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 Mr Edward Rawkins at St Mary's Hospital, Newport, on 12 October 2012 while in the custody of HMP Isle of Wight (Parkhurst)

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 report into the death of Mr Edward Rawkins, a prisoner at HMP Isle of Wight (Parkhurst). Mr Rawkins died of a heart attack at St Mary's Hospital, Newport on 12 October. He was 56 years old. I offer my condolences to Mr Rawkins' family and friends.

Ms Tina Sullivan carried out the investigation and Dr Felicity Shaw conducted a review of Mr Rawkins' clinical care at Parkhurst. HMP Isle of Wight cooperated fully with the investigation.

Mr Rawkins had no symptoms of heart disease when he first arrived in prison in October 2011. He first complained of chest pain on 3 October 2012, but was diagnosed with indigestion. His condition worsened and Mr Rawkins was taken to hospital on 7 October. The hospital confirmed he had suffered a heart attack and he had surgery to relieve a blockage in an artery. Mr Rawkins appeared to recover and was due to be discharged back to prison on 12 October but, before he left hospital, he suffered a number of cardiac arrests. He died later the same day.

Overall, I am satisfied that the prison ensured that Mr Rawkins received appropriate treatment for his heart disease. However, as I have found in other recent investigations at HMP Isle of Wight, the risk assessment which resulted in restraints being used when Mr Rawkins first went to hospital did not fully take into account his actual level of risk nor was it reviewed when it should have been. I am also concerned that there was a delay in removing Mr Rawkins' restraints when he went into cardiac arrest at the hospital due to the escorting officer with the key to the cuff being temporarily out of contact. Given his poor state of health, this does not appear to have affected the outcome for Mr Rawkins but was, nonetheless, unacceptable.

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

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Notes of discussion with:

9. Nurse Jayne Kershaw
10. Mr Mark Cama (governor)

List of documents considered during investigation

Mr Rawkins' clinical records from HMP Isle of Wight
Mr Rawkins' F2050, core prison custody records.
Escort risk assessments and bed watch logs
P-NOMIS, the Prison Service electronic contact log
Prison Service Instruction (PSI) 64/2011 – Safer Custody
HM Chief Inspector of Prisons report for HMP Isle of Wight (Parkhurst) 21 May 2012 to 1 June 2012
Independent Monitoring Board report for HMP Isle of Wight from 1 January 2011 to 31 December 2011
Previous fatal investigation reports

SUMMARY

1. Mr Rawkins was remanded to HMP Bedford on 28th October 2011. He was sentenced to 18 years imprisonment for sexual offences on 12 January 2012, and transferred to HMP Isle of Wight (IOW) on 5 September. Mr Rawkins had knee surgery in January 2012 and was prescribed medication for high blood pressure and to reduce his cholesterol, but had no known history of heart disease.

2. In the early hours of the morning of 3 October and also on 6 October 2012, Mr Rawkins told night staff that he had chest pain. On both occasions, healthcare staff assessed him over the telephone and arranged for him to be examined the next day. An electrocardiogram (ECG – which is used to diagnose heart problems) on 3 October showed some abnormality, but the prison doctor was not concerned by the reading and concluded that Mr Rawkins had indigestion.

3. As his symptoms persisted, Mr Rawkins was admitted to the prison's Inpatient Healthcare Unit (IHU – located on the Albany site) on the afternoon of 6 October for further observation. After his condition got worse on 7 October, paramedics were called and Mr Rawkins was taken by air ambulance to the cardiology ward in Queen Alexandra Hospital in Portsmouth, where he was diagnosed as suffering a heart attack. A stent (an artificial tube inserted to increase blood flow in the heart) was fitted.

4. Mr Rawkins transferred to St Mary's Hospital on the Isle of Wight on 11 October. The next day, Mr Rawkins was being assessed for discharge when he had a cardiac arrest. At the time Mr Rawkins was restrained with an escort chain (a two metre chain with a handcuff at either end). The officer with the key to the escort chain was not present at the time. This meant there was a delay of about 14 minutes before he returned with the key to unlock the chain so that a defibrillator could be used to shock Mr Rawkins' heart into a normal rhythm. Mr Rawkins was eventually revived.

5. Mr Rawkins initially appeared to recover, but had several more cardiac arrests during the day. Later that day Mr Rawkins had another heart attack and died that evening. Hospital staff informed Mr Rawkins' next of kin that he had died and the prison's family liaison officer provided ongoing advice and support.

6. The clinical reviewer concludes that Mr Rawkins should have received drug and blood pressure monitoring at Bedford because he had high blood pressure and high cholesterol. However, we agree with the clinical reviewer that the care he received during his time at HMP Isle of Wight was equivalent to that he could have expected to receive in the community. We are concerned that the level of restraints was not justified by the risk assessment, and that there was a significant delay removing restraints when Mr Rawkins had a heart attack.

THE INVESTIGATION PROCESS

7. The Ombudsman was notified of Mr Rawkins' death on 12 October 2012. The investigator, Ms Tina Sullivan, issued notices informing staff and prisoners of the investigation and asking them to contact her with any relevant information. No one responded.

8. Ms Sullivan visited Parkhurst on 18 October. She met the investigation liaison officer, Mr Bob Smith, and obtained copies of Mr Rawkins' medical and prison records. Ms Sullivan visited the wing where Mr Rawkins had lived, spoke to the staff there and to a prisoner who had helped him with his daily living needs.

9. Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust (PCT) appointed Dr Felicity Shaw to review Mr Rawkins' clinical care.

10. Ms Sullivan returned to Parkhurst on 22 November and interviewed six members of staff jointly with the clinical reviewer and PCT colleagues. Ms Sullivan interviewed a further member of staff and a prisoner on 23 November and had a telephone discussion with the Head of Security on 27 November. The clinical reviewer interviewed the prison doctor on 9 November. Ms Sullivan fed back to the Governor throughout the investigation and confirmed her feedback in writing.

11. A PCT panel review meeting was held on 4 January 2013, to discuss the conclusions of this investigation. The meeting was well attended by staff from St Mary's Hospital, representatives from SHIP PCT, the Head of Healthcare, nursing manager and the prison doctor, as well as the clinical reviewer. Although invited, no representative from the Prison Service attended.

12. Ms Sullivan contacted Isle of Wight Ambulance Service who provided details of the contact they had with the prison on 7 October.

13. Ms Sullivan informed HM Coroner for Isle of Wight of the investigation and a copy of the report has been sent to the Coroner. The post-mortem report concluded that Mr Rawkins died of a heart attack.

14. Mr Narinder Dale, one of this office's family liaison officers, contacted Mr Rawkins' nominated next of kin and his sister on 9 November, to explain the purpose of the investigation. They had no specific issues they wished the investigation to consider.

15. Copies of the draft report were sent out to Mr Rawkins' family and friends as part of the consultation process. Having read the report Mr Rawkins' sister was shocked by some of the findings of the investigation.

HMP ISLE OF WIGHT (PARKHURST)

16. HMP Isle of Wight is an amalgamation of three prisons, Parkhurst, Albany and Camphill. The prison holds approximately 1,700 prisoners across the three sites. Each site has its own manager who reports to the Governor. The Parkhurst site holds category B prisoners (category B prisoners do not need the highest conditions of security, but escape must be made very difficult). The Parkhurst site holds over 500 prisoners in eight residential units. Healthcare services are available on site between 7.30am and 5.30pm each day. After that time, the nurses from the inpatient health unit (IHU) at the Albany site, are available for telephone advice, or staff can contact an out-of-hours doctors service. There is a daily GP clinic at all three sites.

17. Health services at HMP Isle of Wight are commissioned by Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust (PCT) cluster and provided by the Isle of Wight NHS Trust. There is an inpatient unit at the Albany site which caters for prisoners with a wide range of mental and physical health needs from all three sites.

HM Inspector of Prisons (HMIP)

18. The last report published on Isle of Wight (Parkhurst site) was an announced full follow up inspection in May 2012. The report noted that there had been some sustained improvements at the Parkhurst site, although there was significant variation between the three sites. Provision for older prisoners and those with disabilities was generally found to be good.

Independent Monitoring Board (IMB)

19. Each prison in England and Wales has an Independent Monitoring Board (IMB), made up of unpaid volunteers from the local community who monitor day-to-day like in the prison to help ensure that proper standards of care and decency are maintained.

20. In its annual report for 2011, the IMB reported that the healthcare department on the Parkhurst site was fully staffed, but there were some negative experiences of healthcare at the prison. The report described the challenges of an ageing population and the demand this put on the inpatient healthcare unit on the Albany site.

Previous deaths at Isle of Wight (Parkhurst)

21. Mr Rawkins' death was one of three deaths from natural causes at HMP Isle of Wight, Parkhurst site in the past year. The investigator reviewed these reports, and those for the Albany site. The issue of weaknesses in risk assessments for the application of restraints is one that has arisen a number of times at HMP Isle of Wight.

KEY EVENTS

22. Mr Edward Rawkins was born in December 1955 and lived in Bedford. He was remanded into custody on 28 October 2011 and went to HMP Bedford. Mr Rawkins was sentenced to 18 years imprisonment on 12 January 2012. He had not been in prison before.

23. At his initial health screen, Mr Rawkins told Nurse Anthony Kakie that he was a smoker, had recently undergone knee surgery (and used crutches), was on a waiting list for a replacement knee and was prescribed pain relief. He was referred to Dr Nnadi, who prescribed pain relief medication, ramipril (for high blood pressure) and simvastatin (to reduce cholesterol). There is no record that Mr Rawkins' cardiovascular risk factors or blood pressure were reviewed during the rest of his stay at Bedford.

24. Over the next few months, Mr Rawkins' problem with his knee was reviewed and he had keyhole surgery to repair the joint. After his first session, he refused to participate in physiotherapy.

25. Mr Rawkins was due to transfer to HMP Isle of Wight, Parkhurst site, on 31 May, but was unable to sit comfortably on the transport because of his knee condition. He eventually transferred in an adapted van on 5 September.

HMP Isle of Wight

26. Initially Mr Rawkins went to the Albany site for induction. At his initial healthscreen, he was referred to the doctor and hypertension clinic and given smoking cessation advice. Dr Andrew Baderin, a prison doctor, examined Mr Rawkins the next day and recorded his blood pressure (BP) as high at 158/94. (The normal range for blood pressure is 100/70 to 140/90.) He continued to prescribe Mr Rawkins' medication for high blood pressure and cholesterol.

27. Mr Rawkins moved to C wing of the Parkhurst site on 10 September. His personal officer (a member of staff with particular responsibility to support and interact with nominated prisoners and act as a point of contact for any concerns) was Officer Michael Flood. Mr Phillip Sproston was assigned as his "pad pal" (a prisoner who helps another with daily tasks such as cell cleaning and collecting meals).

28. Nurse Louise Long assessed Mr Rawkins on 1 October and gave him some lifestyle advice about his high blood pressure. Nurse Long requested full blood tests and an ECG to be completed at the next month's appointment because of Mr Rawkins' cardiac risk factors. Mr Rawkins told the nurse that he had stopped smoking the week before.

29. On 3 October at 4.30am, Mr Rawkins told the manager in charge of the prison, Senior Officer (SO) Gordon Wakefield that he had chest pains. SO Wakefield spoke to Mr Rawkins for ten minutes, who explained that his pains were on the right side of his chest. There are no healthcare professionals

working on the Parkhurst site overnight, so SO Wakefield called the inpatient unit on the Albany site and relayed Mr Rawkins' symptoms to the nurse on duty there. After consulting his medical record, the nurse concluded that Mr Rawkins was likely to be suffering from anxiety, but agreed with the SO that they would arrange an ECG later that morning. The nurse did not see Mr Rawkins, but gave her advice over the telephone and recorded the conversation in his medical record.

30. As Mr Rawkins' ECG results were abnormal, Dr Sarah Bromley, examined him on 3 October and concluded that he was suffering from dyspepsia (indigestion). She referred him for a chest X-ray as he had a wheeze. Dr Bromley recommended that he should take pain relief and drugs known as proton pump inhibitors to relieve the symptoms of dyspepsia while waiting for the X-ray. She told Mr Rawkins to tell healthcare staff if his symptoms worsened.

31. On 4 October, Mr Rawkins again complained of chest pain and was told by Nurse Dave Pudney to a wait for the proton pump inhibitors to take effect.

32. SO Wakefield contacted the inpatient unit at 3.15am on 6 October to say that Mr Rawkins was experiencing chest pain and demanding to see a doctor. SO Wakefield told Nurse Kenny Flynn that Mr Rawkins had no pain to the arm, neck or left side, he was cyanosed (blueness to the skin due to a lack of oxygen) and he had no difficulty breathing. Nurse Flynn reviewed the medical notes and as they supported a non-cardiac cause for Mr Rawkins' discomfort, requested that he was examined later that day at the inpatient unit in Albany.

33. Nurse Jayne Kershaw examined Mr Rawkins at 11.26am on 6 October. She recorded his blood pressure as normal (120/80) and a slightly high pulse at 88bpm and that Mr Rawkins was still experiencing chest pain which worsened on movement or when lying down. The nurse recorded that she reassured Mr Rawkins, told him to continue with pain relief and indigestion medication and wait for the chest X-ray. At 2.16pm, Nurse Kershaw discussed Mr Rawkins ongoing symptoms with Dr Bromley who agreed that he should be admitted to the inpatient healthcare unit at the Albany site. The doctor still believed that it was dyspepsia and queried if Mr Rawkins was being bullied for his medication. (There was no evidence to support this). He was admitted to the inpatient unit later that afternoon.

34. Nurse Jacqueline Dalton examined Mr Rawkins at 6.26pm. He told her that his pain was not as bad, although she recorded that he appeared sweaty and his temperature was raised (37.4). Nurse Rebecca Morris recorded Mr Rawkins' observations at 10.05pm. His blood pressure was normal (119/81), his pulse was high (95bpm) and his temperature was raised (38.1). Mr Rawkins told Nurse Morris that his chest had started to hurt again and he was prescribed pain relief. The observations taken at 12.07am showed some improvement. His blood pressure was normal (108/76), but his pulse remained high at 93bpm and his temperature was still raised (37.9). Mr Rawkins said his pain was easing.

35. Nurse Kim Fryer gave Mr Rawkins his medication the next morning, Sunday 7 October, at 10.05am and he told her that he got chest pain when he was lying down. When she reviewed him at 11.33am, Mr Rawkins' blood pressure was low (90/60), his pulse was high (98bpm) and his temperature was normal (36.8). He told Nurse Fryer that he was pain free but he was sweating and felt hot.

36. At 12.21pm, Nurse Fryer contacted the out of hours doctor as Mr Rawkins' observations had deteriorated. His blood pressure was low (85/62), his pulse was high (92bpm) and he told her he felt sick. Dr Bromley came and examined Mr Rawkins. His blood pressure was dropping, his pulse was rising and the doctor concluded he was having a heart attack. An emergency ambulance was requested at 1.03pm. Paramedics arrived at 1.06pm, assessed Mr Rawkins and decided to transfer him to Queen Alexandra Hospital, Portsmouth. The ambulance left at 1.41pm and took Mr Rawkins directly to the helicopter nearby.

37. As part of the duty to protect the public prisons make judgements about the level of security needed when prisoners are taken out of the prison for any reason. An individual risk assessment should be completed on each occasion. Mr Rawkins' escort risk assessment was not fully completed when he was taken to hospital, because it was an emergency. It was recorded in the medical section of his risk assessment that it was not appropriate to use restraints while he was in the helicopter because he needed immediate medical attention. However, an escort chain was to be used if Mr Rawkins' condition improved. Mr Rawkins was taken by air ambulance to Queen Alexandra Hospital, where he had a stent fitted (an artificial tube inserted to increase blood flow).

38. Mr Rawkins' next of kin was identified from prison records as a friend living in Bedford. The prison contacted HMP Bedford, who organised for his friend to be told about Mr Rawkins' admission to hospital. The family liaison officer from HMP Isle of Wight then spoke to his friend and offered help to visit Mr Rawkins, but this was declined. The prison kept in touch with Mr Rawkins' friend throughout his illness.

39. The next morning, Mr Rawkins' condition improved and was restrained by an escort chain. The escort chain was removed for medical assessment and diagnosis, but applied again once the treatment was finished. The escort risk assessment was still not fully completed and there is no evidence that it was reviewed before the escort chain was used.

40. During the day Mr Rawkins' blood pressure remained low and he was assessed by a cardiac nurse. He experienced increased pain in his chest and hospital staff were concerned that he was having a relapse. At 8.10pm, the duty governor, Mr Bob Smith, authorised the removal of restraints. At 11.05pm the escort chain was used again as Mr Rawkins' condition improved.

41. On 9 October, Mr Rawkins was still experiencing some chest pain after his stent operation, so his medication was adjusted. The next day he was assessed as stable enough to be transferred by ambulance and ferry to St Mary's Hospital, Isle of Wight. Mr Rawkins arrived at St Mary's at 12.05am on 11 October, still restrained by an escort chain. His condition remained stable.

Events on 12 October

42. SO Andy Reynolds and Officer Geoff Higgins took over Mr Rawkins' bed watch on the morning of 12 October at 7.30am. Nurses completed an ECG, a doctor examined Mr Rawkins at 10.20am and suggested that he could be discharged back to the prison later that day.

43. SO Reynolds was attached to Mr Rawkins by the escort chain when Officer Higgins told him that he wanted to use the toilet. He left the ward without a radio, but with the key for the escort chain handcuffs. Just after Officer Higgins left the room, at 10.41am, Mr Rawkins had a heart attack. SO Reynolds alerted hospital staff and a resuscitation team quickly arrived. However, they could not use the defibrillator (a portable electronic device that diagnosis heart rhythms and produces an electric shock to restart the heart if appropriate) as Mr Rawkins was attached by a metal restraint to SO Reynolds. In the meantime, hospital staff started cardiopulmonary resuscitation (CPR), and tried to find Officer Higgins to remove the escort chain.

44. SO Reynolds telephoned the prison and the duty manager went straight to the hospital with another officer who had a spare cuff key. Officer Higgins arrived back about 14 minutes later, and removed the escort chain, before the duty governor arrived. Mr Rawkins received a number of shocks to restart his heart and was resuscitated after nearly an hour.

45. Two prison managers, Mr Taylor and Mr Smith, arrived at the hospital. Mr Rawkins told Mr Taylor that he felt fine, but a little hungry. Mr Rawkins was fully conscious and his heart was being monitored. Mr Taylor decided that restraints were not necessary until Mr Rawkins' condition improved. Two different officers relieved the bed watch officers, as Officer Higgins and SO Reynolds were upset.

46. At 1.50pm, Mr Rawkins had a heart scan. While a nurse was giving him some medication at 3.26pm, Mr Rawkins had another heart attack. The nurse rang the alarm bell and Mr Rawkins was taken to the intensive treatment unit. The bed watch officers were told that more cardiac arrests were likely. The prison family liaison officer, Ms Blake, contacted Mr Rawkins' friend to tell them that his condition had deteriorated badly. He had two more heart attacks that afternoon and was pronounced dead at 8.50pm. Hospital staff telephoned Mr Rawkins' friend to break the news of his death.

Support for prisoners

47. Mr Rawkins had been at Parkhurst only a short time, but was well known on his wing. The Governor issued a notice announcing Mr Rawkins' death, and expressing his condolences. The notice reminded prisoners of the support available from officers, the prison chaplaincy and Listeners (prisoners trained by the Samaritans to provide confidential support for other prisoners).

48. A memorial service was held at the prison on 9 November, for those prisoners wishing to pay their respects.

Liaison with Mr Rawkins' next of kin

49. Mr Rawkins had nominated a friend as his next of kin. HMP Bedford were asked to inform Mr Rawkins' friend when he was first admitted to hospital on 7 October. After Mr Rawkins returned to St Mary's Hospital, the prison kept his friend informed about his condition. After his death the prison arranged Mr Rawkins' funeral, which was held on 8 November. Ms Blake, the family liaison officer maintained contact with Mr Rawkins' friend and his sister (who Mr Rawkins had not been in contact with) over the next few weeks.

Support for staff

50. The duty governor held a hot debrief with the officers who were with Mr Rawkins when he died (a hot debrief is a meeting immediately after an incident, designed to reassure staff, and provide them with support. During interview, officers said that they felt well supported and would contact the care team if they needed support.

Post-mortem report

51. Dr Basil Purdue carried out a post-mortem examination on 18 October. He concluded Mr Rawkins died of myocardial infarction (a heart attack) as a result of hypertensive and ischaemic heart disease (damage to the heart caused by high blood pressure and poor blood flow).

ISSUES

Initial healthscreen

52. Dr Felicity Shaw the clinical reviewer notes that when Mr Rawkins' arrived at Bedford, the medication he had been taking in the community for hypertension and raised cholesterol was continued. However, his cardiovascular risk factors were only partially assessed. His blood pressure was not recorded and there is no evidence that he was offered smoking cessation or dietary advice.

    The Head of Healthcare at HMP Bedford should introduce a routine review of cardiovascular risk factors during the reception health screen process and ensure that prisoners with identified risk factors receive appropriate treatment, monitoring and advice.

Diagnosis of heart attack

53. Dr Shaw's clinical review concludes that the medical care and treatment Mr Rawkins received at IOW was appropriate and equivalent to the care he could expect to receive in the community. Dr Shaw notes:

    > "His [Mr Rawkins'] chest pain was not a classical description of cardiac chest pain. (A classic description would be a central tight chest pain which comes on with exertion and is relieved by rest. The pain may radiate from the chest to the left arm, back or neck. During this pain the sufferer may look pale or sweaty.) The doctor [Dr Sarah Bromley] took a good history of this atypical pain and her diagnosis from the history is not unreasonable. The doctor thought that on balance this was not cardiac pain and was likely to be stress related and likely dyspepsia."

Escort risk assessment

54. The escort risk assessment, completed on 7 October by Officer McDade and authorised by Mr Adams, operations manager, concluded that Mr Rawkins posed an overall medium risk to staff, the public and escape. Mr Rawkins' medical assessment was completed over the telephone because it was an emergency, and it was recorded that he needed urgent treatment and that he had ongoing mobility issues. Mr Rawkins was not restrained when he left the prison because of his condition. An escort chain was used from 6.10am the next morning.

55. Mr Rawkins could not walk easily before his heart attack, and had heart surgery as soon as he got to hospital. Nevertheless, an escort chain was used to restrain him from 6.10am the morning after his heart attack. There is no record that the medical assessment was revisited or that the incomplete parts of the risk assessments were updated once he arrived in hospital or before restraints were used. Apart from when he was having

treatment, Mr Rawkins was restrained by an escort chain, until the day he died but his risk assessment was not reviewed during that time.

56. We acknowledge that public protection is paramount, but security measures must be proportionate to a prisoner's individual circumstances. All the available evidence about his medical condition would suggest that Mr Rawkins' risk of escape from two escorting officers was low. There is little evidence this was taken into account or reviewed until shortly before his death.

The Governor of HMP Isle of Wight should ensure that risk assessments for prisoners in hospital fully take into account individual circumstances, are kept under review and are based on the actual risk the prisoner presents at the time.

Delay in removing escort chain

57. We asked the clinical reviewer to comment on whether the delay in removing restraints adversely affected the outcome for Mr Rawkins. Dr Shaw noted that this would be a matter for a suitably qualified medical expert in cardiovascular disease and resuscitation.

58. The Home Office pathologist Dr Basil Purdue wrote in the post-mortem report:

> "The significance of the delay in defibrillation which occurred on the morning of Mr Rawkins' death is uncertain, though it is plain that he had experienced ventricular fibrillation on at least four occasions during the preceding four days. Since he recovered sufficiently to regain spontaneous circulation and declare himself 'OK', it seems unlikely that significant extra harm befell him as the result of the delay. Both autopsy and microscopical examination of the heart muscle make it plain that it had suffered well-established damage several days before death. In my opinion, death was inevitable from the time of Mr Rawkins' initial ischaemic event on Sunday 7th October, because of the extreme vulnerability of his heart to starvation of blood owing to its increased muscle bulk and impaired blood supply."

In light of Dr Purdue's opinion, and further discussion during the PCT panel review meeting on 4 January, it does not appear that the delay in removing restraints was a direct causal factor in Mr Rawkins' death. However, in different circumstances a similar delay might prove fatal.

59. Officer Higgins told the investigator that when he left the ward he had a cigarette, bought Mr Rawkins a newspaper and used the toilet. He was gone for 14 minutes, and Officer Higgins did not have a radio, so was not contactable during this time. There is a poor mobile network in the hospital so personal mobile phones could not be used.

60. The local protocol was not clear on what bed watch officers should do if they need to leave the prisoner for a comfort break. If a two person escort is judged to be necessary then it would usually be expected that the two officers would stay with the prisoner at all times and certainly not leave for the length of Officer Higgins' absence. For security reasons it would not be usual to leave the handcuff key with the officer handcuffed to the prisoner. After Mr Rawkins' death, the Governor issued a new instruction which requires that the officer with the cuff key should leave the restrained prisoner only if they have a working radio and tell the second officer exactly where they are going. If there is a risk of cardiac arrest, officers should contact the duty governor for permission to leave the key with the cuffed officer.

61. While the delay in resuscitation might not have affected the outcome for Mr Rawkins, the circumstances of this case demonstrate that it is important that officers escorting prisoners ensure that the key to restraints is always available in the event of emergency.

The Governor of HMP Isle of Wight should ensure that restraints can be removed without delay in an emergency.

Radios

62. Due to the close proximity of St Mary's Hospital to the prison, officers use the prison radio network. No bed watch officer had a radio while Mr Rawkins was in St Mary's Hospital. The Head of Security told the investigator that the officers at the hospital should have had at least one radio. Had Officer Higgins had a radio, a message could have quickly been sent to him to return with the cuff key. Management checks should have highlighted the absence of a radio.

The Governor of HMP Isle of Wight should ensure that officers on duty at St Mary's Hospital have a radio.

RECOMMENDATIONS

1. The Head of Healthcare at HMP Bedford should introduce a routine review of cardiovascular risk factors during the reception health screen process and ensure that prisoners with identified risk factors receive appropriate treatment, monitoring and advice.

   Accepted - *This will be introduced within the next 3 months and any prisoner with risk factors identified will be either referred for the appropriate treatment or listed to receive advice. We will strengthen the existing secondary screening process to record more explicit referral to smoking cessation services. We will use the results from "well man screening" blood test results to increase referrals to our existing cardiovascular risk clinic. We will work with our in house pharmacy to highlight the need for regular review for patients who are resident for greater than 28 days receiving cardiac medication. We will undertake regular audit of our long term conditions in general and cardiovascular risk in particular. Target date for completion: 30th June 2013*

2. The Governor of HMP Isle of Wight should ensure that risk assessments for prisoners in hospital fully take into account individual circumstances, are kept under review and are based on the actual risk the prisoner presents at the time.

   Accepted - *The Head of Security has reviewed escort risk assessment to enhance the medical contribution section to better inform the decision making process in relation to the appropriateness of restraints. Information has been provided to all Operational Managers to assist them in making decisions with regard to the use of restraints for escorts and bed watches. Additionally this has been added into the Local Security Strategy and a Management check system is now in place. Target date for completion: Completed*

3. The Governor of HMP Isle of Wight should ensure that restraints can be removed without delay in an emergency.

   Accepted - *An Operational Instruction detailing Cuffing Arrangements for Hospital escorts has been issued (19/10/2012) outlining the removal of restraints in an emergency and forms part of the Local Security Strategy (OI 023-2012). To be included in the Escort and Bedwatch management check. Target date for completion: 31st March 2013 - D Mabey.*

4. The Governor of HMP Isle of Wight should ensure that officers on duty at St Mary's Hospital have a radio.

   Accepted - *An Operational Instruction detailing arrangements for Hospital escorts has been issued and this includes the mandatory possession of a radio. This forms part of the Local Security Strategy (OI 023-2012).* To be included in the Escort and Bedwatch management check. *Target date for completion: 31st March 2013 - D Mabey.*