

**Investigation into the circumstances surrounding the
death of a prisoner at HMP Wymott, in the Royal Preston Hospital on 20
August 2005**

**Report by the Prisons and Probation Ombudsman for
England and Wales**

December 2005

This is the report of an investigation into the death of a prisoner at HMP Wymott. The man died in the Royal Preston Hospital on 20 August 2005. The post mortem report indicated that the man had severe peripheral vascular disease and severe ischaemic heart disease. The man was 60 years of age and a heavy smoker.

One of my Investigators conducted this investigation. I am grateful to a doctor of the Chorley & South Ribble Primary Care Trust who undertook a clinical review into the care and treatment that was afforded to the man.

I would like to extend my condolences to the man's family for their loss. I would also like to thank the Governor of Wymott, and his staff, in particular a Principal Officer, for their help and co-operation during this investigation.

I make two recommendations in this report.

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Summary

At approximately 8.40am on 20 August 2005, the prisoner died in the Royal Preston Hospital. The post mortem report indicated that the man died from Myocardial infarction and right coronary artery occlusion. He was 60 years old.

In November 2003, the man had been given an eight year sentence for sexual offences which he began to serve at HMP Birmingham. This was the man's first experience of custody and he entered prison with longstanding and serious health problems that included heart and circulatory problems. Nonetheless, he continued to be a heavy smoker, despite advice from doctors. In January 2004, the man was transferred to HMP Wymott. By December 2004 during a hospital review, the man was complaining that he could not walk far without experiencing cramps in his legs. However, in view of the fact that the man continued to smoke, the hospital considered there was little justification for surgery and a decision was made to review the man's condition in June 2005.

In the spring of 2005, the man began to develop ulcers on his lower limbs - specifically his left foot - that were not responding to treatment. In light of his circulatory problems, he was diagnosed with critical ischaemia of the lower limbs. He was referred for further investigation and treatment at the Royal Preston Hospital and underwent corrective surgery in March and July. On each occasion when the prisoner attended hospital he was escorted and handcuffed.

On 15 August, the man was taken to the Royal Preston Hospital as healthcare staff suspected that he had contracted gangrene of two of the toes on his left foot. The man had a right femoro-popliteal bypass graft and after several days in hospital, he was expected to make a recovery and to return to Wymott the following week.

On 19 August, the man started to develop breathing difficulties and was given oxygen. Despite the efforts of the hospital staff, the man died the next day.

The clinical review indicates that the man had a history of severe peripheral vascular disease but continued to smoke heavily. The clinical reviewer concludes that his treatment and care during the time he was in prison appears to have been appropriate and caring until his death from natural causes.

This report includes recommendations relating to the recording and checking of next of kin details and to the timeliness of informing other prisoners of a death in custody. Following disclosure of the draft report the Prison Service has accepted the recommendations.

The investigation process

1. The investigation was opened at HMP Wymott on 1 September 2005, when my investigator contacted the establishment to inform them that an investigation into the death of the man would take place. Notices were issued to staff and prisoners informing them about the investigation. In response to the notices, my investigator visited Wymott on 5 October to speak with two prisoners who knew the man and who wanted to raise issues in respect of his care and treatment whilst he was at Wymott.
2. The Governor and his staff produced the man's core record, his Medical Record and a number of other documents for examination.
3. The Chorley & South Ribble Primary Care Trust was contacted with a request that it conduct a clinical review into the care and treatment that the man received in prison. A doctor carried out the clinical review.
4. One of my Family Liaison Officers contacted the brother-in-law (his next of kin following the death of the prisoner's sister), by telephone on 16 September. The Family Liaison Officer offered the opportunity to meet with him and the investigator to discuss the purpose of the investigation, and to raise any concerns or questions that the family would like explored and addressed. The family declined this invitation and no issues or concerns were raised.
5. My investigator contacted Her Majesty's Coroner to inform him of the nature and the scope of my investigation and to request a copy of the Post Mortem report. Upon completion, my report will be sent to the Coroner to assist him in his enquiries into the man's death

The Prisoner

6. The man was born in 1945. He was 60 years old when he died on 20 August 2005. The prisoner had left school at the age of 16 with no qualifications. In later life, he became a lorry driver and was in long term employment. At the time of his arrest, the man was retired.
7. The man had been married twice and had seven children. He was estranged from his second wife but maintained some contact with her and one of his daughters from that marriage. The prisoner also maintained contact with his eldest sister, who was his nominated next of kin, mainly through letters and telephone calls. In an interview with his personal officer at Wymott, the man stated that he enjoyed good family support.
8. On 21 November 2003, the prisoner was sentenced at Crown Court to eight years for sexual offences. He had no previous convictions and this was his first experience of prison. However, he said that he was not unduly worried about being in prison. The man served the first part of his sentence at HMP Birmingham.
9. The prisoner continued to deny the offences for which he had been convicted and whilst in prison did not engage in any offending behaviour programmes. However, he did engage in other educational programmes.
10. On 5 January 2004, the man was transferred from Birmingham to Wymott. His family live in the West Midlands and so he did not receive many visitors. On arrival at Wymott, the man's induction included a health screen (an initial interview with health care staff). It was established that the man had a range of serious health issues. In July 2000, he had an aorta-bifemoral graft, having suffered two heart attacks. The prisoner had also been diagnosed with angina about ten years previously. In the 1990s, the man suffered two strokes and he told healthcare staff that his mother had died of a stroke. It was also established that the man had diabetes that he controlled with diet. The prisoner also had a history of high cholesterol, hypertension and circulatory problems. Indeed, the man confirmed on arrival at Wymott that he was unable to walk for more than 200 yards or stand for a long time. He required the use of a walking stick. Despite his poor health, staff and fellow prisoners recall that the prisoner was determined to see to his own needs and generally kept himself to himself. He also derived much pleasure from smoking and was described as a very heavy smoker by staff and fellow prisoners.
11. In view of his medical history, the man was prescribed medication that included Rampiril, Aspirin, Amlodopine, Simvastatin and Glicazide. He was also in possession of an angina spray and a blood sugar monitoring kit to help him manage his own diabetes appropriately. He retained these items in his cell.

12. The man was profoundly deaf in his left ear, the result of a perforation to his eardrum some 30 years earlier. Whilst the man was at Wymott, attempts were made by healthcare for him to be fitted with a hearing aid.
13. On arrival at Wymott, the prisoner submitted an application under Prison Rule 45. Because of the nature of his offences, the man wanted to be dealt with as a vulnerable prisoner. (Vulnerable prisoners are those whose offences or behaviour are such that they may need to be segregated from other prisoners for their own safety and protection.) The man's application was approved. Initially he was accommodated on 'G' wing and, according to reports, he settled down quickly at Wymott.
14. Because of the nature of his offences, the man was subject to Prison Service Order 4400 – Schedule 1 (PSO 4400) that restricted any contact with children. This included any direct contact with his grandchildren.
15. On 14 December, the prisoner attended the Royal Preston Hospital under escort and restraint for a clinical review of his circulation. The hospital noted that the man had been experiencing cramp-like pains in his left leg and that he was unable to walk for more than 100 yards. He continued to smoke up to 30 cigarettes a day and this was not helping his circulation. The hospital was reluctant to consider surgery on the man as his condition was not considered to be critical. However, further consideration was to be given to surgery on the man should he develop critical ischaemia of the lower limbs. His next review was scheduled for June 2005.

HMP Wymott

16. Wymott is a category C training prison for adult male prisoners. It is located near Leyland, Lancashire. A high proportion of the population are vulnerable prisoners.
17. Wymott has special accommodation for more elderly prisoners. I Wing is the Elderly and Disabled Community and accommodates up to 62 prisoners in a mixture of single and double cells. The regime is relaxed and informal and association is available every weekday evening. Healthcare arrange multi-disciplinary reviews to assess those prisoners who have social care needs such as difficulty with bathing, and outside carers are employed when required.
18. Healthcare in Wymott was transferred to the Chorley & South Ribble Primary Care Trust in April 2005. All staff who work in healthcare are clinically qualified. A full time doctor is available each weekday. Two GPs from a local practice provide medical cover during the weekends and evenings. Appointments to see a doctor are normally triggered by wing application. Although there is no in-patient facility at Wymott, prisoners who need in-patient facilities are accommodated in the Healthcare Centre at HMP Garth that is situated next to Wymott.
19. In December 2003, Her Majesty's Chief Inspector of Prisons inspected Wymott. Her report described the establishment as a good, well managed prison.

Events prior to the prisoner's death

20. On 6 September 2004, the man was transferred from G Wing to I Wing. As noted, I Wing accommodates elderly and disabled prisoners and those deemed to be vulnerable because of the nature of the offences they have committed. A nursing care assistant is employed by the prison to attend to the hygiene needs of some prisoners on a weekly basis. The man had a single cell.
21. In an interview with his personal officer soon after his arrival on I Wing, the man stated that he was experiencing some pain in his leg and that healthcare were not doing enough for him. Despite his concerns, the man worked in the laundry. He was described as a quiet, polite prisoner who kept himself to himself. He was not a discipline problem to staff. (However, he was on occasion challenged by staff about his personal and cell hygiene.) In light of his good behaviour, the prisoner was placed on enhanced privileges in April 2005. Fellow prisoners have confirmed that he was a popular man who enjoyed smoking, despite acknowledging that this was detrimental to his health.
22. On 11 March 2005, the prisoner was told that his sister (his nominated next of kin) had died. Following this sad news, the man was visited on the wing by a member of the Chaplaincy staff. Fellow prisoners have said that the man was devastated by his sister's death, as she was his closest link to the outside world. The man subsequently nominated his brother-in-law as his next of kin.
23. By 14 March, the prisoner had developed an inflamed ulcer on his left kneecap. The ulcer was treated with the appropriate medication and dressings. In light of his previous history of circulation problems, his ulcers were reviewed regularly by healthcare staff.
24. On 22 March, the man attended his sister's funeral in Birmingham escorted by two prison officers. He was handcuffed to an officer, in compliance with the prison's security and operating procedures.
25. On 23 March, the prison doctor was concerned that the man might have developed ischaemia of the left foot, as his ulcers were not responding to treatment. In view of this diagnosis, the man was admitted to the Royal Preston Hospital as an emergency case. As standard prison practice, the man was handcuffed and escorted by two prison officers.
26. The man underwent a femoral fema cross over graft operation on 24 March. It was hoped that the operation would improve the circulation of blood to his lower limbs and give him better mobility and quality of life. After a period of post-operative recovery, he was discharged back to Wymott on 29 March. The man attended hospital again on 3 April to have clips removed from his groin area and to have his wounds assessed. The review determined that the wounds were healing and that there was no

sign of infection in the groin area. He was advised once again by staff to give up smoking and to take exercise in order to improve his circulation.

27. On 9 April, the prison doctor was asked to attend I Wing in order to assess the condition of the man's left foot which was becoming ulcerated and inflamed. The doctor prescribed a course of antibiotics and the man was subject to regular review in order to determine whether the ulcers were healing. It was also noted that ulcers were developing on the man's right foot and there was the appearance of necrotic skin around his toes.
28. By 18 May, it was recorded that the man was responding well to the treatment. There appeared to be an improvement to his right kneecap and both feet. During this time, the man continued to work on a part- time basis.
29. On 16 June, the man attended the Royal Preston Hospital for a six monthly clinical review of his circulation. The man told the consultant that he had not noticed a reduction in pain in his left leg since his operation in March and that his left foot felt numb. The man was discharged from hospital on the same day.
30. On 22 June, the prison doctor wrote a letter to Chorley & South Ribble District General Hospital stating that he suspected that the prisoner was suffering from chronic ischaemia of the lower limbs. The man had been complaining of pains in his left leg and had noticed a significant reduction in the distances that he could walk. The ulcers on his left foot looked inflamed and discoloured and did not appear to be responding effectively to treatment. No pulses could be detected in his left leg. The prison doctor gave a full and comprehensive medical history of the man and asked the hospital to investigate further.
31. In response to the prison's concerns, the hospital arranged for the man to have an angiogram on 29 July. Due to faulty hospital equipment, the scan could not be arranged any earlier.
32. In the meantime, on 24 June, the man submitted an application under Prison Service Order 4400 asking that consideration be given for him to see his grandchildren. The man was advised by staff on the wing that his application would in all probability be refused because of his offence. The man stated he required a formal refusal in order to convince his daughter that he had explored this avenue and done all within his means to obtain access. The application was submitted to the administration unit. On 1 July, the man was formally told that he was only allowed visits from immediate family and that this did not include his grandchildren.
33. On 8 July, while his ulcers were being dressed, a physical deterioration in the man's left foot and right knee was noticed. The man also complained that the analgesics he was taking were not strong enough and that he was unable to sleep at night because of discomfort and pain. The prison

doctor prescribed stronger pain relief. Regular reviews of his ulcers were also maintained.

34. The man's ulcers continued to deteriorate despite treatment. By 20 July, there was aggressive ulceration and redness noted on his knee. His left foot was painful and the skin was dead in appearance.
35. On 23 July, the prisoner's ulcers were assessed once again by a prison doctor and a nurse who decided to review his condition in 48 hours. If there was no noticeable improvement, consideration would be given to sending him to hospital for further urgent investigation and treatment.
36. By 24 July, there appeared to be a slight improvement in the man's ulcers. However, on 25 July, the prison doctor diagnosed critical left leg ischaemia. The man was taken to the Royal Preston Hospital by ambulance and subsequently admitted to a ward for further tests and monitoring of his condition. On 26 July, the prisoner was reminded by the consultant that he was due to have an angiogram on 29 July and that, following this investigation, consideration might be given to surgery.
37. On 27 July, the man was advised that his blood pressure was low and that he needed to drink more water. He found it difficult to lie in bed and more comfortable to be sitting in a chair. On 28 July, the prisoner received two visitors to his bedside.
38. On 29 July, the man had an angiogram. Later that day he was told that he required an urgent exploratory operation to improve the flow of blood to his left leg, as it appeared that his artery was blocked. The operation was scheduled for 1 August.
39. On 31 July, prison escort staff noted that the prisoner was apprehensive about further surgery, commenting that he had had undergone a similar operation in March with limited success.
40. On the afternoon of 1 August, the man had an operation to flush out an occlusion to previous by-pass surgery. During the course of his stay at the Royal Preston Hospital, the medical record notes that the man underwent an exploration of the right groin, thrombolectomy of the right limb and femoral cross over graft refashioning of right groin anastomosis. It was hoped that this latest surgery would improve the circulation of blood to his legs.
41. By 4 August, it was reported that the man's condition was stable and he was making a good recovery. The Healthcare Centre maintained frequent telephone contact with the hospital in order to enquire about his health and to update the man's medical record. The prisoner remained as an inpatient in the Royal Preston Hospital, subject to prison escort bedwatch, in line with the Prison Service's security and operating procedures.

42. On 5 August, a prison chaplain and a prison governor visited the man. The bedwatch observation log states that the prisoner was getting bored being in hospital and was looking forward to returning to Wymott.
43. On 6 August, the bedwatch log records that the hospital received a telephone call from the man's daughter, enquiring after her father and asking if he was allowed visitors. Escorting officers sought advice from Wymott and confirmed that no children were allowed to visit the prisoner as he was subject to the restrictions of PSO 4400.
44. During the early evening of 7 August, the man was visited by his daughter, her partner and their two young children, the prisoner's grandchildren. An officer on escort duty asked if the man had received the Governor's permission to see his grandchildren. The prisoner confirmed that he had not received such permission and understood that he was subject to the conditions of PSO 4400. The terms of the order stipulated that the man was to have no contact with children. Escorting officers confirmed the exact conditions of PSO 4400 with the Control Room at Wymott.
45. Escorting officers explained the visiting restrictions that were imposed on the prisoner to his daughter and her partner. The children were taken away from his bedside. However, the bedwatch log records that the prisoner's daughter's partner remonstrated with hospital staff in an attempt to overturn the prison's decision on the basis that the man was in a hospital and not in prison. The decision not to allow the prisoner's grandchildren to visit him was upheld. After the visit, escort staff impressed upon the man that he must not have contact with children. The prisoner acknowledged this and stated that his grandchildren would not visit him again. Although in the circumstances it is difficult to believe there was any present danger to children or any prospect of their being 'groomed' by the man, I believe this matter was handled sensitively and appropriately.
46. On 8 August, the prisoner was discharged back to Wymott from the Royal Preston Hospital with an appropriate care plan. The I Wing observation log indicates that the man was upset that he could not see his grandchildren whilst in hospital. He was also upset that he was not allowed to smoke whilst he was in hospital.
47. At 10.30pm on 9 August, the medical record indicates that staff on I Wing requested that healthcare staff look at the prisoner as he was complaining of pain and wanted stronger analgesics. Appropriate analgesics were prescribed.
48. On 11 August, the man returned to the Royal Preston Hospital in order to have the staples removed from his groin area. A pressure sore on his right buttock was reviewed and appropriate treatment was given. It was also noted that his wounds were healing.

49. On 13 August, the prisoner's wounds were reviewed once again in healthcare. His dressings were changed. Healthcare staff noted that the man's left foot, particularly his fourth and fifth toes, was wet, and foul smelling. The skin in this area appeared to be dead. Some of the toes on his right foot were black in appearance and cold to the touch.
50. On 14 August, healthcare staff again reviewed the prisoner's wounds and dressings. They noticed that, whilst his knee and right foot appeared to be improving, this was not the case with the left foot. The man told staff that he had experienced a restless night and was feeling weary. He was in pain with his foot despite being given stronger analgesics. Healthcare staff decided to review the prisoner's condition the next day.
51. On 15 August, the prison doctor reviewed the man's ulcers and was particularly concerned about his left foot that looked as if it had become gangrenous. In view of the deterioration, the prisoner was taken by ambulance to the Royal Preston Hospital. During the course of the day, healthcare staff telephoned the hospital and recorded that the man was in ward 12 where he would remain as an inpatient for up to four days pending further tests. As on previous occasions, he was escorted by two prison officers and subject to restraint by handcuffs. The bedwatch log records that at 8.55pm the prisoner was moved to a side room on ward 12A.
52. On the afternoon of 16 August, the man had a right femoro-popliteal bypass graft. He was taken to ward 12 to recover and given morphine for the pain. The prisoner was expected to remain in hospital for approximately five to seven days.
53. On 17 August, the man received four units of blood and it appeared as though he was making a good recovery.
54. On 18 August, following a review by the consultant, hospital staff told the prisoner that his wounds were healing and that he would probably return to Wymott after the weekend. The bedwatch log records that, on 19 August, the man was quite chatty and did not appear to have any significant concerns.
55. Also on 19 August, the medical record states that the prisoner continued to recover after surgery although he still required units of blood. However, at about 6.00pm, the man was struggling to get his breath. He was given oxygen to assist with his breathing. The prisoner told his prison escorts that he believed that his breathlessness might have been due to a change in his medication.
56. At 6.25pm, the man was feeling very unwell and unable to eat his food although he was able to sip fluids. He said that, whilst he was not in any pain, he was concerned about his breathing difficulties. He continued to use an oxygen mask. By 10.00pm, the prisoner appeared to be a little more relaxed and was watching television from his bed.

57. At about 4.10am on 20 August, the man was sitting upright in bed. He was experiencing breathing difficulties and was using an oxygen mask. At 5.00am, a principal officer from Wymott visited the prisoner's bedside as part of the routine management check for prisoners who are on bedwatch.
58. The bedwatch observation log then records that, at about 8.40am, the man had lost consciousness and that medical staff were unable to revive him. He was pronounced dead at 8.40am by a doctor as a result of a suspected cardiac arrest.
59. At 8.45am, a member of the prison escort staff telephoned the duty governor at Wymott to inform him of the death of the prisoner. In compliance with the establishment's procedures, the contingency plan for a death in custody was implemented. The National Operations Unit (NOU) was informed of the death at 4.20pm that afternoon.

Events after the prisoner's death

60. The duty governor at Wymott telephoned the West Midlands Police at about 9.00am and asked them to visit the man's sister, who the prisoner had given as his next of kin, and tell her of the death of her brother. However, on visiting the address, the police found out that the man's sister had in fact passed away earlier in the year. The next of kin details on the prisoner's prison file had not been updated. In light of this, police told the brother-in-law the news. He then told the rest of the family including the man's daughter who had visited him whilst he was in hospital. At 3.40pm, the brother-in-law was contacted by a governor at Wymott offering the prison's condolences and offering advice and support.
61. On 24 August, a governor at Wymott sent a letter of condolence to the family. The letter was timely, compassionate and told the family of various support organisations. It did not mention any offer of financial support from the prison towards funeral costs. However, the prison's family liaison officer, another governor grade, did make an offer of financial assistance to the brother-in-law. He was told that there was sufficient in the prisoner's estate to cover any funeral costs.
62. On 25 August, the man's daughter visited Wymott in order to collect her father's outstanding property and any money. This arrangement was with the agreement of the brother-in-law.
63. Following the prisoner's death and at the family's request, all further contact with the prison was broken. Consequently, the prison was not aware of the funeral.
64. Prisoners who knew the prisoner were formally told of his death on 22 August when the regular I Wing staff was on duty. Two prisoners who spoke to my investigator commented that they had inadvertently learnt of the man's death from an overheard conversation between staff, and were left wondering if the information was correct. Given the power of the prison grapevine and for reasons of courtesy, I believe the delay in informing other prisoners of the death was unacceptable.
65. The two prisoners seen by my investigator also raised a general concern that, in their experience, some prisoners on the wing did not always receive their medication on time. However, my investigator established that in such instances a formal complaint could be lodged with healthcare, and that these were normally dealt with expeditiously. The prisoners were aware of the man's circulatory problems and acknowledged that his excessive smoking, despite staff advice, exacerbated circulatory problems.

Clinical review and Post Mortem

66. The clinical review concludes that the prisoner was seen regularly by healthcare staff because of his diabetes, angina and poor circulation. The review also highlights that the man received a high standard of care and support whilst he was in prison and that there was no indication that his care at any time in prison was at a standard less than would have been received in the wider community. The clinical review confirms that the prisoner's medical record was legible and maintained to a high standard.
67. The post mortem report indicated that the man had severe peripheral vascular disease and severe ischaemic heart disease. The report concluded that the stresses and strains of the operation may have contributed to his death in that he suffered a cardiac arrest. Despite attempts at resuscitation he died.

Findings and conclusions

68. The man entered prison with very serious health problems that were identified and dealt with in a timely and appropriate fashion by the Prison Service. The level of medical and nursing care afforded to the prisoner was, according to the clinical review, of a good standard and equivalent with the level of care he would have received in the wider community.
69. In the last months of his life, the prisoner developed critical ischaemia of the lower limbs and, despite every effort, including advice to give up smoking, his ulcers did not respond to treatment. In view of this deterioration, the only course of action was surgery. This was undertaken with the intention of improving the man's mobility and giving him a better quality of life. But despite surgery, the prisoner developed gangrene on the toes of his left foot that necessitated amputation of the affected toes. The man was expected to make a recovery from this operation and return to Wymott. However, during post-operative recovery, the prisoner developed breathing difficulties and in conjunction with his history of heart problems he suffered a cardiac arrest and died.
70. The man died at the Royal Preston Hospital on the morning of 20 August. Due to the distances involved the prison asked the West Midlands Police to notify his next of kin. On arrival at the recorded address, the police found that his nominated next of kin, the prisoner's sister, had herself died in March. The man had in fact attended her funeral in Birmingham under escort from Wymott. Moreover, he had subsequently nominated his brother-in-law as his next of kin after his sister's death.

The Governor should ensure that contact details for next of kin are checked regularly to ensure they are up to date and still current.

71. The other prisoners at Wymott were not told of the prisoner's death for two days. Some prisoners had overheard staff talking about it, leading to uncertainty and possible confusion. If the media had chosen to report the man's death, there is every possibility they would have read it in the newspaper or heard it on the radio first.

The Governor should remind staff that prisoners should be told of the death of fellow prisoners in a timely manner to avoid confusion and speculation.

Recommendations

- 1. The Governor should ensure that contact details for next of kin are checked regularly to ensure they are up to date and still current.**
- 2. The Governor should remind staff that prisoners should be told of the death of fellow prisoners in a timely manner to avoid confusion and speculation.**