

**Investigation into the circumstances surrounding  
the death of a man, a prisoner at HMP Stocken,  
in July 2011**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

**April 2012**

This is the report of an investigation into the death from natural causes of a man in July 2011 at HMP Stocken. He was 52 years old. The post mortem showed that he suffered from coronary artery atheroma (fatty deposits which develop on the inner lining of the arteries) which caused a fatal cardiopulmonary arrest (heart attack). I extend my condolences to anyone that has been affected by his death.

The investigation into the man's death was carried out by my colleague. An independent clinical review of his medical care was conducted by a clinical reviewer on behalf of the local PCT. I am grateful to him for his review. I would also like to thank the Governor of Stocken and his staff for their co-operation during the investigation. I apologise that the report has been delayed.

The review of the man's clinical care shows that he received a good standard of care whilst at Stocken. He had a history of respiratory diseases which were well managed during his time in prison with appropriate investigations and treatment. Although he did have a number of health problems, there was nothing to suggest that he was at risk of sudden death. Due to this, the report makes no recommendations. The investigation has found that the response to his collapse was efficient and well co-ordinated.

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

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

**April 2012**

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## **SUMMARY**

1. The man was convicted of arson and sentenced to life imprisonment in 2003. He had a history of depression for which he was prescribed appropriate medication. He was a smoker and was given support and advice regarding smoking cessation. He suffered from respiratory conditions which were related to his smoking.
2. In March 2008, whilst located at HMP Blundeston, the man was prescribed medication to control his high blood pressure. His blood pressure was regularly monitored and his symptoms brought under control. In August 2009, following further checks, a prison doctor noted that his blood pressure readings were within normal ranges.
3. The man was offered regular smoking cessation advice and was prescribed stop smoking medication. He successfully stopped smoking for twelve weeks but started again once he had completed the course of medication.
4. In May 2011, whilst located at HMP Stocken, the man told healthcare staff that he was feeling depressed. He was prescribed medication to alleviate his symptoms and a referral was made to the mental health in-reach team. However, he died before the referral could take place.
5. In July 2011 staff found the man collapsed in his cell. On examination he was found to be cold and blue in colour. An ambulance was called but he was pronounced dead at 8.45am.

## THE INVESTIGATION PROCESS

6. The investigation into the man's death was opened on 20 July 2011 when the investigator visited HMP Stocken. She met senior staff including the liaison officer and the Head of Residence. She also met with a member of the Independent Monitoring Board (IMB)<sup>1</sup> and the Prison Officers Association (POA).<sup>2</sup> She reviewed his prison files and requested that selected copies of documents held in those files be sent to her. During this visit, she walked around the prison and visited his cell.
7. Notices and the investigation's terms of reference were sent to Stocken in advance of the investigator's visit. There were no responses to those notices.
8. The investigator returned to Stocken on 21 September and interviewed three members of staff. During this visit, she also spoke to a Senior Officer (SO) regarding her role as the prison's family liaison officer (FLO).
9. HM Coroner for Rutland and North Leicestershire held a post mortem examination. The results of the post mortem showed that the man died from coronary artery atheroma.<sup>3</sup> A review of his clinical care was commissioned by the local PCT and carried out by a clinical reviewer. He did not consider it necessary to interview any members of healthcare staff.
10. One of the office's family liaison officers wrote to the man's sister on 22 September 2011. She also wrote to his son on the same day. The letters informed them of the opportunity to raise questions and concerns for the investigator to consider. The family did not raise any issues at this stage. His sister received the draft report as part of the consultation period. We are grateful for the time she has taken to consider the report; inaccuracies have been amended where necessary in the report. We hope this report clarifies any issues that might remain unclear for the family and provides an understanding of what happened in the time leading to his death.
11. The issuing of this report has been delayed in part by the length of time taken to complete the clinical review into the man's care. The report was received from the Primary Care Trust on 1 December 2011. These delays were then compounded by workload pressures within the Ombudsman's office.
12. The National Offender Management Service (NOMS) responded to the draft report on 30 March 2012 and identified no factual inaccuracies.

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<sup>1</sup>The IMB are volunteers drawn from the community who monitor the day to day life of the prison, its staff and prisoners.

<sup>2</sup> The POA is the trade union for prison officers.

<sup>3</sup> An atheroma is a condition marked by deposits of small fatty nodules on the inner walls of the arteries.

## **HMP STOCKEN**

13. HMP Stocken is a category C<sup>4</sup> training prison in the East Midlands. It can accommodate up to 842 adult male convicted prisoners. The prison opened in 1985 and has undergone extensive expansion. Two new wings have recently opened which have increased the prison's operational capacity on an interim basis to 1026. However, this is likely to decrease when the smaller wings close as was previously intended.
14. Healthcare services at the prison are provided by Leicestershire County and Rutland PCT who sub-contract the services to Nottinghamshire Community Health. There are no inpatient facilities at the prison, prisoners needing inpatient facilities are taken to one of several local hospitals. The prison does not have 24 hour on-site health cover but provides a service much like a community general practice surgery.

## **HM Chief Inspector of Prisons (HMCIP)**

15. HMCIP carried out an announced inspection in August 2010. The inspection report noted that the prison had made improvements since the previous inspection in 2005. Relationships between staff and prisoners were found to be satisfactory. However, healthcare services had made insufficient progress and prisoners' perceptions of the services on offer were poor.
16. The most recent annual report published by the IMB covers the period from May 2009 to April 2010. The IMB drew attention to the new providers, Nottinghamshire Community Health. The IMB said:

“There have been a lot of problems in healthcare this year, with the new providers, Nottinghamshire Community Health, trying to get to grips with the provision of services against a background of staff changes and staff shortages. A large number of agency staff has had to be employed, and there were also more prisoners due to the expansion of the prison. “
17. Since 2008 there have been five deaths due to natural causes at Stocken, including the man. None of the issues raised during previous investigations are relevant to his death.

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<sup>4</sup>Category C prisoners are assessed as being of medium risk of escape.

## KEY FINDINGS

18. The man was born in 1958 in Bedfordshire. He spent the majority of his childhood in the care of the local authority. He went to school in the Ipswich area, and left at the age of 16. He undertook seasonal work in a fairground in Walton on the Naze, Essex for several years.
19. On 11 April 2003 the man was convicted of arson and sentenced to life imprisonment with a three year tariff<sup>5</sup> which expired in April 2006. (He remained in prison beyond his tariff expiry date as he was unable to sufficiently reduce his level of risk by the time of his death.) Following sentencing, he was located at HMP Chelmsford. During his first reception health screen he told staff that he had a history of harming himself but was not feeling suicidal at that time. An entry in his medical record shows that, due to his previous history of self harming, consideration was given to initially locating him on the healthcare wing. However, due to a shortage of available beds this was not possible. The entry stated that he was located on the wing with an open F2052sh document <sup>6</sup> with reviews to be held at the discretion of wing staff.
20. The man was prescribed anti-depressants<sup>7</sup> which he kept in his possession. Medication to help with his withdrawal from alcohol was also prescribed. It was noted that he was allergic to penicillin<sup>8</sup>.
21. The man completed several offending behaviour courses at Chelmsford including the enhanced thinking skills (ETS) course in 2003 and the anger management course in 2004. He also participated in the controlling anger and learning to manage it course (CALM)<sup>9</sup> and victim awareness programme.
22. On 12 May 2004, the man was moved to HMP Wormwood Scrubs. His medical record shows that he continued to be prescribed anti-depressant medication.
23. The man was moved to HMP Blundeston on 5 January 2005. His first reception health screen did not identify any concerns. He was prescribed a month's supply of anti-depressants which he was allowed to keep in his possession. His medical record does not note any significant events until the following year.

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<sup>5</sup> In sentencing the courts will impose a minimum term (tariff) that the prisoner must serve before they can be considered for release by the Parole Board.

<sup>6</sup> The F2052sh form was introduced across the prison estate between 1992 and 1994. It was completed when a member of staff identified that a prisoner was at risk of suicide or self harm. The F2052 process was replaced by the Assessment Care in Custody and Teamwork (ACCT) plan in 2001.

<sup>7</sup> Anti-depressants are drugs that relieve the symptoms of depression.

<sup>8</sup> Penicillin is used to treat infections caused by bacteria, such as ear infections.

<sup>9</sup> The CALM course is an accredited offending behaviour programme which is aimed at prisoners for whom problems in managing their emotions are a component in current or previous offending. The prisoner may also have shown signs of poor emotional control in the prison.

24. On 2 March 2006, the man went to hospital for a CLO test.<sup>10</sup> The results showed that he had tested positive for the bacteria *Helicobacter pylori*. He underwent a gastroscopy<sup>11</sup> test which showed that he was suffering from oesophagitis.<sup>12</sup> He was prescribed a combination of three drugs to relieve his symptoms. An entry in his medical record recorded that his condition had not improved three weeks later and he would need to continue taking medication for the foreseeable future.
25. The man complained of gastric pain on 27 September and was prescribed the appropriate medication. A few months later on 27 December he was prescribed medication for a rash on the back of his neck. He did not present himself to healthcare with any significant health concerns during 2007.
26. Between January and March 2008, the man underwent several routine blood tests which were normal. On 14 March, his blood pressure was taken to determine if he was suffering from hypertension. He was prescribed bendrofluzide<sup>13</sup> to try and lower his blood pressure. On 27 March, his medication was changed to ramipril<sup>14</sup> because he was complaining of palpitations.
27. The man underwent further tests for hypertension on 26 June. His medical records notes that his blood pressure should be tested on a weekly basis with a review by a doctor after three to four weeks. It also notes that he was no longer being prescribed ramipril because his blood pressure readings were within the normal range.
28. On 29 July the man was given a further prescription for ramipril due to his blood pressure becoming raised. During an examination on 16 March 2009 he told a nurse that he had stopped taking ramipril. As a result his blood pressure results were raised. A repeat prescription was given with advice that one tablet should be taken daily as prescribed.
29. A further review took place on 20 August with a prison doctor. The man said he had stopped taking ramipril a few months ago because it made him irritable. His blood pressure was found to be within normal ranges. The doctor noted that if his blood pressure continued to remain within normal limits, he would no longer be diagnosed as suffering from hypertension. The doctor noted that he should have his blood pressure taken on a weekly basis. A clinical management plan was agreed to treat his symptoms of breathlessness. He was prescribed clarithromycin<sup>15</sup> and salbutamol<sup>16</sup> to be taken over a four week period.

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<sup>10</sup> A CLO test is a rapid test for diagnosis of the bacteria *Helicobacter pylori*. It is one of the most common causes of stomach and duodenum ulcers.

<sup>11</sup> A gastroscopy is the examination of the gullet, stomach and duodenum.

<sup>12</sup> Oesophagitis is the inflammation of the lining of the oesophagus. Most cases of oesophagitis are due to reflux of stomach acid which irritates the inside lining of the oesophagus.

<sup>13</sup> Bendrofluzide is a diuretic tablet which is normally used to treat high blood pressure.

<sup>14</sup> Ramipril is used to treat high blood pressure.

<sup>15</sup> Clarithromycin is an antibiotic used to treat respiratory conditions and other bacterial infections.

<sup>16</sup> Salbutamol is used to treat respiratory conditions. It can be taken in tablet, injection or through an oral inhaler.

30. On 21 January 2010 the man was diagnosed with a chest infection for which he was prescribed clarithromycin. On 24 January he was told by prison staff that his daughter had unexpectedly died on 21 January. He was prescribed zopiclone<sup>17</sup> and offered access to bereavement counselling. There is no evidence in his medical record to suggest that he accepted the offer of bereavement counselling.
31. The man's annual review of his asthma took place on 30 June with a doctor. He was given smoking cessation advice with a possible diagnosis of chronic obstructive pulmonary disease (COPD)<sup>18</sup>. A referral was made for a chest x-ray. This took place on 14 July at hospital. The results were received on 22 July. The results showed that he suffered from COPD but there was no lesions<sup>19</sup> on his lungs and they were not hyperinflated. A referral was made by the doctor for smoking cessation advice.
32. The smoking cessation advice took place on 21 September with a worker from the community health service. He was given advice about the causes and symptoms of COPD. He agreed to start taking champix<sup>20</sup> tablets to help him stop smoking. He attended a weekly 'stop smoking' review and stopped smoking on 23 September. Over the next few months he continued to take champix with good results. He completed the course on 29 December.
33. The man arrived at HMP Stocken on 28 March 2011. A first reception healthcare screen was completed by a nurse. He told the nurse that he smoked a quarter of tobacco a day and had only been able to stop smoking completely when he took champix. He was authorised to keep his medication in-possession.
34. On 20 April, the man was assessed by a nurse who noted that he had started smoking again after he completed the twelve courses of champix. He was referred to the doctor to assess his COPD. A prison doctor undertook this assessment on 5 May. He was given smoking cessation advice and given a prescription of qvar to alleviate his symptoms of asthma.
35. Following a sentence planning board the man was advised to discuss his feelings of depression with healthcare. This took place on 23 May with the clinical team manager. She noted that he had felt low in mood since he arrived at Stocken in March. A referral was made to the prison doctor and mental health team.

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<sup>17</sup> Zopiclone is used to treatment insomnia.

<sup>18</sup> COPD is the overall term used to describe a variety of illnesses, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have permanently damaged lungs and find it difficult to breathe most of the time.

<sup>19</sup> Lesions are abnormal tissue found in or on the lung.

<sup>20</sup> Champix tablets are prescribed to help patients stop smoking. Champix works primarily in two ways. Firstly, it reduces the smoker's craving for nicotine by binding to nicotine receptors in the brain and reduces the symptoms of withdrawal. Secondly, it reduces the satisfaction a smoker receives when smoking a cigarette.

36. A doctor met with the man on 27 May to assess his feelings of depression. He said he was not taking his anti-depressant medication because it had made him feel drowsy, especially in the morning. He was prescribed fluoxetine<sup>21</sup> with a review in three weeks time.
37. A further review took place with the doctor on 17 June. The man said he felt anxious and did not want to continue taking fluoxetine. He was prescribed citalopram as an alternative anti-depressant medication. The doctor noted that he would benefit from a referral to the mental health in-reach team. There is no evidence that this referral took place before his death.
38. On 7 July, the man underwent routine cardiovascular checks in prison. He was advised of the early warning signs of hypertension and offered smoking cessation advice.
39. One morning at approximately 8.20am Officer A went to the man's cell to collect a craft knife<sup>22</sup> that had been issued at 4.30pm the previous evening. During his interview with the investigator the officer explained that when a prisoner is issued with a craft knife a card is hung on the cell door handle. This acts as a reminder to staff that the knife should be collected. The officer said in normal circumstances the man would have waited at his cell door to return the craft knife. However, on this occasion he was not there.
40. The officer went into the man's cell and saw that he was sitting on the end of the bed, rolled over on his right side. He attempted to get a verbal response from him but was unsuccessful. He told the investigator that he touched his left shoulder and found it to be rigid. He described him as "cold and blue". At this point he called out for Officer B to come to the cell.
41. The control room log shows that Officer B made a 'code blue'<sup>23</sup> call for healthcare to attend the wing at 8.20am. During his interview with the investigator the officer said when he entered the cell he could tell from his observations that the man was dead. He called for the orderly officer<sup>24</sup> to come to the wing.
42. The Orderly Officer was a Senior Officer (SO) that morning. The control room log shows that the SO arrived at the cell at 8.25am. The investigator spoke to the SO. He told her that when he arrived at the cell the man looked grey in colour and his posture appeared to be stiff.

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<sup>21</sup> Fluoxetine is used to treat the symptoms of depression.

<sup>22</sup> Prisoners can be authorised to keep a craft knife in their possession following a satisfactory risk assessment

<sup>23</sup> A 'code blue' is called when there is a medical emergency. This indicates to staff that the patient is experiencing breathing or respiratory difficulties.

<sup>24</sup> The Orderly Officer is the Senior Officer who has overall responsibility for the duties undertaken by prison officers during the day.

43. The control room log shows that healthcare staff were called to attend the man's cell at 8.20am and arrived at 8.28am. A note in his medical record made by a nurse states that when she entered the cell it was clear that he had died. An ambulance was called at 8.33am and arrived at the prison at 8.45am. He was pronounced dead by paramedic staff.

### **Liaison with the man's family**

44. A governor was initially appointed as the family liaison officer (FLO). This role passed to a Senior Officer on 25 July. The man's sister was listed as his next of kin. Further enquiries established that she was due to visit him that afternoon. The Deputy Governor telephoned her but was unable to reach her. She decided to wait until she arrived at the prison and speak to her on a face to face basis.
45. The man's sister and her partner arrived at the prison at 1.35pm. They were met by the Deputy Governor and a governor, who told them that he had died. The family were offered appropriate support by the prison which included providing the contact details of the family liaison officer.
46. After further investigation by the Coroner it was later established that the man had a biological son. The son was already aware that he had died. The family liaison log shows that the family were offered good support by the SO.
47. HMP Stocken met the funeral expenses in accordance with Prison Service Order 2710 "Follow up to a Death in Custody). The man's funeral took place on 9 August.

### **Support for prisoners**

48. A notice to prisoners was issued on 17 July to inform prisoners about the man's death. Prisoners were reminded that support was available from prison Listeners,<sup>25</sup> the Chaplaincy team and the Samaritans<sup>26</sup>.

### **Support for staff**

49. Following the man's death, a hot debrief<sup>27</sup> was held by the Deputy Governor which was attended by uniformed and healthcare staff. Staff were offered access to the prison's staff care and welfare team.

### **Post mortem report**

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<sup>25</sup> The Listener Support Scheme is a peer support scheme where selected prisoners are trained to listen in confidence to prisoners who may be experiencing feelings of distress, including those which may lead to self harm or suicide.

<sup>26</sup> The Samaritans provide confidential emotional support on a 24 hour basis and are most commonly contacted via the telephone.

<sup>27</sup> A hot debrief should be held as soon as possible after the incident. The purpose of the hot debrief is to allow those involved to discuss any issues or concerns. The hot debrief should focus on reassurance, information sharing and how staff can support each other.

50. HM Coroner for Rutland and North Leicestershire held a post mortem examination. The results of the post mortem showed that the man died from coronary artery atheroma.

## **ISSUES**

### **Clinical care**

#### *Overall care*

51. A clinical review was undertaken by the clinical reviewer on behalf of the local Primary Care Trust. He comments that prior to coming into prison the man was a smoker and a heavy drinker. He had a history of depression, self harm and drug abuse.
52. In the clinical reviewer's opinion the care provided to the man was as follows:

“ ... there are no issues of concern relating to his medical care in prison. There is evidence of good attention both to his physical and mental health needs, proactive and preventative care and health promotion advice. The services received appear at least comparable to those he could have expected in the community.”

### **The man's medical conditions**

#### *Respiratory condition*

53. The man was a heavy smoker throughout his time in prison. He suffered from asthma and breathlessness for which he was prescribed medication to relieve his symptoms. During an asthma assessment on 30 June 2010, he was referred for a chest x-ray and the results showed he was suffering from COPD<sup>28</sup>. The clinical reviewer considers that he was offered appropriate cessation advice. He was also given appropriate information about the causes of COPD and how he could alleviate his symptoms. He successfully stopped smoking whilst taking medication but started again once the twelve week course was completed.

#### *Hypertension*

54. A routine blood test in March 2008 showed that the man was suffering from high blood pressure. A clinical management plan was developed and he was prescribed medication to control his symptoms. The clinical reviewer comments that the medication was successful in bringing his symptoms under control.

#### *Mental health issues*

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<sup>28</sup> COPD is the overall term used to describe a variety of illnesses, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have permanently damaged lungs and find it difficult to breathe most of the time.

55. The man had a history of depression for which he was prescribed anti-depressant medication. The clinical reviewer considers that during his time in prison his mental health appeared to have improved considerably. However, he notes that he had an episode of reactive depression a few weeks before his death for which he was prescribed further anti-depressant medication. A referral was also made to the in-reach team, however he died before this could take place.
56. In January 2010 the man's daughter was killed in a road traffic accident whilst on her bicycle. The records show that he was offered appropriate support by Stocken which included bereavement counselling and support from the chaplaincy.

### **The discovery of the man**

57. During the morning roll-check Officer A went to collect the man's craft knife which had been issued the previous evening. The investigator was told that, in normal circumstances, he would wait at his cell door to return the craft knife. Due to his absence, the officer opened his cell door. He discovered him collapsed on his bed.
58. The officer's decision to enter the cell was in accordance with Stocken's operational instructions for night staff which state that: "The relief morning staff will be required to gain a physical or verbal response from each individual prisoner". The purpose of this is both to check on the welfare of the prisoner and to protect the member of staff. In addition, staff are advised that where there is, or appears to be, immediate danger to life, cells may be unlocked without the authority of the night orderly officer and an individual member of staff may enter the cell on their own.
59. The control room log shows that the officer made a 'code blue' call for immediate assistance to which the SO and a nurse responded quickly. The evidence shows that the response to the man's collapse was efficient and well co-ordinated.

## **CONCLUSION**

60. The man suffered from respiratory conditions which included asthma and COPD. Despite this, there was no indication that he was at risk of sudden collapse and death. The clinical reviewer considers that his health problems were well managed throughout his time in custody.