

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in May 2014,
while in the custody of HMP Channings Wood**

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 of a man from heart failure in May 2014, while in the custody of HMP Channings Wood. He was 75 years old. I offer my condolences to his family and friends.

A review of the clinical care the man received at Channings Wood was conducted. The prison cooperated fully with the investigation.

The man was sentenced to eight years in prison in January 2009 and arrived at Channings Wood in November the same year. At the prison, he received frequent treatment for diabetes and heart conditions. He went to hospital a number of times with symptoms related to his heart problems.

From early 2014, the man's condition started to deteriorate. He was admitted to hospital on several occasions with chest pain. On 17 April, he went to hospital and was treated for heart failure, pneumonia and kidney problems. He remained in hospital with end-stage heart failure. He was due to be released from prison on 22 May and, because of his condition, his early compassionate release was arranged earlier. Sadly, he died that day, before the prison could inform him of the decision.

I am satisfied that the man received good support at the prison as his health deteriorated. I share the clinical reviewer's opinion that the standard of healthcare he received at Channings Wood was at least equivalent to that which he could have expected to receive in the community. In a number of previous reports, I have criticised the inappropriate use of restraints on seriously ill prisoners at Channings Wood. I am therefore pleased to note that the prison took a proportionate and humane approach and did not use restraints when he was taken to hospital.

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

September 2014

CONTENTS

Summary

The investigation process

HMP Channings Wood

Key events

Issues

SUMMARY

1. In January 2009, the man was sentenced to eight years in prison for sexual offences. This was his first time in prison. He had a history of diabetes and heart problems.
2. In November the same year, the man transferred to HMP Channings Wood. Healthcare staff provided frequent treatment for his chronic diseases. He was admitted for hospital treatment a number of times in relation to his heart disease and he became progressively weaker and more ill. The prison made adjustments to help him as his mobility decreased.
3. From early 2014, the man's health started to deteriorate significantly and he was admitted to hospital several more times after experiencing chest pain. Each time he returned to prison with specialist advice for his ongoing care.
4. On 17 April, the man went to hospital with shortness of breath and chest pain. He was diagnosed with heart failure, pneumonia and kidney problems and remained in hospital for treatment. Healthcare staff kept in contact with the hospital, and prison managers visited him. His condition continued to deteriorate and he died in May. He had been due to be released from prison on 22 May. Prison managers had applied for his early compassionate release but, sadly, he died without knowing that his release had been agreed that day.
5. The clinical reviewer concluded that the standard of healthcare the man received at Channings Wood was at least equivalent to that which he could have expected to receive in the community. Healthcare staff at the prison frequently reviewed him and ensured he received appropriate treatment for his chronic conditions. We make no recommendations.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Channings Wood informing them of the investigation and inviting anyone with relevant information to contact him. No one responded.
7. NHS England commissioned a clinical reviewer to review the man's clinical care in prison.
8. The investigator obtained copies of the man's prison medical records and extracts from his prison record. He spoke to prison staff on 3 and 17 September, and gave the Governor initial feedback about the preliminary findings of the investigation.
9. We informed HM Coroner for Plymouth, Torbay & South Devon of the investigation, who provided the cause of death. We have sent the Coroner a copy of this investigation report.
10. One of the Ombudsman's family liaison officers contacted the man's wife, his nominated next of kin, to explain the investigation. She did not have any specific issues for the investigation to consider.
11. The man's family received a copy of the draft report and indicated that they were satisfied with the findings.
12. The service also received a copy of the draft report. They reported no factual inaccuracies.

HMP CHANNINGS WOOD

13. HMP Channings Wood is a category C training prison near Newton Abbot in Devon. It holds over 700 men. Dorset NHS University Trust provides health services at the prison. There is no inpatient unit. There is one permanent GP, and locum GPs run additional clinics. Nurses are on duty everyday and there is an out of hours GP service.

HM Inspectorate of Prisons

14. The most recent inspection of Channings Wood was in September 2012. The Inspectorate noted that healthcare staff were generally helpful and respectful, although many prisoners were unhappy with the support provided. Prisoners had reasonably good access to nurses and the GP, and urgent problems could be dealt with on the same day. There were delays for some other clinics and chronic disease management was not always systematic.

Independent Monitoring Board

15. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure that prisoners are treated fairly and decently. In its most recent annual report for the year to August 2013, the IMB noted that healthcare was under new management and that after five months the initial signs were positive, with improved doctor continuity and staffing numbers. The IMB also noted that there was improved pain relief and healthcare for older prisoners.

Previous deaths at Channings Wood

16. The man was the sixth prisoner to die from natural causes at Channings Wood since the start of 2013. There were no significant similarities with issues identified in previous cases.

KEY EVENTS

17. The man was sentenced to eight years in prison for sexual offences on 21 January 2009. He was 70 years old at the time and this was his first time in prison. He went first to HMP Exeter and then to HMP Dartmoor. His medical history included type two diabetes and heart problems, including previous heart attacks, angina and hypertension.
18. In November 2009, the man transferred to HMP Channings Wood. Healthcare staff noted his major medical conditions and that his medication at this time included furosemide (for heart failure), although there was little information recorded about his previous heart problems.
19. During 2010 and 2011, the man experienced several episodes of shortness of breath and chest pain. Healthcare staff at Channings Wood usually treated him with a GTN spray (glyceryl trinitrate, for the treatment of angina) and aspirin. He was admitted to hospital several times when his symptoms were more serious. Consultants diagnosed ischaemic heart disease, and discharged him to the prison with advice to help manage his angina and medication regime.
20. The man was overweight and found it more difficult to get about as his health deteriorated. The prison assessed his mobility and made adjustments to help him. He moved to a cell with an emergency alarm by his bed, and another prisoner helped him with day to day living. He used a walking frame and a wheelchair to get to visits and longer distances in the prison. Healthcare staff supervised his daily medication.
21. In February 2012, a prison GP prescribed the man warfarin (an anticoagulant, to prevent blood clots) to treat an atrial fibrillation (irregular heartbeat). His medical record indicates that healthcare staff took frequent blood tests to review and manage his warfarin regime.
22. The man was admitted to hospital in April after feeling unwell and having hallucinations. He returned to the prison after six days in hospital. Consultants noted a chest infection, poor diabetic control and anaemia as likely causes of his symptoms, and gave advice on managing his diabetes.
23. Over the following months, the man continued to experience problems related to his angina and diabetes, and he was occasionally admitted to hospital with related symptoms. Healthcare staff reviewed him frequently and treated his chronic diseases and adjusted his medication regime as required, with input from secondary care services. In December 2013, a prison GP noted that his angina and diabetic control had improved, although he was suffering from some oedema (fluid retention, related to his chronic diseases).
24. In early 2014, the man's health started to deteriorate further. On 5 February, a doctor reviewed him after he reported feeling unwell. She diagnosed an upper respiratory tract (chest) infection and prescribed decongestants. On 13 February, he told her that he was having visual hallucinations. She was unsure of the cause but noted that his blood sugar levels were high. She arranged to speak to the specialist diabetic nurse about his medication.

25. On 4 March, the man collapsed in his cell. The doctor took his medical observations, which showed high blood pressure and low blood sugar levels. She diagnosed a lower respiratory tract infection and prescribed antibiotics. She gave him a glucose gel, which improved his blood sugar levels. She reviewed him two days later and noted that he felt better.
26. On 9 March, the man told nurses that he had chest pain. They treated him with a GTN spray and aspirin, and called an emergency ambulance. He went to hospital, accompanied by two officers but, because of his medical condition, he was not restrained. He stayed in hospital for treatment until 21 March. A scan showed that he had minor heart block (heart rate problems), although his chest pain was thought to be musculoskeletal. The consultant noted that he would have a pacemaker fitted in 6-8 weeks.
27. The man was briefly admitted to hospital on 22 March and 9 April after again reporting chest pain. Hospital staff concluded that his chest pain on 22 March was unrelated to heart problems. There is no discharge information from his admission on 9 April.
28. On 17 April, healthcare staff noted that the man had chest pain and shortness of breath. Medical observations showed high blood pressure and poor oxygen levels. Staff called an ambulance and he went to hospital. A chest X-ray showed pulmonary oedema (fluid in the lungs). His breathing problems continued and he was admitted for treatment. Healthcare staff remained in contact with the hospital for updates on his condition. The prison informed his family and they visited him in hospital.
29. The man's condition deteriorated in hospital. His breathing problems continued and he received treatment for pneumonia, heart failure and kidney problems. He also suffered from confusion and his behaviour was erratic at times. Prison staff visited him in hospital on 6 May, and discussed plans for his future treatment and ongoing care after his scheduled release from prison on 22 May. The Head of Healthcare noted that it was highly unlikely that he would return to prison before his release.
30. On 12 May, an operational manager directed staff to start an application for the man's release on compassionate grounds. Two days later, the prison sent the application to the Parole Board to consider. (The application was agreed and the prison was informed on 20 May. Sadly, he died before he could be told of the decision.)
31. On 19 May, hospital staff informed the prison that the man had end-stage heart failure and would soon require palliative care. However, his condition deteriorated quickly and he died shortly afterwards. His family were with him at the time. The duty governor and a Custodial Manager (CM) went to the hospital to meet his family and offered condolences and support.
32. A Governor's notice informed prisoners and staff at Channings Wood of the man's death and offered support to those who might have been affected.
33. The CM continued to support the man's family after his death. In line with national guidance, the prison contributed to the funeral costs.

34. The Coroner confirmed that the man had died from heart failure and ischaemic heart disease.

ISSUES

Clinical care

28. The clinical reviewer concluded that the man's clinical care in prison was at least equivalent to that which he would have received in the community. He found evidence of structured monitoring and treatment of his chronic diseases, with specialist advice considered and appropriate referrals to hospital for treatment. The reviewer concluded that healthcare staff managed his heart disease appropriately.
35. We agree with the clinical reviewer's assessment of the standard of the man's care in prison and are satisfied that he received appropriate support.
36. The clinical reviewer found that entries made by healthcare staff in the man's medical record were generally of a good quality, but made two recommendations for improvement which the Head of Healthcare will need to address. These issues did not affect his standard of care.

Compassionate release

37. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.
38. On the morning of 12 May, the duty governor visited the man in hospital. Hospital staff told him that his health was deteriorating. He discussed the possibility of early release with prison managers later that day and the prison submitted an application on 14 May. The man's prognosis was unclear, but a cardiologist at the hospital concluded that he could not reoffend because of his poor health and would need to stay in a hospital environment after his release.
39. A Parole Board panel considered the man's application on 19 May. The panel concluded that he was a low risk of committing a further offence in the two days left before his automatic release date, and directed his release.
40. The prison received a copy of the Parole Board's decision by email at 4.15pm on 20 May. The duty governor prepared a licence shortly afterwards, confirming the man's release but was informed that he had died as he was leaving the prison. The duty governor and a CM then went to the hospital to see the man's family. He told them of the Parole Board's decision and believed that this gave them some comfort.
41. We are satisfied that Channings Wood submitted a timely application for compassionate release. Sadly, due to the rapid decline in his condition at the end of his life, the man did not receive the decision before he died.