The Prisoner Ombudsman for Northern Ireland

REPORT BY THE PRISONER OMBUDSMAN INTO THE CIRCUMSTANCES SURROUNDING THE DEATH OF ARMONDO JOSE NUNES ON 18 NOVEMBER 2010 WHILST IN THE CUSTODY OF MAGILLIGAN PRISON

[8 February 2012]

[Published: 9 March 2012]

Please note that where applicable, names have been removed to anonymised the following report

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PREFACE

Mr Armondo Jose Nunes was born on 5 July 1958. He was 52 years old when he died of Metastatic Pancreatic Carcinoma on Thursday 18 November 2010, whilst in the custody of Magilligan Prison.

I offer my sincere condolences to Mr Nunes' family for their sad loss. I have spoken to Mr Nunes' family and shared the content of this report with them.

This report contains this preface, a summary followed by issues of concern, an introduction and the investigation findings. The findings are in seven sections:

- Section 1: Background Information
- Section 2: Events before Mr Nunes was transferred to the Mater Hospital on 5 October 2010
- Section 3: Events following Mr Nunes' admission to the Mater Hospital
- Section 4: Mr Nunes' care after he returned to Magilligan Prison
- Section 5: Discovery of Mr Nunes on 18 November 2010
- Section 6: Events after Mr Nunes' Death
- Section 7: The Expert Clinical Review

As part of the investigation, Dr Andrew N. Davies, Lead Consultant in Palliative Medicine and End of Life Care at Royal Surrey County Hospital (St. Luke's Cancer Centre), was commissioned to carry out a clinical review of Mr Nunes' medical treatment whilst in prison. I am grateful to Dr Davies for his assistance.

I will, if required at a later date, add anything else which comes to light in connection with the circumstances of the death of Mr Nunes by way of an addendum to this report and will notify all concerned.

It has been my practice to include in death in custody investigation reports recommendations for action that would lead to improved standards of prisoner care and may help to prevent serious incidents or deaths in the future.

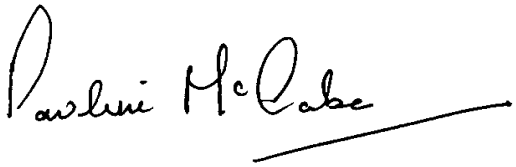
In February 2011, in her interim report, 'Review of the Northern Ireland Prison Service', Dame Anne Owers said that *"An early task for the change management team will be to rationalise and prioritise the outstanding recommendations from the various external reviews and monitoring bodies. They have become a barrier rather than a stimulus to progress, with a plethora of action plans at local and central level, and a focus on servicing the plans rather than acting on them. This has led to inspection and monitoring being defined as a problem within the service, rather than a solution and a driver for change."*

The Prison Service and South Eastern Health and Social Care Trust (SEHSCT) are currently engaged in two programmes of work with the aim of achieving significant change in Northern Ireland prisons. These are the Strategic Efficiency and Effectiveness (SEE) Programme and the SEHSCT's Service Improvement Boards.

In light of Dame Anne's comments and in order to support the development of a more strategic and joined up approach to service development, I took a decision in June 2011 not to, for the time being, make recommendations following death in custody investigations. I decided that I would instead detail issues of concern that I would expect the Prison Service and SEHSCT to fully address in the context of their programmes for change, with appropriate urgency. I shall keep this approach under review and revert to making recommendations if I am not satisfied that the response of the Prison Service and / or Trust is adequate.

In the case of Mr Nunes, **four** matters of concern are identified.

I would like to thank all those from the Northern Ireland Prison Service, the South Eastern Health and Social Care Trust and other agencies who assisted with this investigation.



PAULINE MCCABE
Prisoner Ombudsman for Northern Ireland
8 February 2012

SUMMARY

Mr Armondo Jose Nunes was 52 years old when he died of Metastatic Pancreatic Carcinoma on 18 November 2010, whilst in the custody of Magilligan Prison.

Mr Nunes was of Portuguese origin and had moved to Northern Ireland approximately ten years ago. He had one child, a daughter who lives in Paris and who was expecting his first grandchild, at the time of his death.

The last weeks of a terminal illness is often a difficult time and it can be particularly difficult for someone who is in prison. Mr Nunes' daughter was concerned that her father's health had deteriorated so quickly and it was important for her to know about his last weeks.

Although Mr Nunes was committed to prison on 27 May 2010, the first occasion that he complained of back pain was on 12 August 2010. That day he saw a prison doctor who recorded that he had *"pain on the left flank, predominately in the renal area. He finds it is worse with movement. Clinical examination was totally unremarkable. There is no tenderness on palpation. Full range of movement."* It is recorded that Mr Nunes attributed the pain to exercising in the gym and the prison doctor noted *"I do not think we are dealing with any serious pathology."*

On 1 September 2010, a nurse officer noted that Mr Nunes looked *'visibly jaundiced.'* He was seen by a prison doctor and blood tests were taken. On 10 September 2010, after a further assessment by a prison doctor, he was taken to the Causeway Hospital in Coleraine for examination. A letter from the prison doctor to the hospital recorded that Mr Nunes had been a jaundice colour over the two weeks and his *"LFTs (Liver Function Tests)[1] are deranged…and that he was becoming clinically worse."*

Mr Nunes refused treatment at the hospital and was returned to prison. He was, however, subsequently admitted to the Causeway Hospital on 14 September, after he

[1] LFT's: Liver function tests measure various chemicals in the blood made by the liver. An abnormal result may indicate a problem with the liver.

complained of abdominal and back pain and was found, on examination, to have a prominent abdominal mass.

Mr Nunes remained in hospital until 15 October 2010, transferring to the Mater Hospital on 5 October for surgery for a pancreatic tumour. During the operation it became apparent that he *"had widespread multiple liver metastase[2] one of these was excised for frozen section analysis and confirmed metastatic adenocarcinoma.[3]"* Due to the advanced nature of Mr Nunes' disease, no pancreatic resection[4] was performed and a palliative biliary bypass[5] was instead carried out.

Throughout Mr Nunes' time in hospital, healthcare staff at Magilligan maintained contact with hospital staff to monitor his progress and well being and, as required by prison service policy, two prison officers remained with Mr Nunes throughout. Whilst the officers were there for reasons of security, they made efforts to be helpful and supportive of Mr Nunes.

On 6 October 2010, the Prison's healthcare nurse manager attended the Mater Hospital to see Mr Nunes and to get an update on his condition. She was unable to see him that day but spoke to the ward sister. The nurse manager visited the hospital again on 12 October 2010 and was able to see Mr Nunes. She noted that, *"Armondo was in good form, we discussed his discharge and what would be offered to him in terms of personal and nursing care…we will need to ensure appropriate transport is provided to bring him back to Magilligan and he is looking forward to returning to Halward House."*

Before leaving hospital, Mr Nunes was offered palliative chemotherapy but declined this treatment. He was referred to Palliative Care Services.

Magilligan Prison does not have an in-patient healthcare facility and when Mr Nunes returned to the Prison, it was intended that he should be transferred to Maghaberry where it was felt that his care needs could be better supported. Mr Nunes, however, refused all offers of a move to Maghaberry. He was aware that he did not have long

[2] Liver metastases: are cancerous tumours that have spread to the liver from somewhere else in the body.
[3] Metastatic adenocarcinoma: is a cancer arising in glandular tissue that spreads to other regions of the body.
[4] Pancreatic resection: a surgical operation to remove the tumour from the pancreas.
[5] Palliative biliary bypass: where the gallbladder or bile duct is cut above the blockage and reconnected to the bowel.

to live and said that he wanted to spend his remaining time in familiar surroundings, in Halward House with friends. His wishes were respected and he remained at Magilligan until his death. The clinical reviewer appointed by the Prisoner Ombudsman to review Mr Nunes' care noted that he was in his *"preferred place of care".*

Prison healthcare developed a detailed care plan for Mr Nunes to address his medical and comfort needs and commenced him on the medication recommended by the hospital. During his last five weeks Mr Nunes' well being and experience of pain varied from day to day but there was evidence that staff were responsive to his needs and encouraged him to ask for pain relief when he needed it. The clinical reviewer concluded that, following Mr Nunes discharge from the Mater Hospital, he received reasonably timely and appropriate medication at Magilligan Prison during his last five weeks.

On 19 October 2010, a prison doctor referred Mr Nunes to the hospice community service at Northern Ireland Hospice. A response was received that day and it was confirmed that an assessment would be conducted in the near future.

On 21 October 2010, the hospice community service was further contacted to seek advice in respect of Mr Nunes' pain relief.

On 22 October 2010, Mr Nunes was taken to Causeway Hospital Accident and Emergency Department after having sustained a cut to the back of his head when he apparently slipped on vomit. He was returned that day to a ground floor cell in Halward House but later returned to the 2nd floor landing in Halward House as he stated that he was cold in his ground floor cell and that he wanted to be with friends.

On 25 October 2010, Mr Nunes spoke to a priest and was given his last rites and received Holy Communion.

A hospice community nurse assessed Mr Nunes on 27 October 2010 and recommended that his medication should be increased and that the prison checks that take place routinely throughout the night, should be discontinued to allow Mr

Nunes to sleep. It was the case that the Oxycontin that she recommended was not prescribed until 4 November 2010 and the Diazepam was not prescribed until 9 November 2010.

The clinical reviewer noted that this was the only occasion that a member of hospice community service staff visited Mr Nunes from the time of his referral on 19 October 2010 to the time of his death on 18 November 2010. He suggested that there is a need for the Prison Service and SEHSCT to discuss how they might best receive appropriate support in the future delivery of palliative care.

On 8 November 2010, a senior nurse officer recorded that Mr Nunes discussed whether he wished to be resuscitated, and it is noted that Mr Nunes wanted to talk with his daughter about this issue before making a decision. It is recorded that he said that *"he wants to die with dignity."* A DNAR[6] document was not, however, completed.

Commenting on the absence of a completed DNAR document, the clinical reviewer said in his clinical review report that, *"…a DNAR document should have been completed beforehand. DNAR documents should be an integral part of end-of-life care plans, which should be an integral part of the management of patients with advanced cancer and other life-limiting conditions."*

On 11 November 2010, a prison doctor assessed Mr Nunes' symptoms and discussed these with him as they were getting worse. The prison doctor stated that Mr Nunes, *"reluctantly after serious thinking agreed, that he would be happy to go (to a hospice), provided that there is a bed."* The prison doctor contacted the Northern Ireland Hospice in Belfast that day and faxed a formal referral for terminal care to the inpatient unit.

Commenting on the timeliness of the referral to the hospice community service and to a hospice, the clinical reviewer concluded that the requests were made at the appropriate time and the subsequent actions were also appropriate.

[6] DNAR document – Do Not Attempt Resuscitation – This is a form that is completed where a patient wishes to instruct medical staff not to attempt to resuscitate them.

In light of Mr Nunes' condition, a request for compassionate release was made by Mr Nunes' solicitor on 5 November 2010. He asked that Mr Nunes be released to either his home in Portadown or to Paris or Portugal. Compassionate release was refused on the basis that legislation quoted by the solicitor had yet to come into effect in Northern Ireland[7] but the temporary release of Mr Nunes to a hospice in Northern Ireland, was granted under the provisions of Prison Rule 27 (2), on 12 November 2010.

That same day the Northern Ireland Hospice in Belfast was contacted and asked about the availability of a bed for Mr Nunes. The prison was informed that Mr Nunes did not belong to their hospice catchment area as his home address was in Portadown and they were advised to speak to St. John of God's Hospice in Newry, which they did the same day. It is recorded that the hospice manager told the prison nurse officer that they had *"100% occupancy with a small waiting list. Await outcome on Monday."*

On 15 November 2010, Newry Hospice confirmed that Mr Nunes had been placed on their waiting list. Later that day, Mr Nunes was attended to by a senior nurse officer as he was *"experiencing knife-like abdomen pain."* However, Mr Nunes refused to be examined and that evening it is recorded that the pain was *"more bearable this evening and he was able to eat a small amount today."*

On 16 November 2010, Mr Nunes was given medication for his pain and declined to have his leg, which was swollen, examined. That day, Newry Hospice confirmed that a bed would become available either on 17 or 18 November 2010.

CCTV for 17 November 2010, the day before Mr Nunes died, shows that, throughout the day, prison officers and prisoners frequently stopped at Mr Nunes' cell to chat and at times entered his cell with items of food. One prisoner stayed with him for about 20 minutes. Mr Nunes left his cell to make two telephone calls to a friend during which he discussed the arrangements for his cremation. He asked for his ashes to be given to his daughter so that she could scatter them in the Sea of Povoa.

[7] Article 20 of the Criminal Justice (Northern Ireland) Order 2008 has not yet been commenced.

Since October 2010, nursing staff had been signing out extra medication for Mr Nunes each evening in case he felt that he needed extra pain relief during the night. On 17 November 2010, no extra medication was signed for. At interview, the senior nurse officer said that he was with Mr Nunes and because he had not organised the extra medication he was about to go and get this. However, Mr Nunes *"told me not to, stating that he was tired and he didn't want to be disturbed."*

On 18 November 2010, Mr Nunes was seen to be alive by a prison officer who checked him at 07.33 but a female prison officer who unlocked and opened Mr Nunes' cell door at 8.27 found him lying on the floor. Healthcare staff were then called and said that they knew straightaway that Mr Nunes was dead. A prison doctor attended Halward House at 09.12 to confirm Mr Nunes' death.

No efforts were made to resuscitate Mr Nunes and the senior nurse in attendance said that "*It was not ethically or morally…right to try and resuscitate…his pupils were dilated up, given his underlying pathology it would have been impossible in my professional opinion to have resuscitated that man…he was terminally ill."* The senior nurse officer said that he was aware that Mr Nunes had not completed a *'Do Not Attempt to Resuscitate form (DNAR,*[8]*)* but was also aware that he had said that he wanted to die in peace and with dignity.

Commenting on the senior nurse officer's decision not to attempt cardiopulmonary resuscitation and the absence of a DNAR document, the clinical reviewer stated that, *"Despite the lack of a do-not-attempt resuscitation (DNAR) document, and in spite of the fact that Mr Nunes was still warm to the touch, the decision not to resuscitate Mr Nunes was justifiable given the circumstances, but the decision should have been made beforehand and a DNAR document should have been completed beforehand.*

At interview, a prisoner who was using the telephone outside Mr Nunes' cell at the time said that when the cell door was opened he saw Mr Nunes lying on the floor *"in a pool of blood."* The senior nurse officer recorded that there was blood on Mr Nunes' left knee and below his right buttock which he assumed to be coming from his back passage.

[8] DNAR form – Do Not Attempt Resuscitation – This is a form that is completed where a patient wishes to instruct medical staff not to attempt to resuscitate them.

An autopsy examination was not conducted on Mr Nunes as the Coroner determined, on the advice of the State Pathologist, that there was a greater risk of the spread of infection if a full post mortem was performed. Mr Nunes had a medical history of Tuberculosis and Hepatitis C.

The clinical reviewer expressed concern about the decision not to perform an autopsy, saying that "*Mr Nunes had advanced cancer of the pancreas, and it is highly likely that the cause of death was a direct/indirect effect of the cancer. However, Mr Nunes died unexpectedly, and was found in a pool of blood. Cancer of the pancreas is not generally associated with rectal bleeding. Mr Nunes had been treated for TB, and there was no evidence of active disease. Mr Nunes did have hepatitis C, but this did not prevent him undergoing major abdominal surgery ~ six weeks prior to his death.*"

In the absence of an autopsy report, the Prisoner Ombudsman was not able to investigate further the possible concern raised by the Clinical Reviewer in connection with the unexplained blood at the scene of Mr Nunes' death but can confirm that the investigation did not find any evidence to suggest that anything untoward occurred in connection with Mr Nunes' death.

The Clinical Reviewer was not willing to speculate as to other possible causes of death however he agreed that there was nothing to indicate that the death was suspicious.

In line with Prison Service policy a hot de-brief[9] was held by the Prison Service with all the staff who were involved, to allow them to review the circumstances of the death and discuss their feelings and reactions. A cold de-brief[10], which should take place at a later date, was not carried out.

The investigation found evidence that members of healthcare staff, prison officers and other prisoners were kind to Mr Nunes during his last weeks and days and many efforts were made to support him – including other prisoners doing his washing for him. I would like to particularly recognise the kindness and compassion

[9] Hot de-brief: a meeting held with the staff involved to review and comment on the incident.
[10] Cold de-brief: a meeting that is normally held within 14 days of the date of incident with the objective of allowing the staff who were involved, to have the opportunity to reflect on the circumstances and their own involvement.

of one prison officer who bought Mr Nunes television cards in hospital, allowed him to use his mobile phone and whom other prisoners said was always checking on him to see that he was okay and fetching him tuck items.

Commenting on the care plan and palliative care, the clinical reviewer concluded that it was his view that the staff (medical and non-medical) at Magilligan Prison provided good generic palliative care given the circumstances and he noted also that that Mr Nunes appeared to have received good support / assistance from the other prisoners in Halward House. He concluded that Mr Nunes' physical, psychological, social and spiritual requirements were looked after and that the care provided by the Prison Service and SEHSCT was "*good rather than adequate.*"

ISSUES OF CONCERN REQUIRING ACTION

The following areas of concern were identified during the course of the investigation into the death of Mr Nunes. The Northern Ireland Prison Service and South Eastern Health and Social Care Trust have been asked to take appropriate action to address them.

- The DNAR (Do Not Attempt to Resuscitate) document was not completed before Mr Nunes died.

- A Cold de-brief, required by Prison Service policy, was not carried out. The cold de-brief would have provided an opportunity for staff who cared for Mr Nunes to express their views and share their thoughts with colleagues on the circumstances and their role and involvement.

- There were some delays in implementing recommendations made by a hospice nurse for adjustments to Mr Nunes' medication.

- The Department of Health and Social Services and Public Safety published "Living Matters Dying Matters" in March 2010 to help improve palliative care across all settings including the prison setting. The South Eastern Health Social Care Trust have not yet engaged with specialist palliative care organisations to develop specific pathways / models of care for prisoners with advanced cancer and other life limiting conditions. (It should be noted that there is already a nurse-led palliative care clinic at Maghaberry Prison.)

INTRODUCTION TO THE INVESTIGATION

Responsibility

1. As Prisoner Ombudsman[11] for Northern Ireland, I have responsibility for investigating the death of Mr Armondo Jose Nunes, who died on 18 November 2010, whilst in the custody of Magilligan Prison. My Terms of Reference for investigating deaths in prison custody in Northern Ireland are attached at Appendix 1.

2. My investigation as Prisoner Ombudsman provides enhanced transparency to the investigative process following any death in prison custody and contributes to the investigative obligation under Article 2 of the European Convention on Human Rights.

3. I am independent of the Prison Service, as are my investigators. As required by law, the Police Service of Northern Ireland continues to be notified of all such deaths.

Objectives

4. The objectives for my investigation into Mr Nunes' death are:

- to establish the circumstances and events surrounding his death, including the care provided by the Prison Service and SEHSCT.

- to examine any relevant healthcare issues and assess the clinical care afforded by the Prison Service and SEHSCT.

- to examine whether any change in Prison Service and / or SEHSCT operational methods, policy, practice or management arrangements could help prevent a similar death in future.

[11] The Prisoner Ombudsman took over the investigations of deaths in prison custody in Northern Ireland from 1 September 2005.

- to ensure that Mr Nunes' family have the opportunity to raise any concerns that they may have and that these are taken into account in my investigation.

- Assist the Coroner's inquest in achieving fulfilment of the investigative obligation arising under article 2 of the European Convention on Human Rights, by ensuring as far as possible that the full facts are brought to light and any relevant failing is exposed, any commendable action or practice is identified, and any lessons from the death are learned.

Family Liaison

5. An important aspect of the role of Prisoner Ombudsman dealing with any death in custody is to liaise with the family.

6. It is important for the investigation to learn more about a prisoner who dies in prison custody from family members and to listen to any questions or concerns the family may have.

7. My investigator first met with Mr Nunes' daughter and her aunt on 9 March 2011. We were grateful for the opportunity to keep in contact with his daughter throughout the investigation to provide updates and discuss the finding of this investigation.

8. Although my report will inform many interested parties, I write it primarily with Mr Nunes' daughter in mind. Mr Nunes' daughter was concerned that her father's health had declined so quickly. It was therefore important for her to know about the last weeks of his life.

INVESTIGATION METHODOLOGY

Notification

9. On the morning of Thursday 18 November 2010, the Prisoner Ombudsman's office was notified by the Prison Service about Mr Nunes' death whilst in Magilligan Prison.

10. A member of the Ombudsman's investigation team attended Magilligan Prison on 18 November 2010 to be briefed about the series of events leading up to Mr Nunes' death.

Notice to Prisoners

11. On 19 November 2010, Notices of Investigation were issued to Prison Service Headquarters and to staff and prisoners at Magilligan Prison, inviting anyone with information relevant to Mr Nunes' death to contact the investigation team.

Prison Records and Interviews

12. All prisoner records relating to Mr Nunes' period of custody were obtained.

13. Interviews were carried out with prison management, staff and prisoners, in order to obtain information about Mr Nunes and the circumstances surrounding his death.

Telephone Calls

14. Telephone recordings are only retained by the Prison Service for 90 days. The records show that Mr Nunes made 35 telephone calls between 20 August 2010 and 18 November 2010. These calls were obtained and listened to.

CCTV Footage

15. CCTV footage of the landing in Halward House where Mr Nunes' cell was located was viewed for the period covering the 24 hours up to his death. The CCTV shows Mr Nunes' movements and those of staff and prisoners going to and from his cell. There was no CCTV located inside Mr Nunes' cell.

Magilligan Prison, Prison Rules and Policies

16. Background information on Magilligan Prison and a summary of Prison Rules and Procedures referred to in the report are attached at Appendix 2.

Autopsy Report

17. The investigation team liaised with the Coroners Service for Northern Ireland. Mr Nunes suffered from Tuberculosis and Hepatitis C and, on the advice of the State Pathologist, the Coroner directed that a full post mortem should not be conducted due to the increased risk of spreading infection. The results of the limited post mortem were received by the investigation and considered.

Clinical Review

18. As part of the investigation into Mr Nunes' death, Dr A Davies, Lead Consultant in Palliative Medicine and End of Life Care at Royal Surrey County Hospital (St. Luke's Cancer Centre) and Honorary Clinical Senior Lecturer at Imperial College London (National Heart Lung Institute), was commissioned to carry out a clinical review of Mr Nunes' healthcare whilst in prison. I am grateful to Dr Davies for his assistance.

19. Dr Davies clinical review report was forwarded to the South Eastern Health and Social Care Trust for comment. The Trust responded and I have included their comments at the appropriate places in this report.

Factual Accuracy Check

20. I submitted my draft investigation report to the Director General of the Northern Ireland Prison Service and Director of Adult Services and Prison Health for the South Eastern Health and Social Care Trust for a factual accuracy check.

21. The Prison Service and SEHSCT responded with comments for my consideration. I have fully considered these comments and made amendments where I considered it to be appropriate.

FINDINGS

SECTION 1: BACKGROUND INFORMATION

1. Mr Armondo Jose Nunes

Mr Armondo Jose Nunes was 52 years old when he died of Metastatic Pancreatic Carcinoma on 18 November 2010, whilst in the custody of Magilligan Prison.

Mr Nunes was of Portuguese origin and had one child, his daughter, who lives in Paris and at the time of his death, was expecting his first grandchild. Mr Nunes came from Portugal to Northern Ireland in the year 2000.

SECTION 2: EVENTS BEFORE MR NUNES WAS TRANSFERRED TO MATER HOSPITAL ON 5 OCTOBER 2010

2. Consultations from Committal on 27 May 2010

On 27 May 2010, Mr Nunes was committed to the custody of Maghaberry Prison.

As part of the committal procedure, Mr Nunes had a consultation with a committal nurse who recorded his medical history. The only part of this record relevant to the investigation of the circumstances of Mr Nunes' death and his related care in prison is that he was noted to have "*a risk of blood borne virus, hepatitis C, which was diagnosed in 1997.*"

Mr Nunes was seen a total of nine times by healthcare staff whilst he was in Maghaberry Prison. None of the consultations was for medical symptoms related to Mr Nunes' subsequent death.

The last occasion Mr Nunes was medically assessed and treated in Maghaberry was 25 June 2010 when he received his hepatitis B vaccination as part of an ongoing vaccination programme.

On 7 July 2010, Mr Nunes was transferred to Magilligan Prison and underwent a further consultation with a committal nurse. No new medical issues were identified.

Mr Nunes was located in Halward House for the duration of his stay in Magilligan Prison.

3. Medical History from 12 August 2010

Mr Nunes' daughter was concerned that her father's health had deteriorated so quickly.

On 12 August 2010, Mr Nunes saw a prison doctor who recorded that he had complained of, *"pain on the left flank, predominately in the renal area. He finds it is worse with movement. Clinical examination was totally unremarkable. There is no tenderness on palpation. Full range of movement."* It is recorded that Mr Nunes attributed the pain to exercising in the gym. The prison doctor recorded, *"I do not think we are dealing with any serious pathology."*

On 1 September 2010, when Mr Nunes attended healthcare to be given medication, the nurse officer noted that Mr Nunes looked *'visibly jaundiced.'* The following day, Mr Nunes was seen by a prison doctor and it is recorded that Mr Nunes said that he had, "*No abdominal pain, no associated symptoms of nausea or weakness."* Blood tests were taken.

On 10 September 2010, Mr Nunes was further assessed by a prison doctor and arrangements were made for him to be escorted to the Causeway Hospital in Coleraine for examination. Mr Nunes, however, refused treatment at the hospital and was returned to prison.

The letter from the prison doctor recorded that Mr Nunes, had been a jaundice colour for over two weeks and that his *"LFTs (Liver Function Tests)*[12] *are deranged…and that he was becoming clinically worse."*

At interview, staff from Magilligan stated that Mr Nunes told them that he signed himself out of the hospital because he was not allowed to smoke.

Four days later, on 14 September 2010, a senior nurse officer attended Mr Nunes' cell after he had complained of abdominal pain. At interview, the

[12] LFT's - Liver function tests measure various chemicals in the blood made by the liver. An abnormal result may indicate a problem with the liver.

senior nurse officer said that he examined Mr Nunes and found a prominent *"abdominal mass."* He also said that Mr Nunes had told him that he had back pain and that the pain was different from that which he had experienced in the past. Mr Nunes was again taken to the Causeway Hospital, accompanied by two prison officers, and was admitted.

EMIS records note that healthcare staff contacted the Causeway Hospital on 14, 15, 16, 18 and 20 September 2010 for an update on Mr Nunes' condition and it is recorded that they were informed that tests were still being conducted and that the blood results were *"poor."*

On 22 September 2010, healthcare staff were informed by hospital staff that Mr Nunes would be going to theatre the next day for *"stenting of his biliary duct and (a possible) biopsy."* Mr Nunes was subsequently moved from the Causeway Hospital to the Royal Victoria Hospital in Belfast.

On 28 September 2010, healthcare staff contacted the Royal Victoria Hospital to enquire about Mr Nunes' condition and it is recorded that Mr Nunes was reported to be *"comfortable and maybe transferred to Causeway possibly today."*

On 30 September 2010, prison healthcare staff contacted the Royal Victoria Hospital for a further update and it is recorded that *"Armondo is comfortable; he is due to have a chest X-Ray and ECG today."*

A further telephone call was made on 1 October 2010 and it is recorded that Mr Nunes was comfortable, that his *"stenting (was) cancelled"* and that it was intended that he would be transferred to the Mater Hospital in Belfast for surgery that day.

Records show that it was in fact 5 October 2010 when Mr Nunes transferred to the Mater Hospital. This was for surgery for presumed cancer of the pancreas.

SECTION 3: EVENTS FOLLOWING MR NUNES' ADMISSION TO THE MATER HOSPITAL

4. 5-14 October 2010

On 6 October 2010, it is recorded on EMIS, that the Prison's healthcare nurse manager attended the Mater Hospital to try to see Mr Nunes and get an update on his condition. The nursing manager was unable to see Mr Nunes that day as he was about to have surgery but spoke to the ward sister. The corresponding EMIS record notes that Mr Nunes had, *"Malignant neoplasm of head of pancreas and is for theatre today for a palliative bypass."*

Magilligan's healthcare team contacted the Mater Hospital on 7 October 2010 and recorded that Mr Nunes was in the intensive care unit following his surgery and that it was expected that he would remain in hospital for up to nine days. Staff spoke with the hospital again on 10 October 2010, and were told that Mr Nunes was, *"satisfactory, still in some pain (and) discomfort."*

On 12 October 2010, the nurse manager saw Mr Nunes in hospital. She noted that, *"Armondo was in good form, we discussed his discharge and what would be offered to him in terms of personal and nursing care…we will need to ensure appropriate transport is provided to bring him back to Magilligan and he is looking forward to returning to Halward House."*

The next day, the Mater Hospital contacted Magilligan's healthcare team and it is recorded that Mr Nunes would be discharged, *"towards the end of the week"* and that his future care in prison was discussed.

Two prison officers remained with Mr Nunes throughout his time in hospital. One of them said at interview that Mr Nunes *"had no TV or anything like that (so) I actually bought Mr Nunes TV cards (at) my own expense…and I allowed him to use my mobile phone to ring friends in Portadown. I felt it was the right thing to do, as I felt sorry for him…he was terminally ill."* The prison officer said that his colleague also allowed Mr Nunes to use his mobile phone to ring his daughter in Paris.

5. Mr Nunes' Return to Magilligan

Mr Nunes returned to Magilligan Prison on 15 October 2010.

A discharge letter from the Mater Hospital dated 2 November 2010 to the prison doctor stated that, Mr Nunes had been diagnosed with a pancreatic head tumour but that during the operation, *"it became apparent that he had widespread multiple liver metastases; one of these was excised for frozen section analysis and confirmed metastatic adenocarcinoma."* It is also recorded that due to the advanced nature of Mr Nunes' disease, no pancreatic resection was performed and that a palliative biliary bypass[13] was instead carried out. Mr Nunes was reported to have made an uneventful postoperative recovery.

The discharge letter noted that Mr Nunes was offered palliative chemotherapy but declined this treatment. It is also noted that Mr Nunes had been referred to Palliative Care Services.

One of the prison officers who had been with Mr Nunes in hospital said that, when Mr Nunes returned to prison after surgery, he remembers he was discussing with him how long he had to live. He said that Mr Nunes *"… realised that it wasn't going to be too long. His daughter was expecting her first child in January and he sort of hinted to me that he didn't think he was ever going to see his grandchild."*

[13] Palliative biliary bypass: where the gallbladder or bile duct is cut above the blockage and reconnected to the bowel.

SECTION 4: MR NUNES' CARE AFTER HE RETURNED TO MAGILLIGAN PRISON

6. Mr Nunes' Care Plan

Following his return to Magilligan Prison, a care plan was created for Mr Nunes. The recorded objectives of the care plan were:

- Provide patient comfort and where possible ensure patient is pain free.
- Elevate and stabilise Mood.
- Ensure patient's hygiene needs are met, patient's independence is promoted and dignity maintained.
- Provide patient with adequate dietary intake meeting his nutritional needs.

The care plan included provision of the following nursing interventions:

- Ongoing assessment of Mr Nunes' pain level and the effectiveness of his prescribed analgesia.
- The provision of advice on diet and use of fluids; nutritional supplements and liaison with the kitchen to provide appropriate food. Monitoring of dietary intake.
- Opportunities for activity and the provision of advice and support in response to feelings of low mood or negative thoughts.
- Support for washing and showering where this is needed in a way that ensures that privacy is maintained.

Mr Nunes was commenced on the following medication, consistent with the advice provided to the prison by the Pain Team who had assessed Mr Nunes in hospital.

- Oxynorm[14] Capsules 10mg – 1 daily
- Oxycontin[15] M/R tablet 5mg – 1 twice a day
- Oxycontin M/R tablet 10mg – 1 twice a day
- Oxycontin M/R tablet 20mg – 1 twice a day
- Paracetamol 1g as required (maximum four times a day)

[14] Oxynorm: medication to relieve moderate to severe pain.
[15] Oxycontin: medication to relieve moderate to severe pain over a period of 12 hours.

7. Suggested Move to Maghaberry

It is recorded on EMIS that a senior nurse officer spoke to Mr Nunes on 15 October 2010 and told him that it was the intention to transfer him to Maghaberry's in-patient healthcare unit because his health needs would be better served there. This was because Magilligan Prison does not have an in-patient healthcare facility.

Mr Nunes refused the offer of a move to Maghaberry (and subsequent offers) citing that he wanted to spend his remaining time in familiar surroundings, in Halward House with friends. That same day, it is recorded that, *"He stated that he just wanted to be left alone in his cell, he was very animated and upset."*

At interview, a prison officer who worked on Mr Nunes' landing said that Mr Nunes said that he had been *"diagnosed with cancer and had a very short time to live and that he wished to stay with all his friends who included both staff and prisoners in Halward."*

During separate telephone conversations with his daughter and a friend on 15 and 16 October 2010, Mr Nunes told them that there were complications during his operation. He told them that his life expectancy was now far less than they had thought before surgery and that it was now thought that he only had six months or less to live.

Mr Nunes also told his daughter that he had had pain in the area of his pancreas for up to five years and that he had ignored the truth and avoided going to hospital. He said that on this occasion he only went because the prison authorities arranged it and that now he was *"worse off."* He said also that his weight was now down from 80kg to 50kg.

Mr Nunes finished the telephone call with his daughter by saying that he was more worried about her and his unborn grandchild than he was about himself.

8. 17 – 25 October 2010

On 17 October 2010, EMIS notes that there was an emergency call out to Mr Nunes' cell at 16.30. Mr Nunes complained of *"a lot of pain in his abdomen"* and he was also prescribed Co-Codamol tablets to be taken every four to six hours.

The following day, it was recorded that the Co-Codamol had helped to relieve the pain.

At interview, Mr Nunes' sentence manager[16] said that when he met him in his cell on 18 October 2010, he noticed Mr Nunes had lost weight and had little energy, but was not in any pain. He said that Mr Nunes told him that he had a "*lot on his mind…(about) death"* and had also accepted that he had a short time to live and wanted to finish his time in Magilligan prison.

The sentence manager offered to arrange counseling to help Mr Nunes, but this offer was declined.

On 18 October 2010, a prison doctor assessed Mr Nunes and it is recorded that Mr Nunes was being treated with *"palliative care but he is fit to take oral medication and he is fit enough for his controlled drugs, Oxycontin, Oxynorm and normal Co-Codamol for his analgesia as a breakthrough. His pain symptom is well controlled. He is able to eat and drink and there are no symptoms of nausea and vomiting…If any further deterioration and he is unable to take any oral medication we will review him…I am going to see if we can get palliative care or hospice nurse from the community…"*

On 19 October 2010, a senior nurse officer sent a referral to the hospice community service[17] at the Northern Ireland Hospice. That afternoon, the hospice contacted Magilligan healthcare to discuss Mr Nunes' condition,

[16] A sentence manager is appointed for every prisoner from their time of committal to help them settle into prison and to address their offending behaviour.
[17] Hospice Community Service: A service provided by the hospice where a patient is medically assessed at their place of residence to assist in caring for the patient.

confirmed an assessment would be conducted *"next Monday or Tuesday"* and provided full contact details in case Mr Nunes' condition deteriorated.

On 20 October 2010, a senior nurse officer recorded that Mr Nunes was *"resting on bed smoking, drinking a cup of tea. He states he has no pain, slight discomfort at surgical site. He states he is eating and drinking well, he does look less drawn than I previously observed."*

On 21 October 2010, a prison healthcare staff member contacted the hospice community service to discuss Mr Nunes' pain relief and it was agreed that he should be provided with 10mg of Oxynorm every four hours as required, rather than at 08.00 each day only, as previously prescribed.

On 22 October 2010, it is recorded on an Injury Report[18] that Mr Nunes had collapsed in his cell at 14.30 and received a cut to the back of his head. There is no information recorded in Maghaberry records as to the circumstances of the incident. It is, however, noted on EMIS that Mr Nunes collapsed twice during the course of the morning and the afternoon.

Mr Nunes was taken to the Causeway Hospital Accident and Emergency Department for assessment and returned to prison that day at 18.45. Hospital documentation recorded that Mr Nunes had been complaining of severe abdominal pain radiating into his back and vomiting and that his fall was due to him slipping on the vomit. It is also recorded that the hospital gave Mr Nunes 10mg of Morphine, 10mg of Metoclopramide for three days and discussed Mr Nunes' condition with a prison nurse officer. On his return to prison, it is recorded that Mr Nunes was placed in a ground floor cell in Halward House.

On 23 October 2010, it is recorded that Mr Nunes was *"pain free"* in the morning. In the afternoon he requested and was given 10mg of Oxynorm. He was again noted to be pain free in the evening.

[18] Injury Report: A form completed by healthcare staff to record any injuries sustained by prisoners. It has also a section to record any comments that a prisoner wishes to make.

On 24 October 2010, a senior nurse officer conducted a nursing assessment of Mr Nunes, and it is recorded that his analgesia was effective and that he was encouraged to be more mobile.

That same day Mr Nunes complained about being cold in the ground floor cell and was returned to the 2nd floor landing in Halward House. It is recorded that it was for Mr Nunes' *"comfort"* that he was moved to the 2nd floor. It is noted that his friends were on the 2nd floor landing and he had become isolated on the ground floor. At interview, a prison officer who knew Mr Nunes well, said that he had also said that *"he liked the staff"* on the second floor.

During a telephone call with his daughter that afternoon, Mr Nunes said that he had gained some weight and that he could walk a little.

On 25 October 2010, Mr Nunes spoke to a priest who had visited him in his cell and Mr Nunes was given his last rites and received Holy Communion. The priest said that he gave Mr Nunes his last rites as he had noticed deterioration in his condition.

The priest said that Mr Nunes told him that he was well cared for by all the staff.

On the same day, a nurse officer conducted an assessment of Mr Nunes and it is recorded that Mr Nunes said he was in pain but was reluctant to ask for any medication from the residential staff, even though he had been asked by the staff how he was 20 minutes earlier. The nurse officer recorded that he encouraged Mr Nunes to inform staff next time he was in pain. It is recorded that the nurse officer was of the opinion that Mr Nunes was reluctant to ask staff for pain relief because he was concerned that he would be seen, *"as a demanding prisoner, which could lead to him being transferred to Maghaberry. I have reassured him that this is not, or would not be the case."*

9. Review by Hospice Nurse

On 27 October 2010, Mr Nunes was assessed by a Hospice Nurse who made the following recommendations:

- Abdominal Pain: Increase the dose of Oxycontin to 40mg twice a day.
- Nausea: Commence Cyclizine – 50mg three times a day
- Anxiety/Agitation: Commence Diazepam – 5mg as required
- Insomnia: Discontinue routine night checks by prison officers

Records suggest that:

The Oxycontin was prescribed as recommended but not until 4 November 2010.

The Cyclizine was given as a one off on 27 October 2010. The medical records note that on 28 October 2010 Mr Nunes had *"no nausea or vomiting."* Mr Nunes was given a week's supply of Cyclizine on 29 October 2010.

The Diazepam was given as a once only medication on 27 October 2010 and was then prescribed as recommended, but not until 9 November 2010.

Medical records indicate that routine night checks had been discontinued by 31 October 2010.

10. Mr Nunes' Last Weeks

The following is a summary of key entries from Prison Healthcare notes which demonstrate Mr Nunes' condition and wellbeing over the period 28 October to 14 November and the response to his needs.
On 28 October 2010, it is recorded that Mr Nunes informed medical staff that it was a, *"better day than yesterday, no nausea or vomiting."*

On the same day, Mr Nunes made his last telephone call to his daughter and told her that someone might contact her to arrange a prison visit. He said, however, that others were trying to organise his life for him and he preferred to go to Paris when he wanted to. Mr Nunes said that his health was up and down and that he had eaten that day but not the day before.

At interview, a sentence manager clarified that he asked Mr Nunes if he wanted his daughter to visit him and offered to assist with the arrangements. Mr Nunes declined this offer, on the basis that he did not want his daughter seeing him in prison.

Between 29 October 2010 and 6 November 2010 records show that Mr Nunes' wellbeing and the effectiveness of his pain control varied.

On 29 October, it is recorded that *"Armondo awake in cell, claims to be pain free. No complaints of nausea…describes his mood as happy."*

On 30 October 2010, it is recorded that Mr Nunes complained of diarrhoea and extreme tiredness. The following day he complained that he was in pain and felt *"terrible."* He was given Oxynorm for pain relief and continued with his prescribed medicine. On 1 November 2010, it is recorded that Mr Nunes appeared comfortable and that he had, *"some soup and states that he is eating cheese on toast in between, drinking up to three times a day and taking milk and juice. Today a better day."*

On 2 November 2010, it is noted that when a nurse officer attended to administer Mr Nunes' medication he looked pale, was depressed and that he was in less pain than yesterday.

On 3 November 2010, it is recorded that Mr Nunes was agitated and in pain and that the healthcare team contacted the hospice nurse. The hospice nurse contacted a prison doctor who increased his dose of Oxycontin to 50mg twice a day. That night it is noted that he felt *"awful"* and it is recorded that the nurse officer reminded him to request healthcare staff at anytime. The following day Mr Nunes was seen by a prison doctor and he informed the doctor that he was pain free.

On 5 November 2010, Mr Nunes was assessed by a nurse officer who recorded *"Analgesia given – prescribed with good effect. No complaints of pain this morning. Breakthrough pain relief not requested... Appetite poor – states he is drinking well and manages to take drink supplements...becomes agitated and distressed during prolonged discussions /interactions – wants to be left alone."*

It was also noted by the nurse that Mr Nunes did not want any assistance with washing because he felt that it was degrading having someone wash him. Mr Nunes agreed to have a shower with a member of healthcare in attendance to assist if necessary. It was also recorded that a wheelchair would be available to Mr Nunes if required and that an offer was made to move Mr Nunes to a cell for persons with disabilities where he would have access to an in cell shower, but this was declined.

On 6 November 2010, a nurse officer recorded that Mr Nunes was *"in quiet form this morning. Admitted that he was in discomfort from early this morning. But did not request assistance as he thought residential would be annoyed. I have again tried to reinforce to him that he must make us aware of any discomfort to allow us to manage his pain relief. I have also advised residential (about) this issue."*

On 7 November 2010, it is recorded that Mr Nunes was *"settled today, no distress noted. Pain – Analgesia given as prescribed with good effect."*

On 8 November 2010, it is recorded that Mr Nunes required *"Oxynorm twice… (and) no nausea or vomiting."*

On 9 November 2010, at 15.00 a nurse officer attended Mr Nunes after he had complained of abdominal pain and discomfort. He was given Oxynorm and reassessed 45 minutes later and it is recorded that he was in *"no pain or discomfort at present."* That day he also informed a nurse officer that he had woken up during the night in a panic and had *"night terrors."* He was given 5mg of Diazepam.

On the morning of 10 November 2010, it is recorded that a nurse officer offered to assist Mr Nunes with washing and to take his observations but he declined. It is also noted that he was *"agitated"* and in pain and was issued with 5mg of Diazepam and 10mg of Oxynorm.

On 11 November 2010, Mr Nunes was assessed and it is recorded that *"Oxynorm required twice today. Hygiene- Offered assistance with hygiene needs this morning. But declined and stated he would manage it latter himself. Psychological - Withdrawn this morning just wanted to be left alone. Seen by myself before lunch and appeared more settled and interacted well. Diazepam 5 mg given twice today. Nutrition- Dietary intake poor states he has no appetite and he finds food unpalatable. Mobility- Remains in his cell, he has stated that he can only manage to walk short distances and becomes exhausted."*

Earlier in the day of 12 November 2010, it is noted that a nurse officer recorded that Mr Nunes' pain *"is well controlled at present."* Mr Nunes also complained of nausea and diarrhoea and was seen by a prison doctor that day and given Buccastem tablets. At 15.40 it is recorded that Mr Nunes was in pain and was given 10mg of Oxynorm.

On 13 November 2010 at 15.50, it is recorded by a nurse officer that she attended to Mr Nunes to *"administer Oxynorm as requested (and that) he was eating some curry and rice."* That evening, Mr Nunes was given Oxynorm and Diazepam at his request and it is recorded that he was *"comfortable and no pain at present."*

On the morning of 14 November 2010, Mr Nunes was given Oxynorm and Diazepam at his request and it is recorded that he *"declined assistance with washing and declined obs being taken."* That evening it is noted that he had *"no other complaints."*

Telephone Calls between 28 October and 14 November 2010

Between 28 October 2010 and 14 November 2010 Mr Nunes called his friends five times. He chatted to them about the prospect of early release but was eventually told by staff from Magilligan healthcare that he was being released to a hospice. Mr Nunes also mentioned to his friends that he was spending most of the day in bed and that he was very unwell.

11. Application for Compassionate Release

On 20 October 2010, Mr Nunes' solicitor wrote to the governor of Magilligan prison requesting Mr Nunes' medical notes in order to make an application for Compassionate Release.

On 29 October 2010, a nurse from the discharge liaison team[19] met and spoke with Mr Nunes after a request for Mr Nunes' release was received by the prison from Mr Nunes' solicitors. The purpose of the meeting was to make preparations for the medical care of Mr Nunes in the event that he was granted early release to his apartment in Portadown.

It is recorded on 5 November 2010, that Mr Nunes' expressed frustration about his solicitors and was wondering if they had made any progress with an application for him to be released from prison early, due to his illness.

On the same day, the solicitor wrote to the Minister of Justice requesting Mr Nunes' early release on compassionate grounds under the terms of Article 20[20] of the Criminal Justice (Northern Ireland) Order 2008. This Article allows the Secretary of State in exceptional circumstances, to release a prisoner on compassionate grounds. However, as Article 20 has not yet commenced Mr Nunes could not be considered for release on this basis. Mr Nunes' solicitor had requested release to either his home in Portadown, to his daughter in Paris or to Portugal.

Temporary Release under Prison Rule 27(2)

Prison Rule 27(2) allows the prison service to exercise their right to release a prisoner on a temporary basis to receive medical treatment and to impose any conditions that they deem necessary. Prior to granting release to a hospice, the prison service also stated that they had made enquiries as to whether Mr Nunes would be permitted to reside in France following his temporary

[19] Discharge liaison team: a specific team of nurse professionals set up to manage the safe and effective discharge of prisoners who have medical needs, into the community.
[20] Article 20 of Criminal Justice (NI) Order 2008: Legislation allowing the Secretary of State to release a prisoner on compassionate grounds.

release and were advised that due to Mr Nunes' criminal record, he would not be granted entry.

On 12 November 2010, the Minister of Justice wrote to Mr Nunes' solicitor and granted temporary release of Mr Nunes under the provisions of Prison Rule 27 (2) to a hospice in Northern Ireland where Mr Nunes would continue to receive healthcare and medical treatment.

It is recorded that Magilligan's nurse manager and a governor (identity unknown) met Mr Nunes that day and informed him of the decision and the conditions. The nurse manager recorded that Mr Nunes was informed that he would not be permitted to discharge himself from the hospice or engage in any illegal activity and should the conditions be breached he would be returned to prison to Maghaberry healthcare centre. Mr Nunes agreed to go to the hospice but stated that he was angry at not being released early on compassionate grounds and was also angry about the condition being imposed that he had to remain in the hospice.

On 17 November 2010, a meeting took place between Mr Nunes' solicitor, a prison service governor and a member of administrative staff. Mr Nunes' solicitor was informed that Mr Nunes had been placed on a waiting list for St. John of God's Hospice, Newry.

At interview, the member of staff who attended the meeting said that Mr Nunes' solicitor was content with the release of Mr Nunes under Prison Rule 27(2).

12. Resuscitation Wishes

On 8 November 2010, a senior nurse officer recorded on EMIS that Mr Nunes had discussed his wishes with him in the event that resuscitation was required. It is recorded that Mr Nunes wanted to talk with his daughter about this issue before making a decision. It is recorded also that Mr Nunes told the nurse officer *"that he wants to die with dignity."* A DNAR document was not, however completed.

There is no evidence from telephone conversations that Mr Nunes discussed this matter with his daughter.

13. Request to Transfer to Hospice

On 11 November 2010, a prison doctor assessed Mr Nunes and it is recorded on EMIS that as Mr Nunes' symptoms were getting worse, he would like to transfer Mr Nunes to an in-patient hospice ward. The prison doctor stated that Mr Nunes, *"reluctantly after serious thinking agreed, that he would be happy to go, provided that there is a bed."*

It is recorded that the prison doctor contacted the Northern Ireland Hospice in Belfast on 11 November 2010 and faxed a formal referral for terminal care to the inpatient unit.

It is recorded on EMIS that, on Friday 12 November 2010, the Discharge Liaison Team contacted the Northern Ireland Hospice in Belfast about the availability of a bed for Mr Nunes. A doctor from the Northern Ireland Hospice informed a prison nurse officer that Mr Nunes did not belong to their hospice catchment area as his home address was in Portadown. He advised the nurse officer to contact Newry Hospice. That day enquiries were made to secure a place for Mr Nunes in St. John of God's Hospice in Newry, and it is recorded that the hospice manager told the prison nurse officer that they had *"100% occupancy with a small waiting list. Await outcome on Monday."*

As noted earlier Mr Nunes was informed on 12 November that he had been granted Temporary Release in order that his admission to a hospice would be possible.

On 15 November 2010, it is recorded on EMIS that a prison healthcare nurse spoke to a staff member of Newry Hospice in order to discuss when a bed would be available for Mr Nunes. It was confirmed that Mr Nunes had been placed on the waiting list.

14. Mr Nunes' Last Few Days

15 November

On 15 November 2010 at 14.24, Mr Nunes rang a friend and told them that he had not been granted early release and would spend his remaining time in a hospice in Newry where he would have medical assistance.

At 16.00 on 15 November 2010, Mr Nunes was attended to by a senior nurse officer for his daily administration of medication. It is recorded that Mr Nunes said that he *was "experiencing knife-like abdomen pain."* The senior nurse officer noted that he asked Mr Nunes if he could look at his abdomen but that Mr Nunes refused an examination. It is recorded that the senior nurse officer was concerned that Mr Nunes could be suffering from, *"ascites.[21]"* That evening, it is recorded that Mr Nunes said that his pain was *"more bearable this evening and he was able to eat a small amount today."*

16 November

On 16 November 2010, it is recorded on EMIS that a member of staff from Newry Hospice contacted a member of the healthcare team and confirmed that a bed would become available either the next day or the following day.

That day Mr Nunes was issued with his medication and refused any assistance to wash or to allow the nurse officer to assess him.

During the afternoon, Mr Nunes was in pain and was given 10mg of Oxynorm and 5mg of Diazepam. Mr Nunes' right leg was noted as *"edematous[22]"* and when the nurse officer attempted to examine his leg, it is recorded that Mr Nunes asked to be *"left alone."*

[21] Ascites: An accumulation of fluid in the abdominal cavity.
[22] Edematous: Swollen.

17 November

The investigation examined CCTV of the day before Mr Nunes' death.

The CCTV for 17 November 2010, shows that, throughout the day, prison officers and prisoners frequently stopped at Mr Nunes' cell to chat and at times entered his cell with items of food. One prisoner stayed with him for around 20 minutes.

At interview, two prisoners particularly referred to the prison officer who accompanied Mr Nunes to the hospital and bought him a TV card whom they said was *"was very good to Mr Nunes, making sure he got his tuck shop items ordered and in checking that he was always okay."*

At one point, Mr Nunes left a brown paper bag outside his cell, which was collected by another prisoner. The investigation established that this was probably Mr Nunes' dirty washing which other prisoners had been doing for him. Mr Nunes left his cell to make two telephone calls to a friend. During the calls, Mr Nunes told his friend of his wish to be cremated and for his ashes to be given to his daughter so that she could scatter them in the Sea of Povoa. He also discussed his funeral costs.

Mr Nunes' medical records for 17 November 2010 note that when he received his morning medication the nurse "*asked Armando if he would let him check his bloods as he looked anaemic. He refused any blood taking."*

Nursing staff had been signing out extra Oxynorm each evening since 22 October 2010 in order that this was available to Mr Nunes if he felt that he needed extra pain relief during the night. On 17 November no extra Oxynorm was signed for. At interview, the senior nurse officer said that he had not organised the extra medication when he saw Mr Nunes and was about to go and get this but Mr Nunes "*told me not to, stating that he was tired and he didn't want to be disturbed."*

SECTION 5: DISCOVERY OF MR NUNES ON 18 NOVEMBER 2010

15. Sequence of Events

At 07.33 on 18 November 2010, CCTV shows that a prison officer checked all of the prisoners on the landing. When he arrived at Mr Nunes' cell he lifted the flap and remained there for four seconds. At interview, the officer said that Mr Nunes' cell was in darkness and he turned on the night light which is operated from outside the cell. The officer said that Mr Nunes then acknowledged him by, *"raising his head from the pillow"* and the prison officer turned off his light and moved on.

At 08.25, an orderly is seen delivering milk outside Mr Nunes' cell.

At 08.27, a female prison officer who was unlocking prisoners, arrived at Mr Nunes' cell and unlocked and opened his cell door. At interview, the officer said she noticed *"it was dark and I slightly pushed the door open further (and noticed) Mr Nunes was lying on the floor (and) I turned round as I knew the medical staff were behind me coming up the stairs. I just said that Mr Nunes was on the floor."*

CCTV shows that two members of healthcare staff, one senior nurse officer and a nurse officer arrived seconds after Mr Nunes' door was opened. The three members of staff spoke for a few seconds before the two nurses entered his cell.

At interview a prisoner, who was using the telephone outside Mr Nunes' cell at the time, said that when the cell door was opened he saw Mr Nunes lying on the floor *"in a pool of blood."*

At interview, the senior nurse officer said that when he entered the cell Mr Nunes was lying on the floor on his left side, *"his head was at a very acute angle because it was resting against the bed, his eyes were open and I just knew straightaway that he was dead. I checked for signs of breathing and he*

wasn't breathing, I checked for carotid and radial pulse, I couldn't get anything and his pupils were dilated." The senior nurse officer then asked the other nurse officer to verify his findings.

At interview, the nurse officer described in detail the medical checks he had carried out and recorded that he also found, *"no signs of life."*

The senior nurse officer also recorded full details of the action he had taken on EMIS and also that there was vomit on the floor and blood on Mr Nunes' left knee and below his right buttock which he assumed to be coming from his back passage.

The senior nurse officer said that he believed Mr Nunes had not been dead for very long as he was still warm. He said also *"It was not ethically or morally…right to try and resuscitate…his pupils were dilated up, given his underlying pathology it would have been impossible in my professional opinion to have resuscitated that man…he was terminally ill."*

The senior nurse officer said that he was aware that Mr Nunes had not completed a *'Do Not Attempt to Resuscitate form (DNAR)*[23] but had in the past informed the senior nurse officer that he wanted to die in peace and with dignity.

It is recorded in the class officers' journal that at 08.30, *"Hospital staff reported that… Mr Nunes had passed away"* and that a prison doctor attended Halward House at 09.12 to confirm Mr Nunes' death.

Commenting on the senior nurse officer's decision not to attempt cardiopulmonary resuscitation, Dr Davies said in his Clinical Review report that, *"Despite the lack of a do-not-attempt resuscitation (DNAR) document, and in spite of the fact that Mr Nunes was still warm to the touch, the decision not to resuscitate Mr Nunes was justifiable given the circumstances, but the decision*

[23] DNAR form: - Do Not Attempt Resuscitation – a form that is completed where a patient wishes to instruct medical staff not to attempt to resuscitation.

should have been made beforehand and a DNAR document should have been completed beforehand."

SECTION 6: EVENTS AFTER MR NUNES' DEATH

16. Death in Custody Contingency

The documents, "Contingency Plans Forty Four and Forty Five – Death of a Prisoner" clearly detail the roles and responsibilities of all members of staff upon notification of a possible death.

In line with the contingency plans, the Emergency Control Room, which controls and records all movements around the prison, immediately notified the appropriate personnel of the time and preliminary assessment of the cause of Mr Nunes' death. Those notified included the Police, Coroner and the Prisoner Ombudsman.

17. De-Brief Meetings

Hot De-Brief

The Prison Service's Revised Self Harm and Suicide Prevention Policy issued in September 2006, which was applicable at the time of Mr Nunes' death states:

"A Hot De-Brief meeting is vital following the death of a prisoner as it enables all who took part to comment, while it is fresh in their minds, in respect of what went right or what could have been done better. Hot De-Brief meetings make a positive contribution to the implementation of better practice locally, and sometimes, across the Prison Service. It also gives staff the opportunity to discuss their feelings and reactions and calm down or seek help before going home."

The investigation established that, a hot de-brief took place on 18 November 2010.

There were no concerns raised at this meeting.

Cold De-Brief

Section 6.11 of the Self Harm and Suicide Prevention Policy requires that *"a more comprehensive [cold] de-brief should take place within 14 days."*

A cold de-brief was not carried out because a governor stated that he felt, *"the hot de-brief was sufficient under the circumstances as it covered the key points and all relevant staff were present."*

Whilst a cold de-brief serves to *"provide opportunities for staff to further reflect on the events surrounding the death in custody and to identify any immediate learning from the events,"* it is also the case that the cold de-brief provides *"an opportunity for staff to express their views and share their thoughts with colleagues on the circumstances and their role and involvement."*

In the event, staff who had cared for Mr Nunes, missed out on this further opportunity to reflect on his care and their own involvement.

SECTION 7: THE EXPERT CLINICAL REVIEW

18. Clinical Review Findings

Some of Dr Davies' findings have been noted at appropriate places throughout this report.

An overall summary of his conclusions is as follows:

Mr Nunes' Medical Care in Prison

Dr Davis concluded that it would appear that Mr Nunes received entirely timely and appropriate medical care throughout his time at Magilligan Prison. He said that staff appeared to have gone out of their way to ensure that Mr Nunes was cared for as well as possible, given the circumstances.

The Prescription, Administration and Management of Mr Nunes' Medication

It was Dr Davis opinion that, following Mr Nunes discharge from the Mater Hospital he received reasonably timely and appropriate medication at Magilligan Prison, during his last five weeks. He noted that: *Oxycodone (opioid analgesic) was continued after discharge from hospital, and the dose was titrated upwards on the advice of the local specialist palliative care service. The Healthcare Officers dispensed the OxyContin twice daily in the resident wing, dispensed the OxyNorm as required in the resident wing, and provided OxyNorm for Mr Nunes to take at night time if required…Mr Nunes had access to extra opioid analgesics at all times of the day and night.*

Palliative Care of Mr Nunes

Dr Davis noted that Mr Nunes wanted to remain at Magilligan Prison to be with his friends and, although the medical staff felt that he would be better off in Maghaberry Prison, he was allowed to remain at Magilligan. He noted also that Mr Nunes was allowed to move from the ground floor of Halward House to the first floor of Halward House, again to be with his friends, and was

offered, but declined a cell designed for prisoners with disabilities. Dr Davis concluded that, given the circumstances, Mr Nunes was allowed to remain in his *"preferred place of care."*

Dr Davis observed that the care plan drawn up for Mr Nunes included various physical, psychological and social parameters (e.g. pain, low mood, personal hygiene). It was his view that the staff (medical and non-medical) at Magilligan Prison provided good generic palliative care given the circumstances and he noted also that Mr Nunes appeared to have received good support / assistance from the other prisoners in Halward House. He concluded that Mr Nunes' physical, psychological, social and spiritual requirements were looked after and that the care provided by the Prison Service and SEHSCT was "*good rather than adequate."*

Dr Davis noted that hospice community service staff only visited Mr Nunes once from the time of his referral on 19 October to the time of his death on 18 November and he suggested that there is a need for the Prison Service and SEHSCT to discuss how they might best receive appropriate support in the future delivery of palliative care.

<u>Timeliness of Referral for Hospice Community Service and Referral to a Hospice</u>

Dr Davis noted that Mr Nunes was referred for hospice community service to the Northern Ireland Hospice on 19th October, two working days after his return to prison. He was referred for terminal care to the Northern Ireland Hospice on 11 November, following a review by the prison doctor.

Dr Davis concluded that the request to transfer Mr Nunes to an outside hospice, was made at the appropriate time and subsequent actions were appropriate.

Resuscitation Status

Commenting on the fact that the Senior Healthcare Officer decided not to attempt cardiopulmonary resuscitation, despite the lack of a do-not-attempt resuscitation (DNAR) document, and in spite of the fact that Mr Nunes was still warm to the touch, Dr Davis said that the decision not to resuscitate Mr Nunes was justifiable given the circumstances. He said, however, that *DNAR* documents should be an integral part of end-of-life care plans, which should be an integral part of the management of patients with advanced cancer and other life-limiting conditions. He concluded therefore that the decision should have been made beforehand (and a DNAR document should have been completed beforehand).

Northern Ireland End-of-Life Care Strategy

Dr Davis referred to "Living Matters Dying Matters," which is a Palliative and End-of-Life Care Strategy for Adults in Northern Ireland, published by the Department of Health, Social Services and Public Safety in March 2010. He said that the strategy should help to improve palliative care across all settings, including the prison setting and that he *"would suggest (if not already happening) that The Northern Ireland Prison Service endorse the strategy, and engage with specialist palliative care organizations to develop specific pathways / models of care for prisoners with advanced cancer and other life-limiting conditions.*

South Eastern Health and Social Care Trust's (SEHSCT) Response to the Clinical Review Report

The SEHSCT were given the opportunity to fully consider and respond to the findings of the clinical review.

Their response is recorded at appropriate places throughout the report. It can be summarised as follows:

Resuscitation status

The Trust said the following:

"The SET policy on DNAR deals specifically with acute care. The senior nurse had made contact with the palliative care service and they had sent him a DNAR form which was used in primary care. We had wanted something in place sooner rather than later and this is one area we are progressing with regards to policy and procedures. Mr Nunes declined to sign the order as he wanted to discuss it with his daughter first."

Northern Ireland End of Life Care Strategy

The Trust drew attention to the fact that the responsibility to endorse and implement the strategy lies with them and not the prison service, as suggested by Dr Davis.

Drug Administration Issue

The Trust stated that in relation to the following drugs which were recommended by the Hospice Nurse on 27 October 2010:

Oxycontin 40mg: *"The increase was not prescribed by the GP until the 4 November and the increased dose was issued on 4 November. Nurses cannot give a drug without a valid*

prescription. Although the GP states in the consultation he increased the dose, he did not issue a new prescription."

Cyclizine 50mg*:* *"Mr Nunes was issued with a weeks supply of Cyclizine, 1 to be taken 3 times a day on the 29 October 2010."*

Diazepam 5mg *"The GP prescribed the Diazepam on the 9 November and it was administered appropriately."*

APPENDICES

APPENDIX 1

TERMS OF REFERENCE FOR INVESTIGATION OF DEATHS IN PRISON CUSTODY

1. The Prisoner Ombudsman will investigate the circumstances of the deaths of the following categories of person:

   - **Prisoners (including persons held in young offender institutions). This includes persons temporarily absent from the establishment but still in custody (for example, under escort, at court or in hospital). It excludes persons released from custody, whether temporarily or permanently. However, the Ombudsman will have discretion to investigate, to the extent appropriate, cases that raise issues about the care provided by the prison.**

2. The Ombudsman will act on notification of a death from the Prison Service. The Ombudsman will decide on the extent of investigation required depending on the circumstances of the death. For the purposes of the investigation, the Ombudsman's remit will include all relevant matters for which the Prison Service, is responsible, or would be responsible if not contracted for elsewhere. It will therefore include services commissioned by the Prison Service from outside the public sector.

3. The aims of the Ombudsman's investigation will be to:

- Establish the circumstances and events surrounding the death, especially as regards management of the individual, but including relevant outside factors.
- Examine whether any change in operational methods, policy, and practice or management arrangements would help prevent a recurrence.
- In conjunction with the DHSS & PS, where appropriate, examine relevant health issues and assess clinical care.
- Provide explanations and insight for the bereaved relatives.

- Assist the Coroner's inquest in achieving fulfilment of the investigative obligation arising under article 2 of the European Convention on Human Rights, by ensuring as far as possible that the full facts are brought to light and any relevant failing is exposed, any commendable action or practice is identified, and any lessons from the death are learned.

4. Within that framework, the Ombudsman will set terms of reference for each investigation, which may vary according to the circumstances of the case, and may include other deaths of the categories of person specified in paragraph 1 where a common factor is suggested.

Clinical Issues

5. The Ombudsman will be responsible for investigating clinical issues relevant to the death where the healthcare services are commissioned by the Prison Service. The Ombudsman will obtain clinical advice as necessary, and may make efforts to involve the local Health Care Trust in the investigation, if appropriate. Where the healthcare services are commissioned by the DHSS & PS, the DHSS & PS will have the lead responsibility for investigating clinical issues under their existing procedures. The Ombudsman will ensure as far as possible that the Ombudsman's investigation dovetails with that of the DHSS & PS, if appropriate.

Other Investigations

6. Investigation by the police will take precedence over the Ombudsman's investigation. If at any time subsequently the Ombudsman forms the view that a criminal investigation should be undertaken, the Ombudsman will alert the police. If at any time the Ombudsman forms the view that a disciplinary investigation should be undertaken by the Prison Service, the Ombudsman will alert the Prison Service. If at any time findings emerge from the Ombudsman's investigation which the Ombudsman considers require immediate action by the Prison Service, the Ombudsman will alert the Prison Service to those findings.

7. The Ombudsman and the Inspectorate of Prisons will work together to ensure that relevant knowledge and expertise is shared, especially in relation to conditions for prisoners and detainees generally.

Disclosure of Information

8. Information obtained will be disclosed to the extent necessary to fulfil the aims of the investigation and report, including any follow-up of recommendations, unless the Ombudsman considers that it would be unlawful, or that on balance it would be against the public interest to disclose particular information (for example, in exceptional circumstances of the kind listed in the relevant paragraph of the terms of reference for complaints). For that purpose, the Ombudsman will be able to share information with specialist advisors and with other investigating bodies, such as the DHSS & PS and social services. Before the inquest, the Ombudsman will seek the Coroner's advice regarding disclosure. The Ombudsman will liaise with the police regarding any ongoing criminal investigation.

Reports of Investigations

9. The Ombudsman will produce a written report of each investigation which, following consultation with the Coroner where appropriate, the Ombudsman will send to the Prison Service, the Coroner, the family of the deceased and any other persons identified by the Coroner as properly interested persons. The report may include recommendations to the Prison Service and the responses to those recommendations.

10. The Ombudsman will send a draft of the report in advance to the Prison Service, to allow the Service to respond to recommendations and draw attention to any factual inaccuracies or omissions or material that they consider should not be disclosed, and to allow any identifiable staff subject to criticism an opportunity to make representations. The Ombudsman will have discretion to send a draft of the report, in whole or part, in advance to any of the other parties referred to in paragraph 9.

Review of Reports

11. The Ombudsman will be able to review the report of an investigation, make further enquiries, and issue a further report and recommendations if the Ombudsman considers it necessary to do so in the light of subsequent information or representations, in particular following the inquest. The Ombudsman will send a proposed published report to the parties referred to in paragraph 9, the Inspectorate of Prisons and the Secretary of State for Northern Ireland (or appropriate representative). If the proposed published report is to be issued before the inquest, the Ombudsman will seek the consent of the Coroner to do so. The Ombudsman will liaise with the police regarding any ongoing criminal investigation.

Publication of Reports

12. Taking into account any views of the recipients of the proposed published report regarding publication, and the legal position on data protection and privacy laws, the Ombudsman will publish the report on the Ombudsman's website.

Follow-up of Recommendations

13. The Prison Service will provide the Ombudsman with a response indicating the steps to be taken by the Service within set timeframes to deal with the Ombudsman's recommendations. Where that response has not been included in the Ombudsman's report, the Ombudsman may, after consulting the Service as to its suitability, append it to the report at any stage.

Annual, Other and Special Reports

14. The Ombudsman may present selected summaries from the year's reports in the Ombudsman's Annual Report to the Secretary of State for Northern Ireland. The Ombudsman may also publish material from published reports in other reports.

15. If the Ombudsman considers that the public interest so requires, the Ombudsman may make a special report to the Secretary of State for Northern Ireland.

16. Annex 'A' contains a more detailed description of the usual reporting procedure.

REPORTING PROCEDURE

1. The Ombudsman completes the investigation.

2. The Ombudsman sends a draft report (including background documents) to the Prison Service.

3. The Service responds within 28 days. The response:
   (a) draws attention to any factual inaccuracies or omissions;
   (b) draws attention to any material the Service consider should not be disclosed;
   (c) includes any comments from identifiable staff criticised in the draft; and
   (d) may include a response to any recommendations in a form suitable for inclusion in the report. (Alternatively, such a response may be provided to the Ombudsman later in the process, within an agreed timeframe.)

4. If the Ombudsman considers it necessary (for example, to check other points of factual accuracy or allow other parties an opportunity to respond to findings), the Ombudsman sends the draft in whole or part to one or more of the other parties. (In some cases that could be done simultaneously with step 2, but the need to get point 3 (b) cleared with the Service first may make a consecutive process preferable.)

5. The Ombudsman completes the report and consults the Coroner (and the police if criminal investigation is ongoing) about any disclosure issues, interested parties, and timing.

6. The Ombudsman sends the report to the Prison Service, the Coroner, the family of the deceased, and any other persons identified by the Coroner as properly

interested persons. At this stage, the report will include disclosable background documents.

7. If necessary in the light of any further information or representations (for example, if significant new evidence emerges at the inquest), the Ombudsman may review the report, make further enquiries, and complete a revised report. If necessary, the revised report goes through steps 2, 3 and 4.

8. The Ombudsman issues a proposed published report to the parties at step 6, the Inspectorate of Prisons and the Secretary of State (or appropriate representative). The proposed published report will not include background documents. The proposed published report will be anonymised so as to exclude the names of individuals (although as far as possible with regard to legal obligations of privacy and data protection, job titles and names of establishments will be retained). Other sensitive information in the report may need to be removed or summarised before the report is published. The Ombudsman notifies the recipients of the intention to publish the report on the Ombudsman's website after 28 days, subject to any objections they may make. If the proposed published report is to be issued before the inquest, the Ombudsman will seek the consent of the Coroner to do so.

9. The Ombudsman publishes the report on the website. (Hard copies will be available on request.) If objections are made to publication, the Ombudsman will decide whether full, limited or no publication should proceed, seeking legal advice if necessary.

10. Where the Prison Service has produced a response to recommendations which has not been included in the report, the Ombudsman may, after consulting the Service as to its suitability, append that to the report at any stage.

11. The Ombudsman may present selected summaries from the year's reports in the Ombudsman's Annual Report to the Secretary of State for Northern Ireland. The Ombudsman may also publish material from published reports in other reports.

12. If the Ombudsman considers that the public interest so requires, the Ombudsman may make a special report to the Secretary of State for Northern Ireland. In that case, steps 8 to 11 may be modified.

13. Any part of the procedure may be modified to take account of the needs of the inquest and of any criminal investigation/proceedings.

14. The Ombudsman will have discretion to modify the procedure to suit the special needs of particular cases.

APPENDIX 2

BACKGROUND INFORMATION

Magilligan Prison

Magilligan is a medium security prison housing sentenced adult male prisoners which also contains low security accommodation for selected prisoners nearing the end of their sentence. It was opened in 1972 and major changes were made in the early 1980s. Three H-Blocks together with Halward House and the low-security temporary buildings of Foyleview, Sperrin and Alpha make up the present residential accommodation. It is one of three detention establishments managed by the Northern Ireland Prison Service, the others being Maghaberry Prison and Hydebank Wood Prison and Young Offenders Centre.

The prison accommodates an average of 400 adult males who have between six years and one year of their sentence left to serve.

The regime in Magilligan focuses on a balance between appropriate levels of security and the Healthy Prisons Agenda[24] – safety, respect, constructive activity and addressing offending behaviour. Purposeful activity and offending behaviour programmes are a critical part of the resettlement process. In seeking to bring about positive change, staff develop prisoners through a Progressive Regimes and Earned Privileges Scheme (PREPS) as in other prisons.

[24] Healthy Prisons Agenda-The concept of a healthy prison is one that was first set out by the World Health Organization, but it has been developed by the HM Inspectorate of Prisons. It is now widely accepted as a definition of what ought to be provided in any custodial environment.

POLICIES AND PRISON RULES

The following is a summary of Prison Service policies and procedures relevant to my investigation. They are available from the Prisoner Ombudsman's Office on request.

Prison Rules

Rule 85(2) of The Prison and Young Offenders Centres Rules (Northern Ireland) 1995 – In the absence of the medical officer, his duties shall be performed by a registered medical practitioner approved by the chief medical officer and the Secretary of State.

Rule 85(2A) of The Prison and Young Offenders Centres Rules (Northern Ireland) 1995 – In the absence of the medical officer a registered nurse may perform the duties of the medical officer set out In rules 17(4) (medicine in possession on reception)m 21(1) and (2) (medical examination on reception), 26(2) and (3) (transfer), 28(2) (discharge), 41(2) (award cellular confinement), 47(5) (daily visit in cellular confinement), 51(3) (fitness for work), 55(3) (fitness for recreation) and 86(4) (prisoners who complain of illness).

Rule 85(2B) of The Prison and Young Offenders Centres Rules (Northern Ireland) 1995 – If a prisoner is examined, seen, considered or visited by a registered nurse under the rules set out in (2A) and the registered nurse is of the view that it is necessary for the prisoner to be examined, seen, considered or visited by the medical officer they shall make arrangements for that to occur as soon as reasonably practicable.

Rule 85(3) of The Prison and Young Offenders Centres Rules (Northern Ireland) 1995 – Arrangements shall be made at every prison to ensure that at all times a registered medical officer is either present at the prison or is able to attend the prison without delay in cases of emergency.

Standard Operating Procedures

The policy for the Standard Operating Procedures for admission/transfer to external hospitals for healthcare staff is reflected in its Standard Operating Procedures Document SOP/15 effective from November 2009.

Death in Custody Contingency Plan

The Death in Custody Contingency Plan provides step by step guidance for all staff in how to deal with and manage the death of a prisoner in custody.

Governor's Orders

Governor's Orders are specific to each prison establishment. They are issued by the Governor to provide guidance and instructions to staff in all residential areas on all aspects of managing prisoners.

Governor's Order L.8 'Action To Be Taken By Healthcare Staff On Receipt Of Information Or A Suicide, Attempted Suicide Or Other Emergency Incident': sets out guidance and instruction to staff on how they should immediately respond to such an incident during the day or night.