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 August 2013 at hospital, while a prisoner at HMP Usk

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 the investigation report into the death in August 2013 of a man, a prisoner at HMP Usk. He died in hospital from respiratory failure caused by pulmonary fibrosis (scarring of the lungs). He was 73 years old. I offer my condolences to his family and friends.

A clinical review was undertaken to review the man's clinical care at the prison.

The man received an 11 year prison sentence on 26 June 2009 and transferred to Usk from HMP Swansea on 9 July. He had high blood pressure and high cholesterol. He smoked and had several chest infections in 2012 and 2013, and became increasingly short of breath. In June 2013, he was referred for a chest X-ray, but this was cancelled without explanation.

On 5 August, the man had an X-ray and a scan which showed he had pulmonary fibrosis. He was referred urgently to a respiratory medicine specialist at hospital, but his condition deteriorated and he was admitted to hospital as an emergency on 9 August. He received prompt treatment and was admitted to the intensive care unit. His health got worse in hospital and he died several days later.

While it does not appear that much could have been done which would have changed the outcome for the man, I share the clinical reviewer's concerns about poor record keeping, cancelled hospital appointments and chronic disease management at Usk. These are matters we have recently brought to the attention of the Governor from a previous investigation.

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 **February 2014**

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SUMMARY

1. The man was sentenced to 11 years imprisonment in June 2009 and was initially taken to HMP Swansea. He moved to HMP Usk in July 2009. He was a heavy smoker and had high blood pressure and high cholesterol. Over the next two years, he had several chest infections and was usually prescribed antibiotics. He became increasingly short of breath.

2. There was no care plan to manage the man's high blood pressure or cholesterol. His cholesterol and lipids were checked, but when his levels were high, no action was taken.

3. In May 2013, the prison GP prescribed the man antibiotics for a productive cough that had lasted two weeks. In June, he was still feeling breathless. The prison GP thought he might have a fibrosing condition (thickening or scarring of the lungs), so referred him for a chest X-ray. The appointment did not take place and it is not clear why. On 1 August, a nurse noted he should have had a chest X-ray, so asked for a new appointment to be arranged.

4. On 5 August, the man had an X-ray and a scan which showed he had pulmonary fibrosis and he was referred to a specialist. His condition deteriorated over the next few days and he was taken to hospital as an emergency on 9 August. He received prompt treatment and was admitted to the intensive care unit. At hospital he developed respiratory failure and died.

5. The clinical reviewer concludes that the man's care was not equivalent to that which he could have expected in the community, where his risk factors were more likely to have been picked up at an earlier stage and a missed hospital appointment would have been followed up earlier. We share their concerns and make recommendations about chronic disease management, the failure to obtain community medical records and the quality of medical record keeping at HMP Usk.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Usk informing them of the investigation and inviting anyone who had relevant information to contact him. No responses were received.

7. The investigator visited the prison on 20 August and met the liaison officer, duty governor and visited the healthcare unit. He obtained copies of the man's relevant prison and prison medical records. On 28 October, he and the clinical reviewer interviewed two nurses, a doctor, the healthcare manager and an administrator.

8. Healthcare Inspectorate Wales (HIW) reviewed the clinical care that the man received at HMP Usk.

9. HM Coroner for Newport was informed of the investigation and confirmed the cause of death. The Coroner has been sent this report.

10. One of the Ombudsman's family liaison officers spoke to the man's brother, to explain the investigation. He did not raise any specific issues for the investigation to consider.

11. The man's next of kin were informed the draft report was available, but did not wish to receive a copy or make any comment.

HMP USK

12. HMP Usk accommodates up to 270 adult male prisoners convicted of sex offences.

13. Since September 2012, healthcare services at Usk have been delivered by the Aneurin Bevan Health Board. Healthcare services are available Monday to Friday from 7.30am to 4.30pm. There is a GP surgery every weekday morning and the practice are on call until 6.30pm each weekday.

HM Inspectorate of Prisons

14. In the report of an inspection of HMP Usk in April and May 2013, HM Inspectorate of Prisons (HMIP) assessed that health services were generally good with an appropriate range of primary care services. Medicines management needed to be improved. HMIP noted that chronic disease management at the prison was starting to develop, but lacked a structured approach and that care planning for prisoners with complex conditions was underdeveloped.

Independent Monitoring Board

15. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure that prisoners are treated fairly and decently. In their latest published annual report for 2011/12, the Board noted that there was a range of health initiatives to promote good physical and mental health and a chronic disease management service. The IMB reported that prisoners were satisfied with the standard of healthcare at Usk.

Previous deaths at HMP Usk

16. There have been three previous deaths from natural causes at Usk since 2010. In our investigation report into a death in April 2013, we recommended that all healthcare staff fully adhere to the requirements for clear and accurate record keeping, ensure hospital appointments are cancelled only as a last resort and rescheduled as soon as possible and that appropriately trained nurses run regular chronic disease management clinics. The report was issued just before the man's death. We repeat the recommendations in this report.

KEY EVENTS

17. On 26 June 2009, the man was sentenced to 11 years imprisonment for serious sexual offences and sent to HMP Swansea. At his initial health screen he gave his community GP's details and said he had last seen his GP in November 2008. He reported taking lisinopril for hypertension (high blood pressure) and simvastatin for raised cholesterol. There is no evidence that the prison contacted his GP to obtain his medical records, or confirm his prescription, or that he was re-prescribed any medication at that time.

18. The man was transferred to HMP Usk on 9 July 2009. At his initial health screen he told the nurse that he smoked 40 cigarettes a day. His hypertension and raised cholesterol had been diagnosed three years previously and he was taking 20mg of simvastatin daily. There is no record that he was offered any smoking cessation advice or that his community medical records were requested by Usk.

19. On 7 September, the man complained of a cough, which he said was worse at night. A nurse gave him a simple linctus and advised him to see the GP if it did not settle.

20. A prescription chart dated 10 February 2010 shows the man was taking simvastatin, 20mg one daily, to reduce his cholesterol level, and omeprazole (to reduce the amount of acid produced in the stomach), 20mg one daily. There is no record that he was prescribed medication for high blood pressure at this time.

21. On 22 March, the man asked for his blood pressure to be checked as he felt giddy and unwell, and it was recorded as 185/91 (high normal). He was told to come back and the next day, his blood pressure was 164/80, then 174/86, (both raised), so he was referred to the prison GP. Two days later, the GP assessed him and prescribed lisinopril, 2.5mg daily.

22. The man's blood pressure on 15 September was 164/93 (high normal). His prescription remained the same.

23. Over the next few months, the man saw the doctor for minor ailments, but his neither blood pressure nor his cholesterol level were recorded. On 7 December, blood tests showed he had a raised white cell count; his cholesterol and LDL (low-density lipoprotein, informally called bad cholesterol) were raised. On 22 December, the GP recorded his blood pressure as 167/90 (high normal). He said he still had giddy spells and the GP increased his lisinopril.

24. On 24 January 2011, the man had another blood test that showed he had raised cholesterol, LDL and triglycerides (fatty acids). No action was taken as a result of this blood test. On 12 April, he had a health screen for older people, but no specific concerns were identified.

25. The man was given amoxicillin (an antibiotic) on 17 August for a chest infection. On 2 and 3 November he was seen by a nurse and advised about a cold. On 7 November he had an influenza vaccination. He was given a second pillow as he suffered from breathlessness at night.

26. On 31 January 2012, a nurse examined the man as he had cold symptoms. He had a raised temperature and his blood pressure was 172/80 (high normal). The nurse advised him to rest in his cell for two days.

27. The man saw the GP on 3 February with catarrh on his chest. The GP prescribed amoxicillin, three times a day for a week. The doctor also repeated prescriptions for ibuprofen (anti-inflammatory pain killer), lisinopril, simvastatin, and omeprazole. A nurse checked his blood pressure again on 21 March, and it was 176/76 (high normal), but there is no evidence of any follow up.

28. The man had no significant dealings with healthcare over the next few months.

29. The man had a routine appointment with the GP on 15 August and said he had no problems. Two weeks later a nurse checked his medication. He said that he sometimes forgot to take his aspirin and simvastatin. The nurse encouraged him to take his medication.

30. On 5 November, the man had a repetitive cough and high blood pressure, so a nurse referred him to the doctor. The next day a prison GP saw him and noted he had no shortness of breath. He declined to participate in a smoking cessation programme and said that he had reduced his smoking to one cigarette a day. His heart sounded normal and he looked well. The doctor prescribed antibiotics.

31. On 30 January 2013, the man had an age sensitive screening. It was noted that he said he smoked 10 to 19 cigarettes daily, but neither his cholesterol levels nor his blood pressure were recorded.

32. On 13 May, the man saw a nurse, who referred him to the doctor. A week later, a prison GP recorded that he said that he had had a productive cough for the previous two weeks and prescribed him antibiotics again. There was no record of any examination or diagnosis.

33. On 10 June, a nurse referred the man to the GP after he said that he was still feeling breathless after completing his course of antibiotics two weeks before. On 21 June, a prison GP noted that he was short of breath when bending down. On examination there were crepitations (crackles) in the base of his lungs and the doctor was concerned that he had a fibrosing condition (a thickening or scarring of the lungs), so referred him for a chest X-ray. Arrangements were made for a non-urgent chest X-ray to be carried out at the hospital on 16 July. There is no record that this X-ray took place, or any reason recorded for it being missed.

34. On 29 July, a nurse recorded that she had received an appointment request from the man and he had been booked for the next available X-ray clinic. On 31 July, a nurse gave him advice about how to stop smoking.

35. On Thursday 1 August, a nurse noted that the man's chest problem was ongoing and he was coughing up thick sticky sputum every morning. The nurse noted he should have had a chest X-ray following the referral on 21 June, but this had not happened. She asked a healthcare administrator to set up a new appointment and apologised to him.

36. On 5 August, a nurse saw the man at 8.34am, and noted that he had missed a chest X-ray and that he was breathless. She referred him to the GP. At 9.40am, a prison GP recorded that he was having difficulty breathing, had been waiting for a chest X-ray and had lost approximately one stone. The GP examined him and noted he was short of breath on exertion and he had crackles in the base of his right lung. He decided that he needed an urgent chest X-ray to exclude cancer. He was taken to a walk-in X-ray clinic at hospital that afternoon.

37. The chest X-ray report was completed the same day and faxed to Usk. The report indicated that the man's lungs were severely scarred, although there was no evidence of fluid in the lungs or the chest cavity. A CT scan (which gives detailed images) of his chest was performed that afternoon. On 7 August, a doctor noted the result of the chest X-ray and that the CT scan result was still awaited. He gave him an inhaler and told him to use it four times a day. He urgently referred him to the rapid access lung clinic at the hospital.

38. On 9 August, a nurse examined the man, who found that the inhaler gave him little relief and he was unable to walk any distance without becoming breathless. The nurse recorded that his blood pressure, pulse and respiratory rates were high and his air intake very low. He was grey in colour and clammy to touch. He was admitted as an emergency to hospital.

39. The man was assessed as a medium risk to the public and restrained by an escort chain (an escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer).

40. A senior doctor at the hospital confirmed that the man had extensive pulmonary fibrosis with significant hypoxia (inadequate oxygen supply). He put him on continual oxygen and sought the opinion of a respiratory specialist. The next day, the results of the CT scan confirmed that he had pulmonary fibrosis, which is incurable. The duty governor visited the hospital at 1.30pm and agreed that the escort chain should be permanently removed due to the seriousness of his condition. He was transferred to the intensive care unit and respiratory therapy was started to help with his breathing.

41. On 11 August, after further tests, the respiratory consultant concluded that the man's condition was advanced. It was likely that he had had the condition for more than three months and it was doubtful if any treatment would help him.

This was explained to him and he agreed that he did not want to be resuscitated if he stopped breathing. The prison family liaison officer (FLO) and the duty governor went to the man's brother's home to inform him of his condition. He visited his brother in hospital that evening.

42. The next day, the man was moved from the intensive care unit to a ward, although he remained in respiratory failure. The FLO visited him and they discussed his final wishes. She then spoke to his brother.

43. On Tuesday 13 August at 10.10am, a hospital doctor noted the man was at the end stage of his illness and was receiving palliative care. The respiratory consultant reviewed him at midday and assured him everything possible would be done to keep him comfortable and pain free. All medication was stopped and oxygen was reduced.

44. When the Head of Healthcare at Usk visited the man at 1.00pm, she noted that he was fully conscious and talking. He told her there was nothing more could be done for him and his brother had been in several times to see him.

45. The man later died. There was no post-mortem examination, but hospital doctors reported that he died of pulmonary fibrosis of the lungs, high blood pressure and high cholesterol.

46. The deputy governor debriefed the two officers who had been with the man and reminded them of the staff care and welfare services available to them.

47. The man's brother had asked the prison to telephone him when his brother died. The FLO telephoned him to break the news, and then visited him the next morning to help with funeral arrangements. The prison offered a financial contribution towards funeral costs, in line with national guidelines

48. The funeral was held on 23 August. The prison chaplain held the funeral service.

ISSUES

Missed appointment

49. Pulmonary fibrosis is a rare condition which can only be diagnosed with a chest X-ray. It is a slowly progressive disease, so it is not possible to say when it could have been detected earlier, but a doctor at the hospital suggested the man could have had pulmonary fibrosis for three months.

50. The man was referred for a chest X-ray on 21 June. The clinical review notes that if he was in the community, he could have gone to the hospital for his chest X-ray at a walk-in clinic on the day of the referral. Instead, he had to wait nearly four weeks for an appointment. His diagnosis and treatment was delayed further when the appointment did not take place. No one we interviewed knew whether the hospital or prison had cancelled the appointment or the reason for the cancellation. No one followed up the cancelled appointment and it was left to him to remind healthcare staff about it in late July.

51. If an appointment is missed then action should be taken to rearrange it and a record kept of that action. The man's appointment should have been rearranged. HIW considers that his care in this respect was not equivalent to that which he could have expected to receive in the community. We repeat the following recommendation from our last investigation at Usk:

The Governor and Head of Healthcare should ensure that hospital appointments are cancelled only as a last resort, and that any cancelled appointments are rescheduled as soon as possible.

Chronic disease management

52. HIW is concerned that the man's blood pressure and high cholesterol were not effectively managed at Usk. There were no appropriate care plans and his initial screening when he arrived at Usk was incomplete. There was no co-ordinated review of these problems as would have occurred had he been seeing his own GP. His cholesterol and lipids levels were checked in prison but the raised levels were not acted upon.

53. We note that HMIP found that chronic disease management and care planning for prisoners with complex conditions was underdeveloped at the prison. HIW is concerned that there were no coordinated chronic disease management clinics at Usk. (This was also raised in our recent investigation report after a death in April 2013.) We therefore repeat the following recommendation:

The Head of Healthcare should ensure that appropriately trained nurses run regular chronic disease management clinics.

Medical records

54. HIW describes the man's medical records, both handwritten and electronic, as poor and possibly medically unsafe. It is not always clear what he was prescribed or the reason for changes in his prescriptions. There was no recorded care plan and referral letters were not always scanned in, which could have led to confusion in arranging his hospital appointment.

55. The Nursing and Midwifery Council (NMC) and General Medical Council (GMC) have clear guidelines about record keeping and good record keeping is seen as essential to the provision of safe and effective care. Again this issue was raised in our previous investigation report. We share the clinical reviewer's concern about the quality of record keeping and repeat the following recommendation:

    The Head of Healthcare should ensure that all healthcare staff fully adhere to the requirements for clear and accurate records, in line with the required standards of the General Medical Council and the Nursing and Midwifery Council.

The man's medication

56. HIW is concerned about the management of the man's medication at HMP Usk. On arrival at prison he was not started on the medication he had been taking in the community, and this was not reviewed. Eventually he was prescribed lisinopril and simvastatin but initially not at the dose he had originally been taking. It took some time before he was finally reviewed and given the dose of both tablets he had been prescribed in the community.

57. There is no evidence that either HMP Swansea or Usk contacted the man's GP to confirm his medical history or the medication that he was taking. Prison Service Order 3050 – Continuity of Healthcare requires that efforts should be made to retrieve any information required from the prisoner's GP to inform the continuity of his clinical care in custody. We make the following recommendation:

    The Heads of Healthcare at HMP Swansea and HMP Usk should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare.

RECOMMENDATIONS

1. The Governor and Head of Healthcare should ensure that hospital appointments are cancelled only as a last resort, and that any cancelled appointments are rescheduled as soon as possible.

2. The Head of Healthcare should ensure that appropriately trained nurses run regular chronic disease management clinics.

3. The Head of Healthcare should ensure that all healthcare staff fully adhere to the requirements for clear and accurate records, in line with the required standards of the General Medical Council and the Nursing and Midwifery Council.

4. The Heads of Healthcare at HMP Swansea and HMP Usk should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare.

ACTION PLAN: The Man – HMP Usk

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	The Governor and Head of Healthcare should ensure that hospital appointments are cancelled only as a last resort, and that any cancelled appointments are rescheduled as soon as possible	Accepted	There are currently eight available slots for prisoners to attend escorted hospital appointments from HMP Usk. The following new processes have now been introduced to ensure that prisoners are able to attend their hospital appointment: Appointments will only be cancelled at short notice where there is a medical emergency. The decision to cancel the appointment will be based on clinical risk and will only be done with the agreement of the healthcare manager (or deputy) and the duty governor; and only if it is impossible to provide staff for both escorts. If two prisoners have appointments for the same date and time, the healthcare manager will liaise with the doctor to assess the clinical priority of each prisoner. The prisoner who cannot attend will have his appointment re-booked straight away. Each escorting officer will now be given an attendance slip which must be completed and returned to healthcare to confirm that the prisoner has attended his appointment.	Completed and ongoing Head of Healthcare	

			The healthcare administrative officer will contact the orderly officer every morning to confirm that the previous day's scheduled appointments have been attended.		
2	The Head of Healthcare should ensure that appropriately trained nurses run regular chronic disease management clinics.	Accepted	Primary care staff have been identified to provide mentorship and support to healthcare nurses in the running of chronic disease management clinics. Preparation of clinic lists and identification of prisoners requiring chronic disease management is in progress. Weekly chronic disease clinics have commenced at HMP Usk and are due to commence at HMP Prescoed. These will be primarily run by nursing staff, with Doctor referral for medication review and further management.	28 February 2014 Head of Healthcare	
3	The Head of Healthcare should ensure that all healthcare staff fully adhere to the requirements for clear and accurate records, in line with the required standards of the General Medical Council and the Nursing and Midwifery Council.	Accepted	The introduction of SystmOne has ensured that all information is recorded and stored electronically, so there is no longer an issue with illegible records. All nursing staff have been issued with a copy of the Nursing and Midwifery Council (NMC) record keeping guidance for nurses and midwives, and have been reminded of their responsibility to ensure that all information entered on to the prisoner record is accurate, legible, contemporaneous and complete. The prison GPs will be reminded through the clinical Director of their responsibilities	28 February 2014 Head of Healthcare	

			regarding accurate and complete record keeping. The healthcare manager will now complete random documentation checks on 10 prisoners' records per month (five from each site). Any documentation falling short of the NMC record keeping guidance will be addressed with the staff member, with any training needs identified and addressed. Doctor's documentation will also be assessed on the same prisoner's records and any issues will be passed to the clinical director to address with the GP.		
4	The Heads of Healthcare at HMP Swansea and HMP Usk should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare.	Accepted	<u>HMP Usk</u> HMP Usk is a category C sex offender training prison for adult males. Remand or newly convicted prisoners are not accepted at HMP Usk. Prisoners' GP records should be obtained as soon as possible after a prisoner's admission to prison. Therefore, if appropriate the records should have already been obtained and recorded before the prisoner is transferred to HMP Usk. With the introduction of SystmOne, a prisoner's medication should be documented on their record, as with any medical history, chronic diseases etc. With immediate effect, healthcare staff will ask for the prisoner's consent to request GP records if they have a past medical history, and there is no evidence that GP records have already been requested. This will be done as	Completed and ongoing Head of Healthcare	

			part of the second screening. These records will then be brought to the attention of the GP and will be scanned onto the prisoner's records. <u>HMP Prescoed</u> As a remand prison HMP Swansea will now contact the last known GP of all prisoners on reception/induction to ascertain medical history. This information will be incorporated onto SystmOne when received.	28 February 2014 Head of Healthcare	