Investigation into the death of a man in hospital on 20 December 2005 whilst in the custody of HMP Nottingham

Report by the Prisons and Probation Ombudsman for England and Wales

September 2006

This is the report of an investigation into the circumstances of the death of a man in hospital on 20 December 2005. The man was a prisoner at HMP Nottingham. He was 48 years old at the time of his death.

The post mortem report states that the man died of a heart attack. I extend my sincere condolences to the man's family and friends for their loss.

The man had been in custody for two and a half weeks and this was his first custodial sentence. On his reception into HMP Nottingham, it had been recorded that he had several serious medical conditions. He spent his first two nights in the Healthcare Unit followed by six days on E Wing, on a landing for those finding it difficult coping in prison. Two days before he was admitted to outside hospital for tests and observation, he was transferred back to the Healthcare Unit. The man died seven days later in hospital.

A colleague carried out this investigation. I would like to thank the Governor of Nottingham, and her staff for their help.

I also thank my colleague from the Nottingham City Primary Care Trust for the Clinical Review she carried out, to assess the medical care the man received during his time in custody.

I make four recommendations and highlight two points of good practice. One of the recommendations concerns cell sharing. Despite being a non-smoker and despite his heart condition, the man shared his cell with a heavy smoker. Although I understand the practical difficulties in guaranteeing separate accommodation for non-smokers, the risks associated with not doing so speak for themselves.

Stephen Shaw CBE
Prisons and Probation Ombudsman **September 2006**

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Summary

The man died on 20 December 2005 in hospital. A post mortem was held the following day and the cause of death was found to be natural causes through:
1a Acute Myocardial infarction
1b Coronary atheroma.

The man was serving an eight-year sentence, having been convicted at Crown Court on 2 December 2005. He had been in custody at HMP Nottingham for 17 days before his death.

The man had been in poor health prior to his reception into Nottingham. He had a serious heart condition and type two diabetes. On reception into prison, the man spent two days in the Healthcare Unit for observation and assessment purposes and then six days on E Wing. He was transferred back to the Healthcare Unit for two days on 12 December, because he was having difficulties passing urine and had told staff he was vomiting. He was admitted to hospital on 13 December for tests and observation associated with these symptoms. He died there seven days later.

Whilst the man was on E Wing, he was visited several times a day for health care checks and observations. On admission to hospital, his health deteriorated very quickly and he was placed on a life support system following a heart attack on 13 December. He remained on the life support system until 20 December when two doctors confirmed there was no brain stem activity and the system was switched off.

The man was visited on numerous occasions by his family whilst in hospital. His wife, who is also a serving prisoner, was escorted to the hospital on 13 and 18 December.

The care the man received in HMP Nottingham was generally satisfactory. On reception into Nottingham, it was indicated that he was in a poor state of health. His medication was properly administered and he received regular visits whilst on E wing from Healthcare staff. However, I raise two concerns regarding his location on E wing.

Investigation Process

The investigation was opened on 21 December 2005 when my colleague met with two governors at Nottingham, along with a Senior Officer , the prison's Family Liaison Officer. My colleague received the man's Medical Record and other relevant documentation. Notices were issued to staff and prisoners notifying them of the investigation.

A governor outlined the facts of the man's death. Neither a representative of the Prison Officers' Association (POA) nor a member of the Independent Monitoring Board (IMB) wished to see my investigator.

One of my Family Liaison Officers contacted the man's brother in early January 2006 by telephone and post. On 9 March 2006, my Family Liaison Officer and colleague visited the man's brother at his home address. Also present at this meeting were the man's sister in law and sister.

The man's brother raised some issues in relation to his brother's care whilst in HMP Nottingham. He asked for confirmation that his brother was able to have his medication whilst in custody. He also asked for clarification on the order of events for 13 December, as he felt they had received different accounts from different people. The family wished to point out that, during the first telephone call to the man's sister in law received from the prison, it was stated that the man had been taken to hospital and he had arrested in his cell. A second telephone call made a little later asked them to attend the hospital quickly as he was extremely poorly. Whilst at the hospital on the afternoon of 20 December, they were told the man had not arrested in his cell and had walked to the ambulance. Lastly, they wanted to know if the prison knew of the man's medical history and issues around his disability. The man's brother and his sister both agreed that the prison had been very supportive during their brother's stay in hospital, and subsequently after his death.

On 9 January 2006, my colleague returned to HMP Nottingham and spoke to an Officer and a member of staff from the Healthcare Unit. She sought clarification on the complex medication regime for the man. My colleague also spoke to one of the man's cellmates.

This report is based upon a review of all relevant paperwork, including the man's clinical records and the discussions mentioned earlier.

A doctor, from Nottingham City Primary Healthcare Trust, carried out an investigation into the man's medical care.

HMP Nottingham

HMP Nottingham is a Category B local prison, three miles from the city centre. It first opened in 1891 and has capacity for 550 prisoners. Two new cellblocks were opened in 1996 and further cellblocks are under construction at the present time. A Vulnerable Prison Unit (VPU) is located on E Wing.

The Healthcare Unit provides 24 hour nursing care. A report by Her Majesty's Chief Inspector of Prisons (HMCIP) of an inspection at Nottingham in February 2005 states, 'Prisoners were offered a wide range of clinical services including nurse-led clinics and visiting clinical specialists'. It also says, 'The Nottingham City Primary Care Trust (PCT) had seconded one of the community managers to lead healthcare services, and there was evidence of dynamic and effective managerial leadership and robust plans for the development of healthcare services.'

On healthcare the report reads, 'Prisoners with chronic or long term illness receive good care, although the systems were all manually based as the registers were not computerised. Prisoners with one or more chronic illnesses were seen at least monthly or more frequently if required. Individual nurses were responsible for the specific prisoners identified as suffering from diabetes, chronic heart disease or asthma.'

The HMCIP report was generally positive about the medical services provided at Nottingham.

The man

The man had not been in prison before and had no previous criminal record. He was sentenced to eight years imprisonment at Crown Court on 2 December 2005. His wife was also sentenced to four years imprisonment.

The man had serious medical problems including angina, type two diabetes, hypothyroidism, a pancreatic disorder and an amputation of his right arm. He had undergone a triple heart bypass operation in 1998. A total of 13 different medications were recorded on his repeat prescription certificate.

The man's family visited him regularly whilst he was in hospital. Staff from another prison escorted the man's wife on 13 and 18 December to visit him in the hospital.

During the man's short time in prison he seemed calm and relaxed. There were no issues raised by prison staff in terms of his behaviour or attitude.

The events leading up to the man's death

On reception into HMP Nottingham on 2 December 2005, Healthcare staff assessed the man and his observations and medical history were recorded. Because of his complex medical conditions, he was admitted to the Healthcare Unit for observation and assessment.

The man's medical record was opened and all his various medications were recorded. A first reception health screen was completed, including a test of his blood sugar levels. A secondary health screen took place the following day, including a request for baseline blood tests. The man settled well into the Healthcare Unit over the next two days.

On 5 December, he was transferred from the Healthcare Unit to E Wing on landing four. This wing is specifically for those prisoners who are described (in a term I dislike) as 'poor copers'. The man was moved to E Wing as no serious medical concerns had been identified during his observation period in the Healthcare Unit. He was allocated a shared cell.

On 8 December, the man complained to wing staff of diarrhoea and vomiting. His medical record shows an entry stating that a nurse came to the wing and checked his observations. His blood pressure was significantly lower than at his reception screening, but he told the nurse this was normal for him because of his history of hypertension. He was given medication to counteract the vomiting and a sugar concentrate to ease any diabetic symptoms. It was recorded that the man would see the triage nurse the following morning.

On 9 December, the first entry on his medical record for that day states, ' No problem this morning'. At 11.30am, an entry records the man saying he was unable to eat or drink and that he had vomited recently. His weight showed a drop of five kilos from his reception into the prison. He was given a blood sugar test and a bottle to provide a urine sample to test for ketones. The entry also states, 'repeat of blood glucose levels pm'. At 7pm, his medical record indicates he was unable to provide a urine sample. The man said he was not in any discomfort and was seen socialising on the Wing.

The man's blood sugar levels were tested on 10 December at 8am. He said he was still unable to urinate. The nurse thought he appeared physically well. At 10am, he was seen again by healthcare staff as he had informed an officer he had vomited and that he had angina. The nurse records that the man had used his GTN spray for his angina and that he felt fine apart from his nausea. The nurse tested a small amount of urine for ketones and recorded the result as being negative. Later that day, the man's blood sugar was tested and he was given medication to relieve his nausea symptoms.

At 8pm, a member of healthcare staff carried out a review of the man's condition on the wing. Although he said he had not passed urine for two and a half days, he did not appear clinically dehydrated. The man was still complaining of sickness and not eating or drinking. His blood sugar was tested. The man was advised to take sips of water overnight and told that he

would be reviewed again in the morning. He told medical staff he did not have any chest pain.

On the morning of 11 December, the man said he still had diarrhoea and vomiting. He was not eating, only taking sips of water and not passing water. His blood sugars and temperature were recorded, but not his blood pressure or other observations. The man's cellmate confirmed that the man had diarrhoea and vomiting. An entry on the medical record indicated that the man should see the Medical Officer or be admitted to the Healthcare Unit, if appropriate. At 2.45pm, he was again visited on the wing and his blood sugars were tested. The man's bladder did not feel full to the touch of the Healthcare staff member. He was taking fluid but no food. At 7.45pm, he was noted to be asleep in his bed.

On 12 December, after a visit by healthcare staff to the man on E Wing, he was admitted to the Healthcare Unit. His treatment plan is recorded on his medical record. At 7pm, an entry records that he was settled into the Healthcare Unit. The sweet," fruity" smelling breath, indicated he might have an accumulation of ketones in the body. He was advised by staff to take fluids. (The smell of ketones on breath can indicate that there may be signs of dehydration or abnormal blood sugars in a diabetic.) Some medication was administered to help with any dehydration.

On 13 December, in the early morning, a strong smell of ketones was detected on his breath. His observations were recorded. Later in the morning, the doctor saw the man and arrangements were made for him to be transferred to hospital. An Officer recalled that the man was well enough at this stage to dress himself for the transfer to hospital. He walked, with assistance, out of his cell.

The Prison Escort Record for the man records departure time from HMP Nottingham at 10.50am by ambulance to hospital. Arrival time is recorded at 11am.

A full bed watch log was created. Two officers were assigned to the man's bedside. Restraints were removed on reception into the accident and emergency unit at the request of medical staff, as he was clearly unwell and requiring intensive medical support. One of the escort Officers, has confirmed the removal of restraints on arrival at the unit. Formal approval for the removal of restraints was subsequently given by the duty governor at 1 pm. After the removal of restraints, the man had a cardiac arrest and medical staff had to perform cardiac massage.

The man was placed on a life support machine and transferred to the High Dependency Unit (HDU) of the hospital. The prison chaplain was contacted and went to the hospital at 3.23pm. The man's relatives were also contacted and attended the hospital. The chaplain took the relatives to the family room for prayers. At 6pm, the man's wife was brought to the hospital under escort from prison to visit her husband. It was noted in the bed watch log that the man was very ill.

The restraints were not replaced during the rest of his time in hospital. He did not regain consciousness. The prison assessed that release on temporary licence was not appropriate due to the nature of the offences for which the man had been convicted.

The man's wife again visited her husband under escort from prison on 18 December for an hour and a half. The man's relatives visited on numerous occasions during the seven days he was in the HDU. The Governor, Duty Governors, Family Liaison Officer and chaplain also visited the man on a regular basis.

On the morning of 20 December, medical staff at the hospital commenced procedures to assess brain stem activity. One doctor confirmed stem death at 12.07pm. Another doctor carried out a second procedure at 4.30pm when it was confirmed that the man was clinically dead and the life support was switched off.

In line with Prison Service Order 2710, the prison offered financial assistance towards funeral costs. The man's funeral was held at the end of December.

Clinical Review

The clinical review analyses several areas of the man's care whilst in custody.

The man was in prison for just ten days, with an additional seven days as an in patient at the hospital. His clinical care whilst at HMP Nottingham was reviewed by the Nottingham City Primary Health Trust. The review acknowledges the good clinical practice undertaken by the Healthcare Unit. The reception medical screening process was effective. The man's physical health assessment was appropriate. The documentation and record keeping was of a good standard. The review accepts that the care he received in prison was comparable to that which would have been expected in the community from a GP.

The review comments on two points. First, the clinical review indicates that a blood test for Urea and Electrolytes (U&E) should have been requested as early as 10 December in the light of the man's other medical problems and medications, and particularly because he said he was still drinking. (This blood test measures the chemicals in the blood relating to kidney function.)

Second, blood pressure readings should have been checked regularly. The man's blood pressure showed a low reading at the onset of his illness on E Wing, which was lower than in his first assessment in healthcare. The man had previously told staff it was not unusual for his blood pressure to be low. Nevertheless, a daily check of his blood pressures might have assisted in providing an overview of his medical condition at the onset of his illness.

The clinical reviewer expresses the opinion that the regular monitoring of healthcare needs in the prison environment is welcome and appropriate, but may also delay access to secondary care compared to community GP care. GPs often admit to hospital to provide the monitoring which prison healthcare provides. As a consequence, the superior service of prison healthcare to that provided in the community may affect outcomes in some cases.

The man received regular monitoring by healthcare staff whilst on E Wing. When his observations began to show symptoms of an illness, not previously recorded in his medical notes, he was re-admitted to the Healthcare Unit. His admission into hospital followed when concerns for his medical condition became more apparent.

There is no record of an individual nurse taking responsibility for the man's chronic health issues. I note that the report on HMP Nottingham by HM Chief Inspector of Prisons indicates that individual nurses were allocated to prisoners with chronic illnesses, but this did not occur in the case of the man who is the subject of this report.

I recommend the allocation of an individual nurse, with necessary competences, for prisoners with chronic illness when they are first received into Nottingham.

Issues raised by the man's cellmate

The cellmate of the man whilst he was on E Wing, spoke to my investigating officer on 9 January 2006. The cellmate said that the man was sick on many occasions and alleged that his difficulty in passing water did not seem to be taken seriously enough by healthcare staff when they visited him on the wing. (The entries on his medical record indicated that he was visited several times a day to check his condition. His observations were noted and blood sugar levels checked.)

The cellmate was aware of the man's poor state of health. The cellmate told my investigator that he is a heavy smoker. Given the man's heart problems and the fact that he was a non-smoker, he was concerned that the man was placed in a shared cell with him. The cellmate said he would smoke near to the open window to reduce any discomfort for him.

HMP Nottingham has a smoking policy. An extract from that policy states, '… prisoners have the right to smoke if they wish. Adequate provision within areas of residence will therefore be made in addition to designated communal areas. However, HMP Nottingham will also endorse the protection of non smoking personnel and prisoners.' A second extract from that policy states, 'prisoners are only allowed to smoke in their cells, however, wing managers will provide smoking and non smoking cells where possible.' Whilst I appreciate the population pressures, the policy clearly and correctly states that Nottingham will protect non-smoking prisoners. Yet in the man's case, he shared a cell for six days with his cellmate, a heavy smoker. (There is no evidence to say the man actually requested a non smoking cell.)

I recommend, wherever possible, non smoking prisoners should not be required to share cells with smokers. Given the evident health hazards of passive smoking, the Governor will wish to reinforce this message to all staff.

The VPU is located on the fourth landing on E Wing and food is served on the ground floor. The man's level of heart disease and the amputation of his right arm indicate the difficulty he would have using stairs, especially when collecting food and being unable to steady himself on the handrail whilst carrying a food tray. The man's cellmate told my investigator that the man struggled with the stairs when collecting his food. I am very surprised that he was located to an area of the prison where the physical layout of the building would have caused him mobility problems. Whilst taking into account the location of the VPU and the need for him to be located on the VPU, I would have expected staff to have arranged for the man's food to have been brought to him on the fourth landing.

My investigator visited E Wing to look at the wing observation book and readily appreciated the difficulties the man would have faced in being expected to climb so many stairs. His complex medical condition and the amputation of his arm may well have caused him problems in adjusting to the

prison regime in Nottingham. A review of prisoners with disabilities should be carried out, on reception, to ensure they are able to cope with the prison regime on a day to day basis.

My investigator has been informed that Nottingham is presently reviewing a disability policy. I welcome this.

I recommend that, on arrival at HMP Nottingham, prisoners with disabilities should be risk assessed and appropriate packages put in place to meet their health and social care needs, including location.

Bearing in mind the vulnerable prisoner population is generally older and less physically able than the rest of the prison population, I question the appropriateness of having a VPU on the fourth landing of a Victorian prison.

I recommend HMP Nottingham reviews the current location of the VPU.

Issues raised by the man's family

Medication whilst in custody

On 9 January, my investigator viewed the man's medication and prescription charts. Nurses dispense medication at set times of the day. He had in his possession his GTN spray which he used to relieve his angina symptoms. I am satisfied that the man received all his medication at the appropriate times and in accordance with his prescription.

Did the man suffer a cardiac arrest in his cell?

The first telephone call that the man's sister in law received on the morning of 13 December stated that he was being admitted to hospital and had arrested in his cell. The notes of the man's medical record show there is no documented evidence that he suffered a cardiac arrest before being taken to the hospital. An Officer told my investigator that he was able to dress himself for the transfer to hospital, and was able to walk out of his cell with some assistance when the ambulance arrived. The man was then placed in a wheelchair and taken to the ambulance. I am satisfied that he did not arrest in his cell before being taken to hospital. Information from the man's family, in response to my draft report, suggests that the Chaplain at Nottingham made the misleading call to the family in good faith. He apologised to the family at the hospital for the mistake.

Was the man's medical history known to the prison?

The prison completed a full medical screening of the man's medical history and this is reflected in the points highlighted by the doctor's clinical review.

Recommendations

- **I recommend the allocation of an individual nurse with necessary competences for prisoners with chronic illness when they are first received into Nottingham.**

- **I recommend, wherever possible, non smoking prisoners should not be required to share cells with smokers. Given the evident health hazards of passive smoking, the Governor will wish to reinforce this message to all staff.**

- **I recommend that, on arrival at HMP Nottingham, prisoners with disabilities should be risk assessed and appropriate packages put in place to meet their health and social care needs, including location.**

- **I recommend HMP Nottingham reviews the current location of the VPU.**

Good Practice

- **I commend the Senior Officer for the way he conducted himself as Family Liaison Officer, both in meeting with the family and in following up this support after the man's death.**

- **The man's custodial records were well presented and chronologically filed.**