

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Marvinder Singh a prisoner at HMP The Mount on 13 April 2017

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Marvinder Singh died of a hypoxic brain injury, caused by a heart attack and bronchopneumonia, on 13 April 2017 while a prisoner at HMP The Mount. He was 57 years old. We offer our condolences to his family and friends.

Mr Singh was a heavy smoker, with a history of substance misuse and several chronic cardiac conditions, all of which were appropriately managed. We are satisfied that Mr Singh received a good standard of clinical care at The Mount, equivalent to that which he could have expected to receive in the community, and that healthcare staff could not have prevented his sudden death. We are, however, concerned at the prison's failure to appoint a family liaison officer promptly after Mr Singh collapsed.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman

January 2018

Contents

Summary 1
The Investigation Process 3
Background Information 4
Key Events 5
Findings..... 7

Summary

Events

1. On 6 August 2010, Mr Marvinder Singh received an indeterminate sentence for public protection, with a minimum tariff of two years. On 9 December 2011, he was transferred from HMP Coldingley to HMP The Mount.
2. Mr Singh had a history of drug and alcohol abuse, and smoked 30 cigarettes per day. He had asthma and chronic obstructive pulmonary disease (COPD – a collection of lung diseases, including chronic bronchitis and emphysema), a history of high blood pressure, mini-strokes, heart disease and a stent in place (a mesh tube used to treat narrow or weak arteries in his heart).
3. From 2012 to 2016, healthcare staff regularly examined Mr Singh and reviewed his blood pressure, asthma, COPD and smoking cessation plans. During that time, he also developed depression, liver disease and intermittent confusion, which were reviewed regularly.
4. In 2016, he attended smoking cessation support sessions, but relapsed several times. He had a persistent cough, and healthcare staff tested his blood to check his brain natriuretic peptide levels. (High levels indicate cardiac failure.) The results were normal.
5. During an annual asthma and COPD review in January 2017, a nurse advised Mr Singh to use his inhaler more frequently. Between 24 January and 17 February, a prison GP recorded several high blood pressure readings, and booked an appointment for 4 April for 24 hour ambulatory blood pressure monitoring (ABPM).

Events of 28 March

6. At 2.11pm on 28 March, Mr Singh collapsed in the prison workshop. An officer radioed a medical emergency code blue (which indicates that a prisoner has difficulty breathing). A nurse started cardiopulmonary resuscitation (CPR) immediately and used an ambu bag (a resuscitation mask). A defibrillator was applied, and the first shock was administered at 2.15pm. Three further attempts advised not to shock.
7. Paramedics arrived at 2.20pm and took over CPR. Resuscitation was successful and Mr Singh was taken to Harefield Hospital. Hospital doctors diagnosed a heart attack. He was placed in an induced coma and moved to the intensive therapy unit (ITU). On 31 March, Mr Singh was transferred to Royal Brompton Hospital, where he died on 13 April.

Findings

Clinical care

8. The clinical reviewer concluded that the standard of care Mr Singh received was equivalent to that which he could have expected to receive in the community. He was at risk of cardiac failure, and his associated chronic conditions were

appropriately managed. We are satisfied that healthcare staff treated him appropriately and that they could not have prevented his death.

Liaison with Mr Singh's family

9. We would have expected The Mount to appoint a family liaison officer when Mr Singh was taken to hospital, in line with PSI 64/2011. Although his sister was told that he was unwell, there is no evidence about how or when this happened, and how or whether contact was maintained subsequently. Despite Mr Singh's serious ill health and contrary to national instructions, the prison did not appoint a family liaison officer until after Mr Singh had died.

Recommendation

- The Governor should ensure that in line with Prison Service instructions, a family liaison officer or appropriate member of staff is appointed to support a prisoner's family when he is taken to hospital with a serious illness.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP The Mount informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
11. The investigator obtained copies of relevant extracts from Mr Singh's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Singh's clinical care at the prison.
13. We informed HM Coroner for Hertfordshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
14. The investigator contacted Mr Singh's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly. The action plan has been annexed to this report.

Background Information

HMP The Mount

16. HMP The Mount is a medium security prison, holding more than 1,000 men. Hertfordshire Community NHS Trust provides primary healthcare services and GP services. There are daily GP sessions from Monday to Friday, with out of hours provision. There are no healthcare staff on duty between 6.30pm and 8.00am.

HM Inspectorate of Prisons

17. The most recent inspection of HMP The Mount was in April 2015. Inspectors reported that health services were in transition as a new NHS Trust had started providing services shortly before the inspection. Healthcare staff managed the dispensing of medication poorly, there were long queues and some older prisoners struggled to obtain what they needed each day. Clinical governance was not sufficiently effective. There was an appropriate range of primary care services and age-appropriate screening programmes, with acceptable waiting times. Health promotion information was available but not in a range of formats accessible to all prisoners.

Independent Monitoring Board

18. 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 February 2017, the IMB reported that there were five nurse prescribers who ran their own clinics, including a respiratory clinic and a pain management clinic. They said that Health and Wellness Champions undertook a variety of responsibilities, including promoting smoking cessation, raising awareness about the risks of using new psychoactive substances (NPS), promoting oral hygiene, holding wellbeing clinics and providing support for older prisoners.

Previous deaths at HMP The Mount

19. Mr Singh was the second prisoner to die from natural causes at The Mount since January 2016. There were no significant similarities between the two deaths.

Key Events

20. On 6 August 2010, Mr Marvinder Singh received an indeterminate sentence for public protection for arson and harassment, with a minimum tariff of two years. He was transferred from HMP Coldingley to HMP The Mount on 9 December 2011.
21. During his initial health screen, a nurse noted that Mr Singh had an extensive history of substance misuse, smoked 30 cigarettes per day and was a heavy drinker. He had asthma, chronic obstructive pulmonary disease (COPD – a collection of lung diseases including chronic bronchitis and emphysema), a history of high blood pressure and coronary heart disease and he had a stent in place (a mesh tube used to treat narrow or weak arteries in his heart). He had a mini-stroke in October 2011.
22. From 2012 through to 2016, healthcare staff regularly examined Mr Singh and reviewed his blood pressure, asthma, COPD and smoking cessation plans. During that time, he developed depression, liver disease and intermittent confusion, all of which were reviewed regularly.
23. On 15 February 2016, a prison GP examined Mr Singh who had had a cough and had been short of breath for several days. His oxygen saturation level was 98-99% and the GP did not detect any chest wheezing. He referred him for blood tests to determine his brain natriuretic peptide levels. (High levels indicated cardiac failure). His results, however, were normal.
24. During 2016, Mr Singh had frequent consultations about his various medications and attended smoking cessation support sessions, where he relapsed several times. In June 2016, he tested positive for hepatitis C and began treatment.
25. On 3 January 2017, a nurse carried out Mr Singh's annual asthma and COPD review and advised him to use his inhaler more frequently.
26. On 24 January, a prison GP recorded that Mr Singh's blood pressure was slightly high (at 153/93). A blood pressure reading greater than 140/90 is considered high. He scheduled a four week review. On 8 February, he recorded a lower blood pressure reading for Mr Singh at 143/84 but noted that it was still too high.
27. On 17 February, Mr Singh told a prison GP that for personal reasons, he was stressed. His blood pressure reading had increased again to 159/85. The GP noted that he would monitor Mr Singh's ambulatory blood pressure for a 24 hour period, and booked an appointment to do so on 4 April.

Events of 28 March

28. On 28 March, Mr Singh was at work in the prison workshop. He was standing with an instructor when he suddenly collapsed forward into his arms. The instructor immediately radioed a medical emergency code blue (which indicates that a prisoner has difficulty breathing) at 2.11pm. A nurse responded immediately. When she arrived, Mr Singh was unresponsive, not breathing and she could not detect a pulse. She started cardiopulmonary resuscitation (CPR) and applied an ambu bag (a resuscitation mask). An officer took over

compressions and the nurse applied a defibrillator. The first shock was administered at 2.15pm. Three further attempts advised not to shock.

29. Paramedics arrived at 2.20pm and took over CPR. Resuscitation was successful and they transferred Mr. Singh to Harefield Hospital. He did not however regain consciousness.
30. At hospital, doctors diagnosed a heart attack. He was placed in an induced coma and moved to the intensive therapy unit (ITU). He was transferred to Royal Brompton Hospital on 31 March, where he remained in ITU and died on 13 April.

Contact with Mr Singh's family

31. On 28 March, the prison contacted Mr Singh's sister. She visited him in hospital, and consulted with hospital staff about the decision to end life support. On 13 April, the prison appointed an officer as the family liaison officer. She spoke with Mr Singh's sister when he died, and offered her condolences. She offered to visit her that day, but his sister asked that someone visit her the following week. They arranged for an officer from HMP Manchester to visit her a week later, as requested.
32. Mr Singh's funeral was held on 22 May. The prison contributed to the costs in line with national policy.

Support for prisoners and staff

33. After Mr Singh's death, a senior manager notified staff and ensured they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
34. The prison posted notices informing other prisoners of Mr Singh's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Singh's death.

Post-mortem report

35. The post-mortem examination concluded that Mr Singh died of a hypoxic brain injury (a lack of oxygen) caused by bronchopneumonia and ischaemic cardiac arrest [stented] (a heart attack). The post-mortem report established that hypertension hypercholesterolemia (high cholesterol) was a contributing factor.

Findings

Clinical care

36. The clinical reviewer considered that healthcare staff appropriately managed Mr Singh's numerous chronic medical conditions, and frequently tried to engage him in smoking cessation clinics. His clinical history placed him at high risk of cardiac failure. We are satisfied that healthcare staff treated him appropriately and agree with the clinical reviewer that the standard of care Mr Singh received was equivalent to that which he could have expected to receive in the community. His death was sudden and unexpected, and healthcare staff could not reasonably have anticipated or prevented it.

Liaison with Mr Singh's family

37. PSI 64/2011 says that prisons must ensure that arrangements are in place for an appropriate member of staff to engage with a prisoner's next of kin, or a nominated person, when he is either terminally or seriously ill. We are concerned that The Mount has no evidence about what contact staff had with Mr Singh's sister when and after he was taken to hospital. There is no record to confirm how contact with Mr Singh's family was maintained.
38. We would have expected The Mount to appoint a family liaison officer when Mr Singh was taken to hospital to coordinate and manage contact. This did not happen, and a family liaison officer was only appointed after Mr Singh's death. The Mount should have appointed one on 28 March when Mr Singh was taken to hospital, and the family liaison officer should have engaged with his next of kin and maintained a log of their contact. We make the following recommendation:

The Governor should ensure that in line with Prison Service instructions, a family liaison officer or appropriate member of staff is appointed to support a prisoner's family when he is taken to hospital with a serious illness.

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