Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Bertram Jacob a prisoner at HMP Doncaster on 7 July 2015

A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE

PO Box 70769
London, SE1P 4XY
Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk
T | 020 7633 4100
F | 020 7633 4141

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*

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 Bertram Jacob died of septicaemia in hospital on 7 July 2015, while a prisoner at HMP Doncaster. He was 92 years old. I offer my condolences to Mr Jacob's family and friends.

The investigation found that, although Mr Jacob was suffering from chronic obstructive pulmonary disease, there was no individual care plan to help staff manage his condition, nor were there structured assessments of changes in his condition. This meant that Mr Jacob did not always have a medical review as quickly as he should have done. While this did not affect the outcome for Mr Jacob there is a need for better structured care planning at Doncaster.

Mr Jacob had generally satisfactory accommodation and facilities at the prison but I am concerned that, because of his immobility, he was unable to use the cell call bell and had no alternative provided. This was unsafe. While I acknowledge that restraints were not used for later hospital admissions, I am surprised that Mr Jacob was restrained when he went to hospital in January 2015, despite his extreme age, frailty and lack of mobility.

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 **February 2016**

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Summary

Events

1. In November 2014, Mr Bertram Jacob was sentenced to two years in prison for sexual offences committed some years earlier. He was sent to HMP Doncaster. Mr Jacob was 91 at the time and had a number of chronic health conditions, including chronic obstructive pulmonary disease. While he was at Doncaster he was treated in hospital a number of times for chest infections. His mobility was very poor and he relied on a wheelchair to get about. He needed help with basic care needs. Healthcare staff managed his conditions with medication and reviewed him frequently.

2. On 23 June 2015, a nurse assessed Mr Jacob and noted his clinical observations were outside the normal range. The nurse saw him again later that day but Mr Jacob would not let him take any observations, other than his temperature. The next day, a prison GP reviewed Mr Jacob and prescribed antibiotics for a suspected infection. Records indicate his condition improved over the coming days. On the morning of 30 June, he was noted to be bright and fresh in mood.

3. At 4.15pm on 30 June, an officer asked a nurse to examine Mr Jacob after he said he had a pain in his stomach and his leg. The officer said that a nurse took his clinical observations but was unable to check his temperature, except by touch, as the thermometer was faulty. The nurse had no recollection of this, but said it was possible that she had checked Mr Jacob quickly as she was coming off her shift. At 4.57pm, another nurse reviewed Mr Jacob. His pulse rate was high but his blood pressure was normal. She said that someone would check him again later. About 15 minutes later, an officer sought advice over the telephone, when Mr Jacob's prisoner carer said his breathing was difficult. A nurse suggested this was because it was very hot that day and they should try to keep Mr Jacob cool.

4. At 6.15pm, nurses checked Mr Jacob again and took full observations. His temperature was high and his oxygen levels were low. Efforts to reduce his temperature were unsuccessful and the nurses arranged for Mr Jacob to be taken to hospital. In hospital, Mr Jacob was diagnosed with pneumonia and treated with intravenous antibiotics. However, hospital doctors recognised he was nearing the end of his life and began an end of life pathway. On 7 July, Mr Jacob died of septicaemia. His family were with him at the time.

Findings

5. The clinical reviewer found that the care Mr Jacob received was not equivalent to that he could have expected to receive in the community. He had no care plans to ensure his condition was managed in a systematic way and in accordance with the National Institute for Health and Care Excellence (NICE) guidelines and there was a lack of consistent structured assessments to measure changes in his condition. While this did not change the outcome for Mr Jacob, this meant he was not always referred for a medical review as quickly as he should have been when his condition deteriorated.

6. Mr Jacob was frail and immobile and could not reach his cell call bell. Staff expected him to shout out to get attention, which was not safe or dignified. Although, restraints were not used for later hospital visits, we are concerned that Mr Jacob was restrained when he went to hospital in January 2015, without a proper assessment of his risk.

7. Throughout his time in custody, prison staff asked Mr Jacob to provide contact details for his next of kin, though he chose not to provide them. As a result, when Mr Jacob went to hospital on 30 June, prison staff could not contact his next of kin and this task fell to hospital staff.

Recommendations

- The Head of Healthcare should ensure that prisoners with COPD and other chronic conditions have detailed care plans and are managed and reviewed in line with NICE guidelines and that any deterioration in their condition is closely monitored and recorded using NEWS.
- The Director and Head of Healthcare should ensure that infirm prisoners who are unable to reach cell call bells have a portable bell.
- The Director and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Doncaster informing them of the investigation and asking anyone with relevant information to contact her. No one responded

9. The investigator obtained copies of relevant extracts from Mr Jacob's prison and medical records.

10. The investigator interviewed four members of staff by telephone on 19 and 21 August 2015.

11. NHS England commissioned a clinical reviewer to review Mr Jacob's clinical care at the prison.

12. We informed HM Coroner for South Yorkshire East of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

13. One of the Ombudsman's family liaison officers contacted Mr Jacob's daughter, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Jacob's daughter had a number of concerns about her father's care, including whether he had appropriate medication, whether his nutrition was monitored and whether she had access to a cell bell or a Zimmer frame. She wanted to know about how he had been in the days before he was admitted to hospital on 30 June and the reason for admission.

14. The initial report was shared with the Prison Service. They identified a number of factual inaccuracies and the report has been amended accordingly.

15. Mr Jacob's daughter received a copy of the initial report. She pointed out some factual inaccuracies and/or omissions. This report has been amended accordingly.

Background Information

HMP Doncaster

16. HMP Doncaster is a local prison, operated by Serco, which holds up to 1,145 remanded and sentenced men. There are three houseblocks, each with four wings, holding between 90 and 96 prisoners on each wing. Nottingham Healthcare NHS Foundation Trust provides physical and mental health services, and substance misuse services

HM Inspectorate of Prisons

17. The most recent inspection of HMP Doncaster was in April 2014. The Inspectorate found that some aspects of healthcare were good but there were delays in giving out medicines. There were chronic disease clinics, but there were delays in initial access to healthcare services because of a poorly managed application procedure. There were palliative care and end of life policies but, at the time of the inspection, these had not been required.

18. Inspectors noted that many of the oldest prisoners were housed on a small unit away from the three main house blocks. Prisoners there told inspectors that they preferred the quiet and calm that the unit offered.

Independent Monitoring Board

19. 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 annual report for the year to September 2014, the IMB noted that daily triage clinics continued and there was a new minor illness/ailment clinic run by nurse prescribers. Waiting times to see a GP had reduced.

Previous deaths at HMP Doncaster

20. Mr Jacob was the fifth prisoner to die from natural causes at Doncaster since January 2013. We have previously made recommendations about the need to follow national guidelines for managing chronic health conditions.

Key Events

21. On 9 November 2014, Mr Bertram Jacob was sentenced to two years in prison for sexual offences committed some years previously. At the time he was sentenced Mr Jacob was 91 and had a number of chronic health conditions including an enlarged prostate, overactive bladder, reflux disease and chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases, including chronic bronchitis and emphysema).

22. Mr Jacob's mobility was very poor. At his first reception screen, staff noted that he would need help with daily living tasks such as washing, dressing and going to the toilet. He was unable to walk more than a few steps and used a wheelchair. Mr Jacob was given a cell in a unit known as the annexe, on the ground floor immediately below the prison's healthcare centre. There was a lift connecting them. Mr Jacob's cell was next to the staff office. His cell was much larger than a standard prison cell and he had a hospital bed with a pressure relieving mattress, a bedside table and a special toilet seat.

23. The cell had a wider door to allow wheelchair access, and Mr Jacob was given a special wheelchair to help prevent pressure sores. A senior nurse said that he was unable to get in and out of the wheelchair without staff help. At night, staff removed the wheelchair to allow room for a Zimmer frame, although as Mr Jacob's mobility decreased, he needed help to use the frame and could move only a few steps. The senior nurse said that he had used a frame more before he came to prison, which allowed him to care for himself, but was reluctant to use it in prison. Mr Jacob developed some pressure sores while he was in prison. The clinical reviewer noted that there had been some delays in getting specialist equipment but this did not cause Mr Jacob's pressure sores to get worse.

24. Prison carers (prisoners trained to help older prisoners and those with disabilities with daily living) helped Mr Jacob with daily tasks and took him in his wheelchair to collect his medication from the healthcare centre, using the lift. Mr Jacob needed help to get to the toilet and was sometimes incontinent. He could not reach his cell bell and had to shout to staff for help when he needed it.

25. As well as medication to treat the symptoms of an enlarged prostrate, over-active bladder and heartburn, Mr Jacob was prescribed inhalers to relieve breathlessness and as a maintenance treatment for his COPD. He received Salbutamol, a 'reliever' inhaler which relaxes the muscles and opens up the airway, Symbicort (Budesonide/Fomoterol) a combination inhaler of a steroid (to reduce inflammation) and a drug which has the same effect as Salbutamol, but acts for a longer period, and Spiriva (Tiotropium bromide) which also has the same effect as Salbutamol, but for a longer time.

26. The clinical reviewer noted that, when he arrived at the prison, Mr Jacob was underweight. He was prescribed medication to strengthen his bones and nutritional supplements including drinks and deserts to add calories, protein, vitamins and minerals to his diet.

27. Healthcare staff managed Mr Jacob's conditions with medication and regular reviews, but there were no care plans for any of his conditions, including for COPD. COPD is a progressive long term condition for which there is no cure.

Sufferers often have frequent chest infections or flare-ups when symptoms are particularly bad. Between February and May, Mr Jacob had a number of chest infections, which prison GPs treated with antibiotics. He was admitted to hospital several times for further treatment.

28. At 8.10am on 23 June, a nurse reviewed Mr Jacob, who was unwell. He noted Mr Jacob was unable to recognise staff and sounded chesty. His pulse was 109bpm (fast), oxygen level 84% (low) and his temperature 37.2 degrees (slightly high). Just after 2.00pm, the nurse went back to review Mr Jacob again, but he refused to allow him to take any observations, except his temperature. This had dropped a little to 37 degrees. The nurse referred Mr Jacob to a GP.

29. A prison GP examined Mr Jacob the next day. The GP suspected that Mr Jacob had either a urine or respiratory infection, and prescribed antibiotics. The records indicate that Mr Jacob's condition improved in the six days after he started taking the antibiotics and care staff noted that he had not raised any concerns or any other issues. On the morning of 30 June, Mr Jacob was described as 'bright and fresh in mood'.

30. At 4.15pm on 30 June, Mr Jacob told an officer that he had pain in the right side of his stomach and in his lower right leg. She phoned the healthcare centre and said that the senior nurse came to see him about fifteen minutes later. She said the senior nurse took Mr Jacob's observations but was unable to take his temperature, as the thermometer was faulty. She said the senior nurse felt his forehead and told her that he felt fine and adjusted his chair to alleviate his pain. There is no entry about this in Mr Jacob's medical record. The senior nurse did not recall this, but said she might have gone to check Mr Jacob when she was leaving the prison at the end of her shift. At 4.57pm, a non-medical prescriber reviewed Mr Jacob, who said he no longer had any pain. She took his blood pressure, which was raised at 150/70. His pulse rate was normal, at 69bpm. She asked the officer to inform her if there was any change and would ask the late staff to complete further observations.

31. Fifteen minutes later, Mr Jacob's prisoner carer told an officer that Mr Jacob did not look well and was having difficulty breathing. Two officers went to his cell and noted his breathing was shallow. One officer telephoned the healthcare centre, but could not get an answer, so radioed for the senior nurse responder to ring the wing.

32. The officer said a nurse rang back and she described Mr Jacob's symptoms. The nurse told her it was because of the heat (it was a hot day) and to remove his jumper. The officer removed Mr Jacob's jumper but put it back on shortly afterwards, when he complained of being cold and opened his cell window instead.

33. At 6.15pm, a senior nurse and a healthcare assistant checked Mr Jacob and took his observations. His temperature was high and his oxygen levels were very low at 79%. The nurses therefore contacted paramedics and arranged for an ambulance, which took Mr Jacob to hospital.

34. Mr Jacob was admitted to hospital and diagnosed with pneumonia. Initially, he was placed on an end of life pathway, which was then suspended while he was

given intravenous antibiotics to treat infection. His hospital consultant then decided to begin the end of life pathway again. Mr Jacob died in hospital on 7 July.

Contact with Mr Jacob's family

35. When Mr Jacob arrived into custody, prison staff asked him for details for his next of kin. Mr Jacob gave them a name but chose not to provide any contact details.

36. At the point that Mr Jacob was admitted to hospital, Doncaster still did not have contact details for Mr Jacob's next of kin. However, he had provided them to the hospital during previous visits, and the hospital had contacted his next of kin in the past. By having these contact details, hospital staff told Mr Jacob's daughter, his next of kin, that he had been admitted to hospital. Members of his family visited him in hospital and were with him when he died.

37. After Mr Jacob's death, an officer acted as the family liaison officer. The officer and a prison chaplain went to Mr Jacob's daughter's home later on the day he died, but she was not there. The officer then telephoned Mr Jacob's daughter and offered his condolences and support.

38. Mr Jacob's funeral was on 24 July. The prison made a contribution towards the costs.

Support for prisoners and staff

39. The prison posted notices informing staff and prisoners of Mr Jacob's death and offering support. The chaplaincy held a memorial service for Mr Jacob on 29 July.

Cause of death

40. The coroner informed us that Mr Jacob died of septicaemia (the presence of multiple bacteria in the blood), biliary tract infection (the biliary system is made up of series of tubes that begin in the liver and end in the small intestine), frailty of old age and bronchiectasis (enlargement of the airway, which can block the breathing passages).

Findings

Clinical care

41. The clinical reviewer noted that Mr Jacob engaged frequently with healthcare staff at Doncaster. He attended all healthcare appointments and took his medication as prescribed. He received treatment from dentistry, chiropody, physiotherapy and tissue viability services (skin care specialists) at Doncaster. Prison staff also arranged for him to visit the prison chapel to meet Mr Jacob's spiritual needs. He was prescribed appropriate medication for his conditions.

42. Mr Jacob had longstanding COPD. During his time at Doncaster, he experienced frequent exacerbations, which were treated with antibiotics and sometimes in hospital. The clinical reviewer noted that hospital admissions are common for people with COPD. However, there was no clear care plan to ensure he was treated systematically and in line with the National Institute for Health and Care Excellence (NICE) guidelines.

43. There was an inconsistent approach to recording Mr Jacob's clinical observations and often checks did not record all his vital signs. There were examples of times when observations were outside the normal range, which should have led to an earlier medical review and more frequent monitoring. The clinical reviewer considered that this did not affect the outcome for Mr Jacob, who went on to receive appropriate treatment However, she was concerned that the lack of a systematic approach might pose a risk to other patients in the future.

44. The clinical reviewer noted that healthcare staff at Doncaster receive annual training in the use of NEWS (National Early Warning Score – a point system of vital signs which when used alongside professional judgment, determines the degree of illness and deterioration in a patient's condition). Healthcare staff should put observations into a NEWS template and record this on SystmOne (the computerised medical system), but this was not done.

45. On 23 June, a nurse was not concerned about Mr Jacob's presentation or low oxygen levels, as he said he was known to have COPD. Although he referred him to the GP, who saw him the next day, the clinical reviewer considered that this should have prompted an immediate medical review, especially alongside his other symptoms. She noted that it would have been good practice to establish 'baseline' observations for when a patient with COPD is considered to be 'well' so that a deterioration in condition would be identified easily and acted on. We make the following recommendation:

    The Head of Healthcare should ensure that prisoners with COPD and other chronic conditions have detailed care plans and are managed and reviewed in line with NICE guidelines and that any deterioration in their condition is closely monitored and recorded using NEWS.

Location

46. We are satisfied that Mr Jacob was appropriately located in the annexe area of the prison, with a suitable cell and facilities. (Although the clinical reviewer noted that there was a need to review the system for ordering pressure relieving

equipment.) Mr Jacob had a hospital bed and a special wheelchair. He had a Zimmer frame, but could only manage a few steps. Staff reported that he appeared reluctant to use it and, as his mobility deteriorated, he could not use it safely alone. Mr Jacob received appropriate support from healthcare assistants and prisoner carers but we are concerned that he was not able to reach his cell bell to call for assistance and staff expected him to shout for help. This was not safe and not respectful and we consider he should have had a portable call bell or a manual bell. We make the following recommendation:

The Director and Head of Healthcare should ensure that infirm prisoners who are unable to reach cell call bells have a portable bell.

Restraints, security and escorts

47. When prisoners have to travel outside prison, such as to hospital or hospice, 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 and maintain their dignity. 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 account of factors such as the prisoner's health and mobility.

48. Mr Jacob was taken to hospital on 3 January 2015 for treatment and remained in hospital until the next day. Two officers escorted him. He was assessed as a low risk to the public, a low risk to hospital staff and a low risk of escape. Healthcare staff did not object to restraints and did not comment on how his very poor mobility affected his risk of escape. Mr Jacob was restrained by handcuffs and an escort chain in hospital. (An escort chain is a long chain with handcuffs each end, one attached to an officer and the other to the prisoner.) On 25 January, Mr Jacob was taken to hospital and was again restrained. There was no appropriate input from healthcare staff into the risk assessment, referring to his health, poor mobility or old age.

49. We are pleased to note that for subsequent hospital visits, restraints were not used, but are concerned that the earlier use was not justified. The Head of Security said that this was because healthcare staff had raised no objections to Mr Jacob being restrained. However, even without appropriate healthcare input, it should have been apparent to prison staff that the use of restraints for a frail man over 90, who was dependent on a wheelchair, was unnecessary and inappropriate. We make the following recommendation:

The Director and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

Family liaison

50. When Mr Jacob entered Doncaster, he chose not to provide contact details for his next of kin. He maintained this position until he went to hospital on 30 June,

despite prison staff asking him on a couple of occasions to provide this information.

51. This lack of contact details meant that the prison were not able to comply with Prison Rule 22 that requires the Governor to "at once inform the prisoner's spouse or next of kin" when a prisoner becomes seriously ill. While no one immediately informed Mr Jacob's next of kin, we are satisfied that his daughter knew of his hospital admission in sufficient time so that she could spend some time with him before he died.

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