Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ateeq Rafiq, a prisoner at HMP Nottingham, on 23 May 2015

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.

Mr Ateeq Rafiq died of ischaemic heart disease at HMP Nottingham on 23 May 2015. He was 40 years old. I offer my condolences to Mr Rafiq's family and friends.

I am satisfied that staff at Nottingham could not have predicted or prevented Mr Rafiq's sudden death through standard health screens, but I am concerned that they missed the opportunity to diagnose that his pain was of cardiac origin on the night he died. The agency nurse who first attended Mr Rafiq, when he believed he was having a panic attack, did not have access to prison medical records, which meant she could not check his medical history or record her interaction with him. Subsequently, Mr Rafiq twice reported having chest pain but no member of healthcare staff reviewed him again. There is a need for a clear protocol so that all staff understand how to respond when prisoners report sudden chest pain.

Mr Rafiq had used a synthetic cannabinoid, or new psychoactive substance, which can trigger sudden cardiac events. The prevalence of such substances in prisons is a serious concern, but I recognise that Nottingham is taking action to tackle this difficult problem.

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 **December 2015**

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Summary

Events

1. On 20 April 2015, Mr Ateeq Rafiq was remanded to HMP Nottingham charged with possession of an offensive weapon and theft. The prison GP prescribed Mr Rafiq medication for alcohol detoxification and healthcare staff monitored him for five days.

2. On 10 May, Mr Rafiq collapsed in the exercise yard. The nurse who examined him suspected that Mr Rafiq had used a synthetic cannabinoid (a new psychoactive substance - NPS). At a disciplinary hearing on 12 May, Mr Rafiq said that he had smoked a cigarette without realising that that it had been spiked with NPS. Mr Rafiq agreed to work with substance misuse services.

3. At 10.15pm on 22 May, Mr Rafiq rang his cell bell and told a night patrol officer that he thought he might be having a panic attack. The officer called a nurse who spoke to Mr Rafiq at his cell door at 10.25pm. The nurse said that Mr Rafiq did not mention chest pain and would not allow her to take clinical observations. She said that Mr Rafiq avoided giving his consent to be examined, and just wanted her to open his cell. She said she explained she could only get an officer to open his cell if he agreed to her examining him. The nurse was an agency nurse and did not have access to medical records. She based her assessment on what Mr Rafiq told her and was not able to record her interaction with him in his record. The night patrol officer said that the nurse had told her that Mr Rafiq was having a panic attack and needed to relax.

4. Mr Rafiq rang his cell bell again at 10.32pm and told another night patrol officer he had chest pains. The officer told him he needed to relax because she thought he was having a panic attack. He rang his bell again at 10.37pm and reported continuing chest pain. The officer said that she reported this to a healthcare assistant but he said he did not recall this. None of the three healthcare staff on duty that evening remember anyone asking them to see Mr Rafiq again that night and no one went back to check Mr Rafiq after 10.37pm.

5. Shortly before 6.00am on 23 May, one of the night patrol officers did a roll count to check that all prisoners were in the cells and did not record any problems. At 9.15am, an officer unlocked Mr Rafiq's cell and found him unresponsive on his bed. She radioed for emergency help. Staff responded quickly but were unable to resuscitate Mr Rafiq. Paramedics arrived at 9.24am and recorded that Mr Rafiq had died.

Findings

6. We have not been able to get an entirely accurate picture of events on the night of 22 May, as the accounts of the staff involved vary significantly. However, we do not consider that the staff responded appropriately to Mr Rafiq's symptoms. Nottingham does not have a local protocol for responding to prisoners reporting chest pain. The response was not in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines for rapid onset chest pain, which require that all symptoms are assessed quickly and that patients are referred

urgently to hospital where necessary. We are also concerned that the agency nurse who responded to Mr Rafiq did not have access to his medical records. This has the potential to compromise good patient care.

7. A post-mortem examination found that Mr Rafiq had died of ischaemic heart disease. Toxicology tests found a synthetic cannabinoid in Mr Rafiq's bloodstream but we do not know that this was linked to his death and the pathologist did not identify it as an underlying cause. It is evident that Mr Rafiq had used a new psychoactive substance (NPS) at least once in prison. In response the prison referred him to the substance misuse team and used disciplinary sanctions. The use of NPS is an increasing problem in prisons and we are satisfied that Nottingham had recognised this and is taking steps to address it.

Recommendations

- The Governor and Head of Healthcare should ensure that there is an effective chest pain protocol so that prison and healthcare staff are aware of how to respond when prisoners report sudden chest pain. Healthcare staff should follow current clinical guidance for managing chest pain, ensure that prisoners presenting with such symptoms are assessed urgently, in line with NICE guidelines and, where indicated, referred to hospital for emergency treatment.
- The Head of Healthcare should ensure that all nurses working in the prison have access to the SystmOne medical record and that all interactions and interventions with prisoners are recorded.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Nottingham informing them of the investigation and asking anyone with relevant information to contact him.

9. The investigator visited the prison on 2 June 2015 and obtained copies of relevant extracts from Mr Rafiq's prison and medical records. He interviewed nine members of staff at Nottingham and the prisoner who had been in the cell next to Mr Rafiq, who had responded to the notices about the investigation.

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

11. We informed HM Coroner for Nottinghamshire of the investigation who gave us the results of the post–mortem examination. We have sent the coroner a copy of this report. At the initial report stage the National Offender Management Service (NOMS) responded to the recommendations. That response is included below the recommendations at the end of this report.

12. One of the Ombudsman's family liaison officers contacted Mr Rafiq's partner to explain the investigation. Mr Rafiq's partner asked whether we had spoken to the prisoner in the cell next to Mr Rafiq, whether his medication could have brought on his heart attack and what time he had died. Mr Rafiq's partner received a copy of this report. She did not make any comments.

HM Nottingham

13. HMP Nottingham is a local prison serving the courts in Nottinghamshire and Derbyshire and holds over 1,000 men. Nottinghamshire Healthcare Trust provides health services at the prison.

Her Majesty's Inspectorate of Prisons

14. HM Inspectorate of Prisons last inspected Nottingham in September 2014. Inspectors reported that the prison was failing in most of its core responsibilities and that the prison was not safe enough. Inspectors judged the overall quality of healthcare as reasonably good and the management of prisoners with substance misuse needs was generally appropriate.

15. Half of the prisoners surveyed by the Inspectorate reported that it was easy or very easy to get drugs in prison, although inspectors found that work to reduce drug supply seemed to be having an impact.

Independent Monitoring Board

16. Each prison 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 recent published report for the year to May 2014, the IMB recorded that staff vigilance had prevented several attempts to bring illicit substances into the prison.

Previous deaths at HMP Nottingham

17. There have been six natural cause deaths at Nottingham since 2012. There were no significant similarities with the circumstances of Mr Rafiq's death.

Key Events

18. On 20 April 2015, Mr Ateeq Rafiq was remanded to HMP Nottingham charged with possession of an offensive weapon and theft. This was not his first time in prison.

19. At an initial health screen, Mr Rafiq told a nurse that he drank more than ten units of alcohol a day. He had a broken nose and arm. She referred him to the duty GP. The GP referred Mr Rafiq to a fracture clinic and prescribed co-codamol for pain. He recorded that Mr Rafiq would need only a short alcohol detoxification as he had minimal symptoms of withdrawal. A member of healthcare staff checked him for withdrawal symptoms twice a day for five days.

20. The next day, another GP stopped Mr Rafiq's co-codamol because with his history of substance misuse (alcohol) he was concerned about him taking codeine (an ingredient of co-codamol). He suggested Mr Rafiq take paracetamol instead. A week later, on 27 April, he prescribed Mr Rafiq dihydrocodeine, because Mr Rafiq was still in pain.

21. On 8 May, a worker from the substance misuse team went to see Mr Rafiq in his cell, but he was not there at the time. She left him information about substance misuse services.

22. On the afternoon of the 10 May, Mr Rafiq collapsed in the prison exercise yard. A nurse found Mr Rafiq rolling on the ground and lashing out. She thought that Mr Rafiq had taken a new psychoactive substance (or NPS). Prison staff carried Mr Rafiq to the healthcare centre and she gave him oxygen. His pulse was very high at 250 beats a minute, but quickly dropped. Mr Rafiq was well enough to return to his cell later that afternoon. As staff suspected he had taken NPS, they demoted Mr Rafiq to the basic level of the incentives and earned privileges scheme, in line with Nottingham's substance misuse policy.

23. On 11 May, Mr Rafiq appeared in court and was remanded back to the prison. His escort record noted that he still appeared to be under the influence of NPS from the previous day.

24. After he collapsed on 10 May, Mr Rafiq was charged with a disciplinary offence of recklessly endangering the health and safety of other prisoners. An operational manager held Mr Rafiq's disciplinary hearing on 12 May. Mr Rafiq pleaded guilty to the charge and said he had smoked a spiked cigarette without knowing it had NPS in it. The operational manager said that Mr Rafiq had no previous history of poor behaviour and there was no intelligence to suggest he was either supplying or taking illicit substances. He said he believed Mr Rafiq's account, but found him guilty and punished him by a loss of privileges and reduced his earnings by 75 per cent for 21 days.

25. On 15 May, a GP reviewed his pain relief as Mr Rafiq had said his arm still hurt. He decided that the dose did not need to be increased. He requested a full blood count, which came back normal three days later.

26. On 20 May, Mr Rafiq attended a substance misuse session and a worker from the substance misuse team discussed the previous week's incident involving NPS. She recorded that she had advised Mr Rafiq to find out the names of the prisoners

who had passed him the spiked cigarette and report them to officers. He completed a workbook about the dangers of using NPS in prison and she referred him for a follow up substance misuse assessment.

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27. A healthcare assistant and two nurses were the healthcare staff on night duty on 22 May. Operational support grade (OSG) A was the night patrol officer on Mr Rafiq's wing and OSG B was working on the adjacent wing and shared an office with her colleague.

28. At 10.15pm, OSG A responded to Mr Rafiq's cell bell. She said that Mr Rafiq asked to see a nurse as he was having a panic attack. She went to the nurses' station on the next landing and asked a nurse to see Mr Rafiq.

29. Nurse A declined to be interviewed for this investigation, but wrote a statement. Her account was that she had spoken to Mr Rafiq through the door observation panel. She said that Mr Rafiq was panting and told her he wanted to get out of the cell because he was having a panic attack. She asked him how often he had panic attacks and whether he received medication for this. She said she needed his consent to carry out basic observations before she could ask an officer to unlock his door, but he avoided her questions. She said that she pretended to leave Mr Rafiq's cell, hoping that he would change his mind and consent to her examining him. She then went back to persuade him to let her take his observations, but he told her to go away. CCTV footage shows she spent 90 seconds near Mr Rafiq's cell at 10.25pm and then left. She said that Mr Rafiq did not mention to her that he had chest pains and neither did any of the prison staff.

30. Nurse A had not been able to consult Mr Rafiq's medical record before she went to see him or make an entry about her assessment afterwards as she did not have access to SystmOne, the electronic medical record system used in prisons. She was an agency nurse who worked at Nottingham only infrequently. She went to the wing office and told OSG B what had happened.

31. OSG B told the investigator that she remembered that Nurse A had told her that Mr Rafiq was having a panic attack and that he needed to try to relax. She did not recall her saying that Mr Rafiq was uncooperative about being examined or that he had asked to be allowed out of his cell.

32. Nurse A telephoned Nurse B, the nurse in charge that night. In her statement, Nurse A said that she had informed Nurse B of her interactions with Mr Rafiq and that Nurse B had said that she would make an entry in Mr Rafiq's medical record, as Nurse A did not have access to the system. Nurse B's recollection was that Nurse A had told her that Mr Rafiq was having a panic attack. She assumed that Nurse A had access to Mr Rafiq's electronic medical record and would have checked it, and recorded the interaction herself.

33. At 10.32pm, OSG B responded to Mr Rafiq's cell bell and he told her that he was having chest pains. She told him it was a panic attack and he needed to relax and lie down. She did not ask one of the healthcare staff to review him, in the light of his continuing pain.

34. At 10.37pm, OSG B responded to Mr Rafiq's cell bell again. Mr Rafiq told her his chest hurt and tapped his chest. She asked him to lie down and said she would tell the nurse again. A prisoner who was in the cell next to Mr Rafiq, said that he offered to talk to him to try and get him to relax. The OSG said she left them talking and went to the nurses' station. She said she told the healthcare assistant that Mr Rafiq had chest pains, was tapping his chest, but was speaking normally. He said that he did not remember her speaking to him about Mr Rafiq. No one from the healthcare team went to speak to Mr Rafiq about his chest pains again.

35. At around 10.56pm, OSG B responded to the prisoner's cell bell. He asked if she would pass a lighter to Mr Rafiq. She told him she was not allowed to pass items between prisoners. She did not speak to Mr Rafiq to check how he was. No one went back to check that Mr Rafiq was okay for the rest of that night. Neither OSGs noted anything in the wing observation book about Mr Rafiq reporting having chest pains on 22 May and they did not mention it to the day staff when they came on duty.

36. The prisoner told the investigator that he had heard Mr Rafiq tell one of the night officers that he was having a panic attack and that he had an irregular heartbeat. He said that Mr Rafiq had asked for a lighter. He said he had spoken to Mr Rafiq through their open windows for a while until Mr Rafiq stopped talking to him. He said that Mr Rafiq was quiet for some time and then he thought he seemed to be trying to calm down by talking to himself.

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37. Just before 6.00am on 23 May, OSG A did a roll check to establish that all prisoners were present in their cells. This is a security check and not a welfare check, but staff are expected to notice if there are any serious concerns about a prisoner at the time. She did not remember anything specific about looking into Mr Rafiq's cell, but said that, if she had noted anything amiss, she would have alerted other staff. The night staff went off duty just after 7.30am.

38. Just before 9.15am, an officer went to Mr Rafiq's cell to take him to collect his medication. She opened the cell door half way and called to Mr Rafiq but he did not respond. She opened the door wider and found Mr Rafiq unresponsive on the bed with one leg hanging out. She radioed a code blue medical emergency (which indicates a life threatening incident, alerts other staff to bring emergency equipment and the control room to call an ambulance). She called to another officer, who was nearby on the landing.

39. When the officer went into the cell, he said that Mr Rafiq's eyes were open but he could not see his chest moving. He shook Mr Rafiq's arm, but it was stiff and his skin was extremely cold. He then started cardiopulmonary resuscitation. Within a minute of the code blue, a nurse arrived and attached a pulse oximeter to one of Mr Rafiq's left fingers to check his oxygenation levels, but it detected nothing. He noted that his body was stiff, his hands were very cold and his face was pale.

40. A Supervising Officer (SO) had arrived in response to the code blue and he and the nurse moved Mr Rafiq onto the floor to aid emergency treatment. The SO attached a defibrillator (a life saving device that gives the heart an electric shock to restart the heart rhythm in some cases of cardiac arrest). The defibrillator delivered one

shock but Mr Rafiq's heart did not restart and an officer continued with cardiopulmonary resuscitation. The defibrillator did not detect any further shockable heart rhythm.

41. Control room staff called an ambulance immediately they received the code blue. (Ambulance service records show they received the call at 9.14am.) The ambulance arrived outside the prison at 9.20am and a paramedic reached Mr Rafiq's cell at 9.23am. He assessed Mr Rafiq and noted that there were signs of rigor mortis. At 9.24am, he recorded that Mr Rafiq was dead.

Contact with Mr Rafiq's family

42. At 12.45pm, an officer and a prison chaplain went to see Mr Rafiq's partner at her home and informed her that he had died. They offered condolences and support. Mr Rafiq's funeral was held on 27 May 2015. The prison contributed towards the costs, in line with Prison Service instructions.

Support for prisoners and staff

43. After Mr Rafiq's death, a manager individually debriefed the staff involved in the emergency response. The prison's care team offered support. The Governor issued notices to staff and prisoners informing them of Mr Rafiq's death. Officers and members of the chaplaincy team supported prisoners. Staff reviewed all prisoners assessed as at risk of suicide or self-harm, in case they had been adversely affected by Mr Rafiq's death.

Post-mortem report

44. A post-mortem examination recorded Mr Rafiq's cause of death as ischaemic heart disease caused by coronary artery thrombosis. Toxicology tests found dihydrocodiene (at therapeutic levels) and synthetic cannabis in Mr Rafiq's bloodstream.

Findings

Clinical care

45. The clinical reviewer considered that Mr Rafiq's care at Nottingham was satisfactory until the night of 22 May when staff did not respond adequately to Mr Rafiq's chest pain. He noted that at the time of his death, the only medication Mr Rafiq was prescribed was dihydrocodeine. There was an expected therapeutic amount of dihydrocodeine in Mr Rafiq's blood when he died and this did not contribute to his death.

46. On the night of 22 May, when Nurse A went to see Mr Rafiq, she spoke to him through the cell door observation panel. She did not examine him or take his medical history, because she said he was uncooperative. She was unable to check his medical records before or after she had spoken to him, as she was a temporary member of staff and did not have access to the medical record system. Had she been able to do so, she might have noted Mr Rafiq's recent serious reaction to taking NPS and his risk factors for heart diseases. She said that Mr Rafiq did not report having chest pains when she spoke to him and neither had OSG A.

47. While it is not apparent that Mr Rafiq mentioned chest pain to Nurse A, she may too easily have accepted his self-diagnosis of a panic attack. However, Mr Rafiq complained he had chest pains twice after that and no other member of healthcare staff reviewed him. There is a difference in accounts between OSG B and the healthcare assistant. OSG B said that at 10.37pm, she went to the nurses' station and reported that Mr Rafiq had ongoing chest pain. The healthcare assistant denies this. We cannot establish exactly what happened but it is important that all prison staff are alert to signs of chest pain. No information about Mr Rafiq's chest pain was recorded in his medical record or the wing observation book that night.

48. We are concerned that no one monitored Mr Rafiq appropriately when he reported having a panic attack and subsequently chest pains. The clinical reviewer considered that healthcare staff should have taken a detailed history, performed baseline observations and requested basic diagnostic tests, including a heart trace. This is particularly concerning as Mr Rafiq had a number of cardiovascular risk factors, as a smoker with a history of chronic alcohol misuse and recent substance misuse. National Institute for Health and Care Excellence (NICE) guidelines for chest pain say that healthcare staff should assess chest pain urgently and refer the patient to hospital if necessary. We are concerned that this was not done.

49. The investigation found that there is no chest pain protocol at Nottingham to guide staff about how to respond. It is not possible to say whether different management of Mr Rafiq's symptoms on the night of 22 May would have changed the outcome but a small window of opportunity was missed. The clinical reviewer noted that any new presentation of chest pain should always be treated with a high degree of suspicion. We are also concerned that Nurse A had no access to the medical record system, which meant that she was unable to check Mr Rafiq's medical history before she went to see him and was unable to make a contemporaneous note in his medical record about her intervention with Mr Rafiq. We make the following recommendations:

The Governor and Head of Healthcare should ensure that there is an effective chest pain protocol so that prison and healthcare staff are aware of how to respond when prisoners report sudden chest pain. Healthcare staff should follow current clinical guidance for managing chest pain, ensure that prisoners presenting with such symptoms are assessed urgently, in line with NICE guidelines and, where indicated, referred to hospital for emergency treatment.

The Head of Healthcare should ensure that all nurses working in the prison have access to the SystmOne medical record and that all interactions and interventions with prisoners are recorded.

New Psychoactive Substances

50. Mr Rafiq admitted having used a new psychoactive substance (NPS) on 10 May 2015. After his death, toxicology tests found the presence of a synthetic cannabinoid, which was apparently of greater toxicity than most other synthetic cannabinoids. NPS refers to a wide variety of herbal mixtures that produce experiences similar to cannabis. NPS contains dried, shredded plant material and chemical additives. It is known to cause rapid heart rate, vomiting, agitation, confusion and hallucinations. NPS can also raise blood pressure and cause reduced blood supply to the heart. Mr Rafiq had pre-existing undetected ischaemic heart disease. We do not know whether the use of this substance triggered his cardiac attack on 22 May and the pathologist did not identify it as an underlying cause.

51. We are concerned about the prevalence of NPS in prisons and the effect it has on the behaviours and health of those taking it. In July 2015, we published a learning lesson bulletin about deaths in which NPS was thought to be a factor. We highlighted several lessons to be learned, including giving staff information about NPS to help them identify when prisoners are using it and having an effective drug supply reduction and violence reduction strategy.

52. During the investigation, prison and healthcare staff told us that the use of NPS at the prison had led to a number of hospital admissions and violent incidents. We consider that the prison tackled Mr Rafiq's apparently unintentional use of NPS on 10 May robustly. At the last inspection, HM Inspectorate of Prisons reported that the prison's work to reduce supply was having an impact. Overall, we recognise that Nottingham has identified the scale of the problem, and is taking some steps to deal with it. We therefore make no recommendation.

Action Plan					
No	**Recommendation**	**Accepted/Not Accepted**	**Response**	**Target date for completion and function responsible**	**Progress (to be updated after 6 months)**
1	The Governor and Head of Healthcare should ensure that there is an effective chest pain protocol so that prison and healthcare staff are aware of how to respond when prisoners report sudden chest pain. Healthcare staff should follow current clinical guidance for managing chest pain, ensure that prisoners presenting with such symptoms are assessed urgently, in line with NICE guidelines and, where indicated, referred to hospital for emergency treatment.	Accepted	The National Early Warning Score (NEWS) is already in place as part of the national clinical guidance, and is delivered as part of the annual mandatory training for Hospital Life Support (HLS) across Nottinghamshire Healthcare NHS Foundation Trust. This training attendance is monitored centrally and compliance is monitored via a red, green and red (RAG) traffic light system to identify those close to expiry. If a patient was to develop sudden onset chest pain observations would be carried out using the National Early Warning Score NEWS which is delivered to each patient based on a simple scoring system. A score is accolated to a physiological measurement: 1.Respiratory rate (breathing rate) 2.Oxygen saturations (how much oxygen in your blood) 3.Temperature 4.Blood Pressure 5.Pulse Rate 6.Level of consciousness (are they alert, confused, unconscious). Once the observations are recorded, a NEWS score is calculated, and the magnitude of the score reflects how extreme the parameters vary from the patient's norm. This score can be provided to other healthcare providers for their consideration and determining what secondary	Head of Healthcare Governor Complete	

Action Plan					
No	**Recommendation**	**Accepted/Not Accepted**	**Response**	**Target date for completion and function responsible**	**Progress (to be updated after 6 months)**
			treatment /care is required. <<national-early-warning-score-standardising.pdf>> Each of the Physical Health Senior Nurses includes NEWS within their Clinical supervision, which will be expanded to include Substance Misuse. Whilst agencies provide their own Mandatory Training, the Head of Healthcare will ensure that Healthcare leads are aware of training dates for those agency nurses employed to work for Nottinghamshire Healthcare NHS Foundation Trust within HMP Nottingham ensure compliance.		
2	The Head of Healthcare should ensure that all nurses working in the prison have access to the SystmOne medical record and that all interactions and interventions with prisoners are recorded.	Accepted	All current staff, including those directly employed and agency staff, are confirmed as having access to SystmOne. All staff are aware of the need to ensure that the details of interactions and interventions with prisoners are recorded on SystmOne and entries are monitored via regular clinical record keeping audits.	Head of Healthcare Complete	

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