

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Eric Hayes a prisoner at HMP Norwich on 24 June 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 Eric Hayes died of ischaemic heart disease and bronchopneumonia at HMP Norwich on 24 June 2015. He was 84 years old. I offer my condolences to those who knew him.

Mr Hayes received appropriate medical treatment and interventions for a range of medical conditions in prison. In 2010, he had suffered a stroke, which left him immobile and in need of 24-hour nursing care. In June 2015, he developed pneumonia from which he did not recover. I am satisfied that Mr Hayes was well looked after by prison healthcare staff and his care was at least equivalent to that he could have expected to receive in the community.

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. Mr Eric Hayes was sentenced to life imprisonment on 19 December 1991. He had a heart attack in August 2006, and a heart bypass operation the same year. Doctors prescribed a number of medications to reduce his cholesterol and prevent further heart complications.
2. On 10 March 2010, Mr Hayes had a stroke that left him immobile, doubly incontinent and unable to care for himself. His speech was slurred he could not swallow properly and was fed by tube directly into his stomach to avoid the risk of choking and aspiration pneumonia. On 7 May 2010, he was moved to HMP Norwich for 24-hour nursing care.
3. Healthcare staff at Norwich nursed Mr Hayes using specially developed care plans. He was mainly confined to bed for over five years. He had a number of chest infections, which doctors appropriately treated. Although Mr Hayes was many years past his minimum term, the Parole Board never considered him suitable for release.
4. On 18 June 2015, Mr Hayes was taken to Norfolk and Norwich University Hospital suffering from pneumonia. He did not respond to treatment and, on 23 June, the hospital decided his should return to the prison for end of life care. Mr Hayes returned to the prison that evening. At 10.45pm, a nurse found him unresponsive that night. An on-call doctor confirmed Mr Hayes' death at 1.11am on 24 June.

Findings

5. The investigation found that prison healthcare staff looked after Mr Hayes very well. There were good care plans, which ensured all of his needs were met. His chest infections were appropriately treated and he was referred to hospital when necessary. We consider that the care Mr Hayes received in prison was equivalent to that he could have expected to receive in the community.

The Investigation Process

6. The investigator issued notices to staff and prisoners at HMP Norwich informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
7. The investigator obtained copies of relevant extracts from Mr Hayes' prison and medical records.
8. NHS England commissioned a clinical reviewer to review Mr Hayes' clinical care at the prison. In his review the clinical reviewer made one recommendation about resuscitation policy, which the Head of Healthcare will need to address, but we are satisfied that this did not impact on Mr Hayes' care.
9. We informed HM Coroner for Great Norfolk District of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
10. Mr Hayes had no recorded next of kin. Despite enquiries by the prison, the local authority and this office, no relatives have been found.
11. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Norwich

12. HMP Norwich is a multi-function prison, which serves the courts of Norfolk and Suffolk. The prison holds up to 769 men. Virgin Care provides healthcare services. There is 24-hour nursing cover and a dedicated unit for older prisoners.

HM Inspectorate of Prisons

13. The most recent inspection of HMP Norwich was in August 2013. Inspectors reported that primary and secondary mental health services had improved since the last inspection. They found that the nurse practitioner service, and the inpatient and older prisoner units provided very good care. There were plans to develop palliative care provision and inspectors found appropriate 'do not resuscitate' decisions.

Independent Monitoring Board

14. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to February 2015, the IMB said healthcare provision had improved after an uncertain start with the new healthcare provider. However, the IMB was concerned about the lack of permanent GP cover and that there too many agency healthcare staff. The IMB noted that new nursing beds with alarm mats had been installed, which made it easier for nurse to care for less mobile prisoners.

Previous deaths at HMP Norwich

15. Mr Hayes was the eighth prisoner to die from natural causes at Norwich since January 2014. There were no significant similarities with the circumstances of the previous deaths.

Key Events

16. Mr Eric Hayes was sentenced to life imprisonment on 19 December 1991 with a minimum period to serve of three years before he could be considered for release. (The Parole Board had never considered he was suitable for release.)
17. Mr Hayes had an under active thyroid, high blood pressure and type two diabetes. He developed vascular disease affecting the blood supply of his heart, brain and leg muscles. In August 2006, Mr Hayes had a heart attack and had a heart bypass operation shortly after. He received medication to help reduce his cholesterol and prevent further heart complications and took metformin to help control his diabetes.
18. On 10 March 2010, while at HMP Littlehey, Mr Hayes had a stroke that left him immobile, doubly incontinent and unable to care for himself. He had slurred speech and found it difficult to swallow. Doctors inserted a PEG tube (percutaneous endoscopic gastroscopy) directly into his stomach to feed him to avoid the risk of choking and aspiration pneumonia (a lung infection caused by foreign objects such as food entering the lungs). Mr Hayes needed 24-hour nursing care so on 7 May, he moved from hospital to HMP Norwich.
19. Healthcare staff nursed Mr Hayes, who was mainly confined to his bed (although he was sometimes able to sit in a chair), using specially developed care plans. A dietician and speech therapist assessed him to ensure all his needs were met.
20. In 2011, staff attempted several times to allow some monitored intake of small amounts of pureed food. However, the attempts were unsuccessful and he continued to be fed using the PEG tube. In June, Mr Hayes spent time in hospital with pneumonia and a chest infection.
21. In January 2012, Mr Hayes had a mini-stroke and a doctor diagnosed him with bronchitis. Apart from this, he remained relatively stable throughout 2012.
22. In July 2013, doctors diagnosed Mr Hayes with terminal cachexia (a wasting syndrome, which included muscle wastage, tiredness and malnutrition). In a medical report produced for the Parole Board on 12 September 2013, a prison GP, Dr A, said that he did not think Mr Hayes' health was likely to improve and he expected a gradual deterioration over time. Mr Hayes faced the risk of further chest infections, strokes or heart attacks from which he might not recover. A mini-mental health examination completed the same day showed that Mr Hayes had mild to moderate dementia.
23. In September and October that year, doctors treated Mr Hayes for aspiration pneumonia. Over the next eighteen months, Mr Hayes continued to receive 24-hour nursing care. Nebuliser therapy was used to ease his breathing when his chest became congested.
24. On 17 June 2015, Mr Hayes had a chest infection and a prison GP, Dr B, prescribed antibiotics. Mr Hayes had a fever and was drowsy and the doctor asked staff to send Mr Hayes to hospital if his condition deteriorated. On 18 June, Mr Hayes was taken to Norfolk and Norwich University Hospital when his

breathing got worse. Hospital doctors diagnosed aspiration pneumonia and prescribed strong antibiotics.

25. Mr Hayes did not respond to treatment and, on 22 June, the hospital discharged him for end of life care at the prison. He arrived back at the prison at 7.05pm that evening. Hospital doctors had decided that, in his best interests, it was not clinically appropriate to attempt resuscitation if his heart or breathing stopped and he had a clinical Do Not Attempt Pulmonary Resuscitation Order (DNACPR). Nurse A checked Mr Hayes at 10.30pm. He opened his eyes but was unable to speak to her. When she checked him again, 15 minutes later, Mr Hayes had stopped breathing. In line with the order, she did not attempt to resuscitate him. An on-call doctor, attended later and at 1.11am the following morning, certified Mr Hayes' death.

Contact with Mr Hayes' family

26. When the hospital admitted Mr Hayes on 18 June 2015, the prison's family liaison officer tried to contact a friend of Mr Hayes, who he had named as his next of kin. However, Mr Hayes had not given a contact telephone number. The police visited the friend's last known address but she no longer lived there.
27. The prison liaison officer contacted Mr Hayes' solicitor, his Offender Manager and the local Adult Social Services department but they were unable to trace any friends or family.
28. Mr Hayes' funeral was on 16 July. The prison arranged and paid for this in line with national instructions.

Support for prisoners and staff

29. After Mr Hayes' death, a prison manager, Mr A, debriefed staff involved in his care, to offer his support and that of the staff care team.
30. The prison posted notices informing staff and prisoners of Mr Hayes' death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Hayes' death.

Post-mortem report

31. A post-mortem examination found that Mr Hayes died from ischaemic heart disease and bronchopneumonia.

Findings

Clinical Care

32. Mr Hayes suffered from a number of medical conditions, including diabetes and heart disease. A stroke in 2010 left him severely disabled and needing 24-hour nursing care. Mr Hayes moved to Norwich and was confined mainly to bed. Nurses cared for him using specifically designed care plans and received the majority of his nutritional needs through a PEG feeding tube. He suffered a number of chest infections, which were appropriately treated. He continued to receive a high standard of nursing care at Norwich until his death in June 2015.
33. The clinical reviewer considered Mr Hayes received appropriate treatment and interventions for his multiple medical conditions while in prison and that he had good care plans to meet his needs. Because of Mr Hayes' condition, the development of pneumonia in June 2015 was not surprising. The clinical reviewer considered that Mr Hayes' final illness was diagnosed correctly and he received appropriate treatment consistent with National Institute of Health and Excellence (NICE) guidelines.
34. We are satisfied that Mr Hayes received a good standard of care at Norwich, equivalent to that he could have expected to receive in the community.

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