Investigation into the death of a man at HMP North Sea Camp in May 2012

Report by the Prisons and Probation Ombudsman for England and Wales

January 2013

This is the report of an investigation into the death of a man who died in May 2012, at HMP North Sea Camp. A post mortem confirmed that the primary cause of death was from acute heart failure due to coronary thrombosis and hardening and narrowing of the arteries. I offer my condolences to the man's family and friends.

The investigation was conducted by an investigator. A clinical review of the man's healthcare in prison was undertaken. North Sea Camp cooperated fully with this investigation.

The man was found collapsed in his room by another prisoner at about half past ten in the morning in May 2012. Cardio-pulmonary resuscitation (CPR) was given by a prison officer until healthcare staff arrived. CPR then continued until paramedics arrived and took over the resuscitation efforts. Unfortunately, these attempts at resuscitation were unsuccessful and the man was pronounced dead by a prison doctor almost an hour after he was found.

I am satisfied that it would have been difficult for staff at North Sea Camp to have foreseen the man's death or that much could have been done to prevent it. However, the introduction cardiovascular risk assessments at the prison might, in future, might help identify those at risk of heart disease.

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.

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Prisons and Probation Ombudsman **January 2013**

CONTENTS

Summary

The investigation process

HMP North Sea Camp

Key events

Issues

Conclusion

Recommendation

SUMMARY

1. The man was sentenced to life imprisonment in 1992. He was an alcoholic and a heavy smoker. He transferred to North Sea Camp in March 2011. During his reception it was noted that he was not receiving any prescribed medication, and had no recent physical injuries or concerns about his physical health. The man still smoked cigarettes and declined help to give up. He was assessed as fit for general work and had no special accommodation needs.

2. In May 2011, a small lump was found under his lower jaw and the man was found to have decayed and infected teeth. The man had all his teeth taken out in June and the small lump removed in July. In October, he told a nurse he had no concerns about his physical health.

3. In February 2012, as part of his preparation for release, the man went to stay in approved premises (formally known as probation hostels) for a home leave only to find that, due to miscommunication between the prison and the probation trust, his previously arranged accommodation had been cancelled and he had to return to the prison.

4. At 10.35am on the day of his death the man was found unconscious in his room at by a prisoner who raised an alarm. A prison officer immediately attended, called for emergency assistance and began CPR. A nurse arrived who took over CPR, followed by other healthcare staff with a defibrillator. Four shocks were administered by the defibrillator, CPR continued and he was given oxygen.

5. Paramedics arrived who continued CPR and used emergency drugs. The prison doctor examined the man but found no signs of life. Resuscitation was stopped and he was pronounced dead at 11.24am.

6. We make one recommendation about the introduction of a vascular testing programme at North Sea Camp.

THE INVESTIGATION PROCESS

7. This office was notified of the man’s death on the day of the man’s death. Notices announcing the investigation were displayed inviting staff and prisoners to contribute any relevant information.

8. Two of the Ombudsman’s investigators visited North Sea Camp on 24 May and spoke to a prisoner, the chairman of the Independent Monitoring Board, the healthcare manager and the prison’s liaison officer.

9. The investigator examined the man’s relevant prison records including his medical records and statements made by prison staff after his death. He visited North Sea Camp on 5 July and saw the man’s room. He spoke to a number of prison staff including the Deputy Governor, the man’s Offender Supervisor, the Healthcare Manager and the prison’s liaison officer, the Head of Reducing Offending. These interviews were not recorded.

10. One of our family liaison officers contacted the man’s sister, to explain the investigation and to give her the opportunity to raise any matters about the man’s care she wanted the investigation to take into account. The man’s sister said she had no concerns about the care provided by the prison and she said the prison had been helpful since his death. However, his sister said that the man’s family were unhappy with her brother’s treatment by his probation officer and the cancellation of his home leave in February 2012. His family complained about the probation officer and about receiving what they considered to be an unsatisfactory reply to the complaint. Although the man’s sister believed that the stress of this could not have helped his heart condition, the events were not directly connected with the circumstances of the man’s death. We have advised his family about this matter separately.

11. A clinical reviewer was commissioned to undertaken the clinical review. The clinical review was received on 19 August.

12. Her Majesty’s Coroner was contacted by the principal investigator to inform her of the investigation and to request a copy of the post mortem and toxicology reports. A copy of this report will be sent to the Coroner to assist her enquiries into the man’s death.

HMP NORTH SEA CAMP

13. North Sea Camp is an open prison for category D prisoners near Boston in Lincolnshire. (Open prisons are for those who can be reasonably trusted not to try to escape. Subject to risk assessment, prisoners are able to have release on temporary licence to work in the community or to go on home leave.) The prison holds up to 420 prisoners in six residential units.

14. Healthcare at the prison is provided by Lincolnshire Primary Care Trust and a new healthcare centre opened in 2011. The centre is open from 7.30am to 6.15pm Monday to Friday and 7.30am to 12.15pm at weekends. There are nurse led clinics and a doctor attends three days a week.

Her Majesty's Inspectorate of Prisons (HMIP)

15. HMIP carried out a short follow inspection in April 2012 of a full inspection held in 2009. Inspectors found that there had been some improvements in the standard of health services. All health services staff had been trained in resuscitation and defibrillation. There were regular audits of prescribing and pharmacy-led clinics and medicine use reviews had been introduced.

Independent Monitoring Board (IMB)

16. Each prison has an IMB of unpaid volunteers from the local community who monitor day to day life in the prison to help ensure standards of fairness and decency. In its latest published annual report, for the year ending 29 February 2012, the IMB noted that the new purpose built healthcare unit was a vast improvement on the old building and provided prisoners with good level of clinical care in a modern, bright and professional ambience. The IMB reported that the healthcare team had to meet the healthcare needs of a wide range of long term prisoners including elderly men and those with complex conditions, wheelchair users and men who needed social care support.

Previous deaths at North Sea Camp

17. There were four deaths at the prison between April 2004 and May 2007 and there have been a further two shortly before and after the man died. None of the circumstances are similar to those in this case.

KEY EVENTS

18. On 2 March 1992, the man was sentenced to life imprisonment with a minimum period to serve of 11 years. After his conviction, he changed his name by deed poll. He spent time in several prisons including HMP Ranby, HMP Whatton and HMP Maidstone.

19. During most of his time in prison the man had no major health problems. In 2002, he had an operation for sinus problems but, although these continued, they were not amenable to further surgery. When he arrived at Whatton in April 2009, a nurse in reception noted that he had no serious illnesses, was a heavy cigarette smoker and had been a very heavy drinker. He had difficulty reading and could not write. His blood pressure reading was raised and he was referred to the prison doctor. When this was checked by the doctor a few days later it was then within the normal range. The doctor noted that the man had been previously fit and well, that he had a right-sided nasal obstruction and perforated septum. He smoked 25 cigarettes a day and was advised to stop. On 4 March 2009, he was prescribed mirtazipine for depression. A week later he transferred to Maidstone, where in July 2010 he was successfully treated for a urinary tract infection.

20. The man transferred from Maidstone to North Sea Camp on 16 March 2011. During his reception, it was noted that he was not taking any prescribed medication, had no recent physical injuries and had no concerns about his health. He told the nurse he had used cocaine years ago and had been a heavy drinker. He still smoked but declined help with giving it up. He was assessed as fit for work and to live in standard prison accommodation.

21. On 5 April 2011, after reporting a soft lump under the right side of his jaw, a doctor diagnosed an enlarged submandibular lymph gland (a bean-shaped gland in the neck) and referred him to Lincoln County Hospital where he saw a consultant surgeon on 4 May. It was found that the man had grossly decayed and infected teeth in his lower jaw which explained his swollen lymph nodes. The man had all his teeth extracted on 30 June. On 26 July, he had the small lump removed. A consultant reviewed the man on 7 September and found that the surgical wound and his mouth had healed well. He advised the man to see the prison dentist with a view to getting a complete set of dentures made within three months.

22. On 20 October, a nurse noticed there was no record of the man having had blood tests which she advised as the man had had tattoos done in prison. The man declined, as he said he was allergic to needles. He said he had cut down to 10 cigarettes a day since he had had his teeth out and would like a smoking cessation referral. He reported no concerns about his physical health and said he had a good appetite and was fully mobile. It was noted that the man had a Parole Board hearing in 2013 to consider his suitability for release. He was to

start home leave in December 2011 and was trying to find a place in approved premises near his father in Wales, where he hoped to live after he was released. The man was waiting for his dentures to be fitted.

23. The man attended two smoking cessation appointments on 14 November when he was given nicotine patches. When he returned on 4 December, he said he had a heavy cold and had a sharp pain in his lower back. He said he had no previous history of chest pain, diabetes, asthma, chronic obstructive pulmonary disease or epilepsy. The man was not on any medication and he was given rest from work for a day and some paracetamol. At his smoking cessation appointment the next day, the man said he felt low and had problems which had caused him to smoke. It was suggested that this might not be a good time for him to stop smoking. The man was given sick leave for two days and advised to rest.

24. The man was eligible for home leave from the middle of December and was waiting for a placement at a hostel in Wales, from where he could visit his elderly father. On 19 December he started Community Service Voluntary work (CSV) at a charity shop in Spalding. The man was allowed home leave on 21 February and travelled by train to visit his father whom he had not seen for a number of years. He was due to return to NSC on 23 February but was contacted by the prison on 22 February and told that, due to an error in the placement, he had to return to North Sea Camp that morning. The man returned as requested.

25. On 22 March, the prison received a phone call from the charity shop suggesting that there were suspicions the man was taking clothing. There was no proof of this but the man was taken off his charity shop work and given work in the prison kitchen.

26. The man next saw healthcare on 12 April 2012, when he complained of a headache and backache. It was noted that his symptoms appeared to be muscular. He was given two days rest and told to take paracetamol and ibuprofen. Six days later, the man returned to healthcare and said he had felt very stressed which was causing him headaches. The man was given rest for two days and told to take paracetamol.

27. The man moved to a single room on 20 April. On 26 April, he reported to healthcare that he had had a runny nose, headache and had had cold symptoms for the previous week. This made him unfit for work in the kitchens and he was told to rest for a day. The next day the man saw the prison doctor and reported that problems he was having with his external probation officer were getting him down and he was not sleeping. The doctor noted that the man was stressed and also concerned that his family were worried about him. The man felt he needed a proper rest. He told the doctor he loved his family and had no thoughts of deliberate self-harm. The doctor prescribed a short course of sleeping tablets to help him sleep.

28. On 21 May, Staff Nurse A examined the man who had an itchy rash around his right wrist and forearm. The nurse noted this was probably dermatitis as the man worked as a pot washer in the kitchen. She told him to rest for the day and to see the doctor next day, if there was space available. During the night, the man asked a fellow prisoner for some paracetamol. The prisoner gave the man two tablets. The man did not specify what kind of pain he had. The following morning, the man asked the fellow prisoner for some Gaviscon (a medication for the treatment of heartburn) but was not given any.

29. At around 8.00am on Tuesday 22 May, the man was seen waiting in the healthcare centre by the Healthcare Manager. However, the Healthcare Manager noted on the man's patient record that he did not wait to be seen and walked out of the session.

30. At approximately 10.35am that morning, a prisoner on the man's unit heard a thud and found that the man had collapsed in his room. He alerted Officer A who went to the man's room and found the man lying face up on the floor. She said his eyes were open and he was frothing from his mouth. She checked for signs of breathing and for a pulse, but could find neither. She immediately radioed for urgent medical assistance and for an emergency ambulance. The officer then began CPR.

31. Staff Nurse B was just outside the unit when she heard Officer B's call for urgent medical assistance. She went straight in and found the officer administering CPR. The nurse attempted to clear the man's mouth of fluid and checked for a pulse, breathing sounds and any respiratory effort. She was able to clear some of the fluid from the man's mouth but not completely and she noted that the man's tongue appeared extremely swollen. The nurse then took over CPR from Officer B.

32. At 10.40am, Staff Nurse B and the healthcare manager arrived with the emergency bags and a portable automatic external defibrillator (AED). CPR was continued in cycles by healthcare staff, while the nurse carried out suction in an attempt to clear the man's airway. The defibrillator was attached and advised and delivered four shocks. CPR continued between the shocks. An ambulance arrived at 11.05am and paramedics continued resuscitation and gave cardiac arrest drugs. The man was also given adrenalin (a drug used to treat cardiac arrest) at 11.09am.

33. The prison doctor arrived at the man's room at 11.10am. Resuscitation attempts continued, although the man remained unresponsive. At 11.11am, the paramedics gave the man more adrenalin. The man did not respond to the treatment. At 11:24pm, the resuscitation attempt stopped and the doctor confirmed that the man had died.

34. The prison chaplain administered the last rites. Prison staff and prisoners were offered support from the prison's care team. The Governor held a hot debrief at 2.00pm. Notices to inform prisoners and staff of the man's death were issued throughout the prison.

35. Because of the distance involved, the prison asked the police to notify the man's sister, his nominated next of kin of his death. The prison's family liaison officer subsequently spoke to the man's sister by telephone. The prison's family liaison officer and the Governor visited the man's family the following morning.

36. A book of remembrance to commemorate the man's was made available in the prison chapel, for prisoners and staff. The prison contributed towards funeral expenses.

37. The post mortem examination found that death was due to natural causes. The primary cause of death was acute cardiac (heart) failure due to coronary thrombosis (a blood clot affecting the circulation of blood inside the blood vessels of the heart muscle) and atherosclerosis (hardening or furring of the arteries).

ISSUES

Clinical Care

38. When the man arrived at North Sea Camp on 16 March 2011, there were no major health concerns and he was not taking any prescribed medication. He had a body mass index (BMI) of 28 which put him in the overweight category. The man said that he had smoked 25 cigarettes a day for many years. During his time at North Sea Camp, he attended healthcare a number of times for relatively minor ailments, although he had to have a swollen gland and all his teeth removed because of chronic dental infection. The man began to get help with stopping smoking but did not continue because he was feeling particularly stressed at the time.

39. We are satisfied that the man received a good standard of health care at North Sea Camp. He received prompt and appropriate medical care on the occasions that he presented with health care problems and concerns. The standard of documentation in the man's medical records was good. There was no indication from the man's past or family history at his initial health screen which indicated the need for primary prevention of coronary heart disease by the prescription of aspirin and a statin.

40. The man's sudden death would have been difficult to predict and he did not appear to report any obvious symptoms, although he did complain of some non-specified pain to a fellow prisoner the night before. It is very unfortunate that he appears to have changed his mind about seeing a member of healthcare staff on the morning of his death. We do not know the reasons for this. If he was experiencing chest pain, a hospital consultation would probably have been necessary which would not have taken up to two weeks.

41. Although there were no obvious signs of heart disease, the man had a number of risk factors for the development of cardio-vascular disease, particularly long-term smoking, but he also had some indicators of borderline hypertension and an elevated BMI. The man was offered blood tests which would have helped to assess his vascular risk but he refused these as he was "needle phobic". The clinical reviewer has made a suggestion to the head of healthcare about how this could be dealt with through 'near patient' testing. Because of the risk factors the clinical reviewer considers it would have been prudent to have had further reviews of the man's vascular (circulatory) health. However, the clinical reviewer also states that it is unlikely that the risk of the man suffering a cardiac event would have been significantly reduced in the short term even had further tests been done and appropriate medication prescribed. Nevertheless, it is best practice to offer a programme of health checks and we make the following recommendation:

The Head of Healthcare should introduce vascular risk checks in line with NHS best practice guidance and actively encourage prisoners, particularly those with known risk factors, to participate.

The emergency response

42. When the man collapsed an officer attended quickly and immediately began CPR. He was then joined by a nurse and by other healthcare staff who brought appropriate emergency equipment. Attempts were made to resuscitate the man, including the use of a defibrillator. When paramedics arrived they continued CPR and used suitable drugs for cardiac arrest. We are satisfied that appropriate efforts were made to try to resuscitate the man but sadly these were unsuccessful.

43. The clinical review noted that the post mortem indicated that the man had suffered a significant heart attack, caused by sudden blockage of a main coronary artery, resulting in sudden collapse, failure of the heart and ultimately his death. The man failed to respond to repeated electrical shocks and cardiac drugs, indicating a massive heart attack which completely disabled the functioning of the heart.

CONCLUSION

44. The man was at risk of developing cardiovascular and coronary heart disease, primarily because of his long smoking history but also as a result of his elevated BMI and borderline raised blood pressure. We are satisfied that the man received appropriate healthcare treatment at North Sea Camp. He decided not to pursue his aim of stopping smoking and declined blood tests which might have give some indication of a risk of cardiovascular disease.

45. However, even if the man had stopped smoking in the few months before he died, or been given aspirin and a statin as a result of blood tests, this would not have significantly reduced his risk in the short term. There was no indication from the man's past or family history which indicated the need for primary prevention of coronary heart disease. Nevertheless, the introduction cardiovascular risk assessments at the prison might, in future, help identify those at risk of heart disease.

46. Following his sudden collapse, the man received prompt CPR from both the attending prison officer and also healthcare staff who responded quickly.

RECOMMENDATION

The Head of Healthcare should introduce vascular risk checks in line with NHS best practice guidance and actively encourage prisoners, particularly those with known risk factors, to participate.

NOMS accepted the recommendation and commented: "Vascular risk checks have been on the clinical governance agenda for sometime now and CVD clinics are now being introduced into the prison environment. At present CVD waiting lists are being identified for those who have potential risk factors and the clinics will be commenced as soon as the electronic template is complete".