

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Philip Warne, a prisoner at HMP The Verne, on 24 March 2023

A report by the Prisons and Probation Ombudsman

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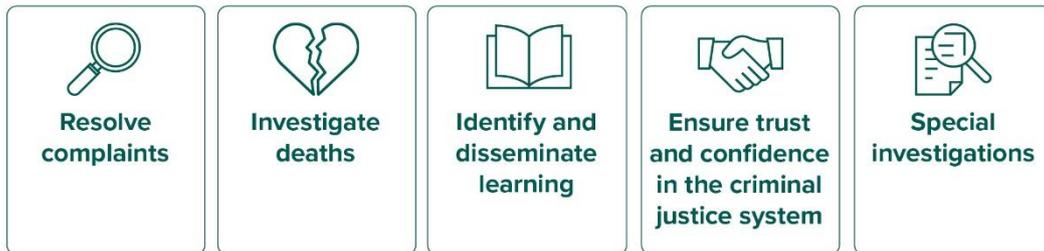
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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Mr Philip Warne died of lung cancer on 24 March 2023 at HMP The Verne. He was 75 years old. We offer our condolences to Mr Warne's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Warne received at The Verne was of a reasonable standard and was at least equivalent to that which he could have expected to receive in the community.
5. We found no non-clinical issues of concern. We make no recommendations.

The Investigation Process

6. HMPPS notified us of Mr Warne's death on 24 March 2023.
7. NHS England commissioned an independent clinical reviewer to review Mr Warne's clinical care at The Verne.
8. The PPO investigator investigated the non-clinical issues relating to Mr Warne's care.
9. The PPO family liaison officer wrote to Mr Warne's next of kin, his daughter, to explain the investigation and to ask if she had any matters she wanted us to consider. She asked about the clinical care Mr Warne had received at The Verne and why he was discharged from hospital on 30 December and moved to a new wing. These issues have been addressed in our report and the clinical review. She also had questions about various prison procedures which we have addressed in a separate letter.
10. Mr Warne's daughter received a copy of the initial report. She did not make any comments.
11. The initial report was shared with HMPPS. They did not find any factual inaccuracies.

Previous deaths at HMP The Verne

12. Mr Warne was the eighteenth prisoner to die at The Verne since March 2020. Of the previous deaths, 15 were from natural causes, one was self-inflicted and one is awaiting classification.

Key Events

13. On 5 January 2018, Mr Philip Warne was sentenced to 14 years imprisonment for sexual offences. He was moved to HMP The Verne on 11 March 2022.
14. Mr Warne had several health conditions including heart disease, high blood pressure and type 2 diabetes.
15. During July and August, Mr Warne saw healthcare staff at The Verne several times about pain in his chest and upper arm. Healthcare staff checked for heart issues, but the test results were normal. They initially diagnosed muscular pain and prescribed pain relief. However, when the pain was no better after a month, they referred Mr Warne for an X-ray of his chest and shoulder.
16. On 30 September, following an X-ray and CT scan, a respiratory consultant told Mr Warne that he had lung cancer, and that he needed further scans and a biopsy to determine his exact diagnosis.
17. On 3 November, Mr Warne had a lung biopsy and a week later, a respiratory consultant told Mr Warne that he had squamous cell carcinoma of the lung, and that he needed to have more tests before they could decide on a treatment plan for him.
18. On 16 November, Mr Warne saw an oncologist who told him that he could start radiotherapy and chemotherapy in approximately three weeks' time.
19. On 19 December, Mr Warne had his first round of radiotherapy treatment.
20. On 26 December, a nurse saw Mr Warne in his cell after he told wing staff that he felt unwell. The nurse took his observations which showed he urgently needed medical attention for possible sepsis (a life-threatening reaction to an infection). Prison staff took Mr Warne to the Accident and Emergency (A&E) department at Dorset County Hospital where he was diagnosed with influenza and pneumonia (infection of the lungs). Over the next few days, Mr Warne remained in hospital and was treated with oxygen and antibiotics.
21. After an improvement in his health, on 30 December, the hospital discharged Mr Warne back to The Verne. As Mr Warne was too weak to use stairs, he was moved to a wing which had ground floor accommodation.
22. The next day, a nurse saw Mr Warne in his cell. The nurse was concerned that Mr Warne was looking increasingly unwell and was struggling to breathe. A senior paramedic at The Verne attended the cell and took clinical observations. The paramedic was concerned about Mr Warne's presentation, so he rang the hospital respiratory team for advice. They said that Mr Warne should be taken back to A&E to be assessed. He was admitted the same day and remained there for the next week.
23. On 9 January 2023, Mr Warne was moved to Weymouth Hospital for rehabilitation and physiotherapy so that he could be independent and mobile on his return to The Verne.

24. On 12 January, Mr Warne had an appointment with his oncologist. The oncologist said that Mr Warne was now too weak to have chemotherapy, however, he would be able to finish his radiotherapy treatment. The oncologist said that this would be palliative radiotherapy (to manage the symptoms of, but not cure, his cancer).
25. On 24 January, after an improvement in his mobility, Mr Warne was discharged from Weymouth Hospital and moved back to The Verne.
26. On 9 February, Mr Warne completed his radiotherapy treatment.
27. On 1 March, Mr Warne had an appointment with his oncologist at Dorset County Hospital. The oncologist told Mr Warne that he was too unwell to cope with any further treatment, but that the palliative radiotherapy should manage his symptoms and pain for a while. She was unable to give an exact prognosis.
28. Over the next few weeks, Mr Warne remained at The Verne where healthcare staff monitored him and gave regular pain relief.
29. On 16 March, Mr Warne said he did not wish anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.
30. On the morning of 24 March, a nurse was helping Mr Warne in his cell when she noticed that he had turned pale and was unable to speak properly. The nurse took his observations which showed that his heart rate was high and that his oxygen levels had dropped, so she called a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties). Several nurses and a GP attended the cell and agreed that Mr Warne was in the last stages of his life. As Mr Warne did not wish to be resuscitated, the nurses did not start chest compressions, and Mr Warne died at approximately 10.46am.

Post-mortem report

31. The post-mortem report concluded that Mr Warne died of bilateral bronchopneumonia (infection in the lungs) caused by advanced lung cancer. Ischaemic heart disease was also listed as a contributory factor.

Adrian Usher
Prisons and Probation Ombudsman

October 2023

Inquest

The inquest, held on 9 September 2024, concluded that Mr Warne died from natural causes.

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