Prisons & Probation Ombudsman
Independent Investigations

Investigation into the death of Mr Opinder Singh a prisoner at HMP Coldingley on 6 October 2015

A report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

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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*

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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 Opinder Singh died of a brain tumour on 6 October 2015, while a prisoner at HMP Coldingley. He was 30 years old. I offer my condolences to Mr Singh's family and friends.

In early September 2015, Mr Singh developed pains and numbness in his arms and neck. Healthcare staff at Coldingley initially considered the pain was muscular. Within two weeks of the onset of symptoms, a doctor referred Mr Singh for an urgent MRI scan to rule out multiple sclerosis but sent him to hospital on 22 September, before the arranged date, when his symptoms worsened. Hospital tests revealed that Mr Singh had an aggressive brain tumour. Sadly, Mr Singh did not recover and died in hospital just two weeks after he was admitted.

I am satisfied that healthcare staff at the prison responded appropriately to Mr Singh's symptoms and made timely referrals to hospital. There was nothing they could have done to prevent his death and I consider that he received a good standard of healthcare in prison.

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 **February 2016**

Contents

Summary 1
The Investigation Process 2
Background Information 3
Findings 4

Summary

Events

1. On 17 March 2015, Mr Opinder Singh was sentenced to six years in prison. He had been at HMP Coldingley since 19 August. At the beginning of September, Mr Singh reported pains in his shoulder and over the following days, these progressed to his arms and neck, with some numbness. On 11 September, a prison GP examined him and prescribed pain relief and anti-inflammatory medicine for muscular inflammation.

2. On 13 and 14 September, Mr Singh continued to complain of pain. He was taken to hospital on 14 September when his symptoms worsened. The hospital could find nothing significant wrong and discharged Mr Singh the same day.

3. On 16 September, a prison GP referred Mr Singh for an urgent MRI scan to rule out multiple sclerosis. The hospital arranged this for 25 September.

4. Before Mr Singh had had the scan, the GP sent Mr Singh to hospital on 22 September, when his condition deteriorated and he became short of breath. Investigations in hospital revealed that Mr Singh had an aggressive brain tumour. Prison staff started an application for early release but, unfortunately, this was not completed before Mr Singh died in hospital in the early hours of 6 October.

Findings

5. The clinical reviewer considered that it was reasonable for prison healthcare staff initially to consider Mr Singh's symptoms indicated muscular inflammation. When his symptoms worsened, a GP referred him to hospital twice and arranged an urgent MRI scan. We are satisfied that Mr Singh received a good standard of care at the prison, equivalent to that he could have expected to receive in the community. There was nothing prison staff could have done to prevent his death. We do not make any recommendations.

The Investigation Process

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

7. The investigator obtained copies of relevant extracts from Mr Singh's prison and medical records.

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

9. We informed HM Coroner for Surrey of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

10. One of the Ombudsman's family liaison officers contacted Mr Singh's brother to explain the investigation and to ask if he had any matters for the investigation to consider. His brother asked if Mr Singh's diagnosis had been timely and noted that he had been complaining of pain for some time and had said that healthcare staff did not take his symptoms seriously. His brother said prison staff were very helpful after Mr Singh was admitted to hospital.

11. The investigation has assessed the main issues involved in Mr Singh's care, including his diagnosis and treatment, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

12. Mr Singh's family received a copy of the initial report. They pointed out some factual inaccuracies in the clinical review and it has been amended accordingly. Mr Singh's family also raised an issue which does not affect the factual accuracy of this report and it has been addressed through separate correspondence.

13. The prison also considered our initial report and raised one factual inaccuracy, which has been amended.

Background Information

HMP Coldingley

14. HMP Coldingley is a medium security prison on the outskirts of Woking, Surrey and holds up to 513 men. It has mostly single cells.

15. Virgin Care provides health services at the prison. Doctors from a local practice provide a daily GP service, and there is a team of primary care and mental health nurses. There are no inpatient facilities. ThamesDoc provides an out of hours service.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Coldingley was in April 2013 and reported that the prison was safe, but living accommodation was poor with antiquated sanitary arrangements. Inspectors found that prisoners had good access to high quality healthcare services and were satisfied with their care.

Independent Monitoring Board

17. 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 its latest annual report, for the year to July 2015, the IMB reported that there was a high demand for healthcare services. A lack of escort staff meant that some prisoners missed hospital appointments.

Previous deaths at HMP Coldingley

18. In the last two years, there was one other death from natural causes at Coldingley, a month before Mr Singh died. There were no significant similarities with the circumstances of the other death.

Findings

The diagnosis of Mr Singh's terminal illness and informing him of his condition

19. On 17 March 2015, Mr Opinder Singh was sentenced to six years in prison. He had been at Coldingley since 19 August. He had asthma and knee problems. Records show he often complained of toothache and a dentist treated him for tooth decay. The clinical reviewer said Mr Singh had considerable tooth decay, which would have caused him pain and was unlikely to have been associated with the brain tumour.

20. On 2 September, Mr Singh told a nurse that he had a burning pain in his shoulder, which was sometimes numb. The nurse examined him and found no signs of neurological changes. He advised Mr Singh to avoid any heavy lifting and to book a GP appointment if the problem persisted. On 8 September, a nurse noted that Mr Singh said he had lost feeling in his right arm but there were no signs of a stroke. She spoke to a GP and arranged an appointment for 14 September.

21. On 11 September, Mr Singh told a nurse that his neck was stiff and his left arm hurt. A prison GP examined him and considered that this was probably torticollis. (This condition commonly causes neck pain and stiffness.) She prescribed naproxen (an anti-inflammatory) and paracetamol for pain relief. She noted that Mr Singh had an appointment to see another GP on 14 September, at which he could be reviewed.

22. On 13 September, Mr Singh told a nurse that he still had the same symptoms and the medication was making him nauseous. She examined him and noted that his pulse was strong and he had no circulation problems. She advised him to stop taking naproxen and gave him ibuprofen instead.

23. On 14 September, a GP examined Mr Singh and noted he had no power in his left arm and less sensation for soft touch and heat in his right arm. Later that day, Mr Singh was admitted to hospital after he reported his symptoms were worse and he was vomiting. The hospital discharged him the same day. His discharge summary said that the hospital had not found any abnormalities or spinal pathology. It did not suggest any follow up.

24. On 16 September, a GP examined Mr Singh again and referred him for an urgent MRI scan to rule out multiple sclerosis. The hospital arranged an appointment for 25 September. However, on 22 September, the GP sent Mr Singh to hospital for further investigation when his condition worsened and he was short of breath.

25. On 24 September, hospital staff informed the prison that after an MRI scan, a chest X-ray and a neurology review, doctors had diagnosed Mr Singh with an aggressive brain cancer. Hospital doctors had informed Mr Singh of the diagnosis the day before. On 26 September, doctors told Mr Singh and his family that his condition was terminal.

26. The clinical reviewer considered that the initial diagnosis as some form of muscular inflammation was reasonable. When Mr Singh's condition deteriorated,

doctors referred him to hospital twice. We are satisfied that there was no undue delay in prison staff referring Mr Singh to hospital for diagnosis.

Mr Singh's clinical care

27. All of Mr Singh's treatment after his diagnosis were in two hospitals. Hospital care is outside the remit of this investigation. Prison healthcare staff visited him in hospital and discussed his condition and options with him, his family and hospital staff. We are satisfied that the care Mr Singh received in prison was of a good standard and equivalent to that he could have expected to receive in the community.

28. After a biopsy on 28 September, Mr Singh's condition declined quickly and he died in the early hours of 6 October 2015. The coroner gave the cause of death as cardio-respiratory arrest and glioblastoma (malignant brain tumour).

Mr Singh's location

29. As soon as it was clear that Mr Singh's condition was deteriorating, he was appropriately sent to two separate hospitals. We are satisfied that Mr Singh was appropriately located throughout his illness.

Restraints, security and escorts

30. When prisoners have to travel outside prison, a risk assessment determines the nature and level of any security arrangements. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in the circumstances and be based on the risk of escape, the risk to the public and should also take into account factors such as the prisoner's health and mobility.

31. On 22 September, when Mr Singh went to hospital for investigations, a manager decided officers should use an escort chain to restrain him. (An escort chain is a long chain with a light handcuff at each end, one of which is attached to the prisoner and the other to an officer.) Mr Singh was a young man and at this point, although ill, was still mobile. There was no medical objection to the use of restraints but no further information from healthcare staff. On 26 September, when Mr Singh and prison managers learnt that Mr Singh's condition was terminal, the escort chain was removed and the level of escort reduced from two officers to one officer in civilian clothes.

32. While we would have expected to see more considered healthcare input into the original risk assessment, we recognise that the prison managers reviewed the risk assessment on 26 September, took into account Mr Singh's medical condition and appropriately decided to remove the restraints.

Liaison with Mr Singh's family

33. On 23 September, when doctors told Mr Singh that he had a brain tumour, prison staff arranged for him to call his family and facilitated visits at the hospital from the next day onwards. Prison manager acted as the prison's family liaison officer and he remained in contact with Mr Singh's family throughout his illness.

34. Mr Singh's funeral was on 16 October. The prison contributed to the costs, in line with national Prison Service instructions.

35. We are satisfied that the prison liaised appropriately with Mr Singh's family.

Compassionate release

36. Prisoners can be released before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.

37. On 24 September, staff at Coldingley held a case management meeting and agreed to begin an application for Mr Singh's early release. Investigations, including a biopsy, were still ongoing at the time to determine a prognosis and future treatment. The hospital consultant did not provide a report giving his opinion on treatment options and prognosis until Friday 2 October. The prison then sent the application to the National Offender Management Service headquarters, but, sadly, no decision had been made before Mr Singh's death in the early hours of 6 October. We are satisfied that the prison appropriately considered compassionate release for Mr Singh.

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