

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Rodney Willis, a prisoner at HMP Frankland on 15 May 2015

**A report by the Prisons and Probation Ombudsman  
Nigel Newcomen CBE**

## Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

## Our Values

**We are:**

**Impartial:** *we do not take sides*

**Respectful:** *we are considerate and courteous*

**Inclusive:** *we value diversity*

**Dedicated:** *we are determined and focused*

**Fair:** *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Rodney Willis died from sepsis of the bile duct, with underlying heart failure, on 15 May 2015, while a prisoner at HMP Frankland. He was 72 years old. I offer my condolences to Mr Willis' family and friends.

Mr Willis had a number of health problems, including chronic obstructive pulmonary disease, which prison healthcare staff managed effectively. From September 2014, his health declined. Although healthcare staff missed some symptoms indicative of heart failure, which delayed this diagnosis, I consider that, overall, Mr Willis received a good and humane standard of care at Frankland, particularly in managing his serious lung condition.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

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

**December 2015**

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# Summary

## Events

1. On 7 March 2011, Mr Rodney Willis was sentenced to 15 years in prison. He had been at HMP Frankland since September 2011. Mr Willis suffered from asthma, osteoarthritis and chronic obstructive lung disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema). Healthcare staff saw and treated Mr Willis frequently for his conditions.
2. In September 2014, a prison doctor arranged blood tests after Mr Willis complained of swollen ankles. The results were normal. Healthcare staff saw Mr Willis eight times in April 2015 when he was suffering from shortness of breath. On 24 April, a prison doctor diagnosed Mr Willis with an exacerbation of COPD and prescribed steroids. He continued to have symptoms of swollen ankles, breathlessness and an irregular pulse.
3. In May 2015, healthcare staff noted that Mr Willis had raised blood pressure, slight weight gain and raised white blood cells. An electrocardiogram showed an irregular heartbeat. On 6 May, Mr Willis was admitted to hospital and doctors diagnosed pneumonia and gallstones. The hospital discharged him on the 11 May but admitted him again the next day, when his condition deteriorated. An ultrasound scan revealed severe heart problems. Mr Willis remained very weak. He developed complications related to gallstones and died on 15 May.

## Findings

4. The clinical reviewer considered that healthcare staff at Frankland managed Mr Willis' COPD well and in line with the National Institute for Health and Care Excellence (NICE) guidelines and we are satisfied that, overall, he received good care. However, the clinical reviewer considered that because the symptoms of COPD and heart failure can be similar, healthcare staff missed opportunities to consider an alternative cardiac cause for the decline in Mr Willis' health. While this might not have altered the eventual outcome for Mr Willis, it could have allowed earlier intervention for this condition.

## Recommendation

- The Head of Healthcare should ensure that clinicians fully examine and investigate when prisoners with chronic conditions present with new symptoms and follow NICE guidance for early warning signs, diagnosis and management of heart failure.

## The Investigation Process

5. The investigator issued notices to staff and prisoners at HMP Frankland informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
6. The investigator obtained copies of relevant extracts from Mr Willis' prison and medical records.
7. NHS England commissioned a clinical reviewer to review Mr Willis' clinical care at the prison. In her review, she has made some recommendations about healthcare matters, not included in this report, which the Head of Healthcare at Frankland will need to address.
8. We informed HM Coroner for Durham and South Darlington of the investigation, who gave the cause of death. We have sent the coroner a copy of this report.
9. Mr Willis' family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report. The prison has also seen the initial report and their response to our recommendation and the action plan is annexed to the report.

# Background Information

## HM Prison Frankland

10. HMP Frankland is one of eight high security prisons in England and Wales. It holds more than 800 men. There is 24-hour inpatient care. Until April 2015, Care UK was the healthcare provider. G4S is the current provider.

## HM Inspectorate of Prisons

11. The most recent inspection of Frankland was in December 2012. Inspectors noted that security was normally applied proportionately. Health services provided a high quality of care for patients with chronic diseases and life-long conditions, but waiting times for the GP and some specialist services were too long. Staff shortages inhibited the development of services. The Care Quality Commission took part in the inspection, and found that the services operated by Care UK were of a good standard and working relationships with other partners helped them to deliver effective care.

## Independent Monitoring Board

12. Each prison in England and Wales 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 recently published report for the year to November 2013, the IMB said the quality of healthcare services was good and Frankland had reduced the number of staff vacancies, which had previously affected the delivery of services.

## Previous deaths at HMP Frankland

13. Mr Willis was the eighth prisoner to die from natural causes in the last two years at Frankland. There were no significant similarities with the circumstances of the other recent deaths.

## Key Events

14. In March 2011, Mr Rodney Willis was sentenced to 15 years in prison. (He had been remanded to prison since July 2010.) He transferred to HMP Frankland on September 2011. Mr Willis had asthma, chronic obstructive pulmonary disease (COPD), osteoarthritis, a groin hernia, prostatiam (a disease to the prostate gland which can cause a blockage of urine flow), and dyspepsia (indigestion/heartburn).
15. Healthcare staff frequently reviewed and treated his conditions and he had an annual COPD review. On 17 September 2014, Mr Willis told a prison GP that his ankles had been swollen for three weeks and he had pain in his legs. He said he was not tired, had no chest pain or problems breathing. The GP noted that Mr Willis looked physically well and was alert and orientated. He arranged routine blood tests, which were normal.
16. Mr Willis had a standard recovery from a hernia repair in October 2014. In late December and early January 2015, he had a flu-like illness and a chest infection, which doctors treated with antibiotics. Between 10 and 26 April, healthcare staff saw Mr Willis eight times, when he reported shortness of breath. On 24 April, a prison GP diagnosed a chest infection and exacerbation of COPD. She prescribed a course of steroids and short acting bronchodilators (to help with respiration). She asked for a chest X-ray and for Mr Willis to be monitored as an inpatient in the prison's healthcare unit. Mr Willis was admitted that day but, against medical advice, he discharged himself on 26 April and went back to his wing. That day, a healthcare support worker noted Mr Willis' blood pressure was high.
17. On Saturday 2 May, a nurse examined Mr Willis and noted that his feet were swollen, purple and cold. His abdomen was also swollen. Mr Willis said he had not passed much urine over the previous days. He was breathless on exertion. His blood pressure, his temperature and pulse rate were low.
18. Mr Willis was admitted to the healthcare unit for ongoing assessment. As it was the weekend, nurses arranged for an out of hours GP to attend the next day. On 3 May, a GP reviewed Mr Willis and recommended pulmonary rehabilitation (exercise, education and support) if his breathing deteriorated further.
19. Mr Willis's condition appeared to stabilise in the healthcare unit. However, on 4 May, a healthcare support worker recorded that Mr Willis' pulse was fast and irregular, his temperature was slightly heightened and his blood pressure had dropped. Mr Willis said he had no appetite and was passing loose stools. Staff arranged a GP appointment for the next day.
20. On 5 May, healthcare staff continued to monitor Mr Willis; his pulse continued to be irregular (although not as fast) and his blood pressure remained low. A urine test showed high ketones (which can indicate diabetes or fasting) and possibly dehydration. His blood sugar levels were slightly outside the normal range, but not abnormal for someone not eating regularly. A prison GP saw Mr Willis and noted he was alert, orientated and able to bear weight. He was not in respiratory

distress but was pale, had a dry mouth and swollen ankles. The doctor prescribed dioralyte (which replaces lost fluids and salts) and advised Mr Willis to drink more. The GP requested blood tests and an ECG (which records the rhythm and electrical activity of the heart). The results of the ECG were not clear.

21. On 6 May, a clinical team manager began a care plan to ensure that staff recorded Mr Willis' weight and monitored his fluid and food intake, as well his respiratory rate. A prison GP examined Mr Willis and noted that the results of blood tests taken the day before indicated abnormal liver function and raised levels of white blood cells (which usually indicate that the body is fighting an infection). The GP noted that Mr Willis had not lost any weight (he had gained a small amount) despite having a poor appetite. She checked his pulse, which she noted was faint but not irregular.
22. The prison GP requested a chest X-ray and a further ECG, which showed an irregular heartbeat. She referred Mr Willis to outside hospital for assessment and observation and he was admitted that day. In hospital, a doctor diagnosed Mr Willis with pneumonia and a lower respiratory tract infection and prescribed antibiotics. He had an abdominal ultrasound scan which showed he had gallstones, but there was no evidence of biliary obstruction or inflammation. The hospital discharged Mr Willis on 11 May and he returned to the prison's healthcare unit at 6.00pm.
23. Healthcare staff monitored him throughout the night and took his observations every fifteen minutes throughout next day. A nurse recorded that Mr Willis' pulse was weak and difficult to find. Mr Willis' condition did not improve and staff gave him a personal alarm to alert them if he needed urgent help.
24. At 9.52pm on 12 May, a nurse responded to Mr Willis' cell bell. He complained of back pain and the nurse went to get some pain relief medication. While she was away, Mr Willis used his personal alarm as he had fallen to the floor. He told the nurse that he had not lost consciousness, but his legs had given way. The nurse took his observations and faxed them to an out of hours GP. On the out of hours GP's advice, Mr Willis was taken to hospital as an emergency. A manager decided that Mr Willis should be restrained by an escort chain (a long chain with a light handcuff at each end, one attached to the prisoner and the other to an officer).
25. After an ultrasound scan, hospital doctors diagnosed severe heart problems and admitted Mr Willis to the Intensive Treatment Unit. The next day, a prison manager reviewed the use of the escort chain and decided that Mr Willis did not need to be restrained. Mr Willis remained very weak. His condition continued to decline and he developed complications related to gallstones. He died in hospital at 7.24am on 15 May.

### Contact with Mr Willis' family

26. Mr Willis was in frequent contact with his two sisters, and he had named one of them as his next of kin. When he was first admitted to hospital, Mr Willis told the prison's family liaison officer that he had been in contact with his sisters recently

and did not want anyone to contact them, as he did not want to worry them. However, on 14 May, he told a nurse that he would like someone to let them know. The family liaison officer then rang both of Mr Willis' sisters, informed them that he was seriously ill in hospital and gave them contact numbers for the hospital. She arranged for one of Mr Willis' sisters to visit him the next day, and offered to be at the hospital when she arrived. Sadly, Mr Willis died before his sister was able to visit him.

27. After Mr Willis' death, the prison's family liaison officer offered condolences and support and remained in contact until after his funeral, which was held on 3 June. The prison contributed to the costs in line with national instructions. A prison chaplain conducted the funeral service at a church local to Mr Willis' family.

### **Support for prisoners and staff**

28. After Mr Willis' death, an operational manager debriefed the officers who were at the hospital when Mr Willis died. He offered his support and that of the staff care team.
29. The prison posted notices informing staff and prisoners of Mr Willis' death, which offered support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by the news of Mr Willis' death.

### **Cause of death**

30. A hospital consultant recorded Mr Willis' death as from biliary sepsis (severe infection of the bile ducts), gallstones and severe left ventricular impairment secondary to aortic stenosis (heart failure due to narrowing of the aortic valve).

## Findings

31. The clinical reviewer was satisfied that healthcare staff at Frankland managed Mr Willis' COPD effectively including exacerbations, in line with the National Institute for Health and Care Excellence (NICE) guidelines. There was evidence that nurses were caring and compassionate, particularly as Mr Willis' condition deteriorated.
32. However, the clinical reviewer was concerned that clinicians might have missed opportunities to consider an alternative explanation for his deteriorating health. While she acknowledged that COPD has symptoms similar to heart failure, she said it was important to consider alternative diagnoses, especially when someone has new symptoms. The clinical reviewer noted that by April 2015 Mr Willis was complaining of frequent breathlessness and in May his pulse was fast and irregular and he had a low temperature. She considered that the changes in Mr Willis' clinical presentation should have prompted further investigations. While this might not have affected the eventual outcome for Mr Willis, it might have allowed earlier intervention for his heart condition. We make the following recommendation:

**The Head of Healthcare should ensure that clinicians fully examine and investigate when prisoners with chronic conditions present with new symptoms and follow NICE guidance for early warning signs, diagnosis and management of heart failure.**

### Use of restraints

33. When prisoners have to travel outside prison, such as to hospital, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account the prisoner's health and mobility.
34. When Mr Willis went to hospital as an emergency late on 12 May 2015, a manager decided that officers should restrain him with an escort chain. We are pleased to note that this was reviewed early the next day and a prison manager took into account Mr Willis' condition and decided that restraints were not necessary.

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