SHERIFFDOM OF LOTHIAN AND BORDERS AT LIVINGSTON

[2018] FAI 22

B7/18

DETERMINATION

BY

SHERIFF PETER G L HAMMOND, ADVOCATE

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC (SCOTLAND) ACT 2016

into the death of

HARRY JARVIS

For the Crown: Mr. O'Reilly, Procurator Fiscal Depute
For NHS Lothian: Mr Holmes, solicitor
For SPS: Ms Thornton, solicitor
For Sodexo: Mr Wilson, solicitor

Livingston, 25 May 2018

The Sheriff, having considered the application, the evidence presented, the productions used in evidence and the submissions made:

FINDS AND DETERMINES under Section 26 of the Inquiries into Fatal Accidents and Sudden Deaths Etc (Scotland) Act 2016 as follows:

[1] In terms of subsection(2)(a) that Harry Jarvis whose date of birth was 7 February 1950 and who resided latterly within HM Prison, Addiewell, West Lothian died at 18.34

hours on 20 April 2017 within Her Majesty's Prison Addiewell, 9 Station Road, Addiewell, West Lothian, EH55 8QA.

[2] In terms of subsection (2)(c) that the cause of his death was (1a) Haemopericardium and (1b) Dissection of the thoracic aorta.

[3] In terms of subsection (2)(e) that there were no precautions that could reasonably have been taken that, had they been taken, might realistically have resulted in his death being avoided.

[4] In terms of subsection (2)(g) that there were no other facts, which are relevant to the circumstances of his death.

NOTE

[1] This Fatal Accident Inquiry "the Inquiry" has been convened to inquire into the circumstances of the death of Harry Jarvis ("Mr Jarvis"). His date of birth was 7 February 1950 and he resided until his death in HM Prison, Addiewell. He died at 18.34 hours on 20 April 2017 within HM Prison Addiewell. The holding of this Inquiry is mandatory under and in terms of Section 2 of the Inquiries into Fatal Accidents and Sudden Deaths Etc (Scotland) Act 2016 ("The Act") because his death occurred in Scotland, and at the time of his death he was in legal custody within a prison.

[2] Other than the Procurator Fiscal, the participants in this Inquiry were NHS Lothian, Scottish Prison Service and Sodexo. All parties were legally represented.

[3] The Inquiry heard from three witnesses, all led by the Procurator Fiscal Depute. Prison Custody Officer Michael Giblin; Lorraine Mitchell, Deputy Charge Nurse NHS

Lothian; and Dr Robert Ainsworth, Consultant Forensic Pathologist gave evidence. In addition, the parties entered into a joint minute of agreement in which they set out a number of facts over which there was no dispute. Beyond that, the way in which the Inquiry was presented and conducted by all made it clear that there was no real dispute over the facts. During the course of the hearing no participant made any criticism of the reliability or credibility of any of the witnesses. I am therefore satisfied that I can treat as credible and reliable all the evidence that was presented by the witnesses.

[4] The following facts were agreed in the joint minute:

(a) Mr Jarvis was born on 7 February 1950 and died on 20 April 2017 in HMP Addiewell. On 30 March 2011, Mr Jarvis was sentenced to life imprisonment; having been convicted of murder on 22 February 2011.

(b) Mr Jarvis reported feeling unwell on 20 April 2017 at shortly after 5.00pm lockdown by pressing a buzzer in his cell to request to see a prison officer.

(c) Mr Jarvis was taken for an examination at the Health Centre where he was seen by Lorraine Mitchell, former nurse employed by NHS Lothian. As part of her examination, Ms Mitchell took ECG readings at 17.28.55 and 17.30.27. After the examination, it was agreed that Ms Mitchell would contact NHS Lothian's Unscheduled Care Service to have a doctor provide a second opinion. Mr Jarvis was taken back to his cell meantime.

(d) Mr Jarvis collapsed at 17.35 hours, following which an ambulance was called at 17.37. The ambulance personnel were escorted to Mr Jarvis' cell. They took over CPR from healthcare staff at 17.52, following which Mr Jarvis was

taken from the prison at 18.10 by ambulance personnel to the Accident and Emergency department at St John's Hospital Livingston. He was pronounced "life extinct" at 18.34 hours after further attempts at resuscitation proved to be fruitless.

(e) A post mortem examination conducted by Dr Robert Ainsworth found that Mr Jarvis had died of natural causes namely (1a) Haemopericardium due to (1b) Dissection of the thoracic aorta.

[5] Prison Custody Officer Michael Giblin is employed within Addiewell Prison. He was on duty on 20 April 2017. At that time he was very new to the job. In response to a message to escort Mr Jarvis to the healthcare centre he did so shortly after 5.00pm. Mr Jarvis was complaining of pain in his chest and was going to get it checked out. Mr Giblin did not notice anything untoward in the way that Mr. Jarvis walked. He looked as he always did. Mr Giblin accompanied Mr Jarvis on a walk of approximately 150 metres involving a climb upstairs. This was a journey on foot of about 2 minutes or so and he did not note Mr Jarvis to have any problems climbing the stairs. Mr Giblin waited outside the healthcare centre while Mr Jarvis was being seen by Ms Mitchell. He thereafter escorted Mr Jarvis back to his cell. Mr Jarvis had no problem with the walk back to his cell, and mentioned having to get some paracetamol to take his temperature down. The officer took Mr Jarvis back to his cell, locked the door and went to get paracetamol elsewhere in the wing. When he returned shortly thereafter, there was no response when he knocked on the cell door. He then raised the "code blue alarm for unresponsive prisoner". Other prisoner healthcare staff were there very quickly. CPR

and oxygen were administered and Mr Giblin took no further part in matters. Up until the point when he was discovered collapsed, nothing in Mr Jarvis's appearance caused particular concern to Mr Giblin.

[6] Lorraine Mitchell was the Deputy Charge Nurse at Addiewell. She saw Mr Jarvis at approximately 5.10pm. Mr Jarvis was complaining of back pain between his shoulders radiating to his chest. He thought it was indigestion at first. He told the nurse he had had this pain for a couple of hours. He looked fine and was talking. He had a good colour and presented well. He had presented no signs of confusion. He was able to move and walk without difficulty. She took a history and observations. Two ECG traces were carried out because of concerns about his chest pains. The first ECG had interference. The second one was carried out successfully, and produced a normal reading. Both pulse and blood pressure were found to be normal. Mr Jarvis had no history of any cardiac issues, but she had thought this had been a possibility when she carried out the tests. The only unusual finding noted by the nurse was that Mr Jarvis had a high temperature of 38.1 degrees (His temperature should have been about 37 degrees). She would tend to become concerned at that level of temperature because it suggested that the patient might have an infection. She suggested paracetamol for his temperature. She asked Mr Jarvis if he had other symptoms, and he said that he was coughing up green phlegm. She thought that this would be consistent with, and could be explained by, a fever or high temperature. She had no reason to think from her examination that Mr Jarvis would imminently collapse and die. A few minutes after

Mr Jarvis left the health centre at about 5.30pm, the code blue was called. She then went over to attend and assist with resuscitation until paramedics arrived.

[7] Dr Robert Ainsworth is a consultant forensic pathologist. He carried out the post mortem on Mr Jarvis and spoke to his post mortem report production number 2. He confirmed the cause of death as set out in his post mortem report. The cause of death was (1a) Haemopericardium caused by (1b) Dissection of the thoracic aorta. Dr Ainsworth explained that Haemopericardium is a blood clot around the heart, leading to an abnormal quantity of blood in the sac. Dissection of the thoracic aorta occurs where there is a split of the main artery, causing blood to leak into the chest cavity. This causes the split to tear further. The mechanism of death is that the accumulating blood round the heart places pressure on it, and stops it functioning correctly because there is no space in which to beat. The rib fractures were consistent with appropriate resuscitation attempts. Chest pain is one of the symptoms of aortic dissection. This can only be treated by urgent surgical intervention. Collapse occurs when the heart stops working correctly. Dissection can develop causing bleeding capable of resulting in death within 2 hours or so. On examination there was no evidence of chest infection, but that would be consistent with the pain and cough reported by Mr Jarvis and the raised temperature noted by the nurse. With regard to the root cause of the aortic dissection, this can be associated with high blood pressure in a patient. There were some changes noted; namely a mild thickening, and that is a recognised risk factor for aortic dissection. He also noted that Mr Jarvis was 67 years of age at his death. This is an occurrence which is seen in this age group of the population.

[8] On behalf of the Crown, the Procurator Fiscal Depute invited me to simply make formal findings as to the time, place and cause of death. There were no suspicious circumstances. There was no basis for suggesting that anything could or should have been done differently so as to prevent Mr Jarvis's death. He was seen promptly when he asked for help and did not appear unwell until he collapsed. He was not flushed, pallid, clammy or distressed. Clinical readings were normal and he was appropriately referred for a second opinion.

[9] The other participants at the Inquiry adopted the Crown submissions.

[10] From all of the evidence presented at the Inquiry I conclude that Mr Jarvis's death was an unpreventable one due to natural causes and I have no recommendations to make.