PRISONS AND PROBATION OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man, in November 2012, whilst in the custody of HMP Isle of Wight

Our Vision

‘To be a leading, independent investigatory body, a model to others, that makes a significant contribution to safer, fairer custody and offender supervision’

This is a report of an investigation into the death of a man, in November 2012, at the Albany site of HMP Isle of Wight. The cause of death was bronco-pneumonia and chronic obstructive pulmonary disease (COPD). I offer my condolences to his family and friends.

The investigator and the clinical reviewer reviewed the man's clinical care in prison. HMP Isle of Wight cooperated fully with this investigation.

The man had been in custody since 2008 and was diagnosed as having COPD in May 2011. In the months that followed, the man was frequently monitored by healthcare staff. On 26 October 2012, he was admitted to St Mary's Hospital, Isle of Wight, as his condition had deteriorated rapidly. Against medical advice, the man discharged himself from hospital on 31 October as he wanted to return to the prison. He died in the prison's inpatient healthcare unit early the next morning.

I am satisfied that the man received a good standard of care at the prison. However, I note that he was not offered the anti-pneumonia vaccination recommended by the NHS for people with COPD and recommend that it is offered to all prisoners with serious respiratory conditions at HMP Isle of Wight.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **March 2013**

CONTENTS

Summary

The investigation process

HMP Isle of Wight, Albany site

Key events

Issues

Recommendations

SUMMARY

1. On 13 June 2008, the man was remanded into the custody of HMP Cardiff. He was a life-long smoker, but had no other history of substance misuse. On 3 October, he was convicted and sentenced to life imprisonment. He transferred to what was then HMP Albany on 15 December 2008. Throughout his time in custody he had no contact with his family.

2. On 12 May 2011, the man was diagnosed with COPD (chronic obstructive pulmonary disease, a progressive condition which causes irreversible damage to the lungs). Over the following months his condition was frequently monitored by healthcare staff.

3. On 26 October 2012, the man was admitted to St Mary's Hospital, Isle of Wight, as his condition had deteriorated rapidly. Against medical advice, he discharged himself from hospital on 31 October as he wanted to return to the prison. When he returned to the prison he went to the inpatient healthcare unit where he was monitored hourly by nurses.

4. At 4.20 am on the day of the man's death he was found not breathing and had no pulse. In line with his previously expressed wishes, nurses did not attempt resuscitation. A doctor was called to the prison and certified the man's death at 5.12am. A post–mortem examination found the cause of his death was bronco-pneumonia and COPD.

5. The prison family liaison officer contacted the man's family to inform them of his death.

6. We are satisfied that the man received an appropriate standard of care at the HMP Isle of Wight, equivalent to that he could have expected in the community. However, he was not offered the pneumococcal vaccination, to protect against certain strains of pneumonia, which NHS guidance says should be offered to those over 65 with COPD and other respiratory diseases. We recommend that this should be done.

THE INVESTIGATION PROCESS

7. The investigator issued notices announcing the investigation to staff and prisoners on 2 November, 2012 inviting who had relevant information relevant to contact him. No one came forward.

8. The investigator visited the Albany site of HMP Isle of Wight, on 9 November 2012. During his visit he obtained the man's prison and health records and met the Governor.

9. A review of the man's clinical care in custody was carried out by a clinical reviewer on behalf of the primary care trust.

10. The investigator informed the Coroner of the investigation and obtained a copy of the post-mortem report. The investigation report has been sent to the Coroner.

11. One of our family liaison officers contacted the man's next of kin, one of his sons, and explained the purpose of the investigation. The man's son did not identify any issues for the investigation to address.

HMP ISLE OF WIGHT

12. HMP Isle of Wight is an amalgamation of three prisons, Parkhurst, Camp Hill and Albany. The man was at the Albany site, which holds up to 567 sex offenders and vulnerable prisoners in five cell blocks.

13. Health services at HMP Isle of Wight are commissioned and provided by the Isle of Wight Primary Care Trust (PCT). An inpatient healthcare unit (IHU) at the Albany site that caters for prisoners with a wide range of mental health, general medical, rehabilitative and health-related respite needs.

HM Inspector of Prisons (HMIP)

14. HMIP conducted an announced full follow-up inspection of HMP Isle of Wight in May 2012. They found that health services had improved considerably from their previous inspection, although there were some delays in accessing primary care services for prisoners at Albany. Inspectors also found that there were good care arrangements for men with palliative care needs.

15. The inspection found that prisoners with chronic (long term) diseases were reviewed regularly and there were suitable nurse-led clinics for prisoners with respiratory diseases.

Independent Monitoring Board (IMB)

16. Each prison has an Independent Monitoring Board of unpaid volunteers from the local community who monitor all aspects of prison life to help ensure that proper standards of care and decency are maintained. The most recent IMB annual report for HMP Isle of Wight noted that the opening of the inpatient healthcare unit had reduced the number of prisoners staying as inpatients in outside hospital. They also noted that they ageing population at HMP Isle of Wight, Albany site had led to increased waiting lists for some health services.

Previous deaths at HMP Isle of Wight (Albany)

17. We have investigated a number of previous deaths at HMP Isle of Wight, Albany site, most of which were of older prisoners. Many of the men who died at the Albany site had serious medical conditions and a number had been diagnosed with cancer. The man was the 13th man to die at the Albany site since January 2011. Another man who died around the same time also suffered from COPD and had not been offered the pneumoccocal vaccination despite being in one of the recognised risk groups.

KEY EVENTS

18. On 13 June 2008, the man was remanded into custody at HMP Cardiff. He was convicted on 3 October 2008, and sentenced to life imprisonment with a minimum term of nine years to serve before he could be considered for release. The man transferred to HMP Albany on 15 December 2008.

19. On 18 April 2011, Dr A, a prison doctor, referred the man to hospital for a chest X-ray as he had had a persistent cough for a number of weeks that had not improved with antibiotic treatment.

20. On 12 May, the man had a chest X-ray at St Mary's Hospital, Newport. Dr B, a prison doctor, reviewed the results of the tests, which confirmed that the man had chronic obstructive pulmonary disease (COPD), a progressive condition which causes irreversible damage to the lungs.

21. On 29 June, the man told Dr B that he coughed a lot during the night and became short of breath on mild exertion. He said that he still smoked cigarettes. The doctor advised the man that he needed to stop smoking and prescribed a salbutamol and a tiotropium bromide inhaler for COPD. On 27 July, the doctor reviewed the man, who said that his breathing had been much better since using the inhalers. The doctor reiterated the need for the man to stop smoking.

22. Between August and December, the man had 15 interventions with healthcare staff and there were no new concerns raised about his COPD. During the same period the man's personal officer made regular entries in the man's record. The officer noted that the man told staff he felt much better and that he had been offered, but declined, additional help and support.

23. On 5 January 2012, Nurse A, the lead nurse prescriber for respiratory conditions, saw the nurse to review his COPD. The man told the nurse that he had been a heavy smoker since the age of 12, still smoked and did not want to stop. He said he coughed up a small amount of clear sputum in the morning and was breathless on exertion. The nurse advised him to take his salbutamol inhaler with him everywhere he went and prescribed seretide in addition to his existing inhalers.

24. On 15 February, Nurse A saw the man again to review his medication. The man told the nurse that his breathing had improved and he was able to walk about without being short of breath. The nurse recorded that the man's technique for using his inhalers was good.

25. On 27 March, the man's personal officer recorded that he had asked the man about his family and whether he had any contact with them. The man told the officer that his family knew where he was and if they wanted to write they would. The officer also noted that the man continued to smoke despite his respiratory condition.

26. On 12 April, Nurse A saw the man for another review of his COPD. The man said he had felt much better and slept better at night since using the seretide. During May and June, the man's personal officer noted in the man's prison record that there was no real change in his condition.

27. On 18 July, Nurse A, saw the man for a further COPD review. The man said that he felt all right provided he did not exert himself. The nurse recorded that the man used his inhalers as prescribed but he looked very under weight. His height and weight were recorded as 1.80m (5' 11") and 43.8Kg (6st 12lb). (The normal weight range of someone 1.80m tall is between 59.9Kg (9st 6lb) to 81Kg (12st 12lb)). The nurse referred the man to the doctor. That afternoon Dr C, a prison doctor, saw the man and requested blood tests and prescribed a nutritional supplement.

28. On 25 July, Dr B saw the man and recorded that the blood test results indicated that he had low sodium levels and requested that the tests be repeated. The doctor advised that the man should be admitted to the inpatient unit but the man refused.

29. The repeated blood test results on 27 July confirmed that the man had low sodium levels. Dr B prescribed folic acid (a vitamin supplement) and referred him for a chest X-ray and an appointment with the respiratory consultant at St Mary's Hospital.

30. On 31 July, the man attended St Mary's Hospital for a chest X-ray. Dr B reviewed the results of the X-ray that afternoon which showed no change from the X-ray taken on 12 May 2011. The doctor recorded that the man had severe COPD and had developed pancytopaenia (the reduction of red and white blood cells in the blood) and cachexia (weight loss and deterioration of physical condition).

31. On 6 August, the man's weight was recorded as 43.1Kg (6st 11lb) and his blood pressure as 104/58. (The normal range for blood pressure is 100/70 to 140/90, although the pressure varies throughout the day depending on activity. A blood pressure reading of greater than 140/90 is classed as high and a reading of 90/60 or below is classed as low.)

32. On 15 August, Dr C added ferrous sulphate (an iron supplement) to the man's prescribed medication to help improve the deficiencies in his blood.

33. On 16 August, the man had an appointment at St Mary's Hospital with the respiratory consultant but he refused to attend despite being encouraged to do so by staff. The man signed a disclaimer and wrote "I don't think I need the appointment".

34. On 29 August, Nurse B saw the man for a well man check and recorded his weight as 43.0Kg (6st 11lb) and blood pressure as 105/61. The man told the nurse that he felt generally well.

35. On 30 August, Nurse A saw the man for a review of his COPD. He told the nurse that he had "not been feeling too bad" over the previous month. The nurse noted that the man still smoked and advised him that giving up would be beneficial to his condition.

36. On 4 September, the man's weight and blood pressure was 43Kg (6st 11lb) and 122/98 respectively.

37. On 19 September, wing staff became concerned about the man's health and contacted healthcare staff. Nurse C and Dr B assessed the man in his cell. The doctor recorded that the man was severely short of breath and coughed up rust coloured sputum. The prescribed inhalers did not help, so an ambulance was called and the man was taken to hospital.

38. The man remained in hospital until he returned to the prison on 24 September. He had been prescribed doxycycline (an antibiotic for respiratory infections) and carbocisteine (for excessive mucus) and diagnosed with an exacerbation of COPD. Healthcare staff advised the man to stay in the prison's inpatient unit for a short period for monitoring but he said he preferred to be with his friends on the wing. A consultant at St Mary's Hospital had arranged for the man to have an endoscopic examination of his oesophagus, stomach and duodenum at a later date.

39. On 26 September, Dr B saw the man and recorded that he could have oxygen therapy to assist his condition if he stopped smoking. On 8 October, Nurse D saw the man for a review of his COPD and recorded that the man was using his inhalers correctly but again advised him to stop smoking. The man told the nurse that he had reduced the amount he smoked to two cigarettes a day.

40. On 15 October, the man attended St Mary's Hospital for the endoscope examination which showed that the man suffered from Barrett's oesophagus (a disorder in which the lining of the oesophagus is damaged by stomach acid). There was no obvious cause for his weight loss. Dr B prescribed omeprazole for excess stomach acid.

41. On 25 October, the man's COPD deteriorated and Dr B recommended that he should be admitted to hospital but the man refused to go. He agreed to be admitted to the prison's inpatient unit and said that he wanted to be resuscitated if his heart stopped or he stopped breathing. Dr B arranged for the man's cell to remain unlocked at all times so that nurses could check on him easily throughout the night.

42. Nurse E was on duty that evening and into the early hours of 26 October and checked the man every thirty minutes. At 10.40pm, the nurse was concerned about the man's condition and explained to him that it would be better if he was in hospital. The man agreed that, if his condition became worse, he would go to hospital. By 12.30am, the man's breathing had deteriorated further and his blood pressure was recorded as 86/56. The nurse called for an ambulance to take him to St Mary's Hospital. A risk assessment authorised the man to be escorted by two officers but no restraints were used.

43. The man remained in hospital until 31 October, when he discharged himself against medical advice. The Sister St Mary's Hospital told healthcare staff at the prison that the man was on continuous oxygen but had refused all other treatment and assessment. The medical team at the hospital judged that the man had the capacity to understand the consequences of his decisions to discharge himself.

44. Later that afternoon the man returned to the prison. He wanted to go back to his cell on the wing, but was persuaded to stay in the inpatient unit so that nurses were on hand throughout the day and night.

45. At 7.00pm, Nurse F and Nurse G checked on the man. He told them that he no longer wanted to be resuscitated in the event of a cardiac or respiratory arrest. The nurses recorded that the man refused to eat his evening meal but had drunk cups of coffee.

46. Nurse G contacted Dr B, the on-call doctor that evening, to update the doctor about the man's wish not to be resuscitated. The doctor advised the nurses to continue to give the man oxygen via a portable cylinder to aid his breathing and to contact him at any point during the night should the man's condition deteriorate. The doctor entered on the man's medical record that the nurses were authorised not to attempt resuscitation and that he would complete a Do Not Resuscitate (DNR) form in the morning.

47. During the night Nurse H and Nurse I, were on duty and checked on the man every hour. At 3.20am, Nurse H helped the man to the toilet and back to the armchair in his cell and made him a cup of coffee, which he drank. At 4.20am, both nurses checked the man and they found him still sitting in the armchair but unresponsive. He was not breathing and the nurses could not find a pulse. In accordance with the man's instruction, the nurses did not attempt resuscitation. Nurse I contacted Dr B who came to the prison at 5.12am and confirmed that the man had died.

48. The man had not had any contact with his family for over 20 years and had not sent or received any correspondence throughout his time in custody. The Probation Service informed the prison that the man had been married three times and had sixteen children, all of whom were now adults, and provided the last known addresses. The prison contacted HMP Cardiff to ask for their help in breaking the news to the man's family. Officer A, a family liaison officer at Cardiff, left at 9.30am to visit the addresses provided.

49. At 12.25pm, Officer A contacted the prison to say that he had been unable to find any members of the man's family at the addresses given. Senior Officer (SO) A then contacted Gwent Police to ask them to trace and inform the man's next of kin. The police confirmed that they had traced and informed one of the man's sons of his death at 9.59pm and passed on his contact details.

50. Over the following days the prison maintained contact with the man's son who had told the rest of the family of his father's death. The funeral was held in Wales at the man's family's request. The prison made the arrangements and paid the funeral expenses.

ISSUES

Clinical Care

51. The clinical reviewer made the following comments about the care the man received at HMP Isle of Wight:

> “The man had a long history of diarrhoea and of being thin. He described this as a difficulty in gaining weight and keeping it on. His first documented height and weight in prison showed a Body Mass Index of 14.23 Kg/m2. A normal BMI is between 19-24. He was approximately 14 Kg (2 stones and 3lbs) underweight.
>
> “This was appropriately investigated. No pathology to account for this was found by the Prison Health team or the hospital.
>
> “The man had been a heavy smoker since the age of 12. His diagnosis of severe COPD (Chronic Obstructive Pulmonary Disease) was made in May 2011. He will have had symptoms for many years prior to this diagnosis.
>
> “This condition would have been present for many years. It is a condition directly related to cigarette smoking and usually presents with a "smoker's cough" and a gradual onset of breathlessness which becomes more disabling as the lungs deteriorate. Inhalers help the symptoms but the single most important treatment is to cease smoking to minimise further deterioration in lung function. It is not a curable condition.
>
> “His COPD treatment was appropriate with regular monitoring of his symptoms, weight, pulse and Blood Pressure and level of functioning. He was prescribed appropriate treatment and immunised against seasonal flu. During his review his inhaler technique was checked and the advice to stop smoking given.
>
> “During infective exacerbations of his COPD (chest infections) he received appropriate antibiotics and sometimes steroids. He was appropriately admitted in September to the Hospital for an infective exacerbation of his COPD.
>
> “However, in the early hours of 26 October, the man’s condition deteriorated rapidly and given his wish for resuscitation was resuscitated with fluids and oxygen and transferred to the resuscitation room of the A&E department of St Mary’s Hospital. From there he was transferred to an acute medical ward where he made some recovery.
>
> “He wanted to return to prison and discharged himself against medical advice from the hospital on 31 October. He was still poorly and on his return to IHU expressed the wish that he no longer wanted to be considered for resuscitation. He was managed on IHU with oxygen and nursing care and died in the early hours of 1 November 2012.”

52. NHS guidance recommends that persons aged over 65 or those who fall into certain risk groups should receive the pneumococcal vaccination. This is a vaccination that protects against 23 strains of a bacterium that can cause

several serious conditions, including pneumonia. The at-risk groups who should be offered the vaccination include persons with long term respiratory conditions, such as COPD or asthma. The vaccination is given just once and, for most adults, offers protection for life.

53. The man's medical records show that he was offered and received the annual influenza vaccination at the prison but there is no indication in his records that he was offered the pneumococcal vaccination.

54. The cause of the man's death, established following post mortem examination, was bronco-pneumonia and COPD. The pneumococcal vaccination does not protect against all pneumonia causing bacteria and it is therefore not possible to know whether the vaccination could have helped prevent the man's death. We make the following recommendation:

    The Head of Healthcare should ensure that patients with respiratory conditions who meet the NHS criteria are offered the pneumococcal vaccination.

55. The clinical reviewer also commented on the overall standard of care that the man received from staff at HMP Isle of Wight, Albany site as follows:

    > "The prison and medical staff looking after the man should be congratulated on their care of the man and his severe COPD. He was monitored and treated well and his needs and preferences were well met and accommodated as far as possible (in particular his views on resuscitation, hospital referral, hospital admission and his nutrition).
    >
    > "The care given to the man was equivalent to that he would have expected to have received from normal NHS healthcare."

56. We agree with the clinical reviewer's assessment that the care that the man received at HMP Isle of Wight, was of a good standard.

Liaison with the man's family

57. The man had not nominated any next of kin and had no contact with his family throughout his imprisonment. We are satisfied that the prison appropriately contacted HMP Cardiff to ask their family liaison officer, to contact the man's family. Unfortunately no family members could be found at the last known addresses and the police were the asked to find and inform the man's next of kin of the man's death. We consider that reasonable action was taken and appropriate family support was given.

RECOMMENDATION

1. The Head of Healthcare should ensure that patients with respiratory conditions who meet the NHS criteria are offered the pneumococcal vaccination.

Accepted

All Primary Healthcare Centres within HMP Isle of Wight have been instructed to administer the appropriate course of pneumococcal vaccination to all prisoners meeting the criteria and who agree to receiving it. Stocks of vaccine are available in all centres and Patient Group Directive (PGD) is in place.