Independent investigation report by the Prisons and Probation Ombudsman Nigel Newcomen CBE into the death of a man at HMP Winchester, on 5 February 2015

Our Vision

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

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.

The man, a prisoner at HMP Winchester, died in a hospice, of multiple organ failure on 5 February 2015. He was 63 years old. I offer my condolences to all who knew the man.

The investigation found that the man had a number of serious conditions, including heart failure and kidney failure but refused specialist investigations and treatment and often declined to take medication. I am satisfied that staff at Winchester did all they could to encourage the man to engage with treatment and that he was fully aware of the consequences of not doing so. I consider that the standard of healthcare he received at Winchester 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 the man who died and those of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **July 2015**

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SUMMARY

Events

1. The man was sentenced to life imprisonment for murder in 1975. He had been at Winchester since November 2013.

2. In 2010, the man developed high blood pressure and water retention, both symptoms of early heart failure. Prison GPs made repeated referrals to specialist hospital clinics but the man refused to attend. He was taken to hospital several times, but discharged himself and declined further investigation into his medical condition.

3. The man did not always take his prescribed medication and his condition deteriorated. In January 2014, the results of an electrocardiogram showed the man was suffering from ischaemic heart disease. The man refused to attend an appointment with a cardiologist.

4. In December 2014, a prison GP diagnosed the man with decompensated heart failure. His kidneys were also failing. The man continued to decline treatment and was referred for palliative care in January 2015. On 4 February, a hospice admitted the man for end of life care. He died at the hospice the next day.

Findings

5. The clinical reviewer found that the man's reluctance to accept specialist assessment and treatment over a prolonged period caused his health to deteriorate and led inevitably to his death. We consider that prison healthcare staff managed the man's care well. The standard of healthcare was at least equivalent to that he could have expected to receive in the community. We make no recommendations.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Winchester 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 the man's prison and medical records.

8. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.

9. We informed HM Coroner for Hampshire Central of the investigation who gave the cause of death. We have sent the coroner a copy of this report.

10. The man did not have any contact with his family and did not want them informed about his death.

11. The investigation has assessed the main issues involved in the man's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

12. The draft report was shared with the Prison Service. There were no factual inaccuracies.

BACKGROUND INFORMATION

HMP Winchester

13. HMP Winchester is a local prison, serving the courts in Hampshire. It holds around 700 adult remanded and sentenced men. It includes a separate lower security unit for up to 129 sentenced men nearing the end of their sentences, known as West Hill. Central and North West London NHS Foundation Trust provides health services at the prison. The prison's healthcare centre has 24-hour nursing cover and doctors from a local practice run surgeries from Monday to Friday.

Her Majesty's Inspectorate of Prisons

14. The most recent inspection of Winchester was in February 2014. Inspectors reported that prisoners in the inpatient unit were complimentary about the care they received but the regime and environment were poor. There was an effective end of life pathway for terminally ill prisoners.

Independent Monitoring Board

15. 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 their latest annual report for the year to May 2014, the IMB reported that a new healthcare provider had brought extensive knowledge of prison based healthcare management and noted a number of improvements. A multidisciplinary group regularly assessed patients with complex needs.

Previous deaths at HMP Winchester

16. The man was the third prisoner at Winchester to die of natural causes since 2014. There were no significant similarities with the circumstances of the previous deaths.

FINDINGS

The diagnosis of the man's terminal illness and informing him of his condition

17. The man was serving a life sentence for murder and had been in prison since 1975. He spent time in a number of different prisons and had been at HMP Winchester since 26 November 2013.

18. The man's medical record indicated that he had suffered a heart attack in 1983. He smoked cigarettes and had declined any help to give up. From March 2010, the man began to develop symptoms relating to early heart failure. These included high blood pressure and an abnormal build up of fluid in the lungs. In 2010, tests indicated ischaemic heart disease and that he had chronic kidney disease. The man refused to be admitted to hospital for further tests and treatment. Prison GPs prescribed medication for his heart condition.

19. On several occasions between 2010 and 2014, prison staff took the man to hospital after his health deteriorated. Each time the man refused further investigations and discharged himself.

20. In March 2012, the man told healthcare staff he had stopped taking his medication because he was concerned about side effects. Healthcare staff advised the man that this would cause his condition to deteriorate. They repeatedly emphasised to him the importance of taking his prescribed medication.

21. In March 2013, while at HMP Dorchester, the man told a locum prison GP, that he did not want any investigation or treatment into his heart condition. However, prison healthcare staff made repeated referrals to specialist outpatient clinics, which the man refused to attend. Doctors considered that the man was mentally competent to make these decisions.

22. In November 2013, after he moved to Winchester, prison GPs prescribed simvastatin (to reduce cholesterol) and bisoprolol (a beta blocker used to slow down heart activity). The man did not always take his medication and nurse frequently went to see him to encourage him to take it.

23. In January 2014, a prison GP sent the man to the Royal Hampshire County Hospital with shortness of breath and extensive oedema. An ECG again indicated ischaemic heart disease. The man refused further investigation and returned to prison the same day.

24. In September 2014, the man had a CT scan of his chest with normal results. He refused a bronchoscopy examination of his lungs.

25. On 8 December, healthcare staff admitted the man to the prison's inpatient unit for observation because his condition had deteriorated. The next day, a prison GP noted that the man had coughed up blood and showed further

signs of kidney failure. The results of a liver function test were abnormal. The GP also diagnosed the man with decompensated heart failure. The man refused to attend hospital for further investigation and treatment. The GP explained that failure to treat his condition meant he could die. The man understood this.

26. We agree with the clinical reviewer that doctors referred the man appropriately for further investigations and treatment. He was fully informed and understood the seriousness of his heart and other conditions. Staff explained to him the risk that he might die, if did not accept hospital treatment.

The man's medical treatment

27. On 10 December, the man agreed to go to the Royal Hampshire County Hospital, in Winchester, for investigation. Against the advice of hospital consultants, he discharged himself and was taken back to the prison the same day.

28. On 11 December, a locum GP discussed the man's symptoms with him. The man refused further investigation and the doctor explained that he could die without treatment. She prescribed furosomide (which helps the body rid itself of excess fluid through urine) for fluid retention.

29. On 5 January 2015, a locum prison GP saw the man and told him was suffering from end stage heart failure. The doctor advised him to go to hospital but the man continued to refuse. On 6 January, the GP examined the man who had shortness of breath and extensive oedema (fluid retention). The man agreed to go to hospital and ECG results showed further deterioration in his heart function. Against the advice of hospital consultants, the man refused to stay in hospital. On 8 January, he discharged himself and was taken back to the prison again.

30. Without treatment, it was evident that the man was dying. Healthcare staff implemented an end of life care plan to manage the man's pain relief and palliative care. On 12 January, The doctor referred him to the hospital's palliative care service. The man said he did not want to be resuscitated if his heart or breathing stopped and signed an order to that effect.

31. Nurses saw the man every day and talked to him frequently about how he was feeling. On 13 January, a palliative care consultant from the Royal Hampshire County Hospital, the doctor examined the man and noted the deterioration in his condition. She prescribed oramorph (liquid morphine) for pain relief.

32. On 2 February, the doctor told the man he was very ill and should go to hospital for treatment. The man agreed, but, despite his serious condition, discharged himself from hospital later that day.

33. On 3 February, the doctor saw the man and the man agreed to move to The Countess of Brecknock Hospice, Andover. The next day, the man moved to

the hospice. He died at the hospice in the afternoon of 5 February. The coroner gave the cause of death as multiple organ failure.

34. The clinical reviewer concluded that the man's care and treatment in prison was at least equivalent to that he could have expected to receive in the community. We agree with the clinical reviewer that healthcare staff managed the man's care well. The clinical reviewer noted that the man's reluctance to accept specialist assessment and treatment over a prolonged period, inevitably hastened his death.

The man's location

35. Until he became seriously ill, the man lived in a single cell in the resettlement unit of the prison, known as West Hill. On 8 December 2014, he moved to the prison's healthcare inpatient unit to allow staff to meet his clinical and care needs. On 4 February 2015, the man moved to a hospice. We are satisfied the man was appropriately located throughout his illness.

Restraints, security and escorts

36. After the man was admitted to the inpatient unit on 8 December, a prison officer accompanied the man to hospital appointments when he agreed to go. No restraints were used. At the hospice, a prison officer accompanied him for support and was not in uniform. We consider the prison appropriately took into account the man's health and mobility, when reaching these decisions.

Liaison with the man's family

37. On 12 December, as the man's condition deteriorated further, the prison appointed a family liaison officer. The family liaison officer explained her role to the man. The man told her he was not in contact with his family and was clear that he did not want them informed about his condition or his death.

38. The records show that staff had several discussions with the man about family contact as his health deteriorated further. He said that he had not been in contact with them for over 25 years and was adamant he did not want them to know about his condition or to be informed when he died. The family liaison officer arranged for the man's friends from his wing to visit him in the inpatient unit.

39. The family liaison officer discussed with the man his preferences about funeral arrangements. The prison arranged and paid for the man's funeral, which took place on 19 February.

40. Although the man had no family contact, and did not want to have any, the prison commendably appointed a family liaison officer when the man became seriously ill. This ensured the man had extra support before his death and had the opportunity to discuss and clarify his wishes about his care, and arrangements after he died.

Compassionate release

41. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.

42. On 9 December, the man told the doctor that he did not want to apply for early release on compassionate grounds but preferred to spend the end of his life in prison. When his condition deteriorated, the prison released the man on temporary licence to the hospice. We are satisfied that this was appropriate.