PRISONS AND PROBATION OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man at HMP Usk in April 2013

Our Vision

‘To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision’

This is the investigation report into the death of a man at HMP Usk in April 2013. He died from heart disease. He was 56 years old. I offer my condolences to his family and friends.

Healthcare Inspectorate Wales (HIW) conducted a review of the man's clinical care in custody.

The man received a ten year prison sentence in 2006 and transferred to Usk in 2009. He had high blood pressure and high cholesterol levels. He had a heart attack in 2010 and was diagnosed with ischaemic heart disease, which caused angina. He had a heart bypass operation in April 2012. He went to HMP Cardiff and HMP Hewell to recover from the operation, and then returned to Usk in May 2012.

At the beginning of April 2013, the man complained of chest pain. Officers waited outside his cell while he took his medication for angina, but he collapsed shortly afterwards and they went in. Officers called an ambulance and tried to resuscitate him, but he was pronounced dead by paramedics at 1.46am.

While it does not appear that much could have been done to change the outcome for the man on the night he collapsed, I share HIW's concerns that the identification and management of prisoners with chronic conditions, including those at risk of heart disease, could be better at Usk. There is also a need for clear guidance to prison staff about how to respond to prisoners reporting severe chest pain and a need to ensure that there are sufficient first aid trained staff on duty in the prison at all times.

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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **October 2013**

CONTENTS

Summary

The investigation process

HMP Usk

Key events

Issues

Recommendations

SUMMARY

1. In December 2005, the man was recalled to prison from a previous sentence and remanded on further charges. He went to HMP Cardiff where no serious physical or mental health concerns were identified on arrival. He was sentenced to 10 years imprisonment in 2006.

2. In February 2009, the man transferred to HMP Usk. His blood pressure was higher than normal and he was identified as having high cholesterol. In March 2010, an electrocardiogram (ECG) test found no problems with his heart, but his blood pressure remained high.

3. On 21 September 2010, the man complained to staff of chest pain, and an ECG indicated that he had suffered a mild heart attack. He was taken to hospital, where he was prescribed medication to lower his cholesterol and a course of aspirin to thin his blood. His blood pressure and cholesterol levels fell. A consultant cardiologist at hospital recommended surgery and he had a triple heart bypass on 25 April 2012. He went to HMP Cardiff and HMP Hewell for post operative care. He returned to Usk on 30 May.

4. On 26 December, the man was admitted to hospital as an emergency. He was discharged later that day with a diagnosis of non-cardiac chest pain. In January 2013, he was told that he did not require any more surgery, that he should stop smoking and do light exercise. Apart from a slight increase in cholesterol, he had no significant health problems in February and March.

5. One morning in April 2013, the man woke in the night with chest pains. His cell mate alerted officers. He told the officers that his glyceryl trinitrate (GTN) spray, which he used to treat angina attacks, would take a few minutes to work. While they waited outside his locked cell, his condition deteriorated and he collapsed. Officers called an ambulance and went into the cell and tried to resuscitate him. Despite their efforts and those of the paramedics, he was pronounced dead at 1.46am.

6. We share Health Inspectorate Wales (HIW)'s concerns about the monitoring and screening of chronic heart disease missed or delayed medical referrals, the quality of medical records and access to a defibrillator. Only one officer on duty that night had up to date first aid training. None of the officers were sure how to respond to a prisoner with chest pains.

7. HIW concludes that the man's care was not equivalent to that which he could have expected in the community, where his risk factors were more likely to have been tackled at an earlier stage and missed hospital appointments would have been followed up.

THE INVESTIGATION PROCESS

8. The Ombudsman was notified of the man's death in April 2013. The investigator issued notices informing staff and prisoners of the investigation and asking them to contact him with any relevant information. No one responded.

9. The investigator visited HMP Usk on 14 May 2013 and interviewed three members of staff and the prisoner who was sharing a cell with the man on the night of his death.

10. Healthcare Inspectorate Wales (HIW) conducted a review of the clinical care that the man received in custody. HIW visited the prison on 11 June 2013 and interviewed several members of healthcare staff.

11. HM Coroner for Wales Gwent District was informed of the investigation. A copy of this report has been sent to the Coroner. The Coroner provided a copy of the post-mortem report which concluded that the man died of heart disease.

12. One of our family liaison officers contacted the man's ex-partner to explain the purpose of the investigation. She had no specific issues for the investigation to consider.

HMP USK

13. HMP Usk accommodates up to 250 adult male prisoners convicted of sex offences.

14. Since September 2012, healthcare services at Usk have been commissioned by the Aneurin Bevan Health Board. Healthcare services are available Monday to Friday from 7.30am to 4.30pm. Three locum GPs hold three clinics a week. There are no inpatient facilities and prisoners who require intensive post-operative care are transferred to other establishments.

HM Inspectorate of Prisons

15. The most recent inspection of Usk took place in April and May 2013, not long after the man's death. The Inspectorate found that chronic disease management at the prison was starting to develop, but lacked a structured approach and that care planning for prisoners with complex conditions was underdeveloped. The Inspectorate was concerned that emergency equipment, including the only defibrillator in the prison, was kept in the health care centre which officers did not have access to and had not been trained to use.

Independent Monitoring Board

16. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who oversee day-to-day life in the prison to help ensure that prisoners are treated fairly and decently. In the 2012 IMB annual report the Board noted that there was a range of health initiatives to promote good physical and mental health and a chronic disease management service. The IMB reported that prisoners were satisfied with the standard of healthcare at Usk.

Previous deaths at HMP Usk

17. There have been two previous deaths from natural causes at Usk since 2010. In our investigation report into a death in February 2010, we recommended that an ambulance should be called immediately when a prisoner complains of chest pains. We repeat the recommendation in this report.

KEY EVENTS

18. The man was remanded to HMP Cardiff on 9 December 2005, when his release on licence from a previous sentence was revoked and he was charged with further offences. He was convicted at Crown Court on 10 April 2006 and sentenced to 10 years imprisonment on 15 May.

19. No major physical or mental health concerns were identified during his initial health screen at Cardiff, but he was treated for eczema, back pain and mild anxiety. He transferred to HMP Whatton in August 2008. The prison doctor noted that he suffered from eczema and passed urine frequently, but blood test results were normal. In November, he reported to the doctor that he had been suffering from a husky voice for several months. He was diagnosed with swelling of his vocal cords. A smoking cessation worker advised him about giving up cigarettes.

HMP Usk

20. On 24 February 2009, the man transferred to HMP Usk, where it was noted that he had eczema, back pain and anxiety. His basic observations were taken over the next few months. His blood pressure was noted to be higher than normal and he had high cholesterol.

21. In March, the man had an ECG because of his high blood pressure, but no concerns were raised. (An ECG or electrocardiogram is a test to detect problems with the heart. It can help doctors identify if a patient is either having, or has had, a heart attack and if the heart is enlarged.) He was advised to start light exercise. His blood pressure was taken regularly and remained on the high side of normal but he was not reviewed regularly by the GP.

22. On 21 September 2010, the man complained to healthcare staff that he was suffering from a heavy chest and feeling giddy. His blood pressure was high and the results of an ECG showed that there had been changes in his heart rhythm which were consistent with a heart attack. He was admitted to hospital immediately. He was diagnosed with ischaemic heart disease, which caused angina and discharged the next day. (Ischaemic heart disease is when the blood flow to the heart is reduced due to the hardening of the arteries.) He was prescribed aspirin to thin his blood and prevent clots, and simvastatin to reduce his cholesterol. He was referred for an ECG treadmill test, to monitor his heart rate during exercise. (This test never took place.)

23. A prison doctor discussed the man's angina and heart disease with him on 24 September. He saw the prison doctor several times in October and November, because he was concerned that the stress of an offender behaviour programme was having an effect on his physical health. The doctor prescribed him bisoprolol, a beta-blocker, to reduce blood pressure and the effects of anxiety.

24. The results of more blood tests taken in December were normal, and showed that the man's cholesterol level had reduced. His ECG treadmill exercise test

had still not taken place, so an appointment was made for 18 January 2011, but cancelled as there were insufficient officers available to escort him.

25. On 7 February, when the man reported chest pain, a prison doctor gave him a GTN Spray, and sent him to hospital. (Glyceryl trinitrate – GTN reduces the pain of angina by improving the oxygen supply to the heart and making it easier for the heart to pump blood around the body.) He was discharged the next day, diagnosed with probable angina. The doctor noted that an ECG treadmill exercise test had still not been completed, but took no action to follow it up. He was prescribed isosorbide mononitrate (to open the arteries and help prevent angina chest pain).

26. Over the next few months, the man's blood pressure returned to normal. On 27 June, a cardiologist referred him to the cardiothoracic surgery team at the hospital, which advised that he needed a triple coronary artery bypass operation. He went on the waiting list for the operation. The cardiologist noted that his heart was operating at only 40 per cent of its capacity.

27. The man continued to take his medication and prison nurses checked his basic observations regularly. On 25 April 2012, he underwent heart surgery, although the exact nature of the operation was never communicated to healthcare staff at the prison. On 2 May, he was discharged to HMP Cardiff for post-operative care, where he made a good recovery, and transferred back to Usk on 11 May. Three days later, on 14 May, he was admitted as an emergency to hospital with pneumonia and poor heart function.

28. On 18 May, the man was discharged to HMP Hewell because he needed 24 hour nursing care not available at Usk. At Hewell, a doctor noted that he had been diagnosed with pneumonia and a blood clot in his lungs. His condition deteriorated and he was admitted to hospital later that day. He returned to Hewell on 20 May. On 24 May, after another episode of chest pain, he was taken to hospital but no concerns were identified and he returned to the prison later that day.

29. The man was closely monitored over the next few days and he went back to Usk on 30 May. Healthcare staff checked him frequently over the next few weeks. On 19 July, doctors advised that he should start a cardiac rehabilitation programme, but it is not clear from the records whether he did.

30. On 25 July, the man complained to one of the prison doctors that he had pain in his lower leg. The doctor referred him for a Doppler assessment (to assess the arterial flow of blood in the legs) and suggested he do some light exercise in the gym. The hospital eventually decided that a Doppler assessment was not necessary and suggested that he should be referred back to the cardiologist. An appointment was made for 4 January 2013 at the hospital. HIW has indicated that this was the usual waiting time for such a test.

31. In November 2012, a doctor agreed that he could work in the prison laundry, as long as he did not do any heavy lifting.

32. On 26 December, the man was admitted to hospital as an emergency. No record of his admission was made in his medical notes. He was discharged the same day with a diagnosis of non-cardiac chest pain.

33. On 4 January 2013, a consultant cardiologist at the hospital saw the man. He advised him to stop smoking and start exercising and said that he did not need any further surgery.

34. On 19 February, a doctor carried out the man's annual health screen. His blood tests were normal, but his cholesterol levels had increased slightly. He went to the healthcare centre again the next day and was anxious because the Parole Board had requested access to his medical records.

35. On 1 March, a doctor assessed him at the request of the Parole Board. The doctor reported that he suffered from severe heart disease, and his medical conditions were likely to deteriorate in the future. On 20 March, the doctor saw him again to discuss his cholesterol level and blood test results, which remained normal.

36. The man told his cell mate for about a year that he had had a triple heart bypass and that he was stressed about his parole applications. His cell mate said that he seemed fine the evening before his death.

Events in April 2013

37. The cell mate said that in the early hours of 1 April, the man woke suddenly and shouted for help because he had chest pains. He pressed the cell bell at 12.40am to alert officers. He used his GTN spray to help alleviate the pain.

38. A Senior Officer (SO), the prison's night manager, and three officers were all in the prison's central office, about 10 metres away from the man's cell when the cell mate rang the cell bell. Two officers went to the cell immediately and saw through the door observation panel that the man was sitting on his bed using his GTN spray. Officer A told the investigator that he looked like he was having trouble breathing and was in pain. He said that he asked him how long it usually took the spray to become effective and he replied that it was normally took eight to ten minutes.

39. The officer continued to observe him through the observation panel on the cell door, while Officer B returned to the wing office to let the SO know what was happening. He sat on the side of his bed for several minutes, trying to catch his breath. As the pain got worse, he fell backwards, half on his bed with his feet still on the floor. Officer B went to tell the SO that he was going into the cell. (Cells are not normally opened at night unless there is an emergency and at night, officers carry a cell key in a sealed pouch in case of such a situation.)

Officer A went into the cell at 12.50am. An ambulance was called at the same time.

40. Officer A asked the cell mate to leave the cell. The officer said the man could not breathe properly and he could not speak. His condition continued to deteriorate, so he went to get the first aid kit from the central office. The SO joined him and helped lay the man properly on the bed. The officer looked for signs of life, but found none, so started cardiopulmonary resuscitation (CPR). Another officer assisted him until the first response paramedic arrived at 1.15am. The ambulance paramedics arrived at 1.20am and continued to attempt resuscitation. At 1.46am, the paramedics pronounced him dead.

Family Liaison

41. Later that morning, when the day staff came on duty, the prison nominated an officer as their family liaison officer and she informed the man's ex-partner, his nominated next of kin, of his death. The prison chaplain led the funeral service which took place on 25 April. The prison contributed to the funeral expenses in line with national guidance.

Prisoner support

42. The cell mate told the investigator that he considered that staff had acted very promptly that night. He said he was moved from the cell and later, for support, he was moved to a cell occupied by Listeners. (Listeners are prisoners trained by the Samaritans to offer confidential support at times of distress.)

Staff support

43. A hot debrief was held after the man died. The staff involved were offered the services of the staff care and welfare team.

ISSUES

Clinical care

Chronic disease screening

44. Health Inspectorate Wales (HIW) is concerned that the man was not identified as at risk of heart disease before his heart attack in September 2010. He had a family history of heart disease, raised blood pressure and high cholesterol, all of which are significant risk factors. HIW concludes that a more proactive approach to his cardiac risk might have slowed the progress of his heart disease, although the outcome would have been the same.

45. HIW refers to the National Institute for Clinical Excellence (NICE) best practice guidelines, which advise screening all patients who are at risk of heart disease. If the patient has an increased risk, they should be monitored regularly. As soon as Usk had identified that the man had high blood pressure and high levels of cholesterol, they should have begun to screen him for heart disease through regular GP reviews to monitor his weight, blood pressure and take blood tests. We agree with HIW that the prison should have taken a more proactive approach to his cardiac risk factors.

    The Head of Healthcare should ensure that prisoners are screened for cardiac risk factors and monitored accordingly, in line with NICE best practice guidelines.

Chronic disease management

46. HIW concludes that the man's heart disease should have been reviewed more frequently. HIW considers the review in March 2011 to have been completed to a good standard, but the review in February 2013 fell below expectations.

47. Nurses at Usk are not trained in chronic disease management and there had been no chronic disease management clinics at Usk in the months before the man's death, because of staffing difficulties issues and the use of locum GPs. We also note that the Prisons Inspectorate found that chronic disease management and care planning for prisoners with complex conditions was underdeveloped at the prison.

    The Head of Healthcare should ensure that appropriately trained nurses run regular chronic disease management clinics.

Missed appointments

48. The man was referred for an ECG treadmill exercise test after his heart attack in September 2010 to help assess the severity of his illness. The appointment was scheduled for January 2011, but then cancelled because there were not enough officers to escort him. The appointment was never re-arranged,

although the doctor noted the referral and that it had never taken place, after his bypass operation in May 2012.

49. We agree with HIW that the man's appointment should have been re-arranged. HIW considers that his care in this respect was not equivalent to that which he could have expected to receive in the community.

The Governor and Head of Healthcare should ensure that hospital appointments are cancelled only as a last resort, and that any cancelled appointments are rescheduled as soon as possible.

Medical records

50. HIW describes the quality of the man's medical records as variable. The computerised medical records from Usk were good, detailed and legible. However, the GP notes were short, abrupt and not detailed, and could be considered medically unsafe. HIW notes that since the retirement of one of the prison doctors, the records have improved.

51. HIW were concerned that the nature of the man's operation was never formally communicated to the prison. There was often a delay of up to two weeks before medical correspondence was scanned and linked to the appropriate prisoner medical record.

52. The Nursing and Midwifery Council (NMC) and General Medical Council (GMC) have clear guidelines about record keeping and good record keeping is seen as essential to the provision of safe and effective care. We share HIW's concern about the quality of record keeping.

The Head of Healthcare should ensure that all healthcare staff fully adhere to the requirements for clear and accurate records, in line with the required standards of the General Medical Council and the Nursing and Midwifery Council.

Emergency response

53. When officers responded to the cell bell on 1 April, they waited outside the man's cell for nearly ten minutes before going in after he collapsed. Officer A said that he had told him that his GTN spray usually took at least eight minutes to work. HIW notes that GTN sprays should start to work immediately.

54. The officer told investigators that he was not aware of any local advice or protocols with guidance about what to do in the event of a prisoner suffering from chest pain, but he was aware that they should be treated as a priority. Another officer said that if a prisoner reported experiencing chest pains she would ask a number of additional questions before making a fuller assessment of the situation. HMP Usk does not have a chest pain protocol.

55. The clinical review refers to the British Heart Foundation's advice to call an emergency ambulance as soon as someone complains of chest pain. HIW considers that officers should have asked for an ambulance as soon as the man complained of chest pain.

The Governor should ensure that staff have clear guidance that they should call an ambulance without delay when a prisoner complains of chest pain.

Access to defibrillator

56. A defibrillator can shock and restart the heart in some cases of cardiac arrest. At HMP Usk, there is one defibrillator kept in the healthcare centre. One officer said that he did not know where the defibrillator was kept. The other two officers both knew that there was a defibrillator in the healthcare centre, but the healthcare centre is locked at night and they had no access to it.

57. At the recent inspection, the Prisons Inspectorate also found that the only defibrillator at Usk was locked in the healthcare centre so officers had no access to it at night and had not been trained to use it. We agree that prison staff need to be able to get to this life-saving equipment at all times. They should also be confident about how to use it.

The Governor and Head of Healthcare should ensure that staff working in the prison have access to a defibrillator at all times and understand how to use one.

First aid training

58. The SO was the only member of staff on duty that night with up to date first aid training. Officer A said that, although he had received resuscitation training, it was several years previously. The second officer had not received first aid training for over ten years. The third officer's training was also out of date. The SO left the cell to collect the paramedics, so was not involved in the resuscitation attempts.

59. HIW concludes that the officers who attempted to resuscitate the man did their best, but were not appropriately trained. Only 12 members of staff at Usk have up to date first aid training. We share the clinical reviewer's concern that so few members of staff are first aid trained, particularly in a prison with no healthcare cover after 4.30pm on weekdays and none at all at the weekend.

The Governor should ensure that there are sufficient first aid trained staff on duty in the prison at all times.

RECOMMENDATIONS

1. The Head of Healthcare should ensure that prisoners are screened for cardiac risk factors and monitored accordingly, in line with NICE best practice guidelines.

   Accepted - *No prisoners at Usk and Prescoed are received directly from court or police. Screening will have already been undertaken at the previous establishment. However, further health screenings will be conducted for all new receptions at both sites. Any identified cardiac risk factors will then be managed in accordance with NICE best practise guidelines.*

2. The Head of Healthcare should ensure that appropriately trained nurses run regular chronic disease management clinics.

   Accepted - *The Local Health Board has recently completed a recruitment campaign and appointed a new member of nursing staff to enable the establishment to provide a full range of chronic disease management clinics.*

3. The Governor and Head of Healthcare should ensure that hospital appointments are cancelled only as a last resort, and that any cancelled appointments are rescheduled as soon as possible.

   Accepted - *Hospital appointments will only be cancelled as a last resort. The most recently agreed staff profiles provide sufficient resources to cover planned appointments. The profiles also inform healthcare centre staff which days staff are available for planned escort duties. Cancellations made by either the establishment or hospital will be reprioritised and rescheduled at the earliest opportunity. In the event of emergency appointments staff will be drawn from the regime to cover the escort.*

4. The Head of Healthcare should ensure that all healthcare staff fully adhere to the requirements for clear and accurate records, in line with the required standards of the General Medical Council and the Nursing and Midwifery Council.

   Accepted - *All staff have been reminded to adhere to General Medical Council/Nursing and Midwifery Council Standards with regard to clear and accurate record keeping. The Healthcare Manager will complete regular assurance checks to ensure compliance.*

5. The Governor should ensure that staff have clear guidance that they should call an ambulance without delay when a prisoner complains of chest pain.

Accepted - *A revised instruction has been published which provides clear instruction to staff in the event of the need to call an ambulance when a prisoner complains of chest pain. Managerial checks are in place to ensure ongoing compliance.*

6. The Governor and Head of Healthcare should ensure that staff working in the prison have access to a defibrillator at all times and understand how to use one.

Accepted - *Two defibrillators have been procured from HMP Cardiff. Staff have been identified to undertake "training for trainers." They will then deliver an in house training programme to train all staff in the use of this equipment. The defibrillators will be located in a centrally identifiable location so that they are accessible to all trained staff in an emergency.*

7. The Governor should ensure that there are sufficient first aid trained staff on duty in the prison at all times.

Accepted - *This has been placed as a high training priority. A training plan will be implemented to ensure there will be sufficient coverage of first aid trained staff day and night within the prison.*