Investigation into the circumstances surrounding the death of a man at HMP Dovegate on 25 February 2009

Report by the Prisons and Probation Ombudsman for England and Wales

February 2010

The man was a prisoner at HMP Dovegate when he died of a heart attack on 25 February.

I would like to extend my condolences to the man's family and friends and all those affected by his death. From his prison records, it is clear that the man was popular with both staff and fellow prisoners.

One of the Ombudsman's investigators, was appointed to investigate the circumstances of the man's death. I would like to apologise for the delay in issuing this report, which was due to work pressures within this office. A clinical review was commissioned from South Staffordshire PCT, who appointed the Clinical Reviewer to lead the review panel. I am grateful for their contribution to this investigation.

I am also grateful to the assistance provided to the investigator by the Director of Dovegate and his staff. In particular, I would like to thank the prison's Liaison Officer, for his help.

The man had little contact with healthcare during his time in prison. On 25 February, he attended the gym as usual but told a PE instructor that he had a pain in his back. He was taken to healthcare and seen by a nurse, who referred him to a doctor. When the doctor saw him, he asked him to take his top off. As he did so, the man collapsed. Although staff attempted to resuscitate him, sadly they were unsuccessful. The man was pronounced dead shortly after arriving at Queen's Hospital, Burton on Trent.

The clinical review panel makes one recommendation, which I endorse, and it concerns responsibility for calling an ambulance in an emergency.

Jane Webb
Acting Prisons and Probation Ombudsman **February 2010**

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SUMMARY

In September 2007, the man was remanded in custody at HMP Birmingham charged with offences relating to the illegal importation of controlled substances. He was sentenced in November at a local Crown Court to 12 years imprisonment.

The man transferred to HMP Dovegate on 17 December, so that he could attend various courses to address his offending behaviour. He attended the gym for the first time on 19 December, where he undertook an induction and completed a health questionnaire. He reported no health problems, signed a disclaimer to that effect, and became a regular attendee.

The man attended healthcare on a number of occasions for various ailments. He had dry skin, eczema, a pain in his neck and a pulled muscle in his back when he briefly returned to Birmingham in September 2008.

When the man returned to Dovegate on 29 October he was seen by healthcare in reception. Again he reported no health problems.

Over the next few months the man was described as a "model prisoner". He worked on the wing servery and appeared to have good relationships with staff and prisoners.

On 25 February, the man attended the gym at approximately 1.35pm. He trained by himself that afternoon, which was unusual, however, he talked and engaged with other prisoners.

At the end of the session at approximately 2.40pm, the man mentioned to a Physical Education Instructor (PEI) that he had a pain in his back. The PEI thought he might have trapped a nerve. Once back on the wing, he spoke to the PEI again and asked to be taken to healthcare as his back was hurting badly and he had pins and needles in his hands. Another PEI escorted him to healthcare and recalled that he told her he thought he had trapped a nerve.

At 3.30pm the man was seen by a nurse. He told her that whilst in the gym he had felt some chest pain, but this had gone away. However, he now had pain radiating to his hands. The nurse took his pulse, blood pressure and blood oxygen saturation level and decided he should see a doctor. When the doctor received the nursing report, he thought it sounded like a sprain, although he was concerned about the radiation of the pain. Although the observations taken by the nurse did not indicate immediate danger, the doctor asked to see him immediately.

The man saw the doctor at 3.50pm. The doctor took a history of what had happened and still believed that the pain was a spinal pain induced by weightlifting. As the doctor commenced his examination, he fell to the ground. He lost consciousness and had a seizure which lasted about three minutes. Although still breathing, the doctor noticed the man appeared cyanosed. Less than a minute later the man stopped breathing. The doctor and a nurse began cardio-pulmonary resuscitation (CPR), including use of a defibrillator. An ambulance was called and paramedics arrived at the prison at 4.37pm. They took over CPR and at 5.00pm, a femoral pulse

was established in the man's groin. The paramedics then transferred him to hospital. CPR continued at the hospital, but no pulse or signs of breathing could be found. The man was pronounced dead at 5.50pm.

There is one recommendation arising from the clinical review. This concerns the process to ensure that staff are fully aware of who is responsible for calling an ambulance in an emergency, and that it is clearly documented on the incident log.

THE INVESTIGATION PROCESS

1. An Investigator was appointed to conduct this investigation. She was sent all the man's prison records from Dovegate, including his medical records. Notices were issued to both prisoners and staff inviting anyone who had information regarding the man's death to make themselves known to the investigator. Two prisoners made contact with the Investigator they were spoken to informally and the evidence of one of the prisoners is used in this report.

2. The Investigator visited Dovegate on 18 and 19 May 2009 to carry out taped interviews with staff and untaped interviews with two prisoners.

3. One of the Ombudsman's Family Liaison Officers, contacted the man's family to explain the role of the Prisons and Probation Ombudsman and to offer them the opportunity to participate in the investigation. The man's family did not want a visit from the investigator, but did raise a concern that the man's quick diagnosis and treatment may have been compromised as he was in prison.

4. South Staffordshire PCT were commissioned to conduct a clinical review and appointed a Senior Clinical Governance Manager, to conduct the review. The Director of Dovegate convened a panel involving experts in prison care to evaluate her findings.

HMP DOVEGATE

5. HMP Dovegate is a prison near Uttoxeter, Staffordshire. It opened in 2001, and is operated by Serco, under contract to the National Offender Management Service. It holds up to 860 male prisoners, usually serving sentences of between four years and life. Dovegate offers education, work opportunities and courses to help prisoners deal with their offending behaviour. Healthcare services are provided by Serco Health.

Her Majesty's Chief Inspector of Prisons

6. Her Majesty's Chief Inspector of Prisons last conducted an announced inspection in 2008. Her report noted that the prison had, since the previous inspection, become a "safer and more controlled prison with reasonable purposeful activity", although resettlement remained weak. Her Majesty's Chief Inspector of Prisons also noted that the personal officer scheme was underdeveloped, but that healthcare staff, though stretched, provided a satisfactory service.

7. The Personal Officer scheme was described more fully as "generally good and well managed". The scheme had been changed in 2008, with officers allocated to cells rather than prisoners. However, only 48 percent of prisoners understood the role of the officer, and some staff seemed unclear as well.

8. Her Majesty's Chief Inspector of Prisons also discussed healthcare arrangements at the prison. After commenting that there were insufficient staff at the time of the inspection, Her Majesty's Chief Inspector of Prisons also commented that provision of emergency equipment outside of the healthcare unit was poor. All healthcare staff had undertaken mandatory CPR (cardiopulmonary resuscitation) training.

Independent Monitoring Board (IMB)

9. Each prison has an IMB, made up from members of the local community who monitor the prison on a daily basis to ensure prisoners are treated humanely and are prepared for release. Each IMB produces an annual report for the attention of the Secretary of State for Justice.

10. The last published report for the Dovegate IMB covers the period from October 2007 to September 2008. Of matters relevant to this investigation, they commented that healthcare had suffered because of a turnover in management, and that they were uncertain how effectively the personal officer scheme was working. Overall, however, the IMB believed that Dovegate had become "calmer and more orderly".

Personal officers

11. Each prisoner is allocated a personal officer. They provide the prisoner with a named point of contact should they have any problems or issues that they wish to raise.

Incentives and Earned Privileges Scheme (IEPS)

12. The Incentives and Earned Privileges Scheme (IEPS) has three levels. Prisoners start on standard level. If privileges are removed, they move to basic level until their behaviour or conduct improves. Prisoners can also move to enhanced level, which can lead to a prisoner getting privileges such as more association time or phone calls.

KEY FINDINGS

13. In September 2007, the man appeared with two others at a local Magistrates' Court charged with offences relating to the illegal importation of controlled substances. He was remanded in custody to HMP Birmingham to await trial at a local Crown Court.

14. The man's medical record from his time at Birmingham is incomplete. However, between May and June 2007, he was prescribed Ibuprofen (an anti inflammatory or pain killer), peptac liquid (usually prescribed for indigestion) and Permethrin dermal cream.

15. On 16 October, the man pleaded guilty to the charges against him. One month later, on 20 November, he attended healthcare and saw a Nurse. He said he was suffering from neck pain, and had done so for some time. He had previously taken Ibuprofen for the pain, but had not on this occasion. Before coming to prison, he had sought treatment from a physiotherapist. He was given Ibuprofen and a leaflet containing exercises for his neck. He also told the Nurse that he was suffering from heartburn and dry skin. He was prescribed a further course of peptac liquid and aqueous cream to help his skin condition.

16. The man was sentenced on 27 November at a local Crown Court to 2 years imprisonment. He was seen on his return to Birmingham by reception staff and did not report having any problems.

17. As part of his sentence plan, the man moved to HMP Dovegate on 17 December so that he could attend various courses to address his offending behaviour. He told officers that he would appeal against the length of his sentence but did not have any other problems. He was assessed as being of low risk in terms of sharing a cell. He also saw a healthcare worker, who noted that he had medication in possession (Ibuprofen, aqueous cream and peptic liquid). It was also noted that he was a smoker and not used drugs in the past two years. The man confirmed that he had no health concerns and that there was no history of health problems in his family. A series of physical observations were taken, which the clinical reviewer has described as being "within normal range".

18. The man attended the gym on 19 December, and was given an induction by a PE instructor (PEI). The PEI completed a questionnaire with the man, in which he confirmed that he had no health problems. One of the questions specifically asked was whether he had suffered from chest pain, and he replied that he had not. He was then allowed to use the gym facilities.

19. On 24 December, the man went to healthcare. He was prescribed further aqueous cream for his dry skin and Gaviscon (a treatment for indigestion). A week later, on 30 December his first personal officer**,** made an entry in the man's wing file saying he had settled well on the wing.

20. The man moved wing on 11 January 2008. His new personal officer (second personal officer) recorded that he did not have any problems. A week later, he went to healthcare as he had a dull pain in his neck. He was referred to a

physiotherapist, but declined to attend the appointment on 28 February. In the meantime, he moved cell (which meant he changed personal officer again) and started work in the kitchen servery.

21. Over the next two months, the man continued to work in the servery, earning several positive comments in his wing file for his work and attitude. On 14 March, he attended a sentence planning board, which agreed short term goals of attending courses, continuing with his Open University course and maintaining his current standards.

22. On 20 May, he saw a doctor in healthcare as he had mild eczema on his hands. He was prescribed cream. The doctor also requested a fasting blood test, although it is not clear whether this was conducted. On the same day, he was allocated his third personal officer, after a change in allocations at Dovegate. The third personal officer had known the man for several months, having previously been his support personal officer (who acts as personal officer should the main officer be unavailable) and commented that "his compliance is good and his work on the wing servery is good … he is polite to both staff and prisoners".

23. The man returned to see the doctor on 20 June, once again concerned about the eczema on his hands. The doctor again prescribed cream, but also advised the man to wear non-latex gloves while working in the servery. The man was also advised that day that he had successfully completed a course on victim awareness.

24. In an entry on the man's wing file made by third personal officer on 22 June, he noted that the man regularly attended the gym and had regular visits from his family. The next day, the man was advised that he did not need to take an enhanced thinking skills course as he was deemed to be a low risk of reoffending in the future.

25. Over the next few months, the man received several further positive comments in his personal file. However, on 7 July, he tested negative during a mandatory drugs test. In September, he changed jobs and began work in the wing laundry, and had funding agreed for a further Open University course in business management.

26. On 30 September, he had a blood pressure check (the reason is not recorded), which was within normal limits at 147/81.

27. The man returned to court in October after a confiscation order was made under the Proceeds of Crime Act. (The man was ordered to pay £5247.12 within six months or face a further period of custody.) During the hearings, he moved to HMP Birmingham. When he arrived there on 20 October, he was seen by healthcare. He said he had pulled a muscle in his back. He was referred to a Prison Doctor and prescribed pain relief.

28. Returning to Dovegate on 29 October, the man was seen by healthcare staff in reception. He reported no problems. Three days later, he applied for his

security categorisation to be reviewed, and expressed a preference for a transfer to a prison near to his family. While this was being considered, he applied for permission to have an electric guitar sent into Dovegate as he was a guitar tutor. He was told that this would be unlikely, as he already had one in his possession.

29. The man was notified on 1 January 2009 that his application for recategorisation had been successful. Recommended prisons included HMP Wymott, Buckley Hall and HMP Risley. On 4 January, he made a further application to bring in a guitar, this time provided by a charity. The application was not authorised by reception.

30. Over the next two months, the man continued to work and attract positive comments from staff. On 22 January, his third personal officer noted that he was "a model prisoner". The man agreed on 14 February to help in the servery when it was short staffed, but also recommended another prisoner who wanted the next available job.

Events of 25 February

31. On the afternoon of 25 February, at approximately 1.35pm, the man attended the gym. The investigator spoke to a PE instructor at Dovegate, who knew the man and who said that he used the gym regularly. He explained that all prisoners are given an induction to the gym, and sign a health disclaimer before they are allowed to attend.

32. The PE instructor recalled that the man had trained by himself that afternoon. He explained that this was unusual, as he normally trained with others. The PE instructor said, however, that the man was talking to other prisoners during the training session, and, being only ten feet from him, he could see that he was fine.

33. At the end of the session, at 2.40pm, the prisoners were searched as normal before being escorted back to the wings. Before they left the gym, the man saw the PE instructor and mentioned that he had a pain in his back. The PE instructor recalled that the man was shrugging his shoulders and thought he might have trapped a nerve in his back. They then walked back to the main prison together.

34. After the PE instructor finished putting prisoners back on the wing, the man approached him again and asked if he could be taken to healthcare. He said that his back was now hurting badly and he had pins and needles in his hand. The PE instructor agreed, and took him to healthcare. As the next gym session included prisoners from healthcare, the PE instructor met his colleague, and fellow PEI, at the healthcare gate and asked her to take the man to see a doctor.

35. The fellow PEI escorted the man into healthcare and recalled that he said he thought he had trapped a nerve. She asked him to take a seat and went to the nurses' station to speak to a healthcare assistant. The assistant told her that she would ask a Nurse to see the man.

36. Another prisoner was also waiting in healthcare. He told the investigator that he thought the man waited for some time before being seen, and that he could not sit down because of the pain in his back.

37. At 3.30pm, a Nurse on Duty saw the man. He mentioned that he had felt some chest pain while in the gym, but this had gone away and he now had back pain radiating to his hands. The Nurse took his pulse, blood pressure and blood oxygen saturation level, and decided that he should be referred to the doctor.

38. The Doctor who was running an afternoon clinic when he received a nursing report about the man. He believed that the pain described sounded like a possible sprain, although he was concerned about the radiation of the pain. Although the observation measurements did not indicate immediate danger, he asked that the man be brought to see him immediately.

39. The man was seen by the Doctor who ran the afternoon clinic as soon as he had finished with his previous patient, which was at 3.50pm. The doctor took a history of what had happened, and still believed that the pain was in keeping with a spinal sprain caused by weightlifting. The man was breathing normally. The Doctor asked the man to remove his upper body clothing so he could examine him. As he stood up, the man fell to the ground, hitting his head on a wall as he fell (the Doctor described the examination room as small). The Doctor went straight to him and noticed that he had lost consciousness and had started to have a seizure. The doctor called out for help, and a Prison Custody Officer (PCO) went into the room to see what was needed. The Doctor asked him to get a nurse, and the PCO asked the Nurse who had previously assessed the man to assist. The seizure lasted for three minutes. The Doctor noticed that, although the man was still breathing at this point, he had become cyanosed (cyanosis occurs when there is a lack of oxygen in the blood, and can be seen when parts of the body, for example the lips, appear blue).

40. Less than a minute later, the man stopped breathing independently. The Doctor who ran the afternoon clinic had prepared a mask and oxygen, and started using an ambu-bag (a mechanical device to aid breathing) to ventilate him. The Doctor then could not find a pulse and commenced cardio-pulmonary resuscitation (CPR) with the Nurse that first assessed him when he came into Healthcare that day. At the same time, he also requested that an ambulance be called (he estimated that he asked for the ambulance at around 4.00pm).

41. Several nurses and other staff arrived after a medical emergency was called over the radio system, and they helped the doctor and nurse to administer CPR. A defibrillator was brought to the room, and gave the man two controlled shocks (the defibrillator was attached by the Doctor but delivered the shocks automatically).

42. An incident log was opened in the control room, and was maintained by a PCO. He noted that, at 4.00pm, the control room was informed by the Head of Operations at Dovegate, that an ambulance had been called (she had been relayed this information by staff at the scene). Another Nurse, who had

responded to the emergency call, also asked whether an ambulance had been called and was assured that it had been.

43. The PCO that maintained the incident log then recorded, at 4.15pm, that the control room contacted the Ambulance Service to request assistance. Ambulance Service records show that the call was received by them at 4.21pm and an ambulance was despatched at 4.23pm.

44. Meanwhile, the Head of Operations had arrived following the emergency call. She ensured that a log of events was kept in healthcare, and also arranged for a member of the care team to speak to the PCO that was first to respond to the call, who had been shaken by events. All other prisoners in healthcare were removed back to their normal location

45. Paramedics arrived at Dovegate at approximately 4.37pm. They were escorted to the healthcare centre and took over CPR. The paramedics also gave the man adrenaline, atropine (used for the treatment of an extremely low heart rate) and amnioderone (used for the treatment of an irregular heart beat). At 5.00pm, an independent femoral pulse was established (the femoral pulse is found in the groin). The paramedics then transferred the man to Queen's Hospital, Burton on Trent. The ambulance left Dovegate at 5.25pm and arrived at 5.42pm. Two PCO's accompanied the man to hospital. He was not handcuffed.

46. The man was met by a full cardiac arrest team on his arrival at Queen's Hospital. Another two rounds of CPR were administered, and he was given more adrenaline. No pulse or signs of breathing could be found however, and the man was certified as dead at 5.50pm by the Emergency Department consultant.

47. One of the PCO's that accompanied the man to hospital telephoned Dovegate and informed them of the man's death. After the ambulance left for the hospital, the Director, held a hot de-brief (a meeting with all staff who had been involved with the emergency to discuss what had happened) with staff involved to ensure that all immediate issues had been addressed. The Director issued a notice to staff and prisoners informing them of the man's death, and the Head of Operations went to the house block where the man had lived and informed the prisoners in person. She also went to each block and informed prisoner representatives and peer support workers (often known as Listeners, that is prisoners who are trained by the Samaritans to offer support to other prisoners).

48. The man's family were informed by the prison's Anglican chaplain. A couple of days later, the prison's Family Liaison Officer, accompanied the Chaplain to visit the family. Both attended the man's funeral, and the Chaplain led a memorial service at the prison, which was attended by both prisoners and members of the man's family.

49. On 2 March a pathologist carried out the post mortem examination. He found that the man had died from a myocardial infarction (a heart attack), due to a left descending coronary thrombosis.

50. HM Coroner for the Staffordshire (South) Coroner's District, held an inquest into the man's death on 27 April. The jury concluded that the man's death was due to natural causes.

ISSUES

Clinical care

51. The Senior Clinical Governance Manager, was appointed by South Staffs PCT to lead a clinical review into the care the man was given. She convened a review panel which included experts in prison healthcare and accident and emergency procedures. The review panel also consulted the West Midlands Ambulance Service.

52. As can be seen from this report, the man had very few dealings with healthcare during his time in prison. He had reported heartburn and acid reflux, and was prescribed medication for this. He was also prescribed aqueous cream for dry and itchy skin. Finally, he twice mentioned that he had back problems. On the second occasion, he said that the pain was a result of pulling a muscle while in the gym.

53. The man first complained of a pain in his back to the PEI at approximately 2.40pm. He told the PEI that he thought he may have a trapped nerve as he had done this in the past. It is hard to be sure of the timescale, but it was not until the man arrived back on C wing that he asked to see a nurse. PEI Deverall said he would take him straight to healthcare. According to the Doctor that was in charge of the afternoon clinic that day notes, he saw the man at 3.50pm. I cannot say whether there was a delay in the man seeing the doctor, as it is unclear what time he left the wing. However, a fellow prisoner told the investigator that the man was in the waiting room in healthcare for at least an hour and ten minutes. This does not seen to tally with the timescale as it would suggest that the man went to healthcare immediately from the gym.

54. The panel found no fault with the treatment given to the man on the day of his death. However, they were concerned that there appeared to be confusion over the calling of an ambulance. Although the Doctor that was in charge of the afternoon clinic asked for an ambulance to be called at 4.00pm, and other staff including the Nurse that responded to the emergency call asked whether an ambulance had been called, the Ambulance Service recorded that the first contact they received was at 4.21pm. The panel found that “no single person took responsibility for calling the ambulance” and made the following recommendation, which I endorse. I cannot say whether these delays impacted on the man’s death, however, he received immediate treatment from the doctor and healthcare staff and this continued until the paramedics arrived.

The Director should ensure that clear processes are introduced to ensure that all staff are fully aware of who is responsible for calling the ambulance and this is clearly documented on the incident log.

Personal officers

55. During this investigation, I have looked through the man’s prison record. I am pleased to note that there were frequent entries made by his personal officers

(especially his third personal officer) in his record, and that these showed that the officers knew the man well. This is good practice.

CONCLUSION

56. The man reported to PE staff on 25 February 2009 that he had pain in his back following a gym session. He was taken to healthcare and, after being seen by a nurse, was referred to a doctor. When the doctor saw him, he was asked to undress, as he did so, he collapsed. The doctor began to administer CPR and called for help. Other staff responded and eventually an ambulance crew arrived. The man was taken to Queen's Hospital, Burton on Trent, but was pronounced dead at the hospital.

57. The clinical review panel found that there was confusion over when an ambulance was called. While the man received continuous care from trained staff, the delay in calling an ambulance was unfortunate, and a recommendation has been made to address this.

58. The man's family were concerned that being in prison may have adversely affected the man's diagnosis and treatment. During his time in prison he came to the attention of healthcare staff for dry skin, eczema, indigestion, a pain in his neck (he was given an appointment to see a physiotherapist, but declined to attend) and a pulled muscle in his back. He visited the gym regularly and at the gym induction completed a questionnaire to say that he had no health problems and specifically that he had not suffered from chest pains. When he returned to Dovegate on 29 October he was seen by healthcare staff in reception and reported no health problems. With this in mind, and given that the man was seemingly a fit and active young man, it is hard to see how such a tragic event could have been foreseen whether he had been in prison or not. Also, the man was being examined by a doctor at the time he collapsed and so received immediate treatment, something which may have been less likely outside prison.

RECOMMENDATIONS

1. The Director should ensure that clear processes are introduced to ensure that all staff are fully aware of who is responsible for calling the ambulance and this is clearly documented on the incident log.