



The
**Prisoner
Ombudsman**
for Northern Ireland

**REPORT BY THE PRISONER OMBUDSMAN
INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF**

JAMES DONARD HENRY SPEERS

AGED 49

IN MAGHABERRY PRISON

ON 18 FEBRUARY 2008

**Please note that where applicable, names have been removed to
anonymise the following report.**

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**PLEASE NOTE A SUPPORTING APPENDICES BOOKLET
ACCOMPANIES THIS REPORT**

PREFACE

This is my report into the circumstances surrounding the death of James Donard Henry Speers who was 49 years old when he died of a heart attack in his cell in Maghaberry Prison on 18 February 2008.

Within his family, Mr Speers was known as 'Harry' and with the agreement of his family that is the name I have used throughout my report.

I offer my sympathy to Harry's wife, three children, father and other family members for their sad loss. Brian Coulter, my predecessor, met with Harry's family after his death and I have, since my appointment, met with Harry's wife twice to discuss her concerns and to share the content of this report. Harry's family had many questions and they felt that it was very important for them to know about Harry's last hours. In carrying out this investigation and writing my report, I was very mindful of their needs.

As part of my investigation, I commissioned a clinical review of Harry's healthcare needs and medical treatment whilst he was in custody in Northern Ireland. I am grateful to Dr Neil Lloyd-Jones for carrying out this review.

I also obtained advice from Mr Edward Brackenbury, a consultant cardiothoracic surgeon, in relation to a further health matter. I am grateful to him for his expert opinion.

My report into Harry's death contains this preface and a summary followed by an introduction and background information, leading to my findings, conclusions and any associated recommendations.

My findings and conclusions are presented in 4 sections:

- Section 1: Events on 18 February 2008, the day Harry died
- Section 2: Harry's Healthcare
- Section 3: Events after Harry's death
- Section 4: Other Issues

As a result of my investigation, I make **3** recommendations to the Northern Ireland Prison Service.

PAULINE MCCABE

Prisoner Ombudsman for Northern Ireland

11 December 2009

SUMMARY OF INVESTIGATION

Harry Speers was committed to Maghaberry Prison on 23 March 2004. Harry moved from Foyle House to Bush House on 27 April 2004 and this is where he remained during his time in prison. Harry occupied a single cell, Cell 9, on Landing One in Bush House.

Harry had a medical history of ulcerative colitis, a form of inflammatory bowel disease. He had been diagnosed in 1998 and he received several types of prescribed medication. Treatment for his condition was ongoing within prison and he had recurrences and remissions of this disorder.

As part of the investigation, a clinical review was commissioned into Harry's healthcare in prison on the day he died, 18 February 2008. Further reports were subsequently requested to examine Harry's healthcare from February 2007, a period of one year prior to his death, and to give an expert opinion on the management of Harry's anaemia.

On the morning of 18 February 2008, unlock and breakfast time were normal for Harry. He had an early lunch and at 12.30 left for an outside hospital appointment in Belfast City Hospital with his consultant gastroenterologist. The two escorting prison staff who took Harry said that he was "*bright and cheery and was joking with them*" as they walked to the consultation room.

Harry returned to Maghaberry Prison at 14.00 where he went through the usual re-committal process in the reception area. Both escorting officers said that on leaving the reception area Harry was still upbeat and looking forward to getting back to Bush House as he wanted a

cigarette. Neither officer recalled Harry complaining of feeling unwell at this time.

On returning to Bush House, Harry went straight to his cell and smoked a cigarette. He then pressed the cell call button to be let out of his cell and he telephoned his wife before making his way to the recreation room where he joined some friends. He mentioned to his wife that he was feeling unwell.

On his arrival in the recreation room, his friends recalled that Harry looked "*pale and ashen*" and they asked if he was all right. Harry replied that his stomach was playing him up and said "*that journey would kill you*" (referring to the travel to and from the hospital).

About ten minutes later Harry complained of feeling "*a bit queasy*," went to the toilet and was heard to be sick. He returned to the recreation room after a further ten minutes and drank a cupful of water at the sink.

One friend described Harry as "*grey*" at this point. Harry told them he had pains in his chest and he sat with his hands on his chest. His friends advised him to ask to see the doctor.

As Harry left the recreation room around 15.45 he asked an officer if he could see a member of healthcare staff. The officer said that Harry was "*very pale and looked sick*" and he asked another officer at the work station to contact a nurse in the Healthcare Centre.

A nurse who took the call in the Healthcare Centre told the officer he was busy but would get over to Bush House shortly.

Harry was then escorted to his cell by another officer who also said that Harry was not looking well and was not responsive to the officer's chat, which the officer said was unusual.

Shortly after being locked, Harry pushed the cell call button. An officer responded and Harry told him that he felt terrible and asked again to see a nurse. The officer offered Harry a drink of water which he declined.

The officer and a colleague immediately re-contacted the nurse and asked him to come straight away as Harry was unwell and complaining of chest pains. The officer then returned to the cell to tell Harry to go to the medical room to see the nurse. Harry replied "I can't" and sat on the edge of his bed with his arms across his chest. The officer told Harry to "sit there" and he would get the nurse to come to him.

When the nurse arrived at 15.55 he immediately went to Harry's cell. It is recorded that Harry told him that he had been suffering with chest pain from about 15.30. It is also recorded that Harry said that "this happened once before recently" and that he "thinks it may be related to galfer" (an iron supplement prescribed on 13 February).

Harry told the nurse that he had been out at hospital all day for a gastroenterology appointment and had not eaten or drunk anything. Harry also told the nurse that he had no personal or family history of heart problems and had no associated symptoms such as shortness of breath. It is recorded that Harry's pain was "central, non-crushing".

The nurse said that Harry appeared to be holding his upper abdomen and his blood pressure and pulse were normal.

Harry asked the nurse for Peptac, an antacid, and was given this. Harry told the nurse that his pain had eased as they talked and the nurse made a presumptive diagnosis that his pain was of the gastric intestinal origin. He told Harry to report back later if necessary and left his cell.

The consultation was fully recorded in Harry's medical records.

The clinical reviewer, Dr Neil Lloyd-Jones, appointed to assess Harry's healthcare said the nurse's documented consultation "*was common and good medical practice; the working diagnosis was, given the nature of the presentation, common and acceptable practice, and finally the management was common and acceptable practice.*"

Harry refused his tea meal and stayed in his cell. An officer checked Harry after the meal serving was completed at 16.40. He said that Harry was lying on his side and seemed to be sleeping and he did not, therefore, disturb him.

The officer returned later at around 17.50. Harry was still in bed and this time he was lying on his back. The officer said that he could see Harry's face and he appeared normal. The officer also said that he was not unduly concerned as Harry often took to his bed for naps.

At approximately 18.45, the same officer noticed that Harry had not been out to use the phone as he usually did in the evening and decided to phone the nurse to check with him how he had found Harry and if he needed to see the nurse again before lock down. There was no reply to his call to the Healthcare Centre and as the officer was putting down the phone he noticed two other officers waving and shouting up to him from the area of Harry's cell.

The two officers had opened Harry's door at around 18.50 and called his name. Harry was lying on his stomach with his arm around his face and head as though he was lying on his arm. The officers recalled that the duvet cover had slipped slightly and when there was no response from Harry, one of the officers went over and shook him.

The officers immediately realised something was wrong and raised the alarm. The officers, assisted by two other officers, then tried to resuscitate Harry. In the meantime another officer contacted medical staff in Roe House, the Healthcare Centre and the Emergency Control Room.

A nurse and an officer arrived with a defibrillator at 18.55 and three officers assisted the nurse with CPR until another nurse arrived with additional medical equipment. Two further nurses arrived to assist.

The nurses maintained CPR on Harry for about 40-45 minutes until a doctor arrived at 19.45. The doctor carried out various tests and pronounced Harry dead at 19.50. It is unclear whether an ambulance was called.

A post mortem examination carried out on 19 February 2008 gave the cause of Harry's death as:

- Myocardial necrosis due to
- Coronary thrombosis due to
- Coronary atheroma.

A copy of the post mortem report is attached as Appendix 2

The clinical reviewer, Dr Lloyd-Jones, said that Harry "*in lay terms, had suffered a heart attack*".

In assessing Harry's healthcare in prison, Dr Lloyd-Jones concluded that his treatment was in all but three respects, consistent with "*common and acceptable medical practice*". A copy of the clinical review is attached as Appendix 3.

The clinical reviewer recorded areas of good practice in the management of Harry's ulcerative colitis. He also recorded evidence of good practice in connection with advice offered to Harry about smoking cessation, treatment for an injury to Harry's scalp and the fact that Harry was offered an immunisation vaccination for influenza.

Two of the concerns recorded by Dr Lloyd-Jones refer to the time taken for a prison doctor to review blood results and the arrangements for carrying out and recording baseline investigations. Both of these are addressed in my recommendations.

The third concern expressed by Dr Lloyd-Jones related to Harry being iron deficient. Having examined Harry's haemoglobin results, Dr Lloyd-Jones believed that Harry should have commenced iron supplementation or advice should have been sought from his gastroenterologist, in March 2007. It was, in fact, February 2008, eleven months later, before Harry was prescribed an iron supplement.

In light of the above, and in view of concerns expressed by Harry's family about the treatment of his anaemia, I asked a consultant cardiothoracic surgeon, Mr Edward Brackenbury, to review Harry's medical notes and to advise as to whether Harry's iron deficiency would have caused or contributed to his heart attack.

Mr Brackenbury explained that Harry had modifiable and non-modifiable factors for developing coronary thrombosis. He said

that male gender was Harry's main, non-modifiable factor. He said also that he believed that heavy smoking of 20-30 cigarettes per day was pre-eminent amongst the determinants of Harry's untimely death.

In respect of Harry's haemoglobin readings, Mr Brackenbury confirmed that for many months prior to his death Harry's total body iron stores were low and this had caused a modest degree of anaemia.

Mr Brackenbury concluded, however, that whilst it may have been the case that the delay in administering iron supplementation may have breached the Prison Service's duty of care, he does not believe that the delay *"had a significant causative effect on the outcome of Mr Speers' coronary thrombosis"* and *"on balance of probabilities, Mr Speers would not have survived his heart attack whether his haemoglobin was greater than 13g/dl or less than 10g/dl."*

As a result of my investigation, I make **3** recommendations to the Northern Ireland Prison Service and South Eastern Health & Social Services Trust.

Acknowledgement

The evidence examined suggests that, in the hours leading up to Harry's death, the prison officers, and in particular one officer, on Landing One Bush House, were considerate and responsive towards Harry. I would like to acknowledge the appropriate manner in which they did their job.

INTRODUCTION TO THE INVESTIGATION

Responsibility

1. As Prisoner Ombudsman¹ for Northern Ireland, I have responsibility for investigating the death of James Donard Henry Speers (known as Harry) in Maghaberry Prison on 18 February 2008. My Terms of Reference for investigating deaths in prison custody in Northern Ireland are attached as Appendix 1.
2. I am independent of the Prison Service and 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. 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 Harry's death are:
 - to establish the circumstances and events surrounding his death, including the care provided by the Prison Service;
 - to examine any relevant healthcare issues and assess clinical care afforded by the Prison Service;

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

- to examine whether any change in Prison Service operational methods, policy, practice or management arrangements could help prevent a similar death in future;
- to ensure that Harry's family have the opportunity to raise any concerns that they may have and that these are taken into account in my investigation; and
- to assist any Coroner's inquest.

INVESTIGATION METHODOLOGY

Notification

5. At approximately 19.15 on Monday 18 February 2008 the Security Department at Maghaberry Prison telephoned my on-call Investigator to report Harry's death in accordance with normal procedure. The Duty Governor also notified my Office of Harry's death. Prison Service Headquarters contacted the Police Service of Northern Ireland. A Governor notified Harry's wife at approximately 20.00 hours. Harry's wife telephoned the prison back at 20.17 hours to confirm her husband's death, as she wished to confirm that the Governor's call was not a hoax.
6. A member of my investigation team attended Maghaberry Prison on the evening of 18 February 2008 for an initial briefing.

Notices of Investigation

7. On the morning of 19 February 2008, Notices of Investigation were issued to Prison Service Headquarters and to staff and prisoners at Maghaberry Prison announcing the investigation, and inviting anyone with information relevant to Harry's death to contact the investigation team.

Family Liaison

8. An important aspect of the role of Prisoner Ombudsman dealing with any death in custody is to liaise with the deceased's family.

9. My predecessor, Brian Coulter, first met with Harry's wife on 29 April 2008. I also met with Mrs Speers twice to discuss her concerns and to explain my findings, conclusions and recommendations within this report.
10. It was extremely important for my investigation to learn more about Harry and his life from his family. I thank Harry's wife for giving us the opportunity to talk with her.
11. As part of my investigation, I took full account of the concerns raised by Harry's family. In particular, Harry's wife asked the following questions:
 - a) Was Harry's health care as it should have been and could the healthcare team have done more for him?
 - b) Was there a delay in providing Harry with steroids following his last health flare-up?
 - c) Did a nurse say that, when having a baby, she was given a blood transfusion when her haemoglobin was higher than Harry's?
 - d) What action was taken when Harry returned from hospital on 18 February 2008 and said he was feeling unwell?
 - e) Was Harry on a 15 minute watch when he was ill?
 - f) Why did an officer, who rang Harry's wife after his death, tell her he was on 15 minute observations?
 - g) What was the position of the cell alarm within Harry's cell in relation to his bed?
 - h) Why was an emergency ambulance not called?
 - i) Why would Harry have answered 'no', when asked if he had any family history of cardiac problems, when he knew his brother had previously suffered a heart attack?
 - j) Why had Harry missed hospital appointments?

k) Did Harry have a mini heart attack at an earlier date that was never picked up?

12. I have addressed all of these concerns in my report.

Prison Records and Interviews

13. My investigation team visited Maghaberry Prison on numerous occasions and met with prison management, staff and prisoners. My team retrieved all the prison records relating to Harry's period in custody, including his medical records.

Telephone Calls

14. My team retrieved and listened to the last few days of telephone calls which Harry made in order to establish if any information in the calls were relevant to the circumstances of Harry's death.

Post Mortem Report

15. My investigation team liaised with the Coroners Service for Northern Ireland to retrieve the post mortem/autopsy report in order to establish the exact cause of Harry's death. This report is attached as Appendix 2.

Clinical Review

16. As part of the investigation into Harry's death, a clinical review was commissioned to examine his healthcare needs and medical treatment whilst he was in custody in Maghaberry, including risk management and medication.

17. The clinical review is split into two reports, one dealing with Harry's medical care on 18 February 2008, the day he died, and the other addressing Harry's healthcare from February 2007, a period of one year prior to his death. I asked the clinical reviewer for his opinion on other questions as they arose. I am grateful to Dr Neil Lloyd-Jones, who carried out the clinical review. The clinical review is attached as Appendix 3.
18. I also asked advice from a consultant cardiothoracic surgeon on an issue raised by Dr Lloyd-Jones. I am grateful to Mr Edward Brackenbury for his input. His report is attached as Appendix 4.

Working together with interested parties

19. An integral part of any investigation is to work together with all interested parties involved. To that end my investigation team worked closely with Lisburn Police and liaised with the Coroner's Service for Northern Ireland.

Maghaberry Prison

20. Included at Appendix 5 is some background information describing Maghaberry Prison and the Prison Service policies and procedures relevant to this investigation.

Factual Accuracy Check

21. Before completing my investigation I submitted a draft report to the Director of the Northern Ireland Prison Service for a factual accuracy check. The Prison Service responded with some comments for consideration. I have now fully considered these

comments and made amendments where appropriate. This is, therefore, my Final Report.

HARRY SPEERS

Background

22. Harry was born on 21 December 1958 in Lisburn, County Antrim. He was the third of five children and had an elder sister and brother and two younger twin brothers. The family moved from Lisburn to Glengormley when Harry was an infant.
23. Harry was married and had three children, a step son aged 22, a daughter aged 12 and a son aged 10. Harry had his own industrial cleaning business before his committal to prison.
24. Harry's wife told my predecessor and I that Harry had been in good health until April 1998 when he suffered from ulcerative colitis and spent 14 weeks in hospital. Although Harry made a recovery, he often suffered flare ups of this condition.
25. Harry was committed to Maghaberry prison on 23 March 2004 and was located in Foyle House. He transferred to Bush House, a separated loyalist wing, on 27 April 2004.
26. Staff who worked in Bush House described Harry as a "*bright cheery upbeat person*". Prisoners in Maghaberry said that Harry was "*easy going, good fun and a good listener.*" They said he held strong views and would often debate these and argue them through.
27. Harry had regular visits from family and friends which, it was reported, he always looked forward to.

FINDINGS

SECTION 1: EVENTS ON 18 FEBRUARY 2008, THE DAY HARRY DIED

1. Harry's Health and Well Being Prior to his Hospital Visit

Morning unlock and breakfast time were normal for Harry on 18 February 2008. Around mid morning an officer was instructed to advise Harry that he was to attend outside hospital that afternoon for an appointment with his consultant gastroenterologist. When Harry was told about the appointment he took a shower and had an early lunch meal before leaving.

Staff recalled he was *"bright and cheery and was joking with them"*.

- 1a. There was nothing to indicate, prior to Harry's visit to hospital on 18 February 2008, that he was unwell, over and above his known medical condition.**

2. Harry's Hospital Appointment

At around 12.30, two prison officers collected Harry from Bush House to escort him to the Belfast City Hospital for his afternoon appointment. Harry was front handcuffed throughout the journey and travelled with the officers and driver in a small prison one cellular van.

On arrival at hospital, the driver of the van also accompanied the two officers and Harry into the hospital for his appointment.

The officers described Harry as being "his usual polite self" and chatting with them as they walked to the consultation room.

When they arrived at the room there was a queue, but Harry was seen almost immediately. Because the consultation room had multiple exits the officers had to be present within the room during the consultation. They un-handcuffed Harry for his examination and discussion with his consultant gastroenterologist and retreated to stand by the exits.

One of the officers who was closest to Harry at this time recalled that he had heard Harry telling the consultant that during the past few days he had been suffering pain from what he thought was "*wind*" and that he also "*felt bloated*".

The officers said that during the consultation, the consultant examined Harry on the medical couch pressing on and around his stomach area. Harry was then taken into the next room where blood samples were taken.

At the end of the consultation, the consultant provided the escort officers with a sealed envelope, which he said contained a hand written note of his consultation with Harry. He asked the officers to pass it to the medical staff in the prison on their return and tell them that he would forward a typed copy in the next few days.

Following that, Harry and the officers returned to the vehicle and drove back to Maghaberry Prison. Harry arrived at Maghaberry at around 14.00.

The two officers took Harry to the Reception Area, where he went through the normal re-committal process, before escorting him back to Bush House.

On leaving reception, the officers described Harry as still upbeat and looking forward to getting back to Bush House as he wanted a cigarette. Neither officer recalled Harry complaining of feeling unwell at this time.

- 2a. Harry attended an appointment with a consultant gastroenterologist on the early afternoon of 18 February.**
- 2b. The two officers who escorted Harry to hospital carried out their duties in line with Prison Rules and policy and treated Harry in a way that was appropriate and respectful.**
- 2c. Harry went through the normal reception process when he arrived back at Maghaberry and appeared to show no sign of feeling unwell.**

3. Transfer of Information between Hospital and Prison

The consultant gastroenterologist at the hospital provided the escort officers with an envelope containing a note detailing his consultation with Harry, which he asked to be passed to healthcare staff at Maghaberry.

The note was passed to healthcare staff as soon as Harry arrived back.

The hand written note reads:

- “1. Send stools for oxs*
 - 2. Continue with steroids 40mg for another week then \leq dose by 5mg every 5 days to zero.*
 - 3. If blood tests today ok I will write to you re \geq dose of azathioprine.*
 - 4. Please inform me re AXR result.*
- Many Thanks”.*

The consultant followed his note up with a typed letter sent to the medical officer of Maghaberry Prison on 20 February 2008.

The prison doctor, responding to the information received, made the following entry in Harry’s medical records on 18 February 2008:

“Letter from [consultant gastroenterologist] (scanned) SNO to ask NO in house to organise ref stools culture. Review after 1 more week. Prednisolone 40 mg daily; then steroid reducing plan. Await another letter ref azathioprine. Report of abd Xray to be sent out to [consultant gastroenterolgogist]. Spoken with the NO EMIS

attachment reference code treatment plan by [gastroenterologist] GI Cons BCH.”

- 3a. The consultant gastroenterologist gave a note of his consultation with Harry on 18 February 2008 to the escort officers who accompanied Harry to hospital. This was given to healthcare staff promptly.**
- 3b. The consultant’s note of his consultation with Harry on 18 February 2008 was promptly noted, recorded and acted upon.**

4. Harry's Return to Bush House and Consultation with a Nurse

Harry's family had concerns around the action taken when he returned from hospital and started to feel unwell.

After leaving Reception, Harry went back to his cell in Bush House. He had a cigarette and then made a phone call to his wife in which he said he was not feeling well.

When Harry's last 11 telephone calls over 15-18 February 2008 were listened to, it was noted that during four of these calls Harry said to his wife that he "*wasn't feeling well.*" On 15 February, in one call, Harry mentioned to his wife that he was cold, sweating and not feeling well. There is no evidence in Harry's medical records that he reported this to healthcare staff.

After his last phone call to his wife on 18 February, Harry then went to the recreation room at around 15.00 where he joined some friends.

On his arrival, his friends noted Harry looked pale and ashen and they asked him if he was all right. He replied that his stomach was playing him up and said "*that journey would kill you*" (referring to the transportation to and from hospital).

About ten minutes later Harry said he was feeling "*a bit queasy*" and left the company to go to the toilet. His friends said they heard him being sick and when he returned to the room about ten minutes later he got himself water and drank a cupful at the sink.

Harry returned to the company at the table with another cup of water but did not mention that he had been sick. His friend described him as *"grey"* at this point. Harry told them that he had pains in his chest and sat with his hands on his chest. His friends advised him that he *"didn't look well"* and suggested he see a nurse. By this time it was lock up and Harry left first.

As Harry left the recreation room around 15.40 - 15.45 he asked an officer if he could see a nurse as he *"wasn't feeling well."* The officer recalled that Harry was *"very pale and looked sick"* and he asked the officer at the work station to phone the Healthcare Centre.

A nurse who answered the call in the Healthcare Centre told the officer he was busy but would get over shortly.

Harry was then escorted to his cell by an officer who recalled that he was not looking well, but being aware that Harry had attended hospital that day he said *"well Harry did they cure you?"*. The officer said that Harry just grunted and that he thought this was unlike him as he would usually chat and be upbeat.

As one of Harry's friends passed his cell on his way back from the recreation room he looked in and thought Harry did not look well. He asked *"Harry are you OK?"* He said that Harry nodded back to indicate yes.

An officer said that Harry hit the cell call button shortly after his cell was locked and when he responded Harry asked to see a nurse and said that he felt terrible.

The officer offered Harry a drink of water but Harry declined. The officer and another officer immediately re-contacted the

nurse and asked him to come immediately as Harry was *“unwell and complaining of chest pains.”*

When one of the officers returned to the cell to tell Harry to go to the medical room, Harry *replied “I can’t”* and sat on the edge of his bed with his arms across his chest. The officer told Harry to *“sit there”* and he would get the nurse to come to him.

When the nurse arrived at 15.55 he immediately went to Harry in his cell. It is recorded that Harry told him that he had been suffering with chest pain from about 15.30. It is also recorded that Harry said that *“this happened once before recently”* and that he *“thinks it may be related to galfer”* (an iron supplement prescribed on 13 February 2008)

Harry told the nurse that he had been out at hospital all day for a gastroenterology appointment and had not eaten or drunk anything. It is also recorded that Harry told the nurse that he had no personal or family history of heart problems and had no associated symptoms such as shortness of breath. It is recorded that Harry’s pain was *“central, non-crushing”*.

The nurse said that Harry appeared to be holding his upper abdomen and his blood pressure and pulse were normal

Harry asked the nurse for Peptac, an antacid, and was given this. Harry told the nurse that his pain had eased as they talked and the nurse made a presumptive diagnosis that his pain was of the gastric intestinal origin. He told Harry to report back later if necessary and left his cell.

The consultation was fully recorded in Harry’s medical records.

Harry's wife has expressed her belief that if Harry had been asked about family heart problems, he would have said that his brother had suffered from a heart attack.

The nurse who attended to Harry said to my investigator that, when asked, Harry said he had no family history of heart trouble.

In his clinical review, Dr Lloyd-Jones stated that:

“For a doctor or nurse faced with a patient complaining of chest pain it can be a dilemma to decide on the origin of the pain. One of the factors to help localise the cause of the pain is how the patient has described it....There are many causes of chest pain. Two of the common causes can be either cardiac in origin or gastrointestinal in origin. A chest pain described as ‘crushing’ would commonly be associated with a pain of cardiac origin. A ‘non-crushing’ chest pain would commonly be associated with a gastrointestinal cause. With regard to his chest pain he [Harry] consulted with the nurse who made a working diagnosis of a pain of gastrointestinal origin and caused by a side effect of one of his medications coupled with the lack of fluids and/or hunger pangs.”

Dr Lloyd-Jones concluded that the nurse *“made a logical and reasonable connection between a lack of fluids, hunger pangs and the possible side effects of his galfer medication. His working diagnosis was that the pain was of gastrointestinal origin i.e. not cardiac.”*

In respect of the consultation he concluded that:

- the documented consultation was common and good medical practice,
- The working diagnosis was, given the nature of the presentation, common and acceptable medical practice, and
- The management was common and acceptable medical practice.

4a. When Harry said that he felt unwell, arrangements were made for a nurse to see him. The nurse made a presumptive diagnosis of pain of gastrointestinal region.

4b. The clinical reviewer concluded that the nurse's documented consultation with Harry on 18 February was consistent with "*common and good medical practice*" as was the presumptive diagnosis.

5. Events after the Nurse left Harry

Harry was offered his tea meal at around 16.15 but said that he did not want anything. Harry stayed in his cell.

One officer, on returning to Bush House from other duties, was told Harry had returned from hospital and "*wasn't well.*" He explained at interview that he decided to check on Harry after the meal serving was completed and went to his cell at 16.40. He said Harry seemed to be sleeping on his side with his back to the wall and, therefore, did not disturb him.

The officer returned an hour later at around 17.50. Harry was still in bed and this time he was lying on his back. The officer said that he could see Harry's face and all appeared normal. He said that he was not unduly concerned as Harry often took to his bed for naps.

At approximately 18.45, the same officer noticed that Harry had not been out to the phone, as was usual for him in the evening. He decided to phone the nurse to check with him how Harry had been when he reported feeling unwell and to ask if Harry needed to see the nurse again before lock down.

The nurse did not answer his phone and as the officer was putting the phone down he noticed two other landing officers waving and shouting up to him from the area of Harry's cell. This was around 18.50. He realised that something was seriously wrong and hit the general alarm.

The two officers who were waving and shouting had started the 'hot water' rota on the landing and one of the officers opened Harry's door and called his name.

Harry was lying on his stomach with his arm around his face/head as though he was lying on his arm. The two officers noticed the duvet cover had slipped slightly and when there was no response from Harry, one officer went over and shook him.

The officers immediately realised something was wrong and raised the alarm. Another two officers went to their aid and between them they turned Harry over onto his back.

- 5a. An officer checked Harry at 16.40 and 17.50. Harry appeared to be asleep and nothing about him caused concern.**

- 5b. Two officers checking Harry at 18.50 realised something was wrong and raised the alarm.**

6. Staff Response When the Alarm was Raised

The senior officer who was also on duty in the House immediately lifted the resuscitation aid from the class office and went to Harry's cell where he proceeded to clear Harry's airway in line with the resuscitation training which staff had received.

Three of the officers left the cell. In the meantime another officer had contacted medical staff in Roe House, the Healthcare Centre and the Emergency Control Room.

The senior officer continued to apply resuscitation on Harry until the nurse and another officer arrived with a defibrillator at 18.55. Harry was described as being *unconscious and pulseless meeting the criteria for CPR* and his face was *"blue in colour"*.

Three officers assisted the nurse officer with resuscitation until another nurse arrived, moments later, with additional medical equipment. One officer then left.

When two more nurses arrived, two other officers left. One nurse left the scene as there were already three nurses in Harry's cell.

The three nurses maintained resuscitation and defibrillator treatment on Harry for about 45 minutes until a doctor arrived at around 19.45 and instructed them to stop.

The doctor carried out various tests and pronounced Harry dead at approximately 19.50.

- 6a. Once the alarm was raised, the staff response to finding Harry in his cell was prompt and in line with Prison Service policy. Although Harry appeared to be already dead, three nurses were quickly on the scene and continued working with him until the doctor arrived to pronounce him dead.**

7. Emergency Ambulance

There is no evidence in prison records, including Emergency Control Room logs, to indicate that an emergency ambulance was called when Harry was discovered.

The nurse who was on the scene to attend to Harry told my investigator that as a standard protocol, healthcare staff always request outside assistance in any case of suspected serious illness requiring hospitalisation.

The nurse told my investigator that he remembered having to ask more than once on that occasion for someone to request an ambulance and an on-call doctor.

The healthcare manager told my investigating officer that the normal practice in an emergency was that a nurse attends to carry out an assessment of the patient and the decision on whether to call an ambulance very much depends on what the nurse finds when they arrive. The manager said that it is the nurse who makes the decision to call the ambulance on a case by case basis.

The manager also said: *“on consideration of calling an emergency ambulance, I absolutely agree with the reviewer (Dr Lloyd-Jones) that when CPR is commenced and continued it is good practice to call an emergency ambulance. I have discussed the issue with the nurse who attended the scene and carried out the CPR. He states that he did request an ambulance through staff at the scene. It would appear that the ambulance was not in fact called although a doctor did attend. This appears to have been an*

oversight and as you are aware we have now issued a Standard Operating Procedure to deal with such incidents.”

The senior officer who also was on the scene told my investigator that it is standard operational procedure for the Emergency Control Room to call for an ambulance in a medical emergency. The senior officer also said he remembered that before he went off duty the security staff were waiting for the ambulance to arrive and as he left by the main gate staff were directing an ambulance to Bush House. There is no record of this in the Emergency Control Room records.

It would seem, based on the evidence of healthcare staff, to be normal practice that CPR is commenced in all medical emergencies even where the prisoner has already died. In connection with this matter, it should be noted that the nurses who attended Harry at the scene said at interview that they continued applying CPR, even though they believed Harry had already died.

The clinical reviewer, Dr Lloyd Jones, was asked for his opinion on whether an ambulance should have been called in Harry's case. Dr Lloyd-Jones said that if a person required CPR it would be common and acceptable medical practice for the attending medical person to summons help and to direct "someone" to call 999. He did add that, *“having said that, a doctor attended”*.

Standard Operating Procedure Notice

A Standard Operating Procedure Notice was issued in April 2009 providing guidance on responding to emergency medical situations.

The Notice includes the following:

“Following a full assessment of the patient if it is thought that an ambulance may be required, the following should be considered by healthcare staff:

(a) Can healthcare staff or a GP deal with the situation without an ambulance being called.

(b) If an ambulance needs to be called is it:

- *An urgent request*
- *A non-urgent request*

An ambulance will be called through the ‘emergency 999’ system by either the senior member of healthcare staff on duty at that time/or the Establishment Emergency Control Room. If the senior member of healthcare staff on duty calls the ambulance, the Establishment Emergency Control Room should also be provided with details of the situation by the senior member of healthcare staff.

.....

Healthcare staff should record the time the ambulance was requested, the time the ambulance arrived at the location and the time the ambulance departed from the location.”

It is, however, not clear from the new Prison Service policy introduced in April 2009 whether an emergency ambulance should be called each and every time CPR is applied.

7a. A nurse requested an ambulance when Harry was found to be unresponsive.

- 7b. It is not clear whether or not an ambulance was called or arrived.**

- 7c. Different views were expressed by various prison and healthcare staff as to the circumstances that required an emergency ambulance to be called. There was also a lack of clarity about who should call an ambulance.**

- 7d. A Standard Operating Procedure, introduced in April 2009, addresses the issue of responsibility and arrangements for calling an ambulance but does not say whether an ambulance should always be called if a decision is taken to administer CPR.**

SECTION 2: HARRY'S HEALTHCARE

8. Background

Harry had a medical history of ulcerative colitis, a form of inflammatory bowel disease dating back to 1998. This is an inflammatory disorder of the bowel. The condition commonly undergoes relapses and remissions i.e. there may be good periods when it is not causing a problem, and then at other times there may be flare ups when it causes many problems. Some of the symptoms/problems of the disease would be:

- frequent unpleasant bowel movements.
- the passing of blood per rectum.
- abdominal pain and discomfort.
- weight loss.

Harry's treatment for his condition was ongoing within prison and he had exacerbations and remissions of this disorder.

Harry received prescription drugs during his time in Maghaberry Prison. These were: Azathioprine, Asacol, Ferrous Fumarate (Galfer) and Prednisolone.

Harry was a smoker, smoking approximately 20-30 cigarettes a day. It is recorded in Harry's medical notes that he was offered advice about giving up smoking.

Doctor Neil Lloyd-Jones was commissioned to carry out a clinical review into Harry's healthcare treatment at Maghaberry

Prison. The review, consisting of two papers, one dealing with the day Harry died and the other examining Harry's healthcare treatment from February 2007, a period of one year prior to his death, is attached as Appendix 3 to this report. Dr Lloyd-Jones' opinion on the standard of medical care given to Harry prior to his death is set out in Appendix 1 of his report.

Having received Dr Lloyd-Jones report, a further clinical review into the management of Harry's anaemia from March 2007 was requested from a consultant cardiothoracic surgeon, Mr Edward Brackenbury. This is attached as Appendix 4 to this report.

9. Conclusions of the Clinical Reviewers

Dr Lloyd-Jones concluded that, over the period reviewed from January 2007 to February 2008, Harry's healthcare whilst in prison was in all, but three respects, consistent with "*common and acceptable medical practice*".

It should be noted that a letter was received from the Medical Protection Society on behalf of one of the doctors involved in Harry's care. This response is included in full as Appendix 6.

The three areas where it was felt that standards fell below common and acceptable medical practice were as follows:

Harry's Health Review on 12 February 2008:

Dr Lloyd-Jones noted that, on 5 February 2008, Harry was seen by a doctor who decided to perform some blood tests. The results of the blood tests were received on 7 February 2008 indicating a worsening of Harry's clinical and haematological condition.

The next intervention was when Harry was seen by the prison doctor on 12 February 2008. Dr Lloyd-Jones pointed out that this consultation took place 7 days following the consultation with the first doctor and 5 days after receiving the blood tests.

At this consultation, it was decided to contact Harry's gastroenterologist, which Dr Lloyd-Jones said was common and good medical practice.

However, he added that, given Harry's condition and the prevailing state of affairs with his health, his blood results should have been reviewed by a doctor as soon as they became available.

In response to this concern, the prison doctor who reviewed the blood results, made the following points:

- a) *"A blood test relating to Mr Harry Speer's was presented to me on/about 12 February 2008. It was consistent with a bowel complaint which I discovered from the entry in his medical notes 5 February 2008.*
- b) *I felt that he should be seen at the gastroenterology clinic as soon as possible and to that end I made contact with the specialist's office.*
- c) *I saw the man himself on 13 February 2008 to advise him of my activities and to be able to report to the Specialist on the bowel problem. That I did on the same day.*
- d) *A date to attend the clinic was arranged.*
- e) *I had no other personal dealings with this man before or after."*

9a. The clinical reviewer raised a concern in respect of the time it took for a doctor to review blood test results.

9b. When the prison doctor did review Harry's blood test results he took immediate steps to have him seen at the gastroenterology clinic.

Baseline Investigations

Dr Lloyd-Jones noted that, at the consultation with Harry on 12 February 2008, the prison doctor asked for some baseline investigations to be done 'at least daily' and that this management was, in his opinion, common and acceptable medical practice. However, there was no evidence that these investigations were undertaken and, therefore, on that aspect Dr Lloyd-Jones said that the standard of care fell below common and acceptable practice.

In response to this concern, the healthcare manager at Maghaberry said:

"The prison doctor requested observations to be carried out at least daily on 12 February 2008 and if Mr Speers was unwell or passing bright red blood it was to be more frequent. I have discussed this with the House Nurse who was on duty at that time who in fact did see Mr Speers on two occasions. Her understanding of the note was that the observations were to be carried out if Mr Speers was unwell and as he had improved she felt that the note no longer applied."

- 9c. There is no evidence that baseline investigations, which the doctor requested to be carried out on at least a daily basis from 12 February 2008, were undertaken.**

Harry's Iron Deficiency

Dr Lloyd-Jones noted that a blood test on 27 February 2007 showed that Harry's haemoglobin (13.1) was at the lower end of the normally acceptable range (13.0 – 18.0). Harry's haemoglobin levels in subsequent months were as follows:

22.05.07 – 13.0

05.06.07 – 12.1

08.11.07 – 11.9

07.02.08 – 9.2

It was Dr Lloyd-Jones' opinion that from March 2007, Harry was deficient in iron and it would have been common and acceptable medical practice to have commenced him on some type of iron supplementation or to have sought advice from his gastroenterologist. It was, in fact, February 2008, eleven months later, before Harry was prescribed an iron supplement.

In light of the above, and in view of the concerns raised by Harry's family in connection with his anaemia, I asked, as stated earlier, Mr Edward Brackenbury, a cardiothoracic surgeon, to advise as to whether Harry's iron deficiency would have caused or contributed to his heart attack.

Conclusions of the Consultant Cardiothoracic Surgeon

Mr Edward Brackenbury noted that:

- Mr Speers' ten year history of ulcerative colitis had been treated assiduously for the most part.

- There was evidence that, for many months prior to his death, that Harry's total body iron stores were low and this had caused a modest degree of anaemia. An exacerbation of ulcerative colitis had caused haemoglobin to fall acutely to below 10g/dl but with resolution of symptoms the level had climbed above 10g/dl.
- Harry had modifiable and non-modifiable factors for developing coronary thrombosis. Male gender was his main, non-modifiable factor. Heavy smoking, which predisposes towards coronary atherosclerosis, would also be a significant factor. Mr Brackenbury believed that: *"heavy smoking of 20-30 cigarettes per day was pre-eminent amongst the determinants of Harry's untimely death."*

In respect of Harry's low haemoglobin readings, Mr Brackenbury explained that there is a link between the outcome following an acute coronary problem and anaemia and for any individual who survives a heart attack, anaemia reduces their ability to survive.

He also said, however, that in Harry's case, *"his ability to withstand the consequences of a myocardial infarction was most likely due to the nature of the coronary disease itself rather than to the anaemia. The acute fall in blood count prior to the myocardial infarction was resolving and the recently introduced iron supplementation would have aided resolution over a period of time. The delay in administering iron supplementation for the months preceding Mr Speer's death, although undesirable, was likely to have played only a minor part in the regrettable outcome of his cardiac condition."*

Mr Brackenbury concluded that whilst it may have been the case that the delay in administering iron supplementation may have breached the Prison Service's duty of care, he does not believe that the delay "*had a significant causative effect on the outcome of Mr Speers' coronary thrombosis*" and "*on balance of probabilities, Mr Speers would not have survived his heart attack whether his haemoglobin was greater than 13g/dl or less than 10g/dl.*"

- 9d. In the light of Harry's haemoglobin readings, the clinical reviewer felt that Harry should have commenced iron supplement medication much sooner than he did, or, failing that, advice should have been sought from his gastroenterologist.**
- 9e. A consultant cardiothoracic surgeon concluded that Harry had a number of risk factors for developing coronary thrombosis and that Harry's heavy smoking was pre-eminent amongst the determinants of his untimely death.**
- 9f. The cardiothoracic surgeon also concluded that the delay in administering iron, although undesirable, was liable to have played only a minor outcome in the regrettable outcome of Harry's cardiac condition.**

10. Additional Family Health Concerns

Family Cardiac History

Harry's family expressed concern that he might have suffered from a *"mini heart attack sometime prior to his death and that this was never picked up."*

Harry did mention to a nurse who saw him before he died that his chest pain had happened *"once before recently"*. Harry appeared, however, to think that his pain may be due to the iron medication that he had been prescribed.

There is no evidence in any medical notes that would suggest that Harry had suffered an earlier heart attack or sought assistance for symptoms that would have raised the possibility of a heart attack.

Provision of Steroids

Harry's family were concerned about there being a delay in prescribing steroids for him following his last health flare up.

From Harry's medical notes, it could be seen that on 5 February 2008 he had started to take the steroid, Prednisolone 40mg, once a day for 10 days. Logic would dictate that the last day of this treatment was, therefore, 15 February 2008. However, it is recorded by the gastroenterologist on 18 February 2008 that Harry said he was taking steroids until *"yesterday"*, the 17 February 2008.

Harry consulted with his gastroenterologist on 18 February 2008 and his handwritten letter recommended that Harry recommence Prednisolone at 40mg per day.

Dr Lloyd-Jones concluded that, in his opinion, the 3 day gap from the last time Harry took Prednisolone *“would not have made any difference to his anaemia or prevented him from having his heart attack.”*

Blood Transfusion

Harry's family also said that they believed a nurse had suggested that when having a baby she was given a blood transfusion when her haemoglobin was higher than Harry's and that his haemoglobin was so low that should have received a blood transfusion.

The consultant cardiothoracic surgeon asked to carry out a clinical review confirmed, in response to my query, that Harry's haemoglobin was never at a level that would have required a blood transfusion

Mr Brackenbury said that: *“patients with a haemoglobin between 9 and 10g/dl would not have their anaemia corrected rapidly by blood transfusion to offset the affect of anaemia and that blood transfusion as an acute treatment of this degree of anaemia is thought to be unnecessary and possibly harmful.”*

SECTION 3: EVENTS AFTER HARRY'S DEATH

11. Death in Custody Contingency

As part of my investigation I examined all the policies and guidance relating to procedures to be adhered to following a death in custody, including 'Contingency Plan Forty Five – Death of a Prisoner'.

This document details the roles and responsibilities of all members of staff upon notification of a possible death. From the information gathered as part of this investigation it is evident that the duty governor, following Harry's death on 18 February, adhered to the Prison Service policy for dealing with the incident.

11a. The duty governor responded promptly and appropriately to the incident of Harry's death on 18 February 2008 in line with Prison Service policy and procedures.

12. De-Brief Meetings

The duty governor held an immediate hot de-brief meeting following Harry's' death in line with the requirements of the Prison Service's Revised Self Harm and Suicide Prevention Policy issued in September 2006.

It states that a hot be-brief meeting 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. The de-brief also gives staff the opportunity to discuss their feelings and reactions to the death of a prisoner.

Page 20 of the Addendum to the September 2006 Self Harm and Suicide Prevention Policy issued in January 2009 now states that "*a brief note should be taken of those attending, and matters raised.*" This was as a result of recommendations from earlier death in custody investigations.

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 well attended and minuted cold de-brief took place on 14 March 2008, however, this was outside the 14 day period as stipulated by the policy. The Prison Service stated that there was a delay as key staff were unable to attend prior to that date.

- 12a. The duty governor carried out a verbal hot de-brief immediately following the incident of Harry's death in line with Prison Service policy at that time.**
- 12b. The new Addendum to the Self Harm and Suicide Prevention Policy now requires hot de-brief meetings to be recorded.**
- 12c. A more comprehensive cold debrief took place on 14 March 2008, however this was outside the 14 day period as required by Prison Service Policy.**

SECTION 4: OTHER ISSUES

13. Cell Checks

Harry's family had concerns that he should have been placed on a 15 minute watch as he felt unwell.

The daily regime for prisoners in the separated accommodation in Bush and Roe Houses confirms that all prisoners within these houses must be checked and accounted for at the following times of the day:

08.00 Numbers checked
11.45 Numbers checked.
14.00 Numbers checked
15.45 Numbers checked.
20.15 Numbers checked.

There are also other adhoc roll count checks carried out through the day and night.

On 18 February 2008, Harry was checked on all required occasions prior to his death. The last official recorded check was 15.45 when Harry was escorted to his cell following association. He would not have been due to receive a further check until 20.15.

A nurse attended to Harry at 15.55 after he reported feeling unwell. On the basis of his presumptive diagnosis that Harry's pain was of gastric intestinal origin, he did not request additional checks to be carried out on Harry.

Evidence shows that a concerned officer who was aware that Harry was unwell, checked Harry at 16.40 and then again at 17.50. On both occasions, the officer believed Harry was sleeping normally.

At 18.45 two officers carrying out a hot water rota went to Harry's cell and raised the alarm.

13a. Prisoner checks in Bush House on 18 February 2008, the day Harry died, were carried out in line with Prison Service policy.

13b. A concerned officer who was aware that Harry was unwell responded by checking Harry on a more regular basis than that required by Prison Service Policy.

13c. Staff had no reason to believe that there was any requirement to check Harry at 15 minute intervals.

14. Harry's Cell Accommodation

Harry's wife raised concerns that the supervision and care provided to Harry was *"insufficient due to the position of the cell alarm within Harry's cell in relation to his bed."*

The Prison Service's Estate Management Branch² confirmed that the plans, design and layout of the cell accommodation within Bush House falls within the requirements of prison legislation and conforms to the recommended Home Office standard design, which includes mechanical and electrical specifications. The Home Office standards in relation to the cell call button recommend:

"Cell call buttons are always placed near the cell door to ensure that the reset button indicator light is placed on the corridor side which allows the officer on duty to view the indicator light from the landing areas, communicate with the inmate through the cell door viewer and reset the cell call. The alarm is a 'cell call' to be used to attract or call staff during periods of lockdown."

The Prison Service has indicated that custom and practice over time has resulted in the call button being called the 'emergency cell alarm'. This is because prisoners who over used the call system are often advised by staff that they should only use the cell call button "in an emergency". This may, therefore, give the impression that the purpose of the cell call button is to activate

² Estate Management Branch – responsible for the management of the Prison Service estate including preparation of business cases for and management of all capital works projects.

an 'emergency response' rather than simply attracting staff attention, as it is intended to do.

On his return from outside hospital and before his death, Harry used the call button within his cell, following smoking a cigarette, to call staff to let him out to attend association in the recreation room. When staff responded Harry was given access to the recreation room. Harry used the call button again shortly after returning to his cell to call staff as he felt unwell. When staff responded, Harry asked for a nurse.

At the time of Harry's heart attack it seems that he was resting or sleeping on his bed within his cell. It is the case that, unlike in a hospital, there was no cell call button located next to Harry's bed. It is impossible to say whether, had there been a call button next to his bed, Harry would have been alert or capable enough to have activated it to call staff. The same would apply should Harry have had a heart attack in any other area of his cell, away from the call button location.

14a. The plans, design and layout of the cell accommodation including the cell call button within Bush House is consistent with prison legislation and conforms to the recommended Home Office cell standard design.

15. Harry's Hospital Appointments

Harry's wife raised concerns about him missing hospital appointments.

A complete review of healthcare records, between January 2007 and the day Harry died on 18 February 2008, established that Harry attended three outpatient appointments to see his consultant gastroenterologist at the gastroenterology clinic at the Belfast City Hospital as scheduled.

Six appointments to attend the clinic were cancelled and rearranged due to the consultant's illness and a lengthy waiting list, namely, 1 February 2007, 5 March 2007, 26 March 2007, 16 April 2007, 30 April 2007, and 8 August 2007.

Harry missed one appointment, on 17 January 2007, to attend the clinic because the Prison Service only received notification from the hospital on the day of the appointment

15a. Six of Harry's hospital appointments were cancelled and rearranged by the Belfast City Hospital. One other appointment was missed because the appointment letter was only received by the prison on the day of the appointment.

RECOMMENDATIONS TO THE NI PRISON SERVICE

I make **3** recommendations to the Northern Ireland Prison Service and I shall request updates on the implementation of these recommendations in line with the action plan and target completion dates produced by the Northern Ireland Prison Service.

The Prison Service should address the recommendations that follow in consultation with its South Eastern Health and Social Care Trust partner.

Recommendation 1

I recommend a review of the arrangements operating in Maghaberry Prison Healthcare Centre for the actioning and recording of responses to doctor requests for baseline investigations/patient monitoring.

Recommendation 2

I recommend that Maghaberry Prison Healthcare Centre implements arrangements for the examination of blood test results by a doctor that will ensure that reviews take place, in line with best practice, as soon as possible after results become available.

Recommendation 3

I recommend that the Prison Service, in co-operation with their South Eastern Health and Social Care Trust partner, amends the Standing Operating Procedure for requesting Ambulance Service Support to include a clear statement as to the policy in respect of calling an ambulance in any emergency situation where CPR is performed.