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 on 24 June 2013, at Guy's Hospital, London, while in the custody of HMP Swaleside

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 Swaleside. The man died at Guy's Hospital, London, on 24 June 2013, of heart failure after a routine operation. He was 50 years old. I offer my condolences to his family and friends.

One of my investigators completed the investigation and NHS England, Kent and Medway conducted a review of the man's clinical care in custody.

Before he went to prison in February 2012, he had undergone surgery for a fistula in his groin and a follow-up consultation with his hospital specialist had been planned. Reception healthcare staff at Swaleside and his previous prison, HMP Elmley, were aware of this but took no action to obtain his community medical records or pursue the outstanding hospital appointment. It was some months before the omission was realised. The man then saw his specialist who arranged another operation. He went to Guy's Hospital on 20 June 2013, for the planned surgery. Complications arose during the surgery and he had to be resuscitated. He did not regain consciousness and doctors withdrew treatment four days later.

The man had mild asthma and high blood pressure. During his time in prison his blood pressure was monitored and treated and his acute care at the prison was good. However, the clinical reviewer noted that he was not assessed in an asthma clinic as planned and his blood pressure was not managed as effectively as he would have expected to see in a community GP team.

Prisons should ensure that outstanding hospital appointments are facilitated or rebooked when a prisoner arrives in custody and that prisoners with chronic conditions are monitored appropriately. The investigation found a need for improvement in these areas. However, it is important to note that the clinical reviewer found that neither of these matters had any bearing on the outcome for the man and I am satisfied that there is nothing the prison could have done to prevent his death. I also note with approval that he was treated with compassion by escort staff at hospital and released from restraints appropriately.

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

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SUMMARY

1. The man was convicted of tax evasion and sentenced to ten years imprisonment on 10 February 2012. He was taken to HMP Elmley and transferred to Swaleside in September 2012.

2. During reception health screens at both Elmley and Swaleside, he said he had asthma and high blood pressure and also had an outstanding hospital appointment to follow up surgery he had undergone in June 2010 as he had developed a fistula in his groin. (A fistula is an abnormal passageway between two organs in the body or between an organ and the exterior of the body.) At both prisons, he gave consent for staff to obtain and share his medical information but healthcare staff did not follow prison guidance and request his GP records and other relevant clinical information.

3. Apart from collecting medication and minor complaints, the man had little contact with healthcare staff between September 2012 and February 2013. On 1 February, during a consultation with a nurse and then a prison GP, he discussed his previous operation and said that he was still waiting for a follow-up appointment. The GP then referred him to his specialist at Guy's and St Thomas' Hospital, London.

4. The man attended an outpatient appointment with his hospital specialist on 17 April, where it was decided that he would need further surgery for the fistula. He returned to the hospital on 20 June, for surgery the next day. During the operation, he suffered heart failure. Hospital staff resuscitated and stabilised him. They then transferred him to intensive care, where he remained unconscious.

5. The hospital notified his family that his condition was grave and they attended the hospital and remained at his bedside. Sadly, he did not respond to treatment and his family gave consent for the hospital to withdraw artificial ventilation. The man was pronounced dead at 12.30pm on 24 June 2013.

6. The investigation found that there was an avoidable delay in the man receiving follow-up treatment for his fistula of over a year because prison healthcare staff at the prisons did not obtain his community medical records and his asthma and high blood pressure were not well managed in prison. While the clinical reviewer found that neither of these issues directly impacted on his death, it is important that prisoners receive appropriate continuity of healthcare and chronic disease management. We therefore make recommendations about these issues.

THE INVESTIGATION PROCESS

7. The Ombudsman was notified of the death on 25 June 2013. The investigator, issued notices to staff and prisoners at Swaleside informing them of the investigation and asking anyone with relevant information to contact him. No responses were received.

8. The investigator contacted Swaleside on 25 June, to request the man's records. NHS England, Kent and Medway commissioned a review of the standard of healthcare provided to the man in custody.

9. HM Coroner was informed of the investigation and a copy of the investigation report has been sent to the Coroner for information.

10. One of the Ombudsman's family liaison officers, contacted the man's family to explain the purpose of the investigation. They were concerned that his hospital notes incorrectly showed him as diabetic and a smoker. Any apparent errors at the hospital are not within the PPO's remit, which covers only his care in prison, but we can confirm that he was not recorded in prison records as either diabetic or a smoker.

11. The man's wife received a copy of the draft version of the investigation report as part of the consultation period. She told my family liaison officer that she was satisfied with the findings of the investigation and information detailed.

12. The investigator visited Swaleside on 2 September, to interview members of the healthcare team and the man's personal officer. He gave initial feedback to the Governor about the preliminary findings of the investigation.

HMP SWALESIDE

13. HMP Swaleside forms part of the Isle of Sheppey group of prisons which also includes Elmley and Standford Hill. Swaleside's main function is to hold life-sentenced prisoners but it also holds some prisoners serving shorter sentences.

Her Majesty's Inspectorate of Prisons

14. The inspectorate carried out an unannounced inspection of Swaleside in July 2011. In relation to healthcare, inspectors found that prisoners had access to primary care health services with a range of services to monitor delivery and a good outpatient department.

Independent Monitoring Board

15. Each prison has an Independent Monitoring Board (IMB) made up 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 annual report, for the year to April 2012, the IMB noted that staff at Swaleside had maintained a good standard of care in most areas of the prison. They noted that a GP practice, based on the Isle of Sheppey, had been commissioned to provide a GP service, which was popular with prisoners as this gave them some choice about which doctor they saw. However, the IMB noted that the dental service was insufficient to meet need.

Previous deaths at Swaleside

16. There have been four deaths at Swaleside since 2012, of which two were self-inflicted. This death was the second death from natural causes in 2013. There are no similarities between the circumstances of those deaths and this.

KEY EVENTS

17. The man was sentenced to ten years imprisonment for tax evasion, on 10 February 2012 and sent to HMP Elmley. A nurse carried out an initial health screen to assess any immediate physical and mental health needs. The man disclosed that he suffered from asthma and high blood pressure, for which his doctor in the community had prescribed medication. He was recovering from recent surgery for a small fistula in his right groin, which he dressed daily. The nurse recorded that he was overweight, but in generally good health and referred him to the doctor.

18. On 11 February, during a secondary health screen, a healthcare assistant, recorded that the man weighed 21st 8lb. He gave him general health advice and referred him to the prison's asthma clinic.

19. The same morning, a prison doctor, noted that the man had had a fistula in his groin since an operation in June 2010 and was waiting for further surgery at St Thomas' Hospital, London. She referred him to the chronic disease clinic for his blood pressure to be monitored. The man gave healthcare staff signed permission to request and share his medical information, but his community GP records were not requested and further information about his outstanding hospital appointment was not obtained.

20. Between 11 February and 5 September 2012, the man saw nurses frequently to collect medication. He did not attend a number of routine healthcare appointments, but the reasons for most missed appointments were not recorded.

21. On 5 September, he transferred to HMP Swaleside, adjacent to Elmley. The healthcare practice manager, completed a health screen, recording the same information as at Elmley. The man again gave permission for medical information to be shared but healthcare staff did not request his community GP records or obtain further information about his outstanding hospital appointment. He was not referred to any chronic disease clinics despite his asthma and high blood pressure.

22. Over the next few months, he saw healthcare staff to collect his medication and for minor ailments, but neither he nor nurses referred to his outstanding medical treatment for his fistula.

23. On 30 January 2013, he saw a nurse and said that he had missed an appointment at Guy's and St Thomas' Hospital in December 2012, due to being in prison. The nurse arranged for him to see the GP. The next day, one of the GPs at Swaleside, referred him to a consultant colorectal surgeon at Guy's and St Thomas' Hospital. At interview, the GP said he would usually expect healthcare staff to get further information if prisoners had ongoing medical issues or outstanding hospital appointments when they arrived.

24. The man attended an appointment at Guy's and St Thomas' on 17 April. Afterwards, his consultant, wrote to Swaleside and said that he had previously

lost contact when the man had gone to prison. He explained that a further operation was needed and that he had discussed the complexity of the surgery and what it entailed with him. An operation was scheduled for June.

25. The man's personal officer[1], said that although he was overweight, he attended the older prisoners' gym sessions at weekends and often played racket sports. The officer said he often remarked to the man that he would benefit from losing some weight and the man was keen to do so. He could not recall him mentioning any immediate health concerns, but in the days leading to his operation he had said he was worried about the surgery. The officer thought this was because the hospital had informed him about the associated risks.

26. On 20 June 2013, the man was admitted to hospital for the planned operation. He was escorted by two members of prison staff and was restrained by a single handcuff, the standard level of restraint for a prisoner of his security category and mobility. The man raised no concerns during the night.

27. At 8.05am on 21 June, he was taken for surgery. Prison staff removed the restraints and remained outside the operating theatre. At 10.35am, hospital staff explained to the officers that there had been complications during the operation and the man's condition was life-threatening. The officers immediately telephoned Swaleside and asked them to contact the man's family.

28. At 11.00am, the escort officers were informed that the man's wife had been told of her husband's condition. The prison's practice nurse contacted the theatre manager, who advised her that the man was in theatre in a critical condition and was being resuscitated. He was moved to the intensive care unit at 5.40pm, where his family were waiting. The prison reviewed the risk assessment and instructed escort staff that restraints should not be used while he was in a critical condition.

29. Over the next three days, the man remained unconscious, with his family at his bedside. During this time, the prison kept in touch with his family through the escort staff. On 24 June, after discussions with his family, medical staff withdrew the ventilator assisting his breathing. The man was pronounced dead at 12.30pm.

30. The Governor wrote a letter of condolence to the man's wife and offered support. The prison offered financial assistance with funeral costs in line with national guidance. A memorial service was held in the prison on 4 July, attended by staff and prisoners.

[1] Each prisoner at Swaleside has a personal officer. They act as a point of contact if the prisoner has a concern or question.

ISSUES

Continuity of healthcare

31. When he arrived at Elmley in February 2012, the man had mild asthma and high blood pressure for which he had been prescribed medication by his community GP and was waiting for a follow-up appointment after recent surgery for a fistula. He passed on this information during his reception health screens at Elmley and when he arrived at Swaleside in September.

32. Prison Service Order (PSO) 3050, Continuity of Healthcare for Prisoners, describes the purpose of the reception health screen as, "to identify any existing problems and to plan any subsequent care". The PSO also states that, "Efforts should be made to retrieve any information required from a prisoner's GP or other relevant service he/she has recently been in contact with". Therefore, the expectation is that there will be continuity of healthcare between the community and prison, so a prisoner should not be disadvantaged in accessing and continuing treatment.

33. In view of his health conditions, we consider that prison staff should have requested his previous GP records and information about his hospital treatment and his outstanding hospital appointment. Neither Elmley, nor Swaleside made attempts to do so. It was not till January 2013, that a referral for a follow-up appointment was made. Although the man's death was not related to delay, in other cases a death could be a direct result of a failure to ensure that prisoners continue treatment begun in the community. We therefore make the following recommendation:

    The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that, after the reception health screen, staff obtain and check prisoners' GP records to ensure continuity of care and follow-up all outstanding hospital appointments.

Chronic disease management

34. The clinical reviewer, noted that the man was not assessed in an asthma clinic as planned in the medical record and he considered that it was unsatisfactory that his blood pressure was not managed as would be expected by a community GP team. The clinical reviewer noted that although the man's blood pressure was checked and found normal, there was no record of any blood tests to assess kidney function, cholesterol or blood sugar and no clear record of urine tests. The reviewer said that ideally the man should have had an ECG (heart trace) and while one might have been done in the past, there was no mention of this in the existing medical record.

35. Overall, the clinical reviewer, concluded that the man's clinical records set out a clear picture of the man and his medical condition and that Swaleside provided good acute care. The review did not consider that the failings identified in management of chronic disease had any bearing on the man's death as he would have been assessed pre-operatively by the hospital. However

appropriate management of life long conditions in prison is important. We make the following recommendation:

The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that there is clear clinical leadership to manage chronic diseases such as diabetes, hypertension and asthma with a simple system established for routine tests and recall.

RECOMMENDATION

1. The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that after the reception health screen, staff obtain and check prisoners' GP records to ensure continuity of care and follow-up all outstanding hospital appointments.

2. The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that there is clear clinical leadership to manage chronic diseases such as diabetes, hypertension and asthma with a simple system established for routine tests and recall.

ACTION PLAN: HMP Swaleside

No	Recommendation	Accepted/ Not accepted	Response	Target date for completion	Progress (to be updated after 6 months)
1	The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that after the reception health screen, staff obtain and check prisoners' GP records to ensure continuity of care and follow-up all outstanding hospital appointments.	Accepted	The reception policy states that a fax will be sent to offenders' GPs to obtain relevant information to ensure continuity of care. All staff who work in reception have received training in the reception policy. To ensure that this is always completed, reception nurses will audit records the following day and the administration team will track requests and follow up two days later.	Completed and ongoing	
2	The Healthcare Managers at HMP Elmley and HMP Swaleside should ensure that there is clear clinical leadership to manage chronic diseases such as diabetes, hypertension and asthma with a simple system established for routine tests and recall.	Accepted	The Head of Integrated Development has been identified as the lead for long term conditions clinics. Nursing staff have been recruited and trained to deliver the identified clinics. Long term conditions clinics, which are nurse led, now operate on a weekly rotational basis covering the four main long term conditions (asthma, diabetes, cardiac and hypertension). They operate in partnership with the GP and primary care provider. The medical information system has built in templates to ensure clinics operate in line with NICE (National Institute for Health and Care Excellence) guidelines. Patients will be booked for reviews in line with national guidelines or sooner if the clinical need indicates.	31/12/13	