A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a prisoner at HMP Leyhill, in September 2013

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 prisoner at HMP Leyhill, who died at the Frenchay Hospital, Bristol, in September 2013. The man died of a heart attack. He was 77 years old. I offer my condolences to those who knew him.

The investigation was carried out by one of my investigators. A clinical reviewer reviewed he man's clinical care in custody. HMP Leyhill cooperated fully with the investigation.

The man had been in prison for many years and was diagnosed with a number of life-long medical conditions, including heart disease, all of which the investigation found were managed to a high standard. One learning point arose, about the handling of blood tests results.

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Prisons and Probation Ombudsman **January 2014**

CONTENTS

Summary	5
The investigation process	6
HMP Leyhill	7
Key events	8
Issues	11

SUMMARY

1. The man was sentenced to life imprisonment in the late 1970s, and transferred to HMP Leyhill in July 2012. He had been diagnosed with several long-term medical conditions, including heart disease and a form of leukaemia that was monitored with regular blood tests and required no treatment. Despite these diagnoses, the man was relatively well for most of his time in prison.

2. In July 2013, the man was admitted to hospital after he developed painful and swollen legs. He was diagnosed with heart failure and changes were made to his prescribed medication. Prison doctors reviewed him after his return to Leyhill and he said he felt better. The man raised no further concerns about his health over the next two months.

3. In early September, the man was diagnosed with cellulitis (an infection of the skin) and a prison doctor prescribed a course of antibiotics. A blood test was taken and laboratory tests indicated that he was markedly anaemic. The laboratory left a message about this on the prison healthcare centre's answerphone after the centre had closed on 4 September. The message was not therefore received until the next morning.

4. The clinical reviewer comments that had this information been received earlier it would have prompted a review of the man's health and possible hospital admission that evening if his condition deteriorated. Prisoners who were friends with the man said there was no noticeable change to his health on 4 September and he seemed the same as normal. The clinical reviewer therefore concludes that admission was unlikely to have been appropriate at the time.

5. On the morning of 5 September, the man became unwell and an emergency hospital admission was arranged. His condition did not improve and he died in hospital that evening.

6. Since the man's death, the Head of Healthcare has agreed with the laboratory a new procedure for reporting urgent blood results when the healthcare centre is closed. We welcome this prompt action but we are satisfied that this did not effect the outcome for the man and note it is unlikely that he would have been admitted to hospital earlier. We agree with the clinical reviewer's conclusion that the man generally received a high standard of care in prison and we make no recommendations.

THE INVESTIGATION PROCESS

7. The investigator issued notices informing staff and prisoners at HMP Leyhill of the investigation and asking anyone with relevant information to contact him. No one responded.

8. The investigator obtained copies of all of the man's relevant prison and medical records. During the investigation he spoke to the Head of Healthcare at Leyhill and two prisoners who were friends of the man.

9. NHS England appointed a clinical reviewer to review of the man's clinical care at the prison.

10. The investigator informed HM Coroner for Avon District about the investigation. A copy of this report has been sent to the Coroner.

11. One of the Ombudsman's family liaison officers wrote to the man's sister, his next of kin, on 3 October, to explain the purpose of the investigation. The man's sister did not raise any issues for the investigation to address.

12. The man's sister received a copy of the draft report. She did not make any comments.

HMP LEYHILL

13. Leyhill is an open prison in South Gloucestershire, holding more than 500 male category D prisoners who require only minimum security. Some, like the man, are life-sentenced prisoners preparing for release. The man lived on a designated landing on B wing for older prisoners.

14. Health services are provided at the prison from 7.30am to 4.30pm on Monday to Friday, with an out of hours service at other times. Primary care services at Leyhill are provided by Bristol Community Health and a local NHS centre, Hanham Health, provide GP and out of hours service.

HM Inspectorate of Prisons

15. The most recent inspection of Leyhill was in April 2012. Inspectors found a high standard of care at the prison, although there was some concern about the healthcare staffing mix and the disproportionate responsibility carried by healthcare support workers. Inspectors also found good provision of chronic disease management for older prisoners.

Independent Monitoring Board

16. Each prison has an Independent Monitoring Board of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure prisoners are treated fairly and decently. In its most recent annual report, the IMB commented on the good service provided by healthcare staff. They were concerned, however, about where responsibility lay for the provision of social care for the growing number of older prisoners.

Previous deaths at HMP Leyhill

17. The man is the sixth prisoner to die of natural causes at Leyhill in the last three years. Our investigations into these previous deaths found that the men received a good standard of care.

KEY EVENTS

18. The man was sentenced to life imprisonment in 1978. Over the following 30 years he lived in various prisons in different parts of the country, before he transferred to Leyhill in July 2012. By the time of this move he had been diagnosed with several life-long medical conditions, including chronic obstructive pulmonary disease (COPD)[1] and ischaemic heart disease[2], for which he took a variety of medications. The man had also been diagnosed with chronic lymphoid leukaemia[3], which was managed with blood tests every three to six months. His test results before the move to Leyhill were normal and the man was reported as showing no symptoms of the disease. The man was 76 years old when he transferred to Leyhill and a recent older person assessment concluded that he was fully mobile and independent, so required no assistance with daily activities.

19. The man was allocated a cell on the landing on B wing reserved for older prisoners. His personal officer reported that the man settled into the prison well, although he noted that the man could not walk too far before he became tired. A prisoner who worked as a 'disability orderly' was assigned to help the man. The disability orderly told the investigator that the man liked to be as independent as he could but sometimes needed help with washing clothes or cleaning his cell.

20. After his move to Leyhill, an appointment was made with a consultant haematologist (blood specialist) at Southmead Hospital, Bristol, on 2 October. The man did not attend, seemingly because the appointment letter was sent to the wrong address. In a letter to Leyhill, the consultant wrote that the man's blood test results showed that his white cell count had risen steadily since 2008, but it was not significant enough to require intervention. The prison arranged another blood test, the results of which were in the expected range and required no action.

21. On 2 January 2013, the man was diagnosed with a chest infection and prescribed a course of antibiotics. A different antibiotic was prescribed a week later as his symptoms persisted. A routine blood test in the middle of the month showed that the man's white cell count was now abnormally high and an appointment was made with the haematologist.

22. In February, the man was diagnosed with an exacerbation of his COPD and a further course of antibiotics was prescribed. A chest X-ray later in the month showed a large hiatus hernia[4] over his chest, but nothing else untoward.

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[1] COPD encompasses a number of lung diseases including chronic bronchitis and emphysema. Patients with COPD have trouble breathing due to long term damage to the lungs, usually caused by smoking.

[2] Reduced supply of blood and oxygen to the heart, caused by a build of fatty deposits causing a partial blockage of the arteries. The most common symptom of coronary heart disease is angina but it can also commonly lead to heart attacks and heart failure.

[3] Chronic lymphoid leukaemia is a cancer of the white blood cells. It often develops very slowly and many patients require no treatment, although advanced chronic lymphoid leukaemia can be treated with chemotherapy.

[4] A hiatus hernia is when part of the stomach squeezes through an opening into the chest. It rarely produces symptoms other than heartburn or indigestion and usually does not result in any complications.

23. The man attended a haematology clinic on 26 March, in relation to his recent abnormal blood results. His white cell count had now returned to its normal level and the previous results were attributed to his chest infection. No further action, other than continued monitoring, was recommended.

24. Another course of antibiotics was prescribed in May, when the man said he felt his COPD was worse and he was becoming more short of breath. Later in the month he said he felt better since taking the medication.

25. A prison nurse examined the man on 12 July, as he was very short of breath and struggled to walk along his landing. He had no chest pain and did not feel sick, although his oxygen saturation level (a measure of the amount of oxygen in the blood) was low. The nurse discussed the man's symptoms with a prison doctor, who prescribed a course of antibiotics.

26. Four days later, the man told another prison nurse that his ankles had become very swollen. He was assessed by a visiting cardiac specialist nurse, who advised an increase to the man's furosemide[5] prescription (a medication he had taken for several years). The doctor carried out an electrocardiogram (ECG, a test of the electrical activity in the heart), which suggested that he had an irregular heartbeat.

27. The man saw the nurse again on 17 July, when he experienced a sudden onset of pain in his leg. The nurse noted that the leg was now much more swollen and, after discussion with a prison doctor, the man was admitted to Frenchay Hospital, Bristol, for investigation. During this time he was released on temporary licence from the prison. He was diagnosed with heart failure and discharged on 18 July with changes to his prescribed medication.

28. A prison doctor spoke to the man when he returned to Leyhill. The man said that he felt better and was not in pain. On 22 July, he saw another prison doctor and again said that he was well but that it took him a little longer to do things than before, due to shortness of breath. After examination, he was given a nebuliser[6] to use in his cell. Around the same time he was also given a wheelchair to help him make his way around the prison.

29. Other than medication reviews, the man had no recorded contact with healthcare staff over the next month. On 2 September, he told a prison nurse, that his left leg was leaking fluid. The nurse applied a dressing and made an appointment for review with a GP the next day.

30. On 3 September, the doctor examined the man and noted that his leg was red and warm to the touch. The doctor diagnosed cellulitis[7] and prescribed a course of antibiotics. She noted that the man should be reviewed daily and that he should be admitted to hospital if there was no improvement. The doctor also asked for a blood test.

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[5] Furosemide is used to treat water retention caused by heart failure.

[6] A nebuliser is a device similar to an inhaler whereby medication is breathed in as a mist through a mouthpiece or mask. Nebulisers are used to treat more severe symptoms than an inhaler.

[7] Cellulitis is an infection of deep layers of the skin and surrounding tissue. It is usually treated with antibiotics.

31. On 4 September, the healthcare assistant changed the man's dressing and reminded him to come to the healthcare centre if he had any concerns. Two prisoners who were friends of the man said they spent some time with him on 4 September and both said that he seemed his normal self and his health was no different from how it had been in the previous few weeks.

32. At 4.40pm that afternoon, a member of staff from the pathology laboratory left a message on the healthcare centre answerphone. (The healthcare centre at Leyhill closes at 4.30pm.) The blood test showed that the man had a low haemoglobin level which the clinical reviewer says showed that he had "profound anaemia[8]".

33. When the healthcare assistant reviewed the man on the morning of 5 September, she noted that he appeared unwell and described him as pale and short of breath. The man's blood pressure and oxygen saturation levels were low and, after discussion with a prison doctor who had now also received the blood test results, an ambulance was called to admit the man to Frenchay Hospital for investigation.

34. The man was released on temporary licence[9] to go to hospital and a prison officer accompanied him for support. No restraints were used. The man's health deteriorated further in hospital and he died at 7.10pm. A post-mortem examination found the cause of death was a haemopericardium (blood in the sac around the heart) due to a heart attack caused by ischaemic heart disease.

35. The man's next of kin was his sister. However, when attempts were made to break the news of the man's death to her it was established that she had moved house four weeks previously and had not left a forwarding address. A mobile telephone number was found in the man's records and the prison's family liaison officer tried to telephone without success. He eventually spoke to the man's sister on the morning of 6 September and broke the news of her brother's death. The man's sister said that she did not want any involvement in planning the funeral or any further contact from the prison.

36. A prisoner who had been close friends with the man was told in person by an officer from his wing that the man had died. A senior officer from his wing told other prisoners who knew him. Staff who knew the man were offered the support of the prison's care and welfare team.

37. The man's funeral was arranged by staff at Leyhill. A memorial service was held at the prison, which his friends were able to attend.

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[8] Anaemia is a condition where the blood does not contain enough iron, meaning that the patient will feel tired and lacking energy. It is usually treated with iron supplements and can leave the body more susceptible to illness or infection if untreated.
[9] Release on temporary licence (ROTL) is a form of release usually used to enable prisoners to participate in activities outside the establishment that directly contribute to their resettlement into the community. For example, The man had been released on temporary licence earlier in the year for overnight visits to an approved premises.

ISSUES

Clinical care

38. The man was an older prisoner who had been diagnosed with several long-term conditions. Despite this, he was relatively well for much of his time in prison. The clinical reviewer concludes that the man's long-term conditions, particularly his chronic lymphoid leukaemia were very well managed and that he received a high standard of care in prison.

39. On 4 September, the day before the man's death, the pathology laboratory tried to notify the prison of urgent blood test results that showed that he was markedly anaemic. They left a message on the healthcare centre's answerphone as the centre had closed for the day. The message was not therefore received until the following morning.

40. The clinical reviewer comments that the man should have been reviewed that evening had the results been received earlier and hospital admission would have been considered if his condition had deteriorated. Prisoners who were friends with the man said he seemed the same as normal on 4 September. There is no indication that he reported any change in his condition until he saw the healthcare assistant on the morning of 5 September.

41. The man appeared relatively well when he was assessed earlier on 4 September, and the clinical reviewer agrees that hospital admission would not have been appropriate at that stage. Emergency admission was correctly arranged when the man's condition deteriorated the next morning.

42. While the issue of the receipt of the blood test results was not a factor in the man's death, the head of healthcare has now agreed new procedures with the pathology laboratory to communicate urgent blood results when the healthcare centre is closed. The laboratory will now contact the duty nurse at HMP Eastwood Park (which is near to Leyhill and has 24 hour healthcare facilities), who will then contact the on-call doctor to take forward as appropriate. We welcome this arrangement.