Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Barry Ford a prisoner at HMP Bure on 8 May 2016

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*

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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 Barry Ford died at HMP Bure on 8 May 2016, of a pulmonary embolism (blockage in an artery in the lung) arising from a deep vein thrombosis (blood clot). He was 63 years old. I offer my condolences to Mr Ford's family and friends.

I agree with the clinical reviewer that Mr Ford's healthcare at HMP Bure was good and staff could not have foreseen or prevented Mr Ford's death. However, the investigation identified a need for better prisoner welfare checks.

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 2016**

Contents

Summary 1
The Investigation Process 3
Background Information 4
Key Events 5
Findings 8

Summary

Events

1. On 12 September 2014, Mr Barry Ford was convicted of sexual offences. He was subsequently sentenced to 14 years in prison. On 17 September 2014, he was moved to HMP Bure.

2. A healthcare assistant carried out Mr Ford's initial health screen when he arrived at Bure. Mr Ford told her he had arthritic pains, asthma and chronic obstructive pulmonary disease. He said he was concerned about his medication and psoriasis (a skin condition that causes red, flaky, crusty patches) so he was booked to see a GP that afternoon. A prison GP carried out a medication review and he prescribed Mr Ford pain relief medication.

3. On 20 January 2015, Mr Ford told a nurse he had a painful lump on his left calf. The next morning, a doctor diagnosed a deep vein thrombosis (DVT) and he arranged for Mr Ford to go to the local hospital DVT clinic. At the clinic, Mr Ford had an ultrasound but no evidence of DVT was found. Hospital doctors prescribed antibiotics.

4. There is nothing significant in the records until 19 December, when a nurse reviewed Mr Ford after he complained of a swollen leg. She noted his right leg was slightly swollen and cellulitic (cellulitis is a bacterial infection of the deeper layers of the skin and underlying tissue). Two days later, a doctor prescribed antibiotics for the cellulitis and noted there was no swelling to suggest a DVT.

5. On 25 January 2016, Mr Ford told a doctor his right foot was painful and swollen. The doctor found nothing to suggest a DVT so referred him to a podiatrist.

6. The podiatrist examined Mr Ford on 19 February. She noted both legs were slightly swollen and recommended Mr Ford elevate his legs when resting.

7. At approximately 12.15pm on 8 May, two prisoners, with cells near Mr Ford, looked into his cell and said he appeared to be still asleep on the bed. They tried to wake him but when there was no response, one of the prisoners called an officer to the cell and she found Mr Ford unresponsive. She called a code blue emergency (an emergency call that signifies a prisoner is not breathing or is unresponsive). Records show that control room staff called an ambulance immediately.

8. Nurses and officers made their way to Mr Ford's cell and nurses began cardiopulmonary resuscitation (CPR). A paramedic arrived at 12.37pm and pronounced Mr Ford dead at 12.42pm.

Findings

9. We agree with the clinical reviewer that Mr Ford's clinical care in prison was good and that his death was not foreseeable.

10. A prisoner saw Mr Ford collect his breakfast on 8 May. However, Mr Ford did not leave his cell to collect his lunch and no prison staff checked on him to see why not. We consider that this welfare check should have taken place.

Recommendation

- The Governor should ensure that, in line with PSI 75/2011, staff satisfy themselves of a prisoner’s welfare when they do not leave their cell for a particular activity.

The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Bure informing them of the investigation and asking anyone with relevant information to contact her. One person responded but did not provide any information about Mr Ford or his care.

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

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

14. The investigator interviewed two members of staff and two prisoners at HMP Bure on 15 June 2016.

15. We informed HM Coroner for Greater Norfolk District of the investigation, who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

16. One of the Ombudsman's family liaison officers contacted Mr Ford's family to explain the investigation. They had no questions or concerns for the investigation to consider.

17. Mr Ford's family received a copy of the initial report and indicated that they were satisfied with the findings.

18. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Bure

19. HMP Bure is a medium security prison near Norwich, which holds over 600 men, convicted of sexual offences.

20. Virgin Care provides healthcare services. Healthcare staff are on duty between 8.00am and 7.30pm on weekdays and between 8.00am and 6.00pm at weekends. Five GP clinics are scheduled each week. There is an out of hours service.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Bure was in May 2013. Inspectors reported that prisoners were positive about healthcare services and there was a good range of nurse-led clinics. Provision for older prisoners was well developed. Some cells were adapted for prisoners with mobility problems and to allow wheelchair access.

Independent Monitoring Board

22. 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 had been some shortage of healthcare staff during the year and there was too much reliance on locum GPs. Sometimes this meant there had been no GP surgeries on Mondays and Fridays. Overall, the IMB found that the healthcare team was well led and dedicated.

Previous deaths at HMP Bure

23. Mr Ford was the fourth prisoner to die of natural causes at HMP Bure since January 2014. There has been one since. There were no significant similarities with the other deaths.

Key Events

24. On 12 September 2014, Mr Barry Ford was convicted of sexual offences. He was subsequently sentenced to 14 years in prison. Mr Ford transferred from HMP Chelmsford to HMP Bure on 17 September 2014.

25. A healthcare assistant carried out Mr Ford's initial health screen when he arrived at Bure. She noted he had complex medical problems including arthritic pains in his back and shoulder, asthma and chronic obstructive pulmonary disease disease (COPD - the name for a collection of progressive lung diseases, including chronic bronchitis and emphysema). He was a heavy smoker of cigarettes but refused any help from healthcare staff to stop. Mr Ford said he was concerned about his medication and psoriasis (a skin condition that causes red, flaky, crusty patches). The healthcare assistant arranged for him to see a GP that afternoon. A prison GP carried out a medication review and he prescribed Mr Ford pain relief and medication for his skin.

26. On 20 January 2015, Mr Ford told a nurse he had a painful lump on his left calf. The next morning, a prison GP diagnosed a deep vein thrombosis (DVT) and he arranged for Mr Ford to go to the hospital DVT clinic. At the clinic Mr Ford had an ultrasound, but no evidence of DVT was found. Hospital doctors prescribed antibiotics.

27. On 28 April, a healthcare assistant completed a health check. Mr Ford's pulse was 67bpm (within normal range) but he had a raised cholesterol level of 1.32mmol/L. He was overweight at 81kg and his cardiovascular ten year risk score was 15.87% (a moderate risk of developing a cardiovascular disease is scored between 10% and 20%). Mr Ford refused any advice about healthy eating, the benefits of exercise and stopping smoking. There was nothing significant in the records for the next eight months.

28. On 19 December, a nurse saw Mr Ford, who was complaining of a swollen right leg. She noted his right leg was slightly swollen and cellulitic (cellulitis is a bacterial infection of the deeper layers of the skin and underlying tissue). She noted that he had a doctor's appointment in two days to monitor his cholesterol, so updated the record for the doctor to look at his leg. On 21 December, a prison GP prescribed antibiotics for the cellulitis and noted there was no swelling to suggest a DVT.

2016

29. On 25 January 2016, Mr Ford told a prison GP that his right foot was still painful and swollen. She assessed him and noted there was nothing to suggest a DVT, so referred Mr Ford to see a podiatrist.

30. The podiatrist examined Mr Ford on 19 February. She noted both his legs were slightly swollen. She told Mr Ford to elevate his legs when resting. She noted that his toes had a fungal infection and prescribed antifungal creams for this.

31. From February until May, Mr Ford saw healthcare staff to receive asthma medication.

32. On 2 May, Mr Ford told a healthcare assistant he was feeling dizzy and was not eating. He arranged for Mr Ford to see a nurse. On 4 May, Mr Ford told a nurse he was still feeling unwell. She noted his pulse was slightly raised at 101bpm but still within the normal range. She recorded his weight as 79kg. She said Mr Ford complained about prison food so she encouraged him to eat healthier options and drink more water but he was dismissive of the advice.

Events on Sunday 8 May 2016

33. Mr Ford occupied a single cell and two other prisoners occupied cells opposite Mr Ford.

34. At around 8.45am, an officer unlocked the cells on the unit. Prisoner A said that he thought he had seen Mr Ford at breakfast, which was between 8.45am and 9.15am.

35. Prisoner B said that Mr Ford had been short of breath and had complained of leg pains a few days earlier. He thought he had seen Mr Ford in his cell asleep at approximately 11.20am when he placed a television guide on his bed.

36. Prisoner A said that he collected his lunch and walked back to his cell. As he went past, Mr Ford's cell door was open and he saw him lying on his bed. He shouted that lunch was ready but there was no response. He said that Mr Ford was an odd colour, so he told Prisoner B he was worried about Mr Ford.

37. At approximately 12.15pm, Prisoner B went into Mr Ford's cell. Mr Ford was on the bed. He called out to him and touched his leg but there was no response. He saw an officer walking along the corridor (she was locking prisoners into their cells for lunch) and he told her Mr Ford would not wake up.

38. The officer went into the cell and found Mr Ford unresponsive on his bed. He was motionless, not breathing and looked "wax coloured". She radioed a code blue emergency (this indicates a prisoner is unconscious, not breathing or is having breathing difficulties). Staff in the communications room immediately called for an ambulance. Three nurses attended and started cardiopulmonary resuscitation (CPR) at 12.14pm. One nurse found there was no pulse and attached a valve mask with high flow oxygen and used a defibrillator machine. Nurses continued with the resuscitation attempts until the paramedics arrived. Paramedics arrived at the prison at 12.37pm and attended to Mr Ford. At 12.42pm, a paramedic confirmed that Mr Ford had died.

Contact with Mr Ford's family

39. The prison appointed an officer as the family liaison officer. Mr Ford had told staff that he had no contact with his family and he did not want to nominate anyone as his next of kin. After his death, she contacted the Probation Service, police and Mr Ford's solicitor for information about his next of kin, but none were able to assist. Prison staff found a telephone number for his brother in Mr Ford's telephone records. On 12 May, she informed him of Mr Ford's death and offered her condolences and support. On the same day, she spoke to Mr Ford's sisters to offer condolences and support.

40. Mr Ford’s funeral was on 20 May. The prison contributed to the costs, in line with national policy.

Support for prisoners and staff

41. After Mr Ford’s death, a prison manager debriefed the staff involved in the emergency response. He offered his support and that of the staff care team.

42. The prison posted notices informing staff and prisoners of Mr Ford’s death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Ford’s death.

Post-mortem report

43. The Coroner confirmed that the cause of Mr Ford’s death was a pulmonary embolism (blood clot), caused by a deep vein thrombosis. The Coroner said it was possible that Mr Ford had a small clot when he reported feeling dizzy in early May, which developed into the final, larger clot.

Findings

Clinical care

44. We agree with the clinical reviewer that the standard of Mr Ford's care at the prison was equivalent to that he could have expected to receive in the community. His sudden death on 8 May could not have been anticipated.

45. The clinical reviewer said that National Institute for Health and Care Excellence (NICE) guidelines CG144 'Venous thromboembolic diseases: Diagnosis, management and thrombophilia testing' lists a number of risk factors that if present can highlight the presence of a DVT. The clinical reviewer was satisfied that a prison GP applied these risk factors when assessing Mr Ford and had complied with the NICE guidance.

46. The clinical reviewer also commented that in hindsight the attempt to resuscitate Mr Ford was not necessary. He said that he understood why staff would have attempted resuscitation and in the circumstances it may not have been apparent that he had died. We are satisfied that, at the time, healthcare staff made an appropriate clinical decision to attempt CPR.

Staff checks

47. Prisoner A thought that he had seen Mr Ford alive around 9.00am on Sunday 8 May, as he had collected his breakfast and Prisoner B thought he was asleep at 11.20am. However, that was the last time that anyone had seen Mr Ford.

48. A prison manager told us that, on a Sunday, prison staff were expected to walk around the wing and check on the welfare of prisoners. After the cell doors were unlocked for lunch, there was no evidence of any checks nor did anyone check on Mr Ford when he did not leave his cell to collect his lunch.

49. Prison Service Instruction (PSI) 75/2011 'Residential Services' states that prison staff should check on prisoners who do not leave their cells for a specific activity. We consider that collecting the lunchtime meal is such an activity and that when Mr Ford did not appear, staff should have checked on his welfare. While this may not have affected the outcome for Mr Ford, it could make a difference in the future. We make the following recommendation:

    The Governor should ensure that, in line with PSI 75/2011, staff satisfy themselves of a prisoner's welfare when they do not leave their cell for a particular activity.

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