



The
**Prisoner
Ombudsman**
for Northern Ireland

REPORT BY THE PRISONER OMBUDSMAN
INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF
GEORGE ROBERT ARMSTRONG

AGED 59

AT SOMERTON HOSPICE

ON 18 OCTOBER 2008

6 AUGUST 2010

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

[Published 25 August 2010]

INVESTIGATION REPORT

George Robert Armstrong

<u>CONTENTS</u>	<u>PAGE</u>
PREFACE	4
SUMMARY	6
RECOMMENDATIONS	19
INTRODUCTION TO THE INVESTIGATION	22
OBJECTIVES	23
INVESTIGATION METHODOLOGY	24
FINDINGS	30
<u>SECTION 1: GEORGE'S CARE IN ERNE HOUSE</u> <u>(October 2005-May 2008)</u>	30
1. George's Medical History	30
<u>SECTION 2: GEORGE'S CARE IN MARTIN HOUSE (Mourne Complex)</u>	32
2. Move to Mourne Complex	32
3. Provision of Healthcare Services in Martin House when George was located there	33
4. George's Access to Healthcare Services whilst in Martin House	38
5. Chronology of Key Events relating to George's health from 20 May to 8 September 200	42
6. Reasons for George's non-attendance at Medical Appointments	49
7. George's Medication	55
8. Wheelchair Provision and Assistance	59
<u>SECTION 3: GEORGE'S CARE IN MAGHABERRY HEALTHCARE CENTRE (9 September – 18 September 2008)</u>	61
9. Chronology of Key Events relating to George's Healthcare 8 September to 18 September 2008	61
<u>SECTION 4: EVENTS AFTER GEORGE'S ADMISSION TO HOSPITAL</u> <u>(19 September – 18 October 2008)</u>	66
10. Chronology of Key Events after George's admission to hospital	66
<u>SECTION 5: OTHER ISSUES</u>	69
11. Family Liaison	69
12. George's Final Release Arrangements	72

INVESTIGATION REPORT

George Robert Armstrong

<u>SECTION 6: CLINICAL REVIEW</u>	77
14. Clinical Review	77
APPENDICES	83
Appendix 1 – Terms of Reference	84
Appendix 2 – Maghaberry Prison	93

INVESTIGATION REPORT

George Robert Armstrong

PREFACE

George Robert Armstrong was born on 21 December 1948. He was 59 years old when he died in the Somerton Hospice, Belfast. Mr Armstrong had been a prisoner at Maghaberry Prison since October 2005 before being admitted to Belfast City Hospital and later to the Hospice. There was no autopsy and consequently no post mortem report.

Amongst his family and close friends, Mr Armstrong was known as 'George' and 'Geordie' and with their agreement, George is the name that I have used throughout my report.

I offer my sincere condolences to George's fiancée, his two sisters and friends for their sad loss. I have kept in close contact with George's fiancée and have updated her on developments as they have arisen.

As part of my investigation I commissioned an independent Clinical Review into George's care during the time he was in custody. In response to concerns raised by George's fiancée, Belfast Health and Social Care Trust also conducted a review into George's care during his time in Belfast City Hospital. I am grateful to the Trust for providing me with a copy of their report.

My report into George's death contains this preface, summary, and recommendations followed by an introduction, details of my investigation, and my overall findings.

INVESTIGATION REPORT

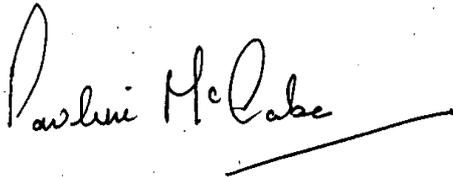
George Robert Armstrong

My findings are presented in six sections:

- Section 1: Georges care in Erne House from October 2005 to May 2008
- Section 2: George's care in Martin House (Mourne Complex)
- Section 3: George's care in Maghaberry Healthcare Centre
- Section 4: Events after George's admission to hospital
- Section 5: Other issues
- Section 6: Clinical Review

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

As a result of my investigation, I make eight recommendations to the Northern Ireland Prison Service and South Eastern Health and Social Care Trust.



PAULINE MCCABE

Prisoner Ombudsman for Northern Ireland

6 August 2010

INVESTIGATION REPORT

George Robert Armstrong

SUMMARY

George Robert Armstrong was committed to prison in 2004 in England and transferred to Maghaberry Prison in October 2005. He served his sentence in Erne House until 20 May 2008, when he was transferred to Martin House, in line with his resettlement plan. Martin House is part of the Mourne complex, which is a separate part of the prison outside the main prison wall. As the prison healthcare centre is located in the main prison, prisoners in Mourne needing to visit the centre are taken by bus.

George suffered from a number of medical problems and, throughout his time in Erne House, he received treatment and medication, as required, to deal with these.

Interviews with prison staff and prisoners suggest that when George initially arrived in Martin House in May 2008, he appeared relatively fit and well. From a review of Prison Service records, it was not until around 11 August 2008 that George started to present as unwell with symptoms not related to his ongoing health problems.

Records show that on 11 August 2008, George saw a prison doctor at the healthcare centre in the main prison and was complaining of a dry cough and constipation. George was examined and blood tests and an x-ray were ordered. He was provided with linctus and lactulose.

The following day a nurse saw George in Martin House in relation to his cough. It is recorded that George was “*disgusted*” that he was only given linctus and stated that he wanted antibiotics.

INVESTIGATION REPORT

George Robert Armstrong

It is recorded in healthcare notes that George refused to attend an x-ray appointment for 13 August 2008. George wrote on a *Failure to Attend Form* that his reason for non attendance was because he was “*unfit to travel.*”

On 15 August 2008, George was seen by a nurse officer who noted his “*troublesome cough.*” It is recorded that George was offered the opportunity to be placed on a list to see a doctor at the healthcare centre, but refused this offer.

Medical records show that a further x-ray appointment was scheduled for 18 August 2008, but that George “*refused to attend.*” Again, George recorded that he was “*unfit to travel.*” On the same day prison officers and a governor requested a further medical review in connection with George’s “*troublesome cough and ongoing malaise.*” George was seen that evening by a nurse officer and it is recorded that he, again, requested antibiotics for his chest.

The following day, a nurse officer visited George and described him as being aggressive and unpredictable, but she recorded that he was “*talked round*” to providing her with a blood sample. Later that day, the nurse officer talked to a doctor. The absence of x-rays was noted and the record states that the offer of an x-ray appointment would continuously be made. It was noted also that “*it is difficult for the prison doctor to provide informed healthcare without this result.*”

A haematology report on 19 August 2008 showed George’s white cell count was marginally elevated but was otherwise normal.

On 20 August 2008, the healthcare electronic record system (EMIS) notes that George refused a further x-ray appointment. During the

INVESTIGATION REPORT

George Robert Armstrong

night of 21/22 August 2008, George was seen by a nurse officer. He was complaining of chest pain and pain in his left arm. He informed the nurse officer that he had a chest infection and she advised him of the necessity to attend for an x-ray. George argued with the nurse officer and said that he was unable to walk to the appointment. The nurse officer recorded that George showed *“no signs of breathlessness and he was observed moving on (the) bed freely without difficulty.”*

On the morning of 22 August 2008, an employee of a prisoner support service at Maghaberry spoke to a nurse officer about her concerns for George’s health. That morning, George set out to attend the healthcare centre, but collapsed in the main prison whilst on his way. He was examined by the prison doctor and it is recorded that, during the consultation, George apologised for not attending his chest x-ray appointments and for his previous behaviour. The doctor decided that George should go to hospital.

At 13.00, George was taken to hospital where an ECG¹, chest x-ray and blood tests were taken. George returned to Maghaberry prison at 17.44 with antibiotics for treatment of a chest infection. No review was requested by the hospital.

Following George’s visit to outside hospital on 22 August 2008, medical records show that, although on antibiotics, George’s health did not improve.

On 27 August 2008, it is recorded that George did not attend for an appointment with a prison doctor. A prison officer recorded in the Martin House journal that George was too ill to attend. On 28 August

¹ **ECG Definition** - The electrocardiogram (ECG) is a diagnostic tool that measures and records the electrical activity of the heart in exquisite detail. Interpretation of these details allows diagnosis of a wide range of heart conditions

INVESTIGATION REPORT

George Robert Armstrong

2008, a senior nurse officer saw George in Martin House, examined him and took a sputum sample. This subsequently showed a growth of streptococcus pneumonia.

On 1 September 2008, a prison officer recorded that George was very sick and unable to make an appointment with a doctor. However records show that George was examined by a doctor later that day. It is not clear from records whether George attended the healthcare centre or whether a doctor went to him.

On 8 September 2008, George completed a *Request Form* marked “urgent,” asking to be moved back to the main prison. He wrote that his health was failing and that “*he had no heating whatsoever in his cell.*” He wrote also “*this is my final decision, one I did not want to make.*”

George was seen by a nurse officer and doctor that day and was admitted to the healthcare centre. It is recorded that George told the nurse officer who admitted him that “*he could not cope any longer and felt the healthcare centre was now the best place for him.*”

The investigation found no problem with the heating system in Martin House. It may well be that George had a particular need to be warm because of his health.

George’s fiancée was concerned about George’s healthcare whilst he was in Martin House and believed that he was recorded as refusing to attend appointments in the healthcare centre, when he was not well enough to do so.

INVESTIGATION REPORT

George Robert Armstrong

As explained earlier, Martin House is part of the Mourne complex, which is located in the prison but outside the main prison wall. Because the Maghaberry healthcare centre is in the main prison, prisoners based in Martin House requiring appointments with nurse officers or doctors, treatments or x-rays, would generally have to travel to the main prison. This entailed a journey in a prison bus and then processing through the main reception area. Prisoners would be required to undertake a full body search, requiring clothing to be removed, before waiting in the reception area to be escorted approximately 400 metres to the healthcare centre. The process was then repeated on the return journey.

The process and the time it would take appeared to result in some prisoners, at times, asking healthcare staff to visit them in Martin House, even though they were fit to go to the healthcare centre. At interview one of the officers in Martin House said *“we get a bit of a thing with prisoners not wanting to go on the bus.”* He said that *“in the early days George would have been fit to get on the bus to go across to the doctor but he did not want to do that.”*

It was clear, however, from interviews with healthcare staff, prison staff and prisoners that the arrangements for providing healthcare in the Mourne complex caused conflict and difficulties.

Healthcare staff said that they were not adequately staffed to respond to all the requests received for visits to Mourne and would, therefore, wherever possible get patients to come to them. They said that they believed that prisoners and prison staff in Mourne made unnecessary requests for visits and, in doing so, created an amount of work disproportionate to the number of prisoners being cared for. In turn, prison staff and prisoners expressed the belief that healthcare staff

INVESTIGATION REPORT

George Robert Armstrong

were not providing the appropriate healthcare services and were reluctant to visit prisoners in Mourne.

In January 2009, following an inspection of Maghaberry Prison, the Criminal Justice Inspector for Northern Ireland and Her Majesty's Inspector of Prisons criticised the primary healthcare services for prisoners in Martin House, describing the provision as "*poor*". The inspection report made a recommendation that all prisoners should have equal access to the services of a General Practitioner.

During George's time in Martin House, it was clear from records that nurse officers did attend on occasions and that doctors sometimes attended in the event of an emergency or serious illness. The chronology above shows that George was seen in Martin House a number of times by healthcare staff when he was unwell and when healthcare staff were monitoring him. However prison officers in Martin House also said that there were times when they phoned and asked healthcare staff to see George and staff refused saying that George must attend the healthcare centre. One officer said that he saw George becoming progressively more ill and that he had rung healthcare on a daily basis expressing his concern. He said that he was frustrated because "*we might as well have just talked to the wall.*"

Another officer said that he asked a number of times for a doctor to visit George, but was always told to get George to the healthcare centre if he felt it was necessary for him to be seen by a doctor.

George's fellow prisoners also said at interview that they approached prison officers to try and get healthcare staff to see George. One of the prisoners stated that he was aware that prison officers were also concerned for George's health. He said that on one occasion an officer

INVESTIGATION REPORT

George Robert Armstrong

had told him that a request for healthcare staff to see George had been submitted but that they couldn't "*force them to come over.*"

Prison staff and prisoners said that George's condition became worse over his last weeks in Martin House. One prisoner said at interview that approximately five to six weeks before George passed away he had "*deteriorated quite quickly*" and was "*too weak to stand for any length of time*". He said that prisoners assisted George by bringing him whatever he needed.

Another prisoner said that George was normally very sociable but five weeks before he died his health deteriorated and he never left his cell. He said that George was "*coughing really bad all hours of the day and night*" and "*sat on the plastic chair in his cell with his head in his hands leaning on the table.*" He said that he brought food to George.

The medical notes record that George refused to attend for medical appointments on 13 June, 13 August, 15 August, 18 August, and 20 August 2008. The reason given by George for refusing the appointment on 13 June was that it coincided with a visit. In respect of the other appointments, with the exception of 15 August, George said that he was "unfit to walk / travel." The reason for non attendance of on 15 August was not recorded in any of the records examined.

It is recorded on 10 September 2008, by a doctor that George "*was very apologetic for not attending for an x-ray when it was first requested*"

INVESTIGATION REPORT

George Robert Armstrong

A nurse officer said at interview that *“I suspect that he refused blood tests and x-rays not because he was unwell but because he didn’t want to go. He was up and about. He wasn’t a frail old man.”*

A prison officer said, however, he *“refused to go because he couldn’t make the trip.”* A second officer said *“the healthcare staff had it in their minds that he was a man who had joined all the others crying out for medication when he didn’t need it.”*

It is of note that on 4 September 2008, it is recorded in the Martin House journal that George did make the trip over to the main prison for an educational class which lasted for three hours. George’s fiancée said that he was worried that if he didn’t attend his educational class, he wouldn’t get his parole.

It is not possible to say which, if any, of George’s later appointments he may have been well enough to attend, but was unwilling to attend because of the requirement to go to the main prison. However the evidence suggests that George was clearly feeling very unwell during his last weeks in Martin House.

As noted earlier, on 22 August 2008, George collapsed when he was attempting to walk to the prison hospital. He was admitted to outside hospital later that day.

George’s fiancée was concerned that on one occasion, a governor wheeled George to the healthcare centre because prison officers refused to push George in a wheelchair. The investigation found that this was the case and that it happened on two separate occasions. Both times, governors were asked to push George and did so.

INVESTIGATION REPORT

George Robert Armstrong

The investigation established that there is no Prison Service policy in relation to the pushing of wheelchairs by staff, or prison rule preventing staff from pushing a wheelchair, but that prison officers say that they are not trained and not clear about liability issues.

Although a wheelchair is provided for the use of prisoners who cannot make their own way from Mourne to the main prison, and the prison vehicle has a hydraulic ramp to lift the wheelchair into the vehicle, there are no formal arrangements for its use.

It is unclear how many of George's missed appointments he might have been able to attend, if the offer of the use of a wheelchair had been made, particularly for the 400 metre walk from the main prison reception to the healthcare centre.

As stated previously, on 8 September 2008, George was transferred to the prison healthcare centre. Two days after George's transfer to the healthcare centre, an x-ray was taken and showed "*left sided patchy consolidation despite antibiotics*". As a result a prison doctor took the decision to send George to Belfast City Hospital for further examinations.

George remained in outside hospital for two days, returning to Maghaberry on 12 September 2008. A letter sent to Maghaberry indicates that George had been given various tests including a chest x-ray and had been diagnosed with left basal pneumonia and required treatment with chest physiotherapy, oxygen and nebulisation and required antibiotics for a further five days. The hospital letter stated "*No review.*"

INVESTIGATION REPORT

George Robert Armstrong

On returning to the healthcare centre, George was continuously monitored by the healthcare nurses and doctors. On 14 September 2008, a nurse officer examined George and recorded that he had improved since returning from hospital. It was noted, however, that George felt that he needed more effective medication.

Whilst George continued to have problems with pain and other symptoms, it is recorded on 17 September 2008 that he felt a slight improvement in his health.

On 18 September 2008, a nurse officer noted that when George arrived at the treatment room to collect his pre-breakfast medication he could “*hardly walk or stand*” and “*looked exhausted and very pale.*” George continued to deteriorate and, concerned by the results of clinical observations, the nurse officer called an ambulance and George was taken to Belfast City Hospital. On arrival at the hospital, George was unconscious.

On 29 September 2008, Belfast City Hospital informed the prison doctor that George had multiple metastatic disease and on 3 October 2008, the Hospital wrote to the prison doctor informing him that George had probable renal cell cancer with metastasis to his brain, lung and thoracic lymph nodes.

George’s prognosis was poor and following receipt of clinical reports regarding his terminal illness, approval was granted for George to avail of unaccompanied temporary release under Prison Rule 27.

On 13 October 2008, George was discharged from Belfast City Hospital to reside at his fiancée’s home.

INVESTIGATION REPORT

George Robert Armstrong

With his health deteriorating further, on 17 October 2008, George was admitted to Somerton Hospice. On the same day, a governor visited George and released him on license under Article 7 of the Life Sentence Order (NI). Sadly George died the next day.

George's fiancée felt that there was an unnecessary delay in securing George's release. A review of the actions taken by the Prison Service found that George's final release arrangements were carried out in line with prison service policy and that efforts were made to progress these expeditiously.

As part of the investigation into George's death, an independent Clinical Review was carried out by Dr Neil Lloyd-Jones to examine George's care in prison. Dr Lloyd-Jones concluded that, with three exceptions, George's healthcare in Maghaberry was in line with common and acceptable practice. The exceptions were three consultations with prison doctors on 1 September, 8 September and 9 September 2008. Dr Lloyd-Jones concluded that whilst all three consultations involved "*satisfactory*" or "*thorough*" clinical examinations, further tests should have been ordered to ascertain the cause of George's ongoing problems

George's fiancée told me of her concern that George's cancer should have been diagnosed sooner. In considering the role of the Prison Service healthcare team in realising that something was seriously wrong with George, Dr Lloyd-Jones overall conclusion was that "*none of the symptoms and or signs that he (George) had from January 2007 until his death in October 2008 would, to the average General Practitioner, have remotely hinted or suggested his underlying pathology of metastatic cancer*".

INVESTIGATION REPORT

George Robert Armstrong

In considering George's fiancée's concerns, I believe that it is also to be noted that prison doctors took decisions to send George to outside hospital on 22 August 2008 and, again, on 10 September 2008 when they were concerned about him. On both occasions, George was sent back to prison with no request for a follow up.

Full details of the clinical review findings and the response of one of the doctors is included in section 6 of this report.

As a result of my investigation I make eight recommendations to the Northern Ireland Prison Service. A number of the recommendations relate to the provision of healthcare and are, therefore, made to the Prison Service and the South Eastern Health and Social Care Trust (SEHSCT).

I shall request updates on the implementation of these recommendations in line with the action plan provided by the Prison Service.

Footnote

Since the opening of Braid House² on 1 February 2010, which is also located in the Mourne Complex, approximately 200 yards from Martin and Wilson House, prisoners in Martin and Wilson House have been afforded access to the full time nurse officer allocated to Braid House. More recently, since May 2010, an agreement has been made that prisoners in Martin and Wilson House can also access the weekly doctor's clinics held at Braid House.

² Braid House – 120 bed facility located 200 yards from Martin and Wilson House within the walls of the Mourne Complex.

INVESTIGATION REPORT

George Robert Armstrong

Acknowledgement

George's family expressed the wish for the officers who supervised George while he was an in-patient in Belfast City Hospital to be acknowledged for the professionalism and compassion they showed to George and his family during his time in Belfast City Hospital. I am happy to do this and commend them for their thoughtfulness.

INVESTIGATION REPORT

George Robert Armstrong

RECOMMENDATIONS

Recommendation 1

I note the new arrangements from May 2010 that provide prisoners in the Mourne complex access to the nurse officer and weekly doctor's clinic which are available in Braid House.

I recommend to the Prison Service and SEHSCT that the new arrangements are comprehensively reviewed in three months time to ensure that all prisoners in the Mourne Complex and Braid House now have appropriate access to healthcare services and a General Practitioner.

Recommendation 2

I recommend the Prison Service and SEHSCT ensure that each time a prison officer notifies health concerns about a prisoner to healthcare staff, or requests a prisoner be visited by healthcare staff, a record is made on EMIS.

Recommendation 3

I recommend that the Prison Service and the SEHSCT ensure staff complete a 'Healthcare-Failure to Attend Form' on each occasion where a prisoner fails or refuses to attend for an appointment/examination. The reason provided by the inmate or prison staff should also be recorded on the EMIS system.

INVESTIGATION REPORT

George Robert Armstrong

Recommendation 4

I recommend that the Prison Service ensures that staff in the Mourne Complex record accurately, any reasons offered by an inmate for refusing to attend an appointment. They should be made aware that 'refused to attend' should only be recorded where this is an accurate description.

Recommendation 5

I recommend that the Prison Service should take whatever action is necessary to ensure that prison staff are available to push a wheelchair in circumstances where one is required.

Recommendation 6

I recommend that the Prison Service ensure that all family support staff record each and every occasion they make contact with, or carry out an action on behalf of a family. (See sub-section 11 of the report.)

Recommendation 7

I recommend that the clinical lead for the SEHSCT ensure that all General Practitioners working in the Prison Service are working to the current National Institute for Health and Clinical Excellence (NICE) guidelines when dealing with patients presenting with Mr Armstrong's symptoms.

INVESTIGATION REPORT

George Robert Armstrong

Recommendation 8

I recommend that the Prison Service reviews the requirement for a prisoner to sign release papers in circumstances where the prisoner is gravely ill and may not be fit to do so.

INVESTIGATION REPORT

George Robert Armstrong

INTRODUCTION TO THE INVESTIGATION

Responsibility

1. The Prisoner Ombudsman³ for Northern Ireland, has responsibility for investigating the death of George Robert Armstrong at the Somerton Hospice on 18 October 2008. This is because prior to his death, Mr Armstrong was a serving prisoner. He was released under Article 7(2) of the Life Sentence (NI) Order 2001, the day before he died. The Terms of Reference for investigating deaths in prison custody in Northern Ireland are attached as Appendix 1 to this report.
2. The investigation provides enhanced transparency to the investigative process following any death in prison custody and contributes to the State's investigative obligation under Article 2 of the European Convention on Human Rights.
3. The Prisoner Ombudsman is independent of the Prison Service, as are the investigators. As required by law the Police Service of Northern Ireland continues to be notified of all such deaths.

³ The Prisoner Ombudsman took over the investigations of deaths in prison custody in Northern Ireland from 1 September 2005.

INVESTIGATION REPORT

George Robert Armstrong

Objectives

4. The objectives for the investigation into George's death were:
- 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;
 - to examine whether any change in Prison Service operational methods, policy, practice or management arrangements could help prevent a similar death in future; and
 - to ensure that George's family have an opportunity to raise any concerns that they may have and that these are taken into account in the investigation.

INVESTIGATION REPORT

George Robert Armstrong

INVESTIGATION METHODOLOGY

Notification

5. On the morning of 18 October 2008, the Prisoner Ombudsman's Office was notified by the Prison Service of George's death at the Somerton Hospice. The Prisoner Ombudsman then commenced an investigation.

Notices of Investigation

6. The Prisoner Ombudsman has the discretion to decide on the extent of investigation required depending on the circumstances of a death. George died a natural death, therefore, the Prisoner Ombudsman waited for a review to be carried out and family meeting before formally starting the investigation. On 8 December 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 relating to George's death to contact the Prisoner Ombudsman Investigation Team. Further copies of the notices were sent to the Governor at Maghaberry Prison on 2 April 2009, as it appeared that the original notices had not been displayed in all areas within the prison. Three prisoners responded to the Notice to Prisoners and were interviewed as part of the investigation. All of their comments were considered as part of the investigation.

INVESTIGATION REPORT

George Robert Armstrong

Family Liaison

7. An important aspect of the role of Prisoner Ombudsman dealing with any death in custody is to liaise with the family.
8. The Prisoner Ombudsman met George's fiancée on 8 December 2008, at her home. Throughout the investigation, investigators spoke with and met George's fiancée on several occasions to keep her up to date on the progress and findings of the investigation and, to give her the opportunity to raise and discuss any issues or concerns. The Prisoner Ombudsman also met George's fiancée again recently, in order to explain and discuss the overall findings and recommendations within this report.
9. It was important for the Prisoner Ombudsman to learn more about George and his life from George's fiancée, and is thankful of the opportunity to talk with her about George, and grateful for the insight she gave into events throughout his life. George's fiancée had known George from the time they were both 15 years of age and, although they had lost contact in the middle years, they were reunited and engaged to be married at the time George died.
10. George's fiancée was asked if she had any concerns about George's care that the investigation team should be aware of in carrying out the investigation. George's fiancée asked the following questions:
 - Why was George's illness, which led to his death, not diagnosed at an earlier stage?

INVESTIGATION REPORT

George Robert Armstrong

- Why was George's treatment poor in prison and his medication inadequate to cope with the symptoms of his serious illness?
- Why was George's medication not given to him on time?
- Why was George allowed to walk to the healthcare centre at the prison when he was clearly unfit to do so and collapsed on the way there?
- Why, when George was eventually given a wheelchair, did prison officers refuse to push it?
- George was occasionally too ill to attend the healthcare centre, a journey which necessitated being transferred in a vehicle and walking. Why did records show him as refusing to attend?
- Why did doctors not attend George whilst he was in Martin House?
- Why were George's fiancée's calls to the prison often unanswered and not returned?
- What internal discipline has been taken as a result of all George's fiancée's complaints?
- Why did arrangements for George's release from prison take so long?

INVESTIGATION REPORT

George Robert Armstrong

11. All of these questions have been addressed in this report.

12. George's fiancée also expressed concerns in connection with George's care at Belfast City Hospital. The Prisoner Ombudsman has no authority to investigate matters in connection with a Death in Custody that relate to the care provided by an outside hospital. George's fiancée was, therefore, assisted in raising these matters with the Belfast Health and Social Care Trust.

Prison Records and Interviews

13. All the prison records relating to George's period of custody, including his medical records, were retrieved. In line with the policy for investigating Deaths in Custody at the time, George's most recent phone calls were not automatically requested. An amendment to policy since George's death means that telephone calls are now always requested.

14. An extensive range of interviews were carried out with prison management, staff and prisoners, in order to obtain information about the circumstances surrounding George's death.

Clinical Review

15. As part of the investigation into George's death, a clinical review was commissioned to examine his healthcare needs and medical treatment while he was in custody at Maghaberry.

INVESTIGATION REPORT

George Robert Armstrong

16. There was a substantial amount of documentary information about George's health contained in his custody records. This included records of his medical care and treatment throughout his time in the prison systems in England and Wales and in Northern Ireland.
17. Doctor Lloyd-Jones, a member of the Royal College of General Practitioners and a practising GP, carried out a clinical review of George's needs and medical treatment whilst in prison.
18. I am grateful to him for his assistance. His review formed an important part of my investigation and the findings are included in this report.

Working together with interested parties

19. An integral part of any investigation is to work together with all the interested parties involved.

Maghaberry Prison

20. Background information on Maghaberry Prison is included as Appendix 2 to this report. It describes Maghaberry Prison and the Prison Service policies and procedures relevant to this investigation.

Factual Accuracy Check

21. Before completing the investigation a draft report was submitted to the Northern Ireland Prison Service and South Eastern Health and Social Care Trust for a factual accuracy check.
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INVESTIGATION REPORT

George Robert Armstrong

22. The Prison Service and South Eastern Health and Social Care Trust responded with a list of comments for my consideration.
23. I have fully considered these comments and made amendments where appropriate.

INVESTIGATION REPORT

George Robert Armstrong

FINDINGS

SECTION 1: GEORGE'S CARE IN ERNE HOUSE **(OCTOBER 2005-MAY 2008)**

1. George's Medical History

George was committed to Maghaberry Prison in October 2005. He was located in Glen House for a number of days and then in Erne House where he remained until the 20 May 2008. Although he had a serious medical history, his condition appeared under control.

Examination of George's medical records showed that he had a history of the following previous/ongoing medical conditions:

- (1) Obesity
- (2) Smoker
- (3) Type II diabetes, diagnosed 2004
- (4) Coronary artery disease, resulting in:
- (5) Acute myocardial infarction in 1998
- (6) Stenting and PTCA⁴ in 1998
- (7) Bilateral cataracts; a right cataract operation 2006 and a left cataract operation 2007
- (8) Prostatic problems 1998
- (9) Chronic problems with ears leading to perforation

⁴ **Percutaneous transluminal coronary angioplasty** - commonly known as coronary angioplasty or simply angioplasty, is one therapeutic procedure used to treat the stenotic (narrowed) coronary arteries of the heart found in coronary heart disease.

INVESTIGATION REPORT

George Robert Armstrong

Over the years George's medication regimes changed to reflect all of his medical conditions.

Throughout 2008 his medications were Novo Mix Insulin, Metformin, Atorvastatin, Aspirin and Ramipril.

It was Dr Lloyd-Jones's opinion that the standard of George's medical care during his time in Erne House was in line with common and acceptable medical practice. He noted, in particular, that there was ample evidence of the maintaining of George's diabetes and the prescribing and monitoring of his medication.

- 1a. George had a number of previous/ongoing medical problems.**

- 1b. The clinical reviewer concluded that George's medical care in Erne House was in line with common and acceptable medical practice.**

SECTION 2: GEORGE'S CARE IN MARTIN HOUSE

(MOURNE COMPLEX)

2. Move to Mourne Complex

On 20 May 2008 George moved to Martin House, which is part of the Mourne complex. Martin House accommodates life-sentenced prisoners in the later stages of their sentence and facilitates re-settlement work, leading to release from prison. Although part of Maghaberry, the Mourne complex is separated from the main prison. It is outside the prison wall and is accessed by road. It has its own wall and entry gate and has separate prison security measures.

Although Mourne is in some ways a self-contained prison, at the time of George's death, Mourne prisoners relied on the main prison for some important services, for example, most healthcare services, work and education.

2a. On 20 May 2008 George moved to Martin House, part of the Mourne complex.

INVESTIGATION REPORT

George Robert Armstrong

3. Provision of Healthcare Services in Martin House when George was located there

Healthcare Services

Most healthcare consultations and treatments required a trip to the main prison healthcare centre. Importantly, x-ray facilities and routine consultations with doctors were available only in the healthcare centre. A prisoners' attendance at the healthcare centre entailed a journey in a prison vehicle to the main prison reception where they had to be processed and searched before gaining entry into the main prison. There was often a waiting period before being escorted approximately 400 metres from reception to the healthcare centre. When returning to the Mourne complex, prisoners had to go through reception again and be fully searched.

On occasions, a nurse officer visited Martin House during the time that George was there. This occurred where it was felt that prisoners were unable to make the journey to the main prison. Whilst there was no routine provision for a doctor's attendance in Martin House, the healthcare centre staff who were interviewed, said that a doctor could visit Mourne.

A senior nurse officer is responsible for ensuring that healthcare staff, including doctors employed by the prison and those who conduct sessional services, such as dentists, opticians and podiatrists, are in the right places in order to cover all the health care requirements of a busy prison.

INVESTIGATION REPORT

George Robert Armstrong

The senior nurse officer was asked at interview about the arrangements for providing healthcare services to the Mourne complex when George was located there. He said that the healthcare centre was short of staff and pointed out that when Martin and Glen Houses reopened in 2005, no additional resources were provided. He said also, that his staff were stretched to the limit in the main prison and that Mourne prisoners had a scheduled day each week on which they could see a doctor in the main healthcare centre. A doctor could visit Mourne if an emergency arose. It was the view of the senior nurse officer that this was a satisfactory arrangement. He said that it was his view that prisoners manipulated discipline staff and instead of making the trip to the main prison, even though they were fit enough, they tried to get the nurse officers to attend the Mourne Complex.

Given these operational arrangements, the senior nurse officer suggested that it would have been sensible to consult healthcare staff, when it was proposed to locate a prisoner in Mourne. He pointed out that prisoners in Mourne were serving life sentences and had usually served a good number of years. This often meant they were at the older end of the prison population and some had medical considerations that came with later life.

The senior nurse officer expressed the view that Mourne prisoners caused work disproportionate to their numbers. He said that he thought much of the work of healthcare staff *“would go away if Mourne (discipline) staff took more responsibility for the prisoners’ genuine healthcare needs”*. He said that healthcare staff thought prison staff in Mourne eased the pressure on themselves by simply passing on prisoners’

INVESTIGATION REPORT

George Robert Armstrong

requests for visits without considering whether or not the prisoner could attend the healthcare centre.

At interview, a nurse officer said that she could have several calls during the first hour of her day from different staff members in the Mourne complex, about the same prisoner. The nurse officer also said that whilst she did attend emergencies, if there were occasions in a non-emergency situation, where she couldn't get to Mourne, she would often refer this to her senior officer and usually ask the prison officers to bring the patient to her in the healthcare centre. She said, *"my door is always open, but I run a busy clinic in the main healthcare centre and can treat more patients if they come to me"*.

Prison officers who were interviewed said that a doctor used to carry out regular clinics in Mourne but that, at the time that George was there, this no longer happened. One of the prison officers said, *"I don't think the medics (nurse officers) want to be across here....when we telephone we always have to escort the prisoner to the doctor in the main prison"* and *"prisoners in Mourne deserved more care"*. Another prison officer said, *"I can't remember when I last saw a doctor here but it was probably over a year ago."*

At interview, the lifer governor said that Martin House did not have the access to healthcare services that was available to the other houses. The governor stated that he had raised the issue of the lack of adequate medical cover for Mourne complex in 2007 but, *"got nowhere"*.

INVESTIGATION REPORT

George Robert Armstrong

In all, seven prison officers and two lifer governors attached to Martin House were interviewed. All expressed dissatisfaction with an arrangement that, they said, meant that it was not possible to get a doctor to see a patient in Mourne.

A prisoner said at interview that members of the healthcare team were slow in coming to Martin House and he believed that it was due to the distance the staff had to travel.

Following an inspection of Maghaberry Prison in January 2009, the Criminal Justice Inspector for Northern Ireland and Her Majesty's Inspector of Prisons criticised the primary healthcare services for prisoners in relation to Martin House. It was described as "*poor*". The inspection report also made recommendations that all prisoners should have equal access to the services of a General Practitioner.

The evidence supports a view that there were difficulties in connection with the arrangements for providing healthcare in the Mourne complex during the time that George was located there. Healthcare staff believe that prisoners / prison staff in Mourne were making unnecessary requests for visits and causing a disproportionate amount of work. In turn, prison staff and prisoners felt that the healthcare staff were not providing the appropriate healthcare services or making visits to Mourne when needed.

3a. Prisoners based in Martin House who needed to access healthcare services had to travel to the main prison. This entailed a journey in a prison vehicle, a search and a period of waiting which was repeated on their return journey.

INVESTIGATION REPORT

George Robert Armstrong

- 3b. Nurse officers did attend Martin House on occasions and doctors could attend in the event of an emergency.**
- 3c. Nurse officers believed that requests for visits were made even where a prisoner was fit to travel to the healthcare centre.**
- 3d. Healthcare staff said that they were under staffed and that this was why they were reluctant to visit the Mourne complex, unless it was really necessary.**
- 3e. Prison staff believed that healthcare staff were at times unwilling to make visits to Mourne when they were needed.**
- 3f. The Criminal Justice Inspector for Northern Ireland and Her Majesty's Inspector of Prisons, prison staff and inmates were critical of the medical support provided to the Mourne complex.**

Note

Since the opening of Braid House, a newly opened building in the Mourne Complex, on 1 February 2010, a fully equipped medical examination room, a full time nurse officer and weekly doctor's clinics have been put into operation in the new house. A new arrangement in May 2010, between Braid House and Martin and Wilson Houses allows prisoners to access the nurse officer and weekly doctor's clinic which are available in Braid House.

INVESTIGATION REPORT

George Robert Armstrong

4. **George's Access to Healthcare Services whilst in Martin House**

George's fiancée was concerned that George had been made to go to the healthcare centre when he was unfit to make the journey. Having visited George during his last weeks in prison, George's fiancée said that, to look at him, it was obvious he was very poorly.

Healthcare staff, prison officers and prisoners were interviewed in relation to George's access to healthcare services, during his time in Martin House.

Healthcare records indicate that George was visited in Martin House on a number of occasions by nurse officers, in response to requests for their attendance. It was stated at interview, however, that there were other times when nurse officers were unwilling or unable to visit George in Martin House, when asked by prison staff.

A prison officer in Martin House, who knew George for several years, said at interview that he saw him becoming progressively ill and telephoned the healthcare centre in connection with George's health on many occasions. The officer said that "*the reply was always the same,*" that George must attend the healthcare centre if he needed to see a doctor. The officer expressed his frustration as he said that he had at times rung on a daily basis expressing his concern. He said "*We might as well have just talked to the wall*". The officer did say, however, that George was visited by nurse officers on several other occasions.

INVESTIGATION REPORT

George Robert Armstrong

The prison officer further stated that he had suggested trying to by-pass the requirement for George to pass through the main prison reception when he needed to travel to the healthcare centre. The officer said that his idea had been to take George in the van and drive straight to the healthcare centre, thereby cutting out the time-consuming process of waiting at reception, searching and onward travel. He said *“this was vetoed”*. He did not know why or by whom, but suspected that security considerations prevented short-circuiting the system.

Another prison officer, who had also known George for many years, stated at interview that he remembered George as a fit man initially. Speaking about his arrival in Martin House in May 2008, he said *“in the early days he would have been fit to get on the bus to go across to the doctor but he did not want to do that. We sometimes get a bit of a thing with prisoners not wanting to go on the bus. They sit around for some time and find it inconvenient.”*

As George became progressively more ill the officer said that he asked, a number of times, for a doctor to visit George in Martin House. He said that although he could not recall exactly the times and dates, he remembered that he was always told to get George to the doctor in the main healthcare centre, if he felt it was necessary for him to be seen by a doctor.

At interview, a prisoner said that he remembered telling prison officers that George needed medical assistance. He stated that officers told him that a request had been submitted to the healthcare centre but they couldn't, *“force them to come over”*.

INVESTIGATION REPORT

George Robert Armstrong

He said that approximately five to six weeks before George passed away he had “*deteriorated quite quickly*” and was “*too weak to stand any length of time*”. He said that prisoners had to assist George by bringing him whatever he needed.

At interview, another prisoner described George as being weak and not having enough energy to go to the kitchen and said that he assisted him in bringing food to him. He said that prison staff were also concerned for George’s health. He described George as “*very ill*”. He also described George as normally very sociable but said that five weeks before he died, his health deteriorated and George never left his cell or talked to anyone. He said, “*Geordie was coughing really bad all hours of the day and night*”. He said that George sat “*on the plastic chair in his cell with his head in his hands leaning on the table*”.

George raised a formal request marked “*urgent*” on 8 September 2008, asking to be moved back to the main prison system. He said that his health was failing and that he had “*no heating whatsoever*” in his cell. George was seen that day by a nurse officer and doctor and admitted to the healthcare centre. He told a nurse officer who admitted him that he “*could not cope any longer*”.

Information received from a principal officer in the trades department advised that the heating in Maghaberry Prison is thermostat controlled, set at an optimum temperature. The principal officer said, in relation to Martin House, that there is a continuous heating pipe throughout the cells, making it difficult for only one cell to have a problem with the heating.

INVESTIGATION REPORT

George Robert Armstrong

The principal officer said that he had reviewed the works orders generated between 1 July 2008 and 31 December 2008, which identified 15 were raised in relation to the Mourne Complex. He said that only one of these related to Martin House. It would appear that as a result of the request raised by George on 8 September 2008, a work order was generated on the same day to check the heating in Martin House. The works order records, "*checked and bled system and left okay*". It is not clear from this record whether or not there was a problem with the heating system prior to it being checked, however, no other works orders were generated for Martin House during this period of time.

- 4a. During his time in Martin House George did access healthcare services and on occasions nurse officers did attend to George.**
- 4b. Staff and prisoners in Martin House were concerned about George's failing health and said that they regularly attempted to get him further visits by a nurse / doctor.**
- 4c. Staff said that they were, at times, frustrated by the response of healthcare staff to their requests for medical help for George.**
- 4d. On 8 September 2008, George complained that his health was failing and that he had no heat in his cell and asked to move back to the main prison so that he could receive better healthcare.**

INVESTIGATION REPORT

George Robert Armstrong

5. Chronology of Key Events Relating to George's Health from 20 May 2008 to 8 September 2008

George moved to Martin House on 20 May 2008. The information below is a summary of key events relating to George's health between 20 May and 8 September 2008 when he was moved to the healthcare centre.

13 June 2008: George was to attend a cardiac clinic at Belfast City Hospital for a treadmill test. This was cancelled on 12 June. It is recorded by a nurse officer that George "*refused to attend*". In the past he had attended Belfast City Hospital and was unable to complete the cardiac test due to a sore back.

11 August 2008: George was taken to see a prison doctor at the healthcare centre and complained of a dry cough and constipation. The doctor carried out a clinical examination and instigated blood tests and a chest x-ray. George was provided with sugar free linctus and lactulose.

12 August 2008: George was medically examined by a nurse officer in Martin House in relation to his ongoing cough. He was given linctus as prescribed by a prison doctor and tablets for his diabetes. George was "*disgusted*" with the linctus and stated that he wanted an antibiotic. The EMIS records indicate that George threw the medication at the nurse officer. A prisoner recalled this incident and stated that George did argue with the nurse officer and then he threw out the medication.

INVESTIGATION REPORT

George Robert Armstrong

13 August 2008: An entry by a nurse officer recorded that George refused to attend an x-ray appointment arranged that afternoon.

15 August 2008: George was medically examined by a nurse officer for constipation and related issues. He was given medication to provide relief. It was noted that George had a “*troublesome cough*”. George was offered the opportunity to place his name on the list to see a prison doctor but it is recorded that he refused this offer.

18 August 2008: George was contacted by a nurse officer requesting his attendance for an x-ray. Records indicate that George “*refused to attend*”. On the same date, landing staff and a governor requested a further medical review in connection with George’s “*troublesome cough and ongoing malaise*”. He was seen that evening by a nurse officer. George requested antibiotics for his chest complaint. The nurse officer decided to review George in the morning.

19 August 2008: George was spoken to and seen by a nurse officer and he was described as aggressive and unpredictable. He was “*talked round*” to providing blood samples. Later that day, it is recorded that the nurse officer spoke to a prison doctor about George’s ongoing problems. The records state that no x-rays existed and that George had been called twice for an x-ray. It is also recorded that the offer of an x-ray would be continuously made to him. It is further recorded that, “*It is difficult for the prison doctor to provide informed healthcare without this result*”. Advice was given to George in relation to an ongoing complaint of constipation.

INVESTIGATION REPORT

George Robert Armstrong

A haematology form on 19 August 2008 showed George's white cell counts were marginally elevated but the remainder of the results were normal.

20 August 2008: An entry in the medical records indicates that George "*refused*" to attend for an x-ray appointment at 14.00 and that a prison doctor was informed.

21/22 August 2008: Whilst on night duty, a nurse officer attended to George in Martin House. He was complaining of chest pain and pain in his left arm. It is recorded that George was sitting upright and displayed no obvious signs of pain. He informed the nurse officer that he had a chest infection and she advised him of the necessity to attend for a chest x-ray. George argued with the nurse officer and informed her that he was unable to walk to the appointment. She recorded her observations that, George showed no signs of breathlessness and was moving on the bed freely without difficulty. Two Paracetamol were given and he was advised to contact a nurse officer in the morning.

Later that day, an employee of a prisoner support service at Maghaberry Prison, said at interview that she came out of the education block to see George lying on the ground and an officer standing with him. She said that, earlier the same day, she had spoken to a healthcare staff member, expressing her concerns about George's health. She said the nurse officer responded by saying that George smoked, was overweight, was getting older and "*what do you expect*". The same nurse officer arrived to assess George when he was lying on the ground and the

INVESTIGATION REPORT

George Robert Armstrong

employee from the prisoner support service said that, referring to the earlier discussion, she said to the nurse officer that, "*this was a disgrace and George was not fit to be out here.*"

A prisoner recalled George collapsing outside the education block in the main prison and stated George's, "*breathing sounded laboured*". The prisoner thought George was suffering from pneumonia which caused him to collapse.

Following his collapse, George was seen by a prison doctor. The fact that George collapsed is recorded in the class officer's journal but not on the EMIS record. George complained to the doctor that he had chest pain and apologised for not attending the chest x-ray and for his behaviour. It is recorded that George showed no signs of shortness of breath and talked without difficulty at the consultation. On review, the doctor felt that George should go to hospital.

A referral letter was sent to the hospital providing a brief medical history of George and his difficulties. The letter noted that George had complained of pain to the left side of his chest which had subsided, and of a hacking cough which he had for some weeks. The correspondence stated that George had refused to have an x-ray.

George was taken to Belfast City Hospital at 13.00 where, a letter subsequently confirmed, an ECG, chest x-ray and blood tests were taken. George returned to Maghaberry at 17.44 with antibiotics for treatment of a chest infection. No review was requested.

INVESTIGATION REPORT

George Robert Armstrong

26 August 2008: An entry on EMIS records that George had returned from Belfast City Hospital on Friday with a seven day course of antibiotics for a lower respiratory tract infection.

27 August 2008: It is recorded that George did not attend for an appointment arranged with a prison doctor.

28 August 2008: A senior nurse officer met with George in relation to his refusal to see the doctor. He said that *'he walked the 150yards with me to Mourne hospital (examination room) talking freely the whole way'*. A thorough clinical examination was then conducted. As George was producing loose yellow sputum, this was sent for testing.

31 August 2008: A senior nurse officer attended to George who was suffering from constipation. George was informed that this was a side effect of his medication and the senior nurse officer said that he would discuss George's difficulties with the prison doctor and seek an alternative.

1 September 2008: A prison officer recorded in the house journal that he informed a healthcare member of staff at 08.50 that George was very sick and unable to see the doctor or the podiatrist. However, later on that day, George attended the appointments. The EMIS records indicate that George received podiatry treatment and had a medical examination by a prison doctor.

The independent clinical reviewer, Dr Lloyd-Jones, stated that a thorough clinical examination was conducted by the doctor on

INVESTIGATION REPORT

George Robert Armstrong

1 September which was common and good practice. He said, however, that further investigations should have been instigated to determine the cause of George's symptoms and George should have been reviewed within 24 hours. The findings of the clinical review are reported in Section 6 of this report.

2 September 2008: A pathology form stated that George's sputum sample showed a growth of streptococcus pneumonia.

8 September 2008: George was seen by a nurse officer and doctor and he was admitted to the healthcare centre as an in-patient. He never returned to Martin House. The nurse officer who admitted George said, "*I had a good talk with him and he said he could not cope any longer and felt the healthcare centre was now the best place for him*". The Nurse Progress Sheet states, "*admitted to the healthcare centre for a brief period of assessment following a review by a doctor. He has current and ongoing physical difficulties possibly exacerbated by bronchospasm and general debility*". The progress sheet notes that George settled quickly and that he was advised to rest with his ankles elevated.

Dr Lloyd-Jones commented that the prison doctor made a satisfactory clinical appraisal and the decision to admit George to the hospital wing of the prison was common and good practice. He also noted, however, that the doctor failed to instigate investigations to determine the cause of George's symptoms.

With the exception of the two instances referred to above, Dr Lloyd-Jones concluded that the medical care provided to George

INVESTIGATION REPORT

George Robert Armstrong

up to 8 September 2008 was in line with common and acceptable medical practice.

- 5a. George did not start to report new health problems, in particular a cough and chest pain, until 11 August 2008.**
- 5b. George was seen by nurse officers and doctors and received medical treatment in August and September 2008 but also failed to attend medical appointments and x-ray requests on a number of occasions.**
- 5c. George was admitted to outside hospital on 22 August 2008 where a chest x-ray took place and was discharged with seven days antibiotics. No review was requested.**
- 5d. The clinical reviewer, Dr Lloyd-Jones, concluded that the medical care provided to George was common and acceptable practice up to 8 September 2008, with the exception of two occasions.**
- 5e. The Clinical Reviewer concluded that when George was seen by prison doctors on 1 September 2008 and 8 September 2008, further investigations should have been instigated to determine the cause of George's symptoms.**

The response of one of these doctors to this conclusion is recorded on Page 79.

INVESTIGATION REPORT

George Robert Armstrong

6. Reasons for George's non-attendance at Medical Appointments

George's fiancée asked why George's medical records showed him as refusing to attend appointments, stating that George was in fact too unwell to attend.

The EMIS records were reviewed along with witness statements and house journals.

Where a patient fails to attend a medical appointment, a form is given to the patient to seek information as to why they did not attend. This is signed by the prisoner and a witness, who is normally a member of the healthcare team. This form is referred to as a '*Healthcare-Failure to Attend Form*'.

Medical Records

The medical records indicate that George did not attend medical appointments on 13 June, 13 August, 18 August, 20 August and 27 August 2008 and refused an offer to see a doctor on 15 August. The reasons recorded are as follows:

13 June 2008

On 12 June 2008, the records indicate that George "*refused to attend*" an appointment for a treadmill test at Belfast City Hospital scheduled for 13 June 2008. The '*Healthcare Failure to Attend Form*' was completed with an entry of "*I have a visit tomorrow on the 13 June 2008*". This is signed by George. This

INVESTIGATION REPORT

George Robert Armstrong

response is not recorded on the EMIS system, which is the first point of reference for healthcare staff.

13 and 18 August 2008

On 13 August 2008 an entry recorded by a nurse officer says that George refused to attend an x-ray appointment arranged that afternoon. The *'Healthcare Failure to Attend Form'* was completed on 19 August 2008 and George signed the form stating that he was, *"unfit to travel"*. This same form was used in relation to George's failure to attend for an x-ray when requested to do so, on 18 August 2008. The same reason is given. These reasons for non attendance were not recorded on the EMIS system.

15 August 2008

George was seen by a nurse officer and it is recorded that George was offered the opportunity to place his name on the list to see the doctor. It is recorded that this offer was refused. There is no reason given as to why George refused this offer and no form was completed as a result of his alleged refusal.

20 August 2008

An entry on EMIS notes that George, *"refused"* to attend for an x-ray appointment at 14.00. A prison doctor was informed. There is no record of a *'healthcare-Failure to attend form'* having been completed to provide further information about the reason for refusal.

INVESTIGATION REPORT

George Robert Armstrong

During the night of 21/22 August 2008, a nurse officer attended to George in Martin House, because he was complaining of chest pain. A discussion ensued in relation to why George did not attend for the x-ray appointment on 20 August 2008. It is recorded on EMIS that George said that he was unable to walk to the appointment. The member of the healthcare staff recorded that George showed *“no signs of breathlessness, and he was observed moving on (the) bed freely without difficulty, was able to reach for medication which was on lower shelf of cabinet”*.

As explained earlier, on the morning of 22 August 2008, George collapsed on his way to the healthcare centre to see the prison doctor. It is recorded that when George saw the doctor he apologised for not attending previous chest x-ray appointments and for his previous behaviour. The prison doctor then sent George to Belfast City Hospital where a chest x-ray was performed.

27 August 2008

George did not attend a doctor's appointment which had been arranged for him by a nurse officer and no *'Healthcare Failure to Attend Form'* was completed.

A prison officer, however, recorded in the house journal that George was too ill to attend the healthcare centre on this date.

On 28 August 2008, George was seen by a senior nurse officer in relation to his failure to attend the previous day's appointment. The senior nurse officer recorded that he was

INVESTIGATION REPORT

George Robert Armstrong

asked to see George regarding his, “*refusal to see the doctor*”. It is recorded on EMIS that George “*walked (approximately 150yds) to the Mourne hospital (examination room) with me...talking freely the whole way, with no impediment to his breathing.*”

Other Records

1 September 2008

An entry in the house journal recorded by a prison officer notes that George was sick and unable to attend the doctor and podiatrist. However, EMIS records show that George later attended both the appointments.

4 September 2008

An entry in the house journal notes that George made the trip over to the main prison for an educational class which lasted for approximately three hours. George’s fiancée said that he was worried that if he didn’t attend his educational class, he wouldn’t get his parole.

10 September 2008

It is recorded in EMIS that the prison doctor, noted George “*was very apologetic for not agreeing to coming for an x-ray when it was first requested*”.

INVESTIGATION REPORT

George Robert Armstrong

Interviews

Staff and prisoner interview accounts, reported in sub-section 4 of this report, from those who had close and regular dealings with George suggest that George's health had deteriorated during his last weeks in Martin House and that, at times, he had difficulty in attending the medical appointments because of this.

At interview, a prison officer who was in Martin House said that when George needed treatment he *"refused to go, because he couldn't make the trip"*.

Another prison officer stated that, *"the healthcare centre staff had it in their minds that he was a man who had joined others in always crying out for medication when they didn't need it. In our journals we had to write, "refused to attend" when George was called and didn't go to the healthcare centre"*.

A nurse officer said at interview, *"I suspect that he refused blood tests and x-rays, not because he was unwell but because he didn't want to go. He was up and about. He wasn't a frail old man"*.

As noted earlier, an officer said at interview, that in his early days in Martin House, George would have been fit to get on the bus to the healthcare centre but he, and other prisoners, *"did not want to do that"*.

It is not possible to say which, if any, of George's later appointments he may have been well enough to attend, but was

INVESTIGATION REPORT

George Robert Armstrong

unwilling to attend because of the requirement to go to the main prison. However the evidence suggests that George was clearly feeling very unwell during his last weeks in Martin House.

- 6a. Healthcare staff routinely recorded that the reason for George's non attendance at healthcare appointments was because, "*he refused to attend*".**
- 6b. Witness accounts suggest that George's health had deteriorated during his last weeks in Martin House and was feeling very unwell. It is not clear which of his missed appointments he was/was not fit to attend. There is evidence that George was not fit to attend some appointments.**
- 6c. At times George specifically indicated that he was, "*unfit to travel*". This response along with any other reasons surrounding his failure to attend other appointments are not recorded on the EMIS system.**
- 6d. A '*Healthcare Failure to Attend Form*' was not completed, on a number occasions when treatment / examination was offered and refused by George.**

INVESTIGATION REPORT

George Robert Armstrong

7. George's Medication

George's fiancée had expressed concern that George did not always get his medication on time.

Healthcare staff members were interviewed and the healthcare records were also reviewed.

At interview, a senior nurse officer explained that it was the responsibility of prisoners to renew their prescriptions (as would be the case in the community). He expressed concern that some prisoners, particularly in Mourne, sometimes forgot to renew prescriptions. He said that the prison doctor aimed to write repeat prescriptions to end on the Monday of each week, regardless of whether they were weekly or monthly renewals. Prisoners, therefore, had until last thing on Monday night to request repeat prescriptions. The doctor then set aside Tuesday each week to deal with the authorising of repeat drugs.

The senior nurse officer also said that if a prisoner forgot to ask for a renewal and ran out of drugs, a doctor would have to write the prescription, perhaps during a clinic or other work. This, he explained, was time consuming and should not be necessary. The senior nurse officer said that if a prisoner ran out of drugs this did not, therefore, automatically mean that the healthcare centre had neglected to dispense them. It was possible, and in the senior nurse officer's experience probable, that a prisoner had neglected to order his repeat prescription.

On 14 August 2008, George raised a complaint through the Northern Ireland Prison Service Internal Complaints Procedure

INVESTIGATION REPORT

George Robert Armstrong

stating that he regularly encountered a delay in receiving his medication and he alleged that he had been without his heart medication for two days. In responding to this complaint, a nurse officer recorded that George was prescribed his medication on the afternoon of 11 August 2008 and that this had been issued on the afternoon of 13 August 2008. It is unclear if George's handwritten complaint was written before he received his medication on the afternoon of 13 August 2008.

EMIS records indicate that on 26 August 2008 a nurse officer, was contacted by family support services, which is a unit set up by the Northern Ireland Prison Service to assist families who have queries or concerns about prisoners. They informed her that George had yet to receive his analgesic medication, after returning back from hospital. The nurse officer further recorded that George had in his possession alternative forms of analgesia that he could take instead of the medicine he had run out of and that, given that he was on day five of his antibiotics, the pain should have started to settle down by now. The nurse officer placed George on the doctors list to be seen the following day. It is recorded that George did not attend this appointment. A prison officer recorded in the house journal that George was too ill to attend this appointment.

At interview, a senior nurse officer stated that on 28 August 2008 he had called to see George and that George had informed him that he had been prescribed painkillers which had not been dispensed. The senior nurse officer stated that he immediately acted upon this and the medication was dispensed the following day.

INVESTIGATION REPORT

George Robert Armstrong

A prison officer, said at interview, that he had spoken to George often, before George passed away. George had told him that, along with other inmates, he had problems getting his medication. He said that, "*medication often came in the wrong dosage or sometimes the wrong drugs*". The officer further stated that when he rang the healthcare centre, he came up against a "*blank wall*". He said they would try to blame the prisoner or explain that someone else was dealing with the issue. The officer stated that he felt he was being, "*fobbed off*". He said that, in recent times, the prisoners have complained less about medication so he assumed that this process has improved.

Other prison officers also stated at interview that medication dispensing was a problem. An officer said that, "*trying to get medication is a struggle*". He said that in relation to dispensing medication, the healthcare centre made mistakes and the medicines would arrive late or would only be partially dispensed. Another officer said that, "*we have always had problems with medication*".

A prison officer who knew George well, said that, "*delivery of regular medication is not too bad. You get the odd problem but it is usually sorted out in a day or so. I don't recall any incident when George's medication was late*".

- 7a. George did not always receive his medication on time. George had spoken about delays in his medication being dispensed.**

INVESTIGATION REPORT

George Robert Armstrong

- 7b. Healthcare staff say that prisoners often forgot to renew their prescriptions on time. As a result this creates a delay in the dispensing of medicine. It is not clear whether George always requested his medication at the required times.**
- 7c. A number of prison officers who were in Martin House, when George was located there, said that medication is often issued late and wrongly dispensed.**
- 7d. George raised a complaint through the Internal Complaints Procedure about the delays in dispensing his medication.**

INVESTIGATION REPORT

George Robert Armstrong

8. Wheelchair Provision and Assistance

George's fiancée expressed concern that prison officers refused to push George in a wheelchair.

At interview, a governor stated that he recalled being approached by a female prison officer whose identity he could not recall. The officer asked him for assistance to push George in a wheelchair as other staff had refused to. The governor questioned the prison staff as to why they were unable to perform such a task and they stated that they were not trained. The governor therefore pushed George in the wheelchair to the prison vehicle which transports prisoners from Mourne to the main prison and which, he said, amounted to tilting the wheelchair approximately one inch to place it onto the ramp into the vehicle. The hydraulics then lifted the wheelchair onto the level surface of the van floor.

On another occasion, a governor said at interview that he was contacted by another governor, who informed him that George needed to be pushed to the healthcare centre. The governor assisted. The governor stated that there were "*ongoing issues with staff and prison officers who stated that they were not trained to push wheelchairs*".

It is unclear how many of George's missed appointments he might have felt able to attend, if the offer of the use of a wheelchair was easily available.

INVESTIGATION REPORT

George Robert Armstrong

Although a wheelchair is provided for the use of prisoners who cannot make their own way from Mourne to the main prison, there are no formal arrangements for its use.

Information received from the Prison Service Health and Safety Officer stated that staff were “*reluctant to get involved*” as they were not clear on liability issues. He said that there was no Prison Service rule preventing prison staff from pushing a wheelchair. He also stated that the manual handling legislation only refers to the pushing and pulling of trolleys not wheelchairs specifically.

- 8a. There is no Prison Service policy in relation to the pushing of wheelchairs by staff, or prison rule preventing staff from pushing a wheelchair, but staff say they are not trained and not clear about liability issues.**

- 8b. Prison staff refused to push George to the healthcare centre. On two occasions governors pushed a wheelchair to enable George to attend healthcare.**

- 8c. George might have felt able to attend other missed healthcare appointments if staff were willing to push the wheelchair provided.**

**SECTION 3: GEORGE'S CARE IN MAGAHABERRY
HEALTHCARE CENTRE (8-18 SEPTEMBER 2008)**

**9. Chronology of Key Events relating to George's Healthcare
8 September – 18 September 2008**

On 8 September 2008, following a doctor's examination, George moved into the healthcare centre at Maghaberry Prison. He was located in the centre until he left prison on 18 September 2008. Key events relating to his healthcare and treatment during this period are as follows.

9 September 2008: George was examined by a prison doctor. It is recorded that George was troubled by an ongoing cough and admitted to the doctor that he was still smoking. The doctor noted that on arrival at the healthcare centre, George was coughing "*very dramatically*" but that this had settled. George was found to have oedema in both legs.

Dr Lloyd-Jones, the clinical reviewer, stated that the prison doctor conducted a thorough clinical examination of George. He said, however, that he believed that the prison doctor should have conducted further investigations to determine the cause of George's symptoms.

10 September 2008: George was seen by a nurse officer and examined by the prison doctor. An x-ray taken on this date showed, "*left sided patchy consolidation despite antibiotics*". (The prison doctor sent George to Belfast City Hospital.) It is recorded that George, "*was very apologetic for not agreeing to come for an x-ray when it was first requested*".

INVESTIGATION REPORT

George Robert Armstrong

The prison doctor's referral letter recorded that George had developed, *"irritating/severe intermittent cough first noted early August, oedema both legs since 1 September 2008 and on the 22 August 2008 he complained of chest pain and was sent to A&E BCH. There he was given antibiotics. Today (10 September 2008) he feels unwell. On examination of chest there are left sided basal creps and oedema to calfs bilat legs. A CXR (chest x-ray) done today (enclosed-please return) shows patchy consolidation despite antibiotics"*.

11 September 2008: George remained in Belfast City Hospital.

12 September 2008: George was discharged from the Belfast City Hospital. The discharge letter stated, *"Dear Dr, 59 yr old male with three week history of cough, sputum, chest pain. Chest x-ray left basal pneumonia. Sputum culture – streptococcus pneumonia. ECG – old M.I. noted otherwise unremarkable. Treated with chest physiotherapy, O2 and nebulisation, antibiotics to be continued for 5 days after discharge. No review"*.

13 September 2008: George was examined by a prison doctor. It is recorded, *"Chest infection – pneumonia due to unspecified organism"* and that George was prescribed and taking medication as instructed by the hospital discharge letter.

14 September 2008: A nurse officer examined George and recorded that he had improved since being discharged from hospital. George remained on antibiotics and complained of constipation and he felt that he needed more effective medicine.

INVESTIGATION REPORT

George Robert Armstrong

An appointment was made for George to see the doctor the following morning.

15 September 2008: George was examined by the prison doctor. It is recorded that George, "*continued to suffer from shortness of breath but that his swollen ankles have receded*". He continued to suffer from constipation and was taking medication for this. The record states he was, "*not fully well looking*". It is further recorded that a repeat chest x-ray would be carried out in three weeks time and he was to remain in the ward.

George also had a consultation with a nurse officer. It is recorded that, George was in some pain and discomfort and unable to sleep in bed and stayed in a chair to ease breathing. He was provided with extra pillows to help him. George insisted on continuing to smoke despite the medical advice of staff and refused the Nicorette patches which the hospital had prescribed for him. It is noted that he continued to take all his medication as prescribed and was advised to drink fluids as much as possible.

16 September 2008: George was examined by the prison doctor. It is recorded that he had a "*disturbed night due to phlegm*" and had decided to stop smoking. The prison doctor noted that he should be referred for physiotherapy. A nurse officer later recorded that George "*feels a slight improvement today*".

George had a consultation with a nurse officer. He was examined and his pulse rate, blood pressure and respiration

INVESTIGATION REPORT

George Robert Armstrong

checked. He was referred to physiotherapy for chest physio as a result of the prison doctor's recommendation.

17 September 2008: Nurse officers examined and assisted George. It was recorded that he continued to have a productive cough and a sputum sample was taken. It is further recorded that George felt a slight improvement in his state of health.

18 September 2008: George attended the healthcare treatment room in order to receive his pre-breakfast medication. It is recorded that he was very unwell and could "*hardly walk or stand*". He was then examined. The nurse officer recorded that he looked, "*exhausted and very pale*". She further recorded that he then took the medication prescribed to him and afterwards his condition deteriorated. George was sat in a chair and was unable to lift his head. He coughed intermittently and when the medical staff noted his oxygen saturation level was dropping, they placed him on six litres of oxygen and also on a clinical observation machine. It is recorded that George's blood pressure appeared to rise and drop every time he took a coughing spell. Given the fluctuations in George's blood pressure, an ambulance was called and at approximately 10.00, George was taken to Belfast City Hospital. George was unconscious on arrival at the hospital.

- 9a. From 8 September 2008 until he was sent to hospital on 18 September 2008, George stayed in Maghaberry healthcare centre.**
- 9b. On 10 September 2008, a prison doctor referred George to Belfast City Hospital when he noted that, having completed**

INVESTIGATION REPORT

George Robert Armstrong

a course of antibiotics, an x-ray showed a patchy consolidation on George's lung.

9c. On 12 September 2008, George was discharged from Belfast City Hospital with a discharge letter saying that his antibiotics should be continued. No review was requested.

9d. On 18 September 2008, George was so unwell, he was sent to hospital by ambulance. He was unconscious when he arrived at the hospital.

INVESTIGATION REPORT

George Robert Armstrong

SECTION 4: EVENTS AFTER GEORGE'S ADMISSION TO HOSPITAL

10. Chronology of Key events 19 September – 18 October 2008

26 September 2008: The prison doctor spoke to a nurse sister at Belfast City Hospital. He was informed that scans were being performed and that one scan of George's brain appeared to be abnormal.

29 September 2008: It is recorded that the prison doctor was informed that George had multiple metastatic disease and that further meetings were to take place with the lead clinician and other professionals to determine the next move. The prison doctor was informed that once a care plan was arranged, George would be discharged to prison on or before the 1 October 2008.

1 October 2008: A senior nurse officer was informed by a principal nurse officer who had visited George in hospital, that radiotherapy was to commence that day and George would remain in the hospital for five days.

2 October 2008: A prison doctor requested a report on George's condition from Belfast City Hospital.

3 October 2008: Belfast City Hospital wrote a letter to the Prison Service informing them that George had probable renal cell cancer with metastasis to his brain, lung and thoracic lymph nodes.

INVESTIGATION REPORT

George Robert Armstrong

9 October 2008: Belfast City Hospital wrote a letter to the Prison Service informing them of George's condition and his lack of risk to others.

10 October 2008: Approval was granted for George to avail of a period of unaccompanied temporary release under Prison Rule 27, to reside with his fiancée or as directed by his medical supervisor.

13 October 2008: George was discharged from Belfast City Hospital to reside at his fiancée's home.

17 October 2008: George was admitted to Somerton Hospice and released on licence under article 7 of the Life Sentence Order (NI).

18 October 2008: A governor contacted staff and informed them that George had sadly passed away.

George's fiancée's concern about medical treatment

George's fiancée had expressed concerns about the delay in diagnosing George's cancer. This concern related both to the Prison Service referrals to specialist Consultants and George's care at Belfast City Hospital.

The Prisoner Ombudsman has no authority to investigate matters, in connection with a Death in Custody, that relate to the care provided by an outside hospital.

INVESTIGATION REPORT

George Robert Armstrong

George's fiancée was, therefore, assisted in raising these matters with the Belfast Health and Social Care Trust.

In respect of the Prison Service's management of George's healthcare, the clinical reviewer, Dr Lloyd-Jones stated, "*It is my opinion that none of the symptoms and/or signs that he (George) had from January 2007 until his death in October 2008 would, to the average general practitioner, have remotely hinted or suggested his underlying pathology of metastatic renal cancer*".

- 10a. When George was admitted to Belfast City Hospital, he was diagnosed with multiple metastatic disease.**
- 10b. On 13 October 2008, George was discharged from Belfast City Hospital to reside at his fiancée's home.**
- 10b. George was admitted to the Somerton Hospice on 17 October 2008.**
- 10c. On 18 October 2008, word was sadly received that George had passed away.**

SECTION 5: OTHER ISSUES

11. Family Liaison

George's fiancée had become increasingly concerned about his health and she said that she was unhappy with the level of communication from the Maghaberry family support team. She said that she had made many telephone calls to the prison, particularly to the family support officer and to governors. She said that often her calls were not returned. She said, however, that the life sentence governor spoke to her on many occasions and visited her home most evenings between 13 October 2008 and 17 October 2008, when George was temporarily released to live there.

At interview, the senior family support officer said that she had met George's fiancée on numerous occasions, and spoken to her by telephone on many occasions between 2005 and the time George died. The senior officer provided a copy of her record of contact with George's fiancée. These records showed that from August 2008 to October 2008, the senior family support officer spoke with George's fiancée on four occasions. On 4 November 2008, following George's death, the senior family support officer again rang George's fiancée.

At interview, the senior family support officer said that she thought that she had done a good job in supporting George's fiancée and had kept her up to date with what was happening, but she said that sometimes it was difficult to contact her. She also said that, on the occasions when they spoke, she was unable to give detailed information as she was not privy to

INVESTIGATION REPORT

George Robert Armstrong

George's medical records. She said that there were occasions where she did speak to George's fiancée, but did not make a note of it. The senior family support officer said that she always returned any telephone calls made to her and passed any messages to the life sentence governor as she knew that he kept in close contact with George's fiancée.

The senior family support officer said that she knew that George's fiancée was unhappy with what she perceived as a poor level of care for George. She said that she understood her frustration and felt that she gave her all the support she could. She said she would be disappointed if George's fiancée felt that she had not done her best to help.

The life sentence governor was interviewed and said that he had spoken to George's fiancée on many occasions and had visited her home. He stated that after the unaccompanied temporary release papers for George were signed in Belfast City Hospital, George was not entitled to financial benefits. He therefore made the decision to put George on job seekers allowance which immediately gave him financial support. This governor also borrowed a wheelchair from the prison and delivered it to George's fiancée's home, as he had been told that the hospital had not delivered this item and it was urgently required.

- 11a. George's fiancée expressed concern that the Maghaberry Family Support Team were not more supportive.**
- 11b. The records of the senior family support officer showed that she was in contact with George's fiancée on four occasions**

INVESTIGATION REPORT

George Robert Armstrong

from August 2008 until George's death. She said that other conversations that took place were not noted.

11c. The family support officer was aware that George's fiancée was unhappy with his level of care.

11d. The life sentence governor appears to have tried hard to assist and support George's fiancée and she said that she was grateful for his support.

INVESTIGATION REPORT

George Robert Armstrong

12. George's Final Release Arrangements

George's fiancée felt that there was an unnecessary delay in securing George's release. In an email to her solicitor on 23 September 2008, she stated that she was going to "*fight to try and get George released under medical grounds*".

The following is a chronology of events relating to George's final release:

18 September 2008: George was admitted to Belfast City Hospital.

26 September 2008: A governor was informed by an email from a member of staff, that Belfast City Hospital wished to carry out further tests to make a more informed diagnosis of George's condition.

29 September 2008: The same governor responded to the email requesting that he be informed as soon as possible of George's diagnosis in order to consider the need for early release.

Later that afternoon, the prison doctor informed the governor that a further meeting of specialist doctors would be taking place at Belfast City Hospital in relation to George's care.

A meeting, chaired by the Governor, took place at Maghaberry Prison to discuss George. It was agreed that the governor was to draft a ministerial note to the Secretary of State.

INVESTIGATION REPORT

George Robert Armstrong

In late September an undated report was forwarded from the governor to senior staff of the Northern Ireland Prison Service and Criminal Justice Minister. He recommended that George be considered for release under Article 7 of the Life Sentence Order and that the Parole Commissioners should be consulted, in relation to risk management and licence conditions.

2 October 2008: The governor e-mailed the prison doctor and requested an update on George's diagnosis and prognosis as he was keen to progress the matter.

The prison doctor, responded to his request and a report was requested from Belfast City Hospital.

3 October 2008: A report was sent from Belfast City Hospital to Maghaberry prison informing them of George's diagnosis. The note said that George was under review by the oncology team and was receiving radiotherapy and George's prognosis was likely to be poor. On this date the prison doctor informed the governor of the ongoing medical treatment that George was receiving and that it was the prison doctors impression that George's terminal illness had a, "*prognosis of weeks to a few months rather than months to a few years*". That afternoon, the governor responded to the prison doctor informing him that he would make a request for ministerial approval for George's release.

It is recorded on 3 October 2008 that George's fiancée spoke to his probation officer requesting his assistance in trying to get an early release for George. On this date, George's fiancée also visited her local MLA requesting assistance in obtaining

INVESTIGATION REPORT

George Robert Armstrong

George's early release, which was followed up by a letter from her MLA to the Secretary of State.

6 October 2008: The governor forwarded a report on George's prognosis to the Director of the Prison Service and others so that it could be attached to a ministerial submission.

7 October 2008: In response to the report, the Deputy Director of Operations sent an email to the Assistant Director of South Eastern Health and Social Care Trust stating that an early release had been requested and that he needed to be satisfied as to the medical condition of George. He stated that the report he had received was uncertain as to the prognosis and he requested further clarification as to whether George was terminally ill.

8 October 2008: A letter was sent to the Criminal Justice Minister from the Secretary of State agreeing to George being released from custody under the Prisons and Young Offenders Centres (Northern Ireland) 1995, Rule 27(2). Due to George's medical condition, the Secretary of State also stated that he would sign the licence in due course, after the release conditions and risk management plan were agreed with the Parole Commissioners. He requested that this should be completed within 2 weeks.

9 October 2008: A medical report was sent from a medical consultant at Belfast City Hospital to a governor informing him of George's increasingly debilitating condition and the lack of risk he presented to others. On the same date, an email was sent to the governor informing him of the decision of the

INVESTIGATION REPORT

George Robert Armstrong

Secretary of State to release George. A letter was sent to the Life Sentence Review Commissioners by the governor stressing the urgency of the release and requesting that they conclude their work within two weeks.

10 October 2008: George was temporarily released under Prison Rule 27.

17 October 2008: George was released on licence under Article 7 of the Life Sentence Order (NI).

George's fiancée had expressed her concern that George was required to sign his final release papers, even though he was extremely ill and close to death. George's fiancée said that she had to hold George's hand to help him to sign the form. She said that she found this distressing and felt that it was inappropriate.

The governor who was present said that George understood why he was there and smiled at the news that he had been released. The governor said that George's fiancée was asked to assist George in signing the release form, because without his signature he would not have been legally released. The governor said that he had worked relentlessly to ensure that George was released so that he could be "*a free man*", as this is what George and his fiancée had wanted, and said that he tried to handle the situation with as much dignity as possible.

19 November 2008: A governor released a letter to the Parole Commissioners for Northern Ireland thanking them for their

INVESTIGATION REPORT

George Robert Armstrong

speedy assistance in arranging for George's licence and he also stated that George's partner would also be grateful.

12a. The investigation found that George's final release arrangements were carried out expeditiously.

12b. George's family found it very distressing that there was a requirement for George to sign the release papers when he was so ill and close to death.

SECTION 6: CLINICAL REVIEW

13. Clinical Review

On 23 December 2008, an independent review of George's treatment during the time he was at Maghaberry was commissioned as part of the investigation. Dr Lloyd-Jones, a Member of the Royal College of General Practitioners and a practising GP, conducted the review.

Overall Findings of the Clinical Review

In his summary and conclusion, Dr Lloyd-Jones recorded his overall findings as follows:

- *Mr George Armstrong was born on 21 December 1948. He was an inmate from October 2005 at HMP Maghaberry. He had a number of previous and ongoing pathologies and from time to time he received medical care for these conditions. It is my opinion that, except for the consultations of 01/09/2008, 08/09/2008 and 09/09/2008, the standard of medical care that he received was common and acceptable practice.*
- *I note that in October of 2008 Mr Armstrong died of metastatic renal cancer. On this aspect it is my opinion that at no time from 2005 onwards did he show any symptoms and/or signs that would have indicated his underlying gross pathology/problem to the average general practitioner.*

INVESTIGATION REPORT

George Robert Armstrong

Areas of Concern raised by the Clinical Review

The three consultations, by three different doctors, where Dr Lloyd-Jones felt that the standard of medical care received by George was below common and acceptable took place on 1 September 2008, 8 September 2008 and 9 September 2008. Details of those consultations, together with Dr Lloyd-Jones' comments are as follows:

Para 6.75 Consultation with Prison Doctor 1 September 2008

Medical notes for this consultation are as follows:

Examination: BP = 135/85, pulse 85 beats/min, Sp O₂ 94%, temperature normal, presented with ticklish cough, shortness of breath and ankle oedema, clinically dullness at left base. Creps+, also vomiting and taking diet poorly, blood sugar 5.9 mmol/l, urinalysis no ketones, check u&e, and blood sugar. Medication: amoxicillin 500mg four times a day, furosemide 20mg, one tablet each day.

Dr Lloyd-Jones commented,

- *I note the prison doctor's thorough clinical examination and of itself it is my opinion that was common and good medical practice. I also note that he had prescribed a diuretic, furosemide. On the balance of probability the rationale for this would be the fact that he had found a degree of fluid retention with Mr Armstrong. It is my opinion that the decision to treat that fluid retention was common and acceptable medical practice. However, I also feel that further investigations*

INVESTIGATION REPORT

George Robert Armstrong

should have been instigated to ascertain the cause of the fluid retention. Such investigation could have been:

- Chest x-ray
 - ECG
 - Troponins⁵
- *It is also my opinion that he should have decided to review Mr Armstrong's clinical state within the next 24 hours. Therefore his lack of investigation to ascertain the cause of the problem and his failure to review his clinical situation would mean that on these aspects it is my opinion that his standard of care would have fallen below common and acceptable medical practice.*

Para 6.78 Consultation with a second Prison Doctor 8 September 2008

Medical notes are as follows:

Problems (first) O/E ankle oedema, cough and general debility. Examination: - has scattered rhonchi and some bronchospasm, no pyrexia. Admit to wards for observations. Medications as before but has chronic constipation. Query codeine use.

Dr Lloyd-Jones commented,

- *'The prison doctor had made a satisfactory clinical appraisal and had decided that Mr Armstrong should be admitted to the ward for 'observations.' Of itself the admission to the hospital*

⁵ **Troponins Definition** - Troponin levels can be used as a test of several different heart disorders.

INVESTIGATION REPORT

George Robert Armstrong

wing of the prison would be common and good general practice. However, like his predecessor (the first Prison Doctor), who saw Mr Armstrong on 1 September 2008, he too had apparently failed to instigate investigations to ascertain the cause of his ongoing problems. Therefore, on this aspect of his care it is my opinion that his standard of care had fallen below common and acceptable medical practice.'

Para 6.80 Consultation with a third Prison Doctor on 9 September 2008

Medical notes are as follows:

Problem: - See earlier. Not seen letter from hospital yet. (Expected routine letter had not arrived from Belfast City Hospital) History: - Mainly troubled by ongoing cough. Some phlegm now. Examination: - BP 117/89 mm Hg. O/E pulse 68, 02 sat 98%, temperature normal, still admits to smoking if only a few. Obese. Plethoric. On arrival coughing very dramatically – settled. N/O said this was not so evident earlier. No gross wheeze. No gross SOB. Creps left base. No rhonchi. A/E satisfactory to all areas. Vocal resonance unremarkable. JVP not raised. HJR –ve but oedema both legs to mid calf. Plan: 1) continue with diuretic and linctus 2) CXR 3) sputum sample O/S also AAFB. 4) Regular obs. T, B, P, Pulse, 02 Sats.

Dr Lloyd-Jones commented,

- *I note the doctor's thorough clinical examination, appraisal and management. On these aspects it is my opinion that his standard of care was common and good general practice. With regard to investigations I would suggest that he should*

INVESTIGATION REPORT

George Robert Armstrong

have had an ECG and some haematological and biochemistry investigations. Therefore on this aspect the fact that they were not done would mean that his standard of care would have fallen below common and acceptable medical practice.

South Eastern Health and Social Care Trust's Response to the findings of the Clinical Review

A copy of the Clinical Review Report was provided to the Prison Service Assistant Director for Prison Health, so that the doctors concerned in the three consultations could have the opportunity to comment.

One of the doctors chose to comment as follows:

I have extensive experience of working in Prison Medicine from 1979.

I examined Inmate Armstrong in a prison block at HMP Maghaberry on 8 September 2008 at his request because he felt ill and had problems with breathing. I had the advantage of looking at previous notes including a comprehensive examination that he had via the prison doctor on 1 September 2008. I was accompanied by the house nurse. My findings included ankle oedema, some chest signs but no pyrexia and mild heart failure. My recollection of the consultation is that he appeared frail and in my experience could not be treated and managed within cellular confinement but should be transferred to the Prison Hospital. I arranged that immediately and spoke to the Hospital Manager by telephone to arrange the transfer. He was moved that evening. I

INVESTIGATION REPORT

George Robert Armstrong

don't have a transcript of this call but it would include my reasons for transfer.

There is a dedicated Hospital team. I do not work regularly in the Hospital. The prisoner was seen the following day on Ward round and I consider appropriate investigations and management were carried out.

I consider I have special knowledge of Prisons and I believe I acted appropriately moving this prisoner to the Prison Hospital where further treatment and assessment could be carried out.

Although I respect an independent medical expert's right to form and express opinions, this is normally within areas of their professed expertise. I cannot see from the expert's CV that he has any experience of prison medicine. Consequently, the Ombudsman may wish to consider this point when she weighs the opinions expressed.

In respect of the Prison Services care of George, I note that George was sent to hospital on 22 August 2008 and 10 September 2008 with letters detailing his medical condition including irritating/severe intermittent cough and oedema. On both occasions he was sent back to prison with, "no review" indicated.

I also note the conclusion of the clinical reviewer.

INVESTIGATION REPORT

George Robert Armstrong

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.

INVESTIGATION REPORT

George Robert Armstrong

- 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
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INVESTIGATION REPORT

George Robert Armstrong

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).

INVESTIGATION REPORT

George Robert Armstrong

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

INVESTIGATION REPORT

George Robert Armstrong

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.

INVESTIGATION REPORT

George Robert Armstrong

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).

INVESTIGATION REPORT

George Robert Armstrong

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

INVESTIGATION REPORT

George Robert Armstrong

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.

INVESTIGATION REPORT

George Robert Armstrong

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.

INVESTIGATION REPORT

George Robert Armstrong

APPENDIX 2

MAGHABERRY PRISON

Maghaberry is one of three prison establishments managed by the Northern Ireland Prison Service, the others being Magilligan Prison and Hydebank Wood Prison and Young Offenders Centre.

Maghaberry opened in 1987. It is a modern high security prison holding adult male long-term sentenced and remand prisoners, in both separated⁶ and integrated⁷ conditions. Major structural changes were completed in 2003. Four Square Houses - Bann, Erne, Foyle and Lagan, along with purpose built separated accommodation houses of Roe and Bush, make up the residential house accommodation. There is also a Special Supervision Unit⁸ (SSU) and a Healthcare centre which incorporates the prison hospital. Built to accommodate 682 prisoners, the prison held 828 prisoners the day George left Maghaberry on 3 October 2008.

There are three houses within the Mourne Complex of Maghaberry Prison, called Braid, Wilson and Martin Houses. Braid and Wilson are used specifically to house medium to low risk life sentence prisoners. Those in Wilson are nearing the end of their sentence and are preparing for possible transfer to the Pre-Release Assessment Unit (PAU) located at Crumlin Road, Belfast. Prisoners in Martin House are

⁶ Separated – accommodation dedicated to facilitate the separation of prisoners affiliated to Republican and Loyalist groupings.

⁷ Integrated – general residential accommodation houses accommodating all prisoners

⁸ Special Supervision Unit (SSU) – cells which house prisoners who have been found guilty of disobeying prison rules, and also prisoners in their own interest, for their own safety or for the maintenance of good order under Rule 32 conditions.

INVESTIGATION REPORT

George Robert Armstrong

subject to the provisions of the Serious Organised Crime and Police Act (SOCPA)

The regime in Maghaberry Prison focuses on a balance between appropriate levels of security and the Healthy Prisons Agenda – safety, respect, constructive activity and resettlement of which addressing offending behaviour is an element.

Purposeful activity and Offending Behaviour Programmes are critical parts of the resettlement process. In seeking to bring about positive change staff manage the development of prisoners through a Progressive Regimes and Earned Privileges Scheme⁹ (PREPS).

The healthcare centre is managed by a Principal Officer, assisted by three senior officers and staffed by 38 nurses and hospital officers, one of whom is assigned to Laganside Courts. Four posts are vacant at basic grade level and 1 at senior officer. The healthcare centre has a full time medical officer. Sessional work is provided by Crumlin Medical Practice and two GPs from the centre between them run six sessions each week. The inpatient unit can accommodate 22 patients housed in three single observation cells, five single cells with integral sanitation, three dormitories of six, four and three beds, the smallest being used for prisoner orderlies. A single bedded annex completes the accommodation. The in-patient unit was scheduled for a major refurbishment at the end of July 2009. Dental services are provided

⁹ Progressive Regimes and Earned Privileges (PREPS) - There are three levels of regime. Basic - for those prisoners who, through their behaviour and attitude, demonstrate their refusal to comply with prison rules generally and/or co-operate with staff. Standard - for those prisoners whose behaviour is generally acceptable but who may have difficulty in adapting their attitude or who may not be actively participating in a sentence management plan. Enhanced - for those prisoners whose behaviour is continuously of a very high standard and who co-operate fully with staff and other professionals in managing their time in custody. Eligibility to this level also depends on full participation in Sentence Management Planning.

INVESTIGATION REPORT

George Robert Armstrong

daily, X-ray and podiatry services weekly. Physiotherapy and optician services are outsourced. Residential locations, including those in the Mourne complex, have a dedicated day set aside for visiting a doctor.

Maghaberry Prison was last inspected by the Criminal Justice Inspector for Northern Ireland and Her Majesty's Chief Inspector of prisons, in January 2009.