Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Lee Irvine a prisoner at HMP Hindley on 10 June 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*

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.

Prison staff at HMP Hindley discovered Mr Lee Irvine lying on his bed, unresponsive, on the morning of 10 June. Despite the best efforts of officers and nursing staff, paramedics pronounced Mr Irvine dead at 8.40am. He was 20 years old. I offer my condolences to Mr Irvine's family and friends.

Mr Irvine had arrived at Hindley on 24 February 2016. He was described as a polite, quiet and well-behaved young man, who was keen to move on to an open prison. There was no history of self-harm while in custody and Mr Irvine had never been monitored as part of suicide and self harm prevention measures. He had admitted to previously smoking cannabis, which he said he disliked, but there were no concerns regarding illicit drug use while in custody. An effective personal officer scheme operates at the prison and his personal officer shared a good rapport with him.

Mr Irvine had been prescribed amitriptyline by the prison GP for migraines but no other health concerns were raised by him. The investigation found that staff appropriately assessed and considered Mr Irvine's risk on entry to Hindley and the healthcare provided to Mr Irvine at Hindley was of a high standard. The coroner concluded that he was unable to establish any definitive reason for Mr Irvine's death and has recorded the cause of death as 'unascertained'. In the circumstances, I do not consider that prison or healthcare staff could have anticipated or prevented Mr Irvine's sudden death.

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 2017**

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Summary

Events

1. Mr Lee Irvine arrived at HMP Hindley on 24 February 2016. During an initial healthscreen in reception, Mr Irvine raised no concerns regarding his well-being and indicated no physical or mental health issues. During a first night interview, he again raised no concerns.

2. The following day, a nurse completed a secondary healthscreen with Mr Irvine to record a more in-depth medical history. Mr Irvine raised no issues about current or past medical problems, or drug and alcohol misuse. During the screening, Mr Irvine consistently denied having current thoughts of self-harm.

3. Mr Irvine's personal officer described him as a quiet prisoner, well behaved and polite. She said that she was not aware of Mr Irvine ever being involved in illicit drug use. Mr Irvine was keen to be re-categorised as a category D prisoner so that he could apply to be moved to an open prison. Although, this would not be possible until Mr Irvine had turned 21, she said that Mr Irvine should make sure he attended work, engaged with the regime, and generally behaved himself. If he did so, his application would hopefully go through without any problems.

4. Mr Irvine attended three GP appointments in March, April and June and disclosed that he had been experiencing headaches. A prison GP diagnosed Mr Irvine with migraine and prescribed amitriptyline. Mr Irvine had no other medical problems while in Hindley.

5. At around 8.00am on 10 June, staff began unlocking prisoners on F wing. An officer unlocked the cell occupied by Mr Irvine and said that Mr Irvine was lying on his bed and appeared asleep, which was not unusual. After unlocking, the officer heard a prisoner call to staff, saying that officers should come back as it looked as if someone had died.

6. Staff returned and prisoners directed them to Mr Irvine's cell. Mr Irvine was lying on his back, and appeared asleep. An officer called to Mr Irvine, but received no response so approached his bed. As he touched Mr Irvine, the officer noted that he felt cold and was not responsive. At this point a medical emergency code blue was called over the radio. The control room recorded this at 8.15am, and called an ambulance at 8.16am. Two officers, who had attended the cell, began administering cardiopulmonary resuscitation (CPR).

7. Nursing staff arrived quickly and took over resuscitation with officers assisting. This continued until the arrival of paramedics at 8.25am. Paramedics took over administering treatment, but declared Mr Irvine dead at 8.40am.

Findings

8. The investigation has concluded that the treatment Mr Irvine received from prison staff while in custody was appropriate. There were appropriate assessments of his risk on entry into custody. His personal officer had regular contact with him. There were no known issues with drugs, safeguarding, vulnerability or bullying. He was not subject to the care planning system the Prison Service uses to support

prisoners at risk of suicide or self-harm, known as ACCT. Mr Irvine was engaging positively with the prison regime. We are satisfied that staff could not have predicted or prevented his death.

9. The clinical reviewer is satisfied that Mr Irvine received appropriate healthcare support at Hindley and that his care was equivalent to that he could have expected to receive in the community. However, the clinical review makes one recommendation in relation to the appropriateness of resuscitation.

Recommendations

- The Head of Healthcare should review the current policy for resuscitation for HMP Hindley and amend this to incorporate guidance to support decision making when resuscitation may not be appropriate, in accordance with the European Resuscitation Council Guidelines for Resuscitation 2015.

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The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Hindley informing them of the investigation and asking anyone with relevant information to contact him. No responses were received.

11. Hindley provided copies of relevant extracts from Mr Irvine's prison and medical records.

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

13. The investigator interviewed three members of staff at Hindley, jointly with the clinical reviewer.

14. We informed HM Coroner for Bolton of the investigation. The initial post-mortem proved inconclusive and further tests showed no abnormality in Mr Irvine's heart. Toxicology tests indicate that Mr Irvine had not taken any illicit substances and detected only amitriptyline at prescribed levels. The cause of death is unascertained.

15. One of our family liaison officers contacted Mr Irvine's mother to explain the investigation. She raised an issue regarding text messages her other son had received from someone unrelated to the case, and the investigator passed this information on to the local police. Mr Irvine's mother raised no further questions about her son's care at Hindley.

16. Mr Irvine's family were provided with a copy of the initial report. The family have made no additional comments or highlighted any factual inaccuracies.

Background Information

HMP Hindley

17. HMP Hindley was formerly a young offender institution (YOI). In 2015, it became a category C prison for adult men sentenced to less than four years imprisonment, and young adults aged 18-21 serving sentences between 12 months and four years. It can hold up to 664 men. Bridgewater NHS Foundation Trust provides physical health services, while Greater Manchester West NHS Trust provides mental healthcare.

HM Inspectorate of Prisons

18. There has been no inspection of Hindley since it became an adult prison. During the last inspection as a YOI, in March 2014, inspectors noted that the number of incidents of self-harm had increased since their last inspection. ACCT procedures had been improved, but flaws in care planning, observation levels and staff entries remained. All the young men were given information about substance misuse during induction, but this was not always effective. Inspectors reported that levels of violence and intimidation remained high, although much had been done to try and address these problems. The inspectors also identified weaknesses in the analysis of data relating to bullying and violence reduction.

Independent Monitoring Board

19. Each prison in England and Wales 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 annual report for the year to 2015, the IMB said that it seemed that the staff and management at Hindley were committed to providing a safe environment for prisoners. The prison had issued guidance to staff on ACCT best practice and use of caremaps. The Board reported that the use of new psychoactive substances had contributed to an increase in violence and reports of bullying. Although the prison had worked hard to reduce drug taking, it was still a major problem.

Previous deaths at HMP Hindley

20. Mr Irvine's death was the second death at the prison in 2016. There are no similarities between these deaths, and recommendations made in the earlier investigation are not repeated in this report.

Incentives and Earned Privileges Scheme (IEP)

21. The incentives and earned privileges (IEP) scheme is operated across the prison estate. Each prison has a scheme, which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and wear their own clothes. All prisoners are placed on standard level at reception into custody and, based on their behaviour and engagement, with offending behaviour programmes can have their level increased

or reduced. The higher the incentive level the more privileges a prisoner will be entitled to. There are three levels at Hindley: basic, standard and enhanced.

Key Events

22. On 27 November 2015, police arrested and charged Mr Lee Irvine with burglary, and the Magistrates Court remanded him into custody at HMP Preston. Following a court appearance on 5 December, he was transferred to HMP Altcourse. On 18 February 2016, Mr Irvine was found guilty of burglary, and sentenced to three years imprisonment. On 24 February, Mr Irvine was transferred to HMP Hindley.

23. On his reception at Hindley, Mr Irvine raised no concerns regarding his well-being and a healthscreen completed by a nurse indicated no physical or mental health issues. An officer completed a first night interview with Mr Irvine, and again he raised no concerns.

24. The following day, a nurse completed a secondary healthscreen with Mr Irvine. The secondary screen aims to record the more in-depth medical history of the patient. Again, Mr Irvine raised no issues about current or past medical problems. There are no documented concerns regarding illicit drug usage or alcohol misuse in Mr Irvine's medical records. Mr Irvine also consistently denied having any current thoughts of self-harm when asked during assessments at Preston, Altcourse and Hindley. He had, however, indicated that he had previously thought about committing suicide in August 2014, but said he would never do this as he had a young child.

25. An officer was appointed as Mr Irvine's personal officer. The personal officer scheme provides prisoners with a named point of contact for any issues or concerns that they may have. The personal officer will also complete reports on the behaviour of those prisoners allocated to them. She introduced herself to Mr Irvine as his personal officer the day after he arrived, and recorded that he had some questions about how things worked at Hindley. She said that she explained how the regime worked and answered Mr Irvine's questions. She advised him that she would be on night shifts for the next few weeks, but if he needed anything, he could speak to other staff. She also advised Mr Irvine to ensure he submitted options for work allocations. She said that Mr Irvine seemed happy and content with everything she had discussed with him.

26. Mr Irvine was allocated work and attended daily. However, on 14 March, staff issued Mr Irvine a warning after he refused to attend. He subsequently failed to attend on 15 and 16 March, which resulted in his Incentives and Earned Privilege (IEP) being reviewed. To encourage prisoners to work, Hindley has a zero tolerance approach to those refusing, and failure to work will result in a prisoner having his IEP level reduced. However, Mr Irvine subsequently claimed that his non-attendance had been due to physical incapacity.

27. On 22 March, he attended an appointment with a prison GP. He complained of a headache, which he said had developed following a head injury ten days earlier. Mr Irvine told him that he had first banged the front of his head on a door, then the back of his head, as he moved away. He said that he had not lost consciousness and no other person had been involved. He said that since the injury he had had mild headaches at the front of his head and occasional sickness and faintness. The GP recorded that Mr Irvine's clinical observations of

heart rate, blood pressure, and pupil reaction were satisfactory. He concluded that Mr Irvine probably had mild concussion and prescribed him amitriptyline, and planned to review him again three or four weeks later.

28. Mr Irvine's IEP level was then reviewed on 23 March. During the review, Mr Irvine explained that he had not attended work as he had been feeling ill all week. Staff explained that if he was unwell he would require documentation from the healthcare staff to verify that he was unable to attend work. Because of his failure to work, Mr Irvine was placed on basic IEP level for a period of seven days. Following his return to work, he was returned to the standard level on 30 March.

29. The personal officer had no contact with Mr Irvine for a few weeks as she was working nights but on her return to day shifts, she spoke with Mr Irvine about his recent period on basic level. She told the investigator that Mr Irvine had explained that he had been unwell and, as a result, had failed to attend work. She said that there was no suggestion that his failure to go to work was related to any vulnerability issues, and he had no problems with any other prisoners on the wing. She described Mr Irvine as a quiet prisoner, well behaved and polite. She also said that she was never aware of Mr Irvine being involved in illicit drug use.

30. The personal officer told the investigator that Mr Irvine was keen to be re-categorised as a category D prisoner. This would mean that he could then apply to be moved to an open prison. She said that Mr Irvine was currently unable to submit an application as he was still 20 years of age, but she had spoken to his offender supervisor, who was going to complete the paperwork as soon as he turned 21.

31. The personal officer said that this re-categorisation was Mr Irvine's focus, and she had discussed with the offender supervisor whether Mr Irvine needed to complete any additional offending behaviour courses in support of his application. This was not considered necessary and she said that it was just a matter of Mr Irvine making sure he attended work, engaged in the regime, and generally behaved himself. She said that as soon as it was possible for Mr Irvine to apply, it was hoped that his application would go through without any problems.

32. On 11 April, Mr Irvine attended an appointment with a prison GP following a referral from a nurse. Mr Irvine told the GP that he had been experiencing left-sided headaches and ear pain for the past few weeks. The GP recorded that Mr Irvine had no sensitivity to light, his temperature was normal, he had no pain in his jaw when eating and had not been sick. He diagnosed that Mr Irvine was suffering from either temporal mandibular joint (TMJ) dysfunction or migraine. TMJ dysfunction refers to a problem affecting the chewing muscles and the joints between the lower jaw and the base of the skull. He increased Mr Irvine's level of amitriptyline and also prescribed him ibuprofen (a painkiller).

33. On 6 June, Mr Irvine attended a further appointment with the GP. He discussed Mr Irvine's headaches and recorded that he had been suffering with frontal headaches on and off for the past two years. Mr Irvine said that he felt nauseous and his vision was at times blurred, but this came and went. The GP recorded that there was no loss of consciousness, no weakness, no speech disturbance or drooping of the face. Having examined Mr Irvine, he diagnosed tension

headaches and told him that if they persisted then the dosage of amitriptyline could be increased further.

34. On 10 June, Officer A was working on F wing. At around 8.00am, she began unlocking prisoners, including cell F2-36, occupied by Mr Irvine. She said in a statement that Mr Irvine was lying on his bed and appeared asleep, which she said was usual when unlocking at that time. After all cells had been unlocked, she went downstairs to complete other work. Shortly afterwards, she said that she heard a prisoner calling to Officer B, saying that the officer needed to come upstairs as he thought someone was dead.

35. Officer B said in a statement that as he made his way onto the first floor landing, a number of prisoners were congregating around Mr Irvine's cell. He said that as he entered the cell, Mr Irvine was lying on his back, wearing boxer shorts, and appeared asleep. He said that he called to Mr Irvine, but received no response so he approached his bed. He said that as he touched Mr Irvine he noted that he felt cold and was not responsive. At this point he said that he announced a medical emergency code blue over his radio. The control room recorded this at 8.15am, and called an ambulance at 8.16am. Two officers had by then attended the cell, and Officer B left to alert nursing staff that were already on the wing.

36. Officer A began administering CPR, while Officer C checked Mr Irvine for a pulse. CPR continued until nursing staff arrived. Officer C said that when nursing staff arrived, both she and Officer A assisted them in administering oxygen.

37. A specialist nurse practitioner attended F wing in response to the code blue call. When interviewed she said that she had been on E wing when she had heard the code called and attended immediately, picking up the emergency bags on her way. These contained everything that would be needed in the event of an emergency. When she arrived at Mr Irvine's cell, two officers were engaged in resuscitating Mr Irvine.

38. A custodial manager (CM) was duty manager and attended F wing. The nurse asked him to contact other nursing staff while she herself continued with CPR, before being joined by other members of the healthcare staff. They then rotated in giving CPR, until the arrival of paramedics.

39. The CM told the investigator that when she attended the cell there was no evidence that Mr Irvine had taken an overdose or caused any self-inflicted injury. A defibrillator was attached to Mr Irvine. This is a machine that monitors heart rhythm and advises whether it is appropriate for an electric shock to be delivered to the chest wall to help the heart start beating properly again. The defibrillator indicated that no heart rhythm was detected and advised that CPR should be continued. She told the investigator and clinical reviewer that, at first, she thought the defibrillator was broken and had requested another one to be brought to the cell. However, when she applied it, it indicated the same treatment as the first defibrillator.

40. Mr Irvine had been found lying on his back with his arm above his head. The nurse said that he looked peaceful and as if he was in a deep sleep. She said that he was ashen in colour and was cold to the touch with cyanosis evident. (This is a blue tinge that is present when there are low levels of oxygen in the

body). Paramedics arrived promptly at 8.25am, nine minutes after being requested, and they took the lead in resuscitation with assistance from healthcare staff.

41. Paramedics attempted to insert an intravenous line (a plastic tube entering a vein to allow the delivery of medication and fluids) into Mr Irvine's arm but his arm was stiff and displayed signs of rigor mortis. Paramedics declared Mr Irvine dead at 8.40am. Before leaving the prison, the paramedics informed staff that Mr Irvine had displayed physical signs of rigor mortis.

Contact with Mr Irvine's family

42. A prison manager was appointed as the prison's family liaison officer. He went to the home of Mr Irvine's mother on the morning of 10 June. He offered condolences, support, and informed the family of the processes that would follow. He attempted to answer any immediate questions. The prison contributed to the funeral costs, in line with national policy.

Support for prisoners and staff

43. After Mr Irvine's death, the duty governor debriefed the staff involved in the emergency. The staff care team made themselves available to any staff that required their support.

44. The prison posted notices informing other prisoners of Mr Irvine's death, and offering support. Staff reviewed all prisoners considered to be at risk of suicide and self-harm prevention in case they had been adversely affected by Mr Irvine's death.

Post-mortem report

45. The Coroner has confirmed that the initial post mortem was inconclusive and a definitive cause of death could not been ascertained. Mr Irvine's mother informed the Coroner that there was a family history of congenital heart issues. Mr Irvine's mother agreed for the Coroner to send her son's heart for further analysis. Results from these genetic tests indicated no abnormality. Toxicology indicates that Mr Irvine had not taken any illicit substances and detected only amitriptyline at prescribed levels.

Findings

Mr Irvine's time in custody

46. The investigation found that the treatment Mr Irvine received from prison staff while in custody was appropriate. The assessment of his risk on entry into custody was likewise appropriate. His personal officer had regular contact with Mr Irvine, who was working hard towards gaining category D status when he turned 21 years of age. There were no known issues with drugs, safeguarding, vulnerability or bullying. He was not subject to ACCT procedures. Mr Irvine was engaging positively with the prison regime.

47. Hindley has a clear policy detailing the actions staff must take when a medical emergency code is called. On 10 June, an ambulance was called appropriately by the control room as soon as the code blue was received. No recommendations are made in respect of prison policy.

Clinical care

48. The clinical reviewer concluded that Mr. Irvine's clinical care appears to have been of a very high standard. He had no past medical history of illicit drug use, no mental health problems or documented alcohol problems. While in custody, Mr Irvine complained of back pain on several occasions and headaches, which were treated with amitriptyline. She says that Mr Irvine's complaints of headaches resembled a pattern of migraines.

49. The clinical reviewer concludes that both healthcare staff and prison staff appropriately managed the emergency response. She states that prison staff commenced CPR, and healthcare staff reached the scene promptly and continued with CPR.

50. However, the paramedics confirmed that rigor mortis was present when they attempted to gain intravenous access to Mr Irvine's arm. The clinical reviewer comments that during the interviews it was established that Hindley has no definitive policy regarding the administration of CPR once there is evident rigor mortis. European guidelines on the administration of CPR state the following: *the decision to start CPR is usually more challenging outside a hospital….the default for out of hospital cardiac arrest still needs to be to start CPR as soon as possible and address questions later. Exceptions to this are the conditions, which include dependent lividity (hypostasis) with rigor mortis. In such cases, the non-physician might be making a diagnosis of death but is not certifying death, which, in most countries, can be done only by a physician*. It was clear during interviews that staff members felt they had acted in the best interests of Mr Irvine as a young man, in attempting CPR to try to preserve life. Nevertheless, the following recommendation is made:

The Head of Healthcare should review the current policy for resuscitation for HMP Hindley and amend this to incorporate guidance to support decision making when resuscitation may not be appropriate in accordance with the European Resuscitation Council Guidelines for Resuscitation 2015.

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