Risley and of a standard equivalent to that provided in the community.

RECOMMENDATIONS

1. The Governor should ensure that prison staff are aware of the need to document significant interactions with prisoners and inform relevant staff of the content.

The National Offender Management Service accepted this recommendation:

“The recording of case notes on Prison-NOMIS as part of overall case management and sentence progression of individual prisoners has improved – mainly by Residential, Operational staff etc and this includes some Workshop Staff. However it is agreed that further refresher training to all staff that have regular, personal contact with prisoners will be given. This refresher training will include staff working in our Partner Organisations who have regular contact with prisoners.”

“A Notice to staff will be published and all Functional Managers to ensure better awareness of such procedures within their areas and that all staff who have access to Prison-NOMIS are aware of how to access and update case notes.”

2. The Governor should ensure that prison staff are aware of the correct procedure for opening cells during the night, in particular where a prisoner’s life may be at risk and contingency plans are updated to reflect this as required.

The National Offender Management Service accepted this recommendation:

“Local Security Strategy was reviewed following the death death. The procedures for entering a cell in Night Patrol State have been re-issued. In addition to this we are incorporating the entering a cell in Night Patrol State procedures in our ACCT Foundation training which will be delivered to night staff.”