

**Prisons &
Probation**

Ombudsman
Independent Investigations

Investigation into the death of Mr Paul Baines, a prisoner at HMP Lowdham Grange on 8 April 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



© Crown copyright 2015

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Paul Baines died on 8 April 2015. He had collapsed with a suspected heart attack the day before at HMP Lowdham Grange and was taken to hospital. Surgeons inserted a stent into his heart, but Mr Baines suffered complications and did not recover. He was 61 years old. I offer my condolences to Mr Baines' family and friends.

I am satisfied that overall Mr Baines received a good standard of health care during his time at Lowdham Grange which was equivalent to that he could have expected to receive in the community. The response by staff on the day of his collapse was prompt and effective and his death could not have been foreseen or prevented. Liaison with Mr Baines' family was timely and sensitive.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Nigel Newcomen CBE

Prisons and Probation Ombudsman

September 2015

CONTENTS

Summary 5

The investigation process 6

Background information..... 7

Key events 8

Findings 11

SUMMARY

Events

1. In September 2008, Mr Paul Baines was sentenced to 28 years by a Spanish court for offences of manslaughter and arson. In July 2010, he was repatriated to the UK, and sent to HMP Lowdham Grange later the same month.
2. Mr Baines suffered from a number of chronic health problems, including bronchiectasis and COPD (lung diseases). He also had a history of bowel problems and suffered from lower back and leg pain. Healthcare staff frequently reviewed Mr Baines.
3. On 7 April 2015, while working in the prison gardens, Mr Baines felt unwell and had chest pain. He went straight to the healthcare centre and as a nurse examined him, he collapsed with a suspected heart attack. Healthcare staff responded quickly, and Mr Baines regained consciousness. Paramedics attended and took Mr Baines to hospital.
4. Surgeons operated on Mr Baines to insert a stent (to allow increased blood flow to the heart). However, Mr Baines suffered complications after the operation. He deteriorated and died in hospital on 8 April.

Findings

5. The clinical reviewer concluded that Mr Baines received a good standard of care for his chronic diseases. On the day of his collapse, the response by healthcare and prison staff was prompt and effective. Liaison with Mr Baines' family was timely and managed with sensitivity in line with national guidance.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Lowdham Grange informing them of the investigation and asking anyone with relevant information to contact her. Six prisoners asked to be interviewed.
7. The investigator visited Lowdham Grange on 16 April. She obtained copies of relevant extracts from Mr Baines' prison and medical records.
8. NHS England commissioned a clinical reviewer to review Mr Baines' clinical care at the prison.
9. The investigator and clinical reviewer interviewed seven members of staff and a group of six prisoners at Lowdham Grange on 30 April.
10. We informed HM Coroner for Nottinghamshire and Nottingham City of the investigation who sent the results of the post-mortem examination. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers wrote to Mr Baines' daughter, his nominated next of kin, to explain the investigation and to ask she had any matters she wanted the investigation to consider, but we have not received a response.
12. The prison received a copy of the draft report, there were no factual inaccuracies noted.

BACKGROUND INFORMATION

HMP Lowdham Grange

13. HMP Lowdham Grange is a medium secure prison, privately managed by Serco, which holds over 900 men. The accommodation consists of five houseblocks, which typically hold 120-130 men.
14. Nottinghamshire Healthcare NHS Foundation Trust provide general healthcare and GP services at the prison, including 24-hour nursing cover, and an out of hours GP service.

Her Majesty's Inspectorate of Prisons

15. The most recent inspection of HMP Lowdham Grange was in March 2011. Inspectors reported that Lowdham Grange was an impressively safe and decent prison. At the time of the inspection, Serco Health was the main healthcare provider. Inspectors noted there was long waiting times to see a doctor and healthcare complaints almost exclusively related to delays in access to routine appointments.

Independent Monitoring Board

16. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In their latest annual report, for the year to January 2014, the IMB reported the healthcare unit had made significant reductions in waiting times for the GP.

Previous deaths at HMP Lowdham Grange

17. Mr Baines was the third prisoner to die from natural causes at Lowdham Grange since 2012. There are no similarities with the other deaths.

KEY EVENTS

18. In September 2008, Mr Baines was sentenced by a Spanish court to 28 years in prison for manslaughter and arson. In July 2010, he was repatriated to the UK and was initially sent to HMP Wandsworth before being moved to HMP Lowdham Grange on 26 July 2010.
19. Mr Baines had a full healthscreen when he arrived at Lowdham Grange. He had significant physical health problems, including bronchiectasis and COPD (chronic obstructive pulmonary disease) - both are long-term chronic conditions affecting the lungs. Doctors regularly prescribed inhalers for Mr Baines, and prescribed antibiotics and steroids (prednisolone) when necessary. Mr Baines smoked 30 cigarettes a day but, with help, stopped in November 2011. Doctors also prescribed Mr Baines pain relief for lower back and leg pain.
20. Mr Baines also suffered from severe and chronic constipation, which caused him stomach pain. In 2010, he had a colonoscopy (a procedure to look inside the bowel and large intestine) and in 2011, he had an ultrasound scan of his abdomen. The results were normal. Doctors prescribed Mr Baines omeprazole continually from February 2011, to reduce stomach acid.
21. In August 2011, Mr Baines complained of chest pain, due to the bronchiectasis. He told the doctor he had had this pain for about six years after he contracted pneumonia while in Spain. The doctor prescribed antibiotics and arranged blood tests, a chest X-ray and an ECG (electrocardiogram – to detect problems with the heart). All results were normal.
22. While at Lowdham Grange, Mr Baines had a number of chest infections. Records show that each time, nurses quickly referred him to a prison doctor who prescribed antibiotics. Mr Baines also frequently complained about stomach pain. On each occasion, a doctor examined him and prescribed pain relief. A prison GP referred him to a pancreatic biliary surgeon on 12 September 2012, and requested a herniagram (a specialist diagnostic X-ray) and a colonoscopy. Both of these tests were normal. On 25 September, Mr Baines had a routine chest X-ray that showed that his heart was normal, his lungs were clear and there was no significant deterioration of his bronchiectasis. Mr Baines continued to see doctors and nurses when needed.
23. There is nothing significant in the records for 2013 and 2014. Healthcare staff continued to see Mr Baines to monitor and treat his chronic conditions throughout.
24. Mr Baines worked in the prison gardens, and was considered hard working, despite his health problems. Healthcare staff had assessed him as fit to work in the gardens.

Tuesday 7 April

25. Mr Baines did not attend work in the morning, as an officer, who was in charge of the gardening group, was not on his normal duties that morning. Officers and other prisoners did not note anything of concern about Mr Baines and did not report any incidents on the wing.
26. At around 1.30pm, Mr Baines reported for afternoon work in the gardens as normal. He was planting flowers in the grounds of the prison. Mr Baines asked the officer if he could use the lawn mower (a push along mower that has an engine which self propels, the speed can be adjusted). Although the officer initially said no, Mr Baines was insistent and they agreed that he could use the mower for 10-15 minutes, at a slow walking pace. Mr Baines did some mowing for a short while and then returned to planting flowers.
27. Mr Baines told the officer that he had a pain in his chest at around 3.30pm. The officer insisted that Mr Baines went directly to the healthcare centre, a short distance away. At first, Mr Baines refused to go but shortly afterwards reluctantly agreed to go. Mr Baines got the attention of an officer by tapping on a window. He told her Mr Baines had chest pain and another officer opened the gate, accompanied Mr Baines into a medical room and asked a nurse to examine him.
28. A nurse arrived quickly and began to examine Mr Baines, who was sitting in a chair. A Senior Nurse arrived to assist the nurse. Mr Baines indicated to the nurse that he had a pain in the centre of his chest, but was able to talk. The nurse started to take Mr Baines' blood pressure, but he indicated he wanted a glass of water and the Senior Nurse left the room to get this. As she returned, she heard the nurse shout for help as Mr Baines had collapsed.
29. A healthcare assistant responded to the shout for help and helped lower Mr Baines to the floor. The Senior Nurse radioed a code blue emergency (to indicate a prisoner is unconscious or has difficulty breathing) at 3.40pm, and collected the emergency response bag. East Midlands Ambulance Service records confirmed they received a request for an ambulance from Lowdham Grange at 3.41pm.
30. Mr Baines was unconscious, but had a pulse and was breathing. At 3.47pm, Mr Baines stopped breathing and nurses started resuscitation. A defibrillator was used which administered a shock, but there were still no signs of life. The defibrillator assessed Mr Baines twice more and on the third occasion administered another shock and nurses continued resuscitation. At 4.00pm, Mr Baines started breathing; he had a strong pulse but remained unconscious. Paramedics also arrived at 4.00pm and took over Mr Baines' care.
31. Paramedics stabilised Mr Baines before moving him to the ambulance at 4.07pm. Staff did not apply any restraints. A second paramedic arrived and assisted colleagues in stabilising Mr Baines. The ambulance left Lowdham Grange at 4.26pm and took Mr Baines to the Queens Medical Centre, Nottingham, arriving at 4.48pm.

32. At 5.32pm, doctors transferred Mr Baines to the Trent Cardiac Centre at Nottingham City Hospital. He had an operation to fit a stent (an artificial tube inserted to increase blood flow in the heart). Although the stent was fitted successfully, Mr Baines suffered complications and deteriorated. At 10.50pm, the hospital told Lowdham Grange that Mr Baines had internal bleeding and his prognosis was poor. A hospital doctor pronounced Mr Baines dead at 1.50am on 8 April.

Contact with Mr Baines' family

33. The prison appointed a family liaison officer. The Family Liaison Officer tried to contact Mr Baines' nominated next of kin, his daughter, several times after Mr Baines went to hospital on 7 April, but there was no reply. He contacted another family member at 6.05pm, and explained Mr Baines had been taken to hospital. Mr Baines' family were able to visit him at the hospital and were with him when he died.
34. The Family Liaison Officer supported Mr Baines' family at the hospital and continued to support them after his death. Mr Baines' funeral was on 25 May and the prison contributed towards the costs in line with national guidance.

Support for prisoners and staff

35. After Mr Baines' death, a senior prison manager, held a debrief for the staff involved in the emergency response, including the healthcare staff. Managers and the staff care team offered support.
36. Staff told Mr Baines' work colleagues in person of his death and the prison posted notices informing staff and other prisoners, and offering support. Staff reviewed all prisoners subject to suicide and self-harm prevention procedures in case they had been adversely affected by Mr Baines' death. The prison held a well attended memorial service on 23 April.

Post-mortem report

37. After a post-mortem examination, the Coroner gave the cause of death as pneumothorax (collapsed lung) and soft tissue haematoma (ruptured blood vessels that bleed into tissue around the area), myocardial infarct (a heart attack) and coronary artery atheroma and thrombosis – stented (narrowing of the arteries that supply blood to the heart).

FINDINGS

Clinical care

38. The clinical reviewer concluded that the standard of healthcare Mr Baines received was equivalent to the care he could have expected to receive in the community. Healthcare staff at the prison managed his chronic conditions well, with regular reviews, medication and appropriate referrals. Healthcare staff responded quickly, appropriately and efficiently when Mr Baines collapsed. The clinical reviewer makes one recommendation concerning the management of scan referrals, which the Head of Healthcare will need to address.

Family Liaison

39. Prison Service Instruction (PSI) 64/2011 outlines national guidance for family liaison. Lowdham Grange appointed the family liaison officer (FLO) after Mr Baines' collapse. We are pleased to note that The Family Liaison Officer was supportive, caring and sympathetic; taking into account the needs and wishes of Mr Baines' family throughout.