Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of a prisoner at HMP Bristol, on 3 December 2014

A report by the Prisons and Probation Ombudsman
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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*

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.

The man died in Southmead Hospital from choking after a bleed in his upper airway arising from complications in his treatment for pancreatitis on 3 December 2014, while a prisoner at HMP Bristol. He was 22 years old. I offer my condolences to the man's family and friends.

Although the prison did not request the man's community health records, which would have shown his previous pancreatitis, the clinical reviewer considered that this did not significantly affect his treatment. I therefore agree that the care the man received in custody was equivalent to that he could have expected to receive in the community.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman **November 2015**

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Summary

Events

1. On 4 February 2014, the man was remanded to HMP Bristol. Two months later, he was sentenced to 12 months in prison for assault. On 2 July 2014, he was released on licence but was recalled to Bristol in August after breaching his licence conditions.

2. At his initial health screen at Bristol in February, the man said he had previously had back pain and been treated for a stomach ulcer but there is no record that anyone requested his community health records. After his recall to prison in August, he told a nurse his mood had deteriorated since returning to custody. The nurse referred him to a prison GP who prescribed anti-depressants.

3. On 14 September, the man reported abdominal pain and a nurse advised him to drink more. On 13 November, when he again experienced abdominal pain, he told a different nurse he had previously had surgery for pancreatitis (inflammation of the pancreas). She referred him to a prison GP but the man did not attend his appointment on 17 November and signed a disclaimer.

4. On 18 November, a prison GP examined the man and noted he had tenderness and contractions in his abdomen with a dry mouth and tongue. The doctor gave him medication to relieve indigestion, nausea and vomiting.

5. The man continued to experience stomach pains and on 20 November, a prison GP took a blood sample. The results, received the same day, indicated a possible perforated ulcer or pancreatitis and the doctor arranged for him to go to hospital.

6. While in hospital, the man's condition initially improved. However, he deteriorated and suffered complications when a tube, inserted to assist his breathing, was removed. He died on 3 December, from choking after suffering a bleed in his upper airway.

Findings

7. The clinical reviewer was satisfied that the level of care the man received at Bristol was equivalent to that he could have expected in the community. He considered that clinicians assessed his symptoms in a timely manner and managed his treatment appropriately. We consider the prison should have requested the man's community medical records to ensure continuity of care, however the clinical reviewer says this did not significantly affect his treatment or care

Recommendations

- The Head of Healthcare should ensure that staff appropriately request and record community GP records for newly arrived prisoners in line with national guidance.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Bristol informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

9. The investigator obtained copies of relevant extracts from the man's prison and medical records. He interviewed a prisoner at Bristol on 13 January 2015.

10. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.

11. We informed HM Coroner for Avon of the investigation, who sent the results of the post-mortem examination on 7 July 2015. We have sent the coroner a copy of this report. The Ombudsman's investigation was suspended for several months awaiting the cause of death and post-mortem results. We regret the consequent delay in issuing this report.

12. One of the Ombudsman's family liaison officers contacted the mans' mother, his nominated next of kin, to explain the investigation process and to ask if she had any matters she wanted the investigation to consider. She asked the investigation for confirmation of the medication and treatment her son received in the period leading up to his death, whether he was not eating and whether he suffered from blackouts.

13. The man's mother received a copy of the initial report. They pointed out a factual inaccuracy and this report has been amended accordingly.

14. The Prison Service received a copy of the initial report. There were no factual inaccuracies. They submitted an action plan detailing what they have done to address the issue we raised and this is annexed to the report.

Background Information

HMP Bristol

15. HMP Bristol is a local prison, which can hold up to 614 sentenced and remanded men. Bristol Community Health provides primary healthcare and substance misuse services. Mental health services are provided by Avon and Wiltshire partnership. All wings have a treatment room staffed by a nurse and healthcare assistants during the core day. From 8.30pm to 7.00am, a nurse and a healthcare assistant provide overnight cover.

16. At least one GP is on duty during the week from 7.00am to 8.30pm and at weekends on Saturday afternoon and Sunday morning. An out of hours service is used at other times. Specialist clinics, dentist, optician, chiropodist etc are available on set days. There are no inpatient beds.

Her Majesty's Inspectorate of Prisons

17. The most recent inspection of HMP Bristol was in September 2014. Inspectors found that health service provision had improved considerably since their previous inspection. Initial health care screening was performed in the new health care room with access to all appropriate resources. Secondary screening was carried for all prisoners within 48 hours with good attendance. A wide range of GP clinics was available, including for chronic diseases.

Independent Monitoring Board

18. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure that prisoners are treated fairly and decently. In its most recently published report for the year to July 2014, the IMB commented that most health services were provided on the residential wings, in line with the community model of care. There were some specialist clinics and prisoners were able to see a nurse every day if necessary. GP's were available on the same day for any urgent needs.

Previous deaths at HMP Bristol

19. The man was the third prisoner to die at Bristol since January 2012. We have raised the issue of the prison not requesting community health records before.

Key Events

20. On 4 February 2014, the man was remanded into the custody of HMP Bristol. On 22 April 2014, he was sentenced to 12 months in prison for assault and remained at Bristol.

21. In February, at his initial prison health screen, the man told a nurse that he had no medical concerns, but disclosed a history of back pain, for which he was prescribed co-codamol (pain relief), and previous treatment for a stomach ulcer. The man gave the details of his community GP but there is no record of the prison requesting his community health records.

22. The next day a healthcare assistant completed a secondary health assessment for the man and recorded his vital signs as normal. The man said he felt slightly depressed after being sent to prison.

23. On 15 February, the man told a nurse he felt stressed and depressed. She referred him to a GP and, on 18 February, a prison GP examined him. She diagnosed insomnia and prescribed a four-day dose of zopiclone (a sleeping tablet).

24. The nurse saw the man on 6 April, when he reported chest pain. His pulse and blood pressure were within the normal range and he had no shortness of breath or pain in his arm (which could indicate a heart attack). The nurse gave him pain relief medication and told him to tell staff if the pain returned.

25. The man was released from prison on licence on 2 July. He was returned to Bristol on 27 August 2014, after breaching his licence conditions when police arrested him for further offences. The nurse conducted a further health screen and the man again disclosed a history of back pain. There is no record that anyone requested his community GP records.

26. On 1 September, a second nurse completed a second health screen. The man told her his mood had deteriorated since returning to custody. The nurse referred him to a GP and on 3 September, a prison GP examined him and prescribed anti-depressant medication.

27. On 14 September, a third nurse examined the man when he reported abdominal pain and constipation over two days. The nurse did not find any tenderness or signs of infection, and noted the man's vital signs were within the normal range. The nurse advised the man to drink more fluid and spoke about managing constipation.

28. On 8 October, the first nurse examined the man after he reported swelling and pain on the left side of his jaw. The nurse referred him to the GP and a prison GP saw him about an hour later. The doctor prescribed ibuprofen (used to relieve pain, tenderness and swelling), an antibiotic and paracetamol.

29. On 13 November, a nurse examined the man when he reported upper abdominal pain. The man disclosed for the first time that he had previously had surgery for pancreatitis (inflammation of the pancreas). The nurse noted a large vertical scar

on his abdomen (there is nothing in the record to indicate anyone had seen this before) and referred him to the prison GP.

30. The next day, the nurse examined the man when he complained of stomach cramps. The man said he took paracetamol and the nurse advised him to stop. He suggested the GP would prescribe a more appropriate medication.

31. On 17 November, the man did not attend his GP appointment and signed a disclaimer to that effect. However, the next day at 9.02am, the man went to the medical hatch where he told the nurse he had been vomiting all night. The man said he had had a stomach ulcer about a year ago and experienced similar symptoms then to those he had now.

32. A GP appointment was not immediately available. However, at 1.35pm, the GP reviewed the man's medical notes and prescribed omeprazole (which decreases stomach acid) and medication for nausea and vomiting. She said she would see him as soon as possible.

33. At 5.36pm, the nurse saw the man who said he still felt unwell and his stomach still hurt. He said he had not eaten all day and had vomited. The GP examined the man at 9.07pm. She noted he had tenderness and contractions in the upper central region of his abdomen and a dry mouth and tongue. The GP gave the man medication for indigestion relief and advised him to eat and drink and to continue with the prescribed medication.

34. On 19 November at 2.45pm, the man told a nurse he had been awake all night with stomach pain and had not defecated for two days. The nurse gave him indigestion relief and advised him to drink water and rest. At 3.05pm, a doctor prescribed a laxative.

35. The man continued to experience stomach pain and, on 20 November at 11.13am, a nurse examined him in his cell and described him as pale and quite clammy. He told the nurse he felt worse than he had the day before and she requested a doctor see him on the wing as soon as possible.

36. The GP saw the man at 11.36am and took a blood sample. She prescribed co-codamol and tramadol (pain relief) pending the result of the blood test. The nurse saw him again at 5.28pm, and the man told her he did not feel able to get out of bed and she gave him his medication.

37. The GP received the results of the man's blood tests at about 6.00pm. They indicated a possible perforated ulcer or pancreatitis. The GP contacted the local hospital who agreed to assess the man. Shortly after 9.00pm, he went by ambulance to Southmead Hospital, Bristol. Two officers escorted him and restrained him with handcuffs.

38. The man remained in hospital and his condition initially improved. Prison managers reviewed the risk assessment and authorised the use of an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). The man underwent a tracheostomy (a surgical procedure in which an opening is made in the windpipe and a tube inserted to assist breathing). On 21 November, the man's condition deteriorated and prison managers authorised the removal of restraints. The man died from

choking at 3.30pm on 3 December, following complications when hospital staff removed the tube inserted to assist his breathing.

Contact with the man's family

39. On 21 November, after the man went to hospital, the prison appointed a family liaison officer. The family liaison officer contacted the man's mother, his nominated next of kin, informed her that he had gone to hospital and arranged to meet her there. The family liaison officer met the man's mother at the hospital. She explained her role and offered support. While he remained in hospital, the man's family visited him daily and the family liaison officer kept in regular contact with them.

40. On 3 December, at 2.45pm, the family liaison officer telephoned the man's father to inform him that his condition had deteriorated. He said that the man's mother had already left for the hospital to visit him. The family liaison officer arrived at the hospital shortly after the man died. She remained with the man's mother, until other members of his family arrived.

41. The family liaison officer remained in contact with the man's mother to offer support and guidance. The man's funeral was on 22 December 2014, and the prison contributed towards the costs in line with national guidance

Support for prisoners and staff

42. The Governor issued a notice to prisoners and staff informing them of the man's death and informing them of the support available. Staff reviewed the cases of all prisoners subject to suicide and self-harm prevention procedures in case they had been adversely affected by his death.

43. The prison chaplain told the man's cousin (also a prisoner at Bristol) and his cellmate of the man's death in person and offered appropriate support.

44. The Head of Security and Intelligence, held a debrief for prison staff, to discuss the circumstances of the man's death. He offered staff appropriate support.

Post-mortem report

45. A post-mortem report concluded that the man died of aspiration of blood (blood filling the lungs causing him to choke) resulting from an upper airways bleed due to tracheotomy, pancreatitis and infected pancreatic cyst (a collection of tissues and fluid).

Findings

Clinical care

46. The clinical reviewer considered that the care the man received at HMP Bristol was equivalent to that he could have expected to receive in the community. The man first reported abdominal pain in September 2014 after which his treatment was appropriate and timely.

47. When he arrived at Bristol in February, the man underwent an initial health screen and subsequent assessment by a prison doctor. He disclosed previous treatment for a stomach ulcer and a history of back pain for which he took pain relief. Prison Service Order (PSO) 3050 Continuity of Healthcare for Prisoners says, "efforts should be made to retrieve any information required from the prisoner's GP or other relevant service he/she has recently been in contact with". There is nothing in the man's medical records to show that the prison obtained details of his medical history or confirmed his medication.

48. We were told that ordinarily the prison would fax a consent form to the prisoner's community GP, requesting a summary of any medical conditions or current medication. We were told this was always done before re-prescribing any medication, but it was not always recorded.

49. Following his recall to Bristol in August, the man underwent an initial and secondary health screen. He repeated that he suffered from back pain and said his mood had deteriorated following his return to prison. The Clinical Services Manager told us that on this occasion the prison did request details of his medical history from his community GP but never received them, although there is no record of this. She also said they did not follow this up as the man appeared well and did not highlight any concerns.

50. The man died in hospital from complications during treatment for pancreatitis and an infected pancreatic cyst. Doctors had treated him for pancreatitis in the community; the clinical reviewer did not consider that the lack of knowledge about his previous medical condition significantly affected his care in prison. However, we consider it is important that the prison requests a prisoner's community medical records and properly document these in the prisoner's medical record to ensure continuity of healthcare. We have made a similar recommendation to Bristol in the past. We make the following recommendation:

    The Head of Healthcare should ensure that staff appropriately request and record community GP records for newly arrived prisoners in line with national guidance.

51. The man's mother asked if he was eating and whether he suffered blackouts. It is clear that the man was not eating a great deal in the days before he went to hospital, but the only record of the man not eating was on 18 November, when he told the nurse he had not eaten all day. Although the man's cellmate told us there was a period he did not eat and drink, we were unable to verify this and we are satisfied that healthcare staff reviewed him regularly. We could find no evidence of blackouts.

Restraints, security and escorts

52. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.

53. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity and maintain their dignity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes account of factors such as the prisoner's health and mobility.

54. When the man went to hospital on 20 November, he was conscious and mobile although in pain. We are satisfied the risk assessment for the escort was appropriate. The next day a prison manager reviewed the risk assessment and reduced the restraint to an escort chain, at this time the man was still conscious and mobile. Later the same day, the man deteriorated and a prison manager authorised the removal of restraints. We are pleased that the man was not restrained after this date.

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