

**Investigation into the circumstances surrounding the
death of a man,
whilst in the custody of HMP Risley,
in October 2009**

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

November 2010

This is a report into the death of a man at HMP Risley in October 2009. The man was 39 years old and died from natural causes. A post mortem showed that he died from a heart attack.

I offer my sincere condolences to the man's family and friends for their loss. One of my Family Liaison team contacted the man's family at the start of the investigation.

The investigation was carried out by my colleague. Both he and I would like to thank the Governor and staff at HMP Risley, HMP Manchester, and HMP Forest Bank. In particular, I would like to thank one of the governors at HMP Risley and a senior officer for their full and ready co-operation during the course of our enquiries. I also thank Warrington Primary Care Trust for the appointment of a clinical reviewer.

I apologise for the delay in publishing this report, and any additional distress it may have caused. It is important, however, to include the clinical review of the man's medical treatment whilst in custody and this was not received by this office until July 2010. I am, however, grateful to the clinical reviewer who conducted the clinical assessment of the care received by the man.

The man died from natural causes, and the findings of the clinical review play an essential part in my report. As the man died within 24 hours of transferring from Manchester, the clinical reviewer was asked to consider the care that the man received at Manchester, Forest Bank and Risley. The review judges that the man should have received greater care whilst at HMP Forest Bank. Also, I am particularly concerned about the effectiveness of the emergency response in the early morning at HMP Risley, following the delay the man experienced in being seen by the doctor.

I make four recommendations concerning emergency response, chest pain protocol, and assessment of medical records on the transfer of prisoners.

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

Thea Walton
Acting Deputy Prisons and Probation Ombudsman
November 2010

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SUMMARY

On 18 February 2009, the man was remanded into custody at HMP Manchester. On arrival he had an initial healthscreen assessment which recorded that he smoked, had used cocaine in the last month, had an operation on his right femur in 1988 and suffered nerve and tendon damage in his right hand in 2002 for which he was prescribed strong pain relief.

The next day the prison detoxification team doctor (treats individuals with drug and alcohol withdrawal problems) saw the man and recorded that there was a family history of cardiovascular disease and diabetes and put a detoxification plan in place. In the weeks that followed the man saw healthcare staff on a regular basis due to the pain he experienced in his right hand. On each occasion he was prescribed appropriate medication.

On 11 August, the man appeared at Crown Court, was further remanded into custody, and sent to HMP Forest Bank. In the four weeks that he was at Forest Bank he complained of chest pains on three separate occasions. On each occasion he was seen by a prison doctor and on the third occasion the doctor requested an electrocardiograph (ECG) to be undertaken. By the time he moved from Forest Bank no ECG had been conducted.

The man appeared in Crown Court, from Forest Bank, on 18 September, and was sentenced to four and a half years in custody and sent to Manchester. On arrival at the prison he was seen by a nurse who recorded that all his details were still held and that there had been no change since his last time at Manchester four weeks previously and did not say that he recently had chest pain.

On 22 October the man transferred to HMP Risley and it was recorded that no immediate action was required. The next day, at approximately 6.10am, the man called for assistance by pressing his cell bell. A nurse arrived at the man's cell, accompanied by two officers at approximately 6.27am. He told the nurse that he had pain across his upper chest, he said he had experienced the same symptoms in a previous prison, and that he had been waiting to have an ECG. The nurse prescribed general pain relief, and advised the man to attend healthcare later that morning for an ECG, but to ring his cell bell if the pain relief did not reduce his symptoms.

The man reported to healthcare at 9.01am to have the ECG; however the ECG was not conducted until 10.25am. In light of the ECG results the prison doctor immediately called for an emergency ambulance. Whilst waiting for the arrival of the ambulance the man went into cardiac arrest. The doctor, with the assistance of healthcare staff, commenced cardiopulmonary resuscitation (CPR) until the paramedics arrived. After a period of emergency treatment the paramedics took the decision to transfer the man to hospital. After arrival at the hospital and further emergency treatment, the hospital doctor pronounced the man had died at 11.40am.

The prison family liaison officer and prison chaplain left Risley within an hour to attempt to tell the man's family of his death. In the days that followed, the prison chaplaincy maintained contact with the man's family by phone and personal visit to offer support as well as assisting with the funeral arrangements. The prison offered financial support towards the cost of funeral expenses.

THE INVESTIGATION PROCESS

1. My investigator studied all relevant prison records relating to the man. They included his main prison record, medical records and statements made by staff. Notices were also posted to staff and prisoners in Risley about the investigation and three prisoners came forward. My investigator visited Risley on 8, 13 January and 2 February 2010 and interviewed a total of seven members of staff and the three prisoners.
2. My investigator visited HMP Manchester on 19 January and 9 February, and interviewed six members of staff.
3. My investigator visited HMP Forest Bank on 15 and 26 January, and interviewed three members of staff.
4. My investigator also interviewed two members of staff from G4S (transport of prisoners to courts and transfers between prisons) on 29 January.
5. Warrington Primary Care Trust identified a medical practitioner to carry out a review of the man's clinical care. I thank the clinical reviewer for undertaking this review. My investigator discussed aspects of the man's treatment with healthcare staff at Risley, Manchester and Forest Bank and with the clinical reviewer. I requested the review within ten weeks of the man's death and received it on 28 July 2010. The delay receiving the review has significantly affected the timeliness of my own report. However, I thank the clinical reviewer for his comprehensive report.
6. My investigator wrote to Her Majesty's Coroner to inform him of the nature and scope of the investigation. A copy of the Post Mortem report was made available. The investigator maintained contact with the Coroner to update him on the progress of the investigation. Upon completion, a copy of the investigation report will be sent to the Coroner to assist in his enquiries into the man's death.
7. One of my Family Liaison team contacted the man's family at the beginning of the investigation and offered them the opportunity to raise questions and concerns for us to consider. The man's family raised the following concerns:
 - They believe the man had been complaining of chest pain for three or four weeks before his death and question whether he would have survived if he had been diagnosed and treated as soon as he started to complain of chest pains.
 - They wish to establish if there is any evidence that staff at HMP Manchester had labelled the man as "a complainer" and were, therefore, slow to respond to his health needs.

- They want to understand the reasoning and rationale about the timing and reasons for the man's transfer to HMP Risley.
 - They would have appreciated an acknowledgement of his death from HMP Manchester, and the absence of any condolences contrasts unfavourably with the very sensitive letter they had received from the Governor at HMP Risley.
8. I have attempted to address the issues raised by the man's family within this report and I hope that it provides a better understanding of the treatment he received and the events leading up to his death.

After having the opportunity to see the draft report, the man's family were angry and upset to read what a fellow prisoner said during his recorded interview. They wished the final report to reflect the fact that that they did not know this man nor had they received a call from him on the day of their relative's death as he stated in the interview transcript.

HMP RISLEY

9. 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 1,085, making it the largest category C prison in the country.
10. 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 referred to other prisons or to outside hospital.
11. The prison was most recently inspected by HM Chief Inspector of Prisons during an unannounced inspection between 14 and 18 July 2008. In her subsequent report, the Chief Inspector made the following comments:

“Aspects of reception, first night and induction remained poor and, while violence reduction arrangements had been strengthened, staff struggled to cope with the pervasive influence of readily available drugs and gang activity.

“Few prisoners had long journeys to Risley, but some were told of their transfer only on the same morning. Most arrived in good time, but some said they had been kept waiting outside reception in vans over lunch breaks. Relationships with escort contractors appeared satisfactory. Most transfers in were planned and wasteful moves kept to a minimum.”

12. Regarding healthcare services at Risley, the Chief Inspector stated in her report:

“New arrivals were given a written information sheet on healthcare services, but this was poorly presented and available only in English. All were seen by a member of healthcare staff in reception. Their immediate health needs were assessed and they were offered an appointment with a GP the following day. Prisoners with identified specific health needs were offered an appointment with the GP or other health professional as appropriate and given their appointment slip to take away with them.

“Prisoners attending the healthcare centre at treatment times were assessed by a nurse and could if necessary be offered a same day appointment on weekdays. At weekends, the local out-of-hours provider was used or an appointment made for the following Monday.

“Out-of-hours medical cover was provided by a local service and the three senior nurses on the healthcare team were also on call on a rota basis to support healthcare staff. Emergency clinical

equipment was located in the healthcare centre. Staff said this was regularly checked, but there was no written record.

“A number of policies and procedures were available in the department, but these were either not signed or out of date.”

13. Each prison in England and Wales has an Independent Monitoring Board (IMB) formed of volunteers from the local community. 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. The most recent annual report published by the IMB for the period 1 April 2008 to 31 March 2009 does not contain any issues that impact on this investigation.
14. Prior to the death of this man, there have been six previous deaths at Risley since the Ombudsman began investigating all deaths in prisons in 2004. There are no similarities between the previous deaths and that of this man's.

HMP MANCHESTER

15. HMP Manchester is a Victorian local prison which accommodates people who are remanded into custody from courts in Greater Manchester. It has been part of the High Security Estate since 2003. The prison consists of two blocks containing a total of nine wings with a mix of single and double cells.
16. Healthcare at Manchester is commissioned by the Manchester Primary Care Trust. The healthcare centre provides 24 hour nursing care and medical cover, and has beds for up to 20 patients, who are admitted on clinical need only.
17. Manchester was last inspected by Her Majesty's Chief Inspector of Prisons in July 2009. In her report the Chief Inspector summarised Manchester as follows:

“Manchester is a complex and large prison, which needs to manage a varied population, including those involved in gang activity. It is commendable that it has managed to retain its local prison focus, and to provide purposeful activity for a large number of prisoners, while holding securely its category A prisoners. The focus and direction of its resettlement work needs attention: in particular, the services for drug and alcohol users. More fundamentally managers need to explore and remedy the lack of trust between some staff and prisoners, building on the strong relationships in some parts of the prison to ensure that interactions are both appropriate and positive.”

18. Specifically with regard to transfers, in the report the Chief Inspector said:

“The escort contractor was Global Solutions Limited (GSL) and relationships between reception staff and GSL were good. There were approximately 80 receptions each week and around 150 discharges each month. Reception staff said that they were not always told what time escort staff would arrive to collect prisoners who were being transferred.”

“The cellular vehicles we looked at were clean and held refreshments. In our survey, prisoners responded significantly more positively than at comparator establishments about their safety during transit, the attention paid to their health needs during the

journey, their comfort and the frequency of toilet breaks. Prisoners were not handcuffed in the vehicles or when moved into the reception area, except for those who had been identified as presenting an escape risk. Prisoner escort records were fully completed and paperwork was checked thoroughly by reception and escort staff before prisoners were accepted.”

19. The Chief Inspector looked at the complaints procedure, and made the following comment:

“The most common areas of complaint were accessing property, visits, healthcare and matters relating to telephones. The quality of responses was variable. Although some provided a satisfactory response, others were poor and merely repeated the establishment’s rules and routines, rather than answering the prisoner’s specific issues. Performance reports indicated that no complaints had been substantiated between April and July 2009. Quality checks were carried out by the audit team.”

20. On reviewing the healthcare services, the Chief Inspector’s findings were:

“There was evidence of strong support from the primary care trust. Primary care services had improved and there was access to a range of in-house and visiting specialist clinics. The introduction of telemedicine had significantly reduced the number of prisoners going out of the prison for NHS assessment. The healthcare application system was not sufficiently robust, and the absence of prisoner focus groups meant that prisoners were unaware of significant changes in healthcare delivery. The management of external NHS appointments was efficient, and inpatient health provision satisfactory. Overall, there was good access to health services, most of which were comparable to those found in the community.”

21. The latest IMB report for Manchester was produced in 2008 in which they made the following comments:

“The problem of prison overcrowding has a very negative impact on prisoners in a number of ways: induction on reception and first night arrangements; the difficulty of arranging accumulated visits and transfers of prisoners to their own locality; and transfer of prisoners to other establishments to undertake the courses specified in their sentence plan.

“Treatment clinics are held on weekdays in the outpatients' section of Healthcare. There is a Mental Health In-reach Team within Healthcare and a member will visit prisoners on the wings.”

HMP FOREST BANK

22. HMP Forest Bank is a privately managed prison operated by Kalyx. It is situated on the outskirts of Salford. The prison opened in January 2000 and has an operational capacity of over 1,424 prisoners.

23. Healthcare facilities at Forest Bank are provided by Kalyx. General Practitioner, pharmacy and dentistry services are contracted out and are provided by local practitioners. Services provided by the Mental Health In Reach Team are commissioned from, and delivered by the Salford Primary Care Trust.

24. Forest Bank was last inspected by Her Majesty's Chief Inspector of Prisons in September 2007. In her report the Chief Inspector summarised Forest Bank as follows:

"Forest Bank is a contracted-out local prison in Salford, run by Kalyx. Its first inspection, in 2002, was relatively positive, though it lacked sufficient activity. A follow-up inspection in 2005, however, recorded significant concerns about safety, including the availability of illicit drugs.

"This inspection found that safety had improved, and that overall Forest Bank was not an unsafe prison. However, some weaknesses remained, such as the arrangements for prisoners' first night in the prison and the management of bullying, which young adults in particular reported to be a problem."

25. On reviewing the healthcare services, the Chief Inspector's summary was:

"Healthcare was unacceptably poor, with staff shortages and some unsafe reception screening and pharmaceutical practices. Primary

care, including primary mental healthcare, was weak, and inpatients had a very limited regime. Secondary mental healthcare was, however, reasonably good.”

26. The latest IMB report for Forest Bank was for the period December 2008 to December 2009 in which they made the following comment regarding healthcare services:

“There is a Healthcare centre with both inpatient and outpatient facilities

“There are a lot of issues concerning Health Care particularly with appointments to see the doctor, medication and prescriptions. This has been evidenced by the number of applications to the board. We are pleased to report that the waiting times for routine appointments to see the G.P have been reduced.

“A new clinical IT system has also been agreed which will in time link directly to the NHS system so information can be shared. This will be sited in the new building along with the IDTS wing this should improve and make it easier to control and administer methadone treatment times.”

KEY EVENTS

27. The man was born in June 1970 and lived in the Manchester area. He was single and had two teenage children from a previous relationship. The man had been unemployed since 1988 following an injury sustained in a road traffic accident. He was a smoker, had a history of using illicit drugs and had served previous custodial sentences.
28. On 18 February 2009, the man was remanded into HMP Manchester. On arrival he had an initial healthscreen assessment conducted by a Healthcare Assistant (HCA), who recorded that the man said that he smoked and had used cocaine in the last month. A urine sample test was taken and showed to be positive for cocaine and Subutex (an opiate addiction treatment). Later the same evening a prison doctor saw the man and recorded that he had an operation on the right femur in 1988 and suffered nerve and tendon damage to the right hand in 2002. The man had previously been prescribed gabapentin (for treatment of nerve pain). The doctor referred the man to the drug detoxification (Detox) team.
29. The next day the prison Detox doctor saw the man and recorded that he had taken 12mg of Subutex the previous day. The doctor also recorded that the man said that there was a family history of cardiovascular disease and diabetes. He told the doctor that he smoked 10 to 19 cigarettes a day, and before he came into prison, drank three to four cans of beer and used heroin and crack cocaine. The prison Detox doctor authorised a Subutex dextoxification plan for the man.
30. On 23 February, when a nurse issued the man his Subutex medication he was observed to have tissue paper under his top lip and attempted to manouver the Subutex into the tissue (this is a method known to be used amongst prisoners so they can trade medication). When challenged by an officer, the man swallowed the tissue and Subutex. The nurse checked the man's mouth to ensure that he had swallowed the Subutex and that it was not hidden under his tongue, and referred him to be seen by the Detox doctor.
31. The prison Detox doctor saw the man on 2 March and recorded that there was no evidence of drug withdrawal and informed him that, based on the evidence available, there was no need for the dextoxification programme to continue. The man's solicitors wrote to Manchester on 4 March stating that their client complained that he had not received any detoxification care and had not been seen by a doctor since his remand on 18 February. Manchester responded to this letter outlining the medical interventions that had taken place since the man arrived at the prison.
32. On 12 March, a third prison doctor saw the man as he complained of pain in his right hand. The doctor recorded that the man had problems

with his hand since 2002 and preferred gabapentin for pain relief. The doctor prescribed 100mg gabapentin capsules to be taken twice a day.

33. The man saw a fourth prison doctor on 23 March as the pain relief was only partially effective. The doctor recorded that in addition to the problems with his right hand the man also suffered from a shaving rash. The doctor prescribed an increase of gabapentin to 300mg twice a day and fusidic acid cream and hydrocortisone acetate cream (both for treatment of skin infections) to be applied twice a day.
34. Due to breach of prison rules regarding the attempt to obtain unlawful items via the post and on a prison visit on 7 April, the man was moved to the segregation unit (single cell accommodation in the segregated part of the prison where prisoners are closely monitored by staff) . On arrival in the segregation unit, a nurse saw the man but he refused to be examined or answer any medical questions. At interview the nurse confirmed that it was the man's right to refuse to be examined, but that there were no visible signs of illness or injury.
35. The man remained on the segregation unit until 2 June, when he returned to the a normal cell on K Wing. During this period he was seen and checked regularly by healthcare staff but no issues or concerns were raised.
36. On 10 June, a fifth prison doctor saw the man as he was still in pain from his hand. The doctor recorded that other than his hand the man had no other issues and the doctor increased the prescribed gabapentin to 600mg in the day and 300mg at night. The doctor advised him to return to healthcare if the pain did not ease.
37. Two days later a nurse responded to an alarm call from wing staff that another prisoner had thrown a cup of hot water over the man. The nurse recorded that the man said that he had no injuries or scalding and that the cup of water had hit the wall and not him. He refused to allow the nurse to examine him but the nurse recorded that there were no obvious signs of injury.
38. Due to further breach of prison rules, on 16 July the man was again taken to the segregation unit. For the next eleven days he was seen each day by a member of healthcare staff and there were no issues or concerns raised. He then returned back to a normal wing.
39. On 11 August, the man appeared at Crown Court, was further remanded, and taken to HMP Forest Bank. On arrival a nurse conducted a healthscreen which confirmed the man's gabapentin medication and his history of substance misuse from the medical records from Manchester. The nurse recorded that the man had no thoughts of self harm, his blood pressure was 116/78 with a pulse of 62 and his weight was 81kg. (The normal range for blood pressure is 100/70 to 140/90, although the pressure does vary throughout the day

depending on the individual's activities. A blood pressure reading of greater than 140/90 is classed as high and a reading of 90/60 or below is classed as low.) The nurse assessed the man as fit for normal location and work

40. The next day a prison doctor saw the man and recorded that he said he had purchased 2mg of Subutex from other prisoners on the wing since his arrival. He had been offered and refused Britofex (for treatment of opiate withdrawal). The doctor continued the prescribed gabapentin at the level of 600mg in the day and 300mg at night.
41. Due to spitting on a member of staff, the man was moved to the segregation unit on 17 August, where he remained until his court appearance on 18 September. The following day a second prison doctor tried to see the man as part of the assessment of prisoners in the segregation unit. He said that he did not want to see a doctor.
42. On 21 August, a third prison doctor saw the man who said that he had pain in his upper chest, in his collar bones and down both arms. The doctor recorded that the man's pain was not related to exertion and his abdomen was not tender. The doctor prescribed paracetamol and advised the man to ask to see healthcare if the pain got worse. Four days later the man was reviewed by the second prison doctor, who recorded that he said he did not want to see the doctor.
43. At the same time senior management at Forest Bank considered the man's categorisation assessment, to decide which prison would be best suited to meet the needs of his sentence and rehabilitation prior to his release back into the community. This was completed on 24 August which assessed the man as a category C prisoner, suitable for the prison regime available at HMP Risley, pending his future court appearance.
44. A fourth prison doctor assessed the man on 30 August as he had complained of pain in his upper chest and shoulders. On examination, the doctor recorded that his chest was clear and that the man's heart sounds were normal. The doctor advised the man to continue with the pain relief. The next day the same doctor checked on the man but he said that he did not want to see a doctor.
45. On 8 September, the fourth prison doctor saw the man, as he reported experiencing pain in his shoulders and arms for a few days but not that particular day. The doctor recorded that there was no typical cardiac chest pain, but requested that an electrocardiograph (ECG) (to measure and diagnose abnormal rhythms of the heart) was to be completed when possible.
46. The fourth prison doctor tried to see the man on two further occasions, 13 and 15 September, but on each occasion the man said that he did

not want to see the doctor. There is no record that the request for an ECG was actioned by this doctor or any other clinician.

47. At interview the fourth prison doctor said that it was his understanding that it was the responsibility of other healthcare staff to arrange and conduct the ECG. He further commented that when he saw the man on the 13 and 15 September, as the man said he did not wish to see a doctor, he assumed that the chest pain problem had resolved itself.
48. The investigator interviewed the Healthcare Manager at Forest Bank to establish the procedure for healthcare staff following up clinical requests. The Healthcare Manager said that if a prisoner had been seen in healthcare any clinical request would usually have been acted on straight away. In cases where a prisoner was in the segregation unit, as this man was, he said the prisoner would be taken to healthcare for further treatment by healthcare staff.
49. On 18 September the man appeared in Crown Court. The Person Escort Record Form (PER) was completed which indicated that there was a risk of violence and drugs and the man was to be kept separate from a fellow prisoner with whom there was a history of trouble. The section on health risks was completed by a nurse who recorded that there were no medical or mental health risks.
50. The man was sentenced to four and a half years in custody and sent to HMP Manchester. On arrival at the prison he was seen by a nurse who recorded that all his details were still held from his previous stays and that there had been no change. At interview the nurse confirmed that the man told her that there had been no changes since he was last at Manchester, and that all he wanted was his gabapentin. The nurse told the investigator that the man did not mention that he had chest pains whilst at Forest Bank. Later the same day a doctor saw the man and authorised the prescribed level of gabapentin. There is no record that either the nurse or the doctor reviewed the medical records from Forest Bank or made reference to the fourth doctor at Forest Bank's recommendation for an ECG.
51. Three days later a further categorisation assessment was completed by senior management at Manchester which confirmed the earlier assessment made at Forest Bank, which included the proposed transfer of the man to Risley.
52. A nurse saw the man on 22 September and recorded that he smoked 20 to 39 cigarettes a day, weighed 82.55kg, and had a family history of cardiovascular disease and diabetes. The nurse gave him health advice regarding smoking cessation and testicular cancer.
53. A fellow prisoner told the investigator that he had been friends with the man from childhood and they were on the same wing at Manchester. The fellow prisoner told my investigator that the man had requested to

see the doctor on two occasions because he had chest pains. He explained the system to have an appointment with healthcare was that prisoners completed an appointment slip and then were later told when their appointment had been made. The fellow prisoner was unaware if the man had been told when his appointments were due. He went on to say that both he and the man were on the exercise yard together when staff went to the man's cell to take him over to healthcare. This meant that the man did not have his appointment with the doctor.

54. The investigator interviewed the healthcare manager who confirmed that the appointment system worked as described by the fellow prisoner, and that prisoners were told the time of their appointment. The healthcare manager said that prisoners were aware that it was their responsibility to be in their cell and wait to be escorted to healthcare by uniformed staff in time for their appointment. She explained that prisoners who required urgent medical attention would either raise the alarm directly with a uniformed member of staff or press their cell bell. Prison records show that the man had been in Manchester on several occasions since 2004 and therefore it is reasonable to expect him to have known the procedure for arranging a healthcare appointment as the appointment system had been in place for many years.
55. The only other entries on the man's medical records were on 28 September when a nurse issued paracetamol for a headache, and on 21 October when a further nurse recorded that he appeared fit for transfer. There is no evidence available that shows that the man was seen by a doctor after he saw the first prison doctor on 18 September, nor any evidence that the earlier request for an ECG had been actioned.
56. The nurse who had earlier recorded he appeared fit for transfer confirmed at interview that in assessing the man as fit for transfer there was a check for outstanding hospital appointments or specific ongoing treatment. The nurse then printed off the man's medical record which was placed in a sealed envelope marked 'confidential' ready to be taken to the next establishment.
57. On 22 October the man transferred to Risley and a PER was completed that indicated security risks but no risks regarding medical or mental health. The health assessment had been signed by a nurse from Manchester.
58. The man was transferred from Manchester to Risley by G4S, inter prison transfers. Two prison custody officers (PCOs) confirmed at interview that they were the officers that were on duty and responsible for the transfer of the man. One PCO was the driver and the other PCO the escort officer. The escort officer also confirmed that he signed for all the documentation and property for the six prisoners to be transferred, which included this man. The escort officer said that this included the sealed medical records for each prisoner and he had to

record this on the G4S documentation accordingly. The transport vehicle left Manchester at 2.10pm.

59. En-route to HMP Risley, the escort officer was required to check the prisoners whilst in transit. He confirmed that he checked on the man on three separate occasions during the journey and recorded that on each occasion he was looking out of the window.
60. On arrival at Risley at 2.45pm, the escort officer said that he handed all the documentation and property over to the prison uniformed reception staff. The escort officer then allowed the prisoners off the transport vehicle into the custody of the prison reception staff.
61. At approximately 4.00pm a healthcare assistant (HCA) conducted a healthscreen assessment and noted that the man said he was pleased to be at Risley, had no thoughts of self harm and was a smoker. The HCA recorded his blood pressure as 125/75 with a pulse of 82, that he was prescribed gabapentin and that there was no immediate action required. He offered the man smoking cessation advice. At interview the HCA said that no medical records had been transferred with the man.
62. A cell sharing risk assessment was completed and the man stated that he was prepared to share a cell as long as it was not with anyone from an ethnic minority background. Due to this declaration the assessment was made that he should initially be located in a single cell until a further indepth review could be undertaken.
63. A fellow prisoner who had transferred with the man from Manchester told the investigator at interview that later that same evening the man had purchased cocaine on the wing. The fellow prisoner said that he saw the man smoke the drugs at approximately 7.00pm and the next morning was told by the man that he had chest pains.

Events on the day of the man's death

64. At approximately 6.10am, as part of his duties, an officer conducted a cell check on the wing when the man called for assistance. He told the officer that he had pains in his chest and in both arms and wanted to be seen by someone from healthcare. The officer contacted the healthcare centre by telephone to ask for a nurse to come and see the man.
65. The orderly officer in charge of the prison received a telephone call at approximately 6.15am from a nurse to say that the man had chest pains and felt unwell. The orderly officer went to healthcare and collected the nurse and they then went to the man's cell. During the night all prisons are in patrol state and nurses would not have cell keys.

66. The nurse, accompanied by the orderly officer and the officer who had contacted healthcare to ask for a nurse, entered the man's cell at approximately 6.27am. The man told the nurse that he had pain across his upper chest and it was tender to the touch. He also told the nurse that he had experienced the same pain in a previous prison and had been waiting to have an ECG. The nurse recorded that he had a good colour, was not short of breath, and did not feel sick or dizzy. The nurse recorded his blood pressure as 148/99 with a pulse of 72, prescribed paracetamol and ibuprofen. The nurse advised the man to attend healthcare later that morning for an ECG but to ring his cell bell if the pain relief did not reduce his symptoms.
67. At interview the nurse said that a very classic sign of a heart attack would be a central chest pain that might move to the left side of the chest, sometimes down to the left arm and sometimes up into the jaw. The nurse was aware that these symptoms are not always present with a cardiac pain. The nurse said that the man complained of pain around the collar bone area which was tender to the touch; otherwise he did not appear unwell.
68. The orderly officer told the investigator at interview that he recalled the man told the nurse that he had pains in his chest and down his arms and that he had waited for an ECG whilst at Forest Bank. The orderly officer said that he was aware that the nurse had made an appointment for the man to see the doctor later that morning. The orderly officer also said that if the nurse had told him that the man needed to go to hospital an emergency ambulance would have been called straight away.
69. The man reported to healthcare at 9.01am to have the ECG; however the ECG was not conducted until 10.25am. An HCA took the ECG result to a prison doctor. In light of the results, and having spoken to the man in the consultation room to obtain the history of his chest pain, the prison doctor immediately asked for an emergency ambulance. From the prison control room log, the 999 call was made at 10.42am.
70. At interview the prison doctor explained that when prisoners arrive in healthcare for appointments they are seen by the Out-Patient Nurse who books them in on the system and they are usually seen in the order that they arrived. However the prison doctor said that all the clinics were listed on the computer screen and staff could enter an administration note below the prisoner's name to ask for someone to be seen first or request a certain treatment.
71. The prison doctor gave the man 300mg aspirin and three puffs of glyceryl trinitrate (GTN) spray (for treatment of angina and heart failure) which greatly relieved the pain. The HCA bought an oxygen cylinder into the room and assisted the doctor to give the man a full flow of oxygen. The doctor left the room to fetch the cannulation equipment (to allow medicines to be administered direct into the blood stream), whilst the HCA remained with the man.

72. The doctor returned within sixty seconds to find that the man's breathing was slow and erratic and had become blue in colour. The doctor checked for a pulse and heart beat but there was no response. The doctor, assisted by the HCA and a visiting physiotherapist, commenced cardio pulmonary resuscitation (CPR) and used an automatic external defibrillator (AED) (portable electronic device that diagnoses heart rhythm and gives electrical therapy to allow the heart to re-establish a normal rhythm). The healthcare staff continued with the CPR until the paramedics arrived.
73. A paramedic arrived at 10.52am and took over the CPR, assisted by an ambulance crew who arrived two minutes later. The prison doctor also assisted the paramedics in the treatment given to the man. After a period of emergency treatment the paramedics took the decision to transfer the man to hospital. The ambulance left the prison for outside hospital at 11.22am. After arrival at the hospital and further emergency treatment, the hospital doctor pronounced the man had died at 11.40am.
74. The prison family liaison officer and the prison chaplaincy left Risley at 12.35pm to inform the man's nominated next of kin, his sister, of his death. They arrived at the man's sister's address at 1.15pm to find that she was not at home. A neighbour said that she was at work. The prison family liaison officer contacted a governor to pass the information on, and the prison was able to contact the man's sister via her mobile phone and she returned home, with her husband, to meet the prison family liaison officer and the prison chaplaincy.
75. Later that same day a Governor held a hot debrief for all the staff involved in the emergency, which included the officers that accompanied the man to hospital. (A hot debrief offers staff involved the opportunity to discuss the incident. The purpose is to offer reassurance, information and support). A member of the care team and chaplaincy was available to offer support to staff and prisoners affected by the man's death.
76. In the days that followed, the prison chaplaincy maintained contact with the man's sister by phone and personal visit to offer support as well as organising the funeral arrangements. The prison offered financial support towards the cost of funeral expenses.

ISSUES

Clinical care

Initial remand period at HMP Manchester

77. On his remand into custody in February 2009, the man was appropriately assessed by healthcare staff at Manchester. Due to his family history of cardiovascular disease and diabetes and along with the detail that he smoked, used alcohol and illicit drugs, he was a young man with a moderate to high risk of developing heart disease. The clinical review made the following comment concerning the man's treatment for drug misuse:

“On the information available to me I take the view that the man's illicit substance misuse problem was managed in an appropriate manner. It appears that he was no longer using the illicit substance/s for which he had received the detoxification treatment at the time of his transfer to HMP Risley.”.

Second remand period at HMP Forest Bank

78. The man moved to Forest Bank following his court appearance on 11 August. It was whilst at Forest Bank that he complained of chest pain on three separate occasions over a two week period from 21 August to 8 September. On each occasion the man was seen by a prison doctor, firstly by one doctor and on the second and third occasion by the same doctor. That doctor requested an ECG to be undertaken, but this was not followed up by healthcare staff or by the doctor who saw the man twice more on 13 and 15 September.
79. Although clinicians use their physical assessment skills to identify deteriorating health and clinically assess patients into the most appropriate care locations, there is evidence that this did not occur in this man's case. Whilst it is unknown whether the immediate investigation by an acute specialist would have made a positive difference to the man, the failure to holistically assess and seek the guidance of specialists or to apply best practice guidance are serious lapses in care.
80. The clinical review carefully considered the assessment of the symptoms presented to the doctors at Forest Bank by the man and stated:
- “ he had symptoms which needed a careful analysis to determine whether or not they pointed to the presence or absence of ischemic heart disease.”
- 81.