

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Edmund Osmond, a prisoner at HMP Exeter, on 1 September 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 Edmund Osmond died of chronic obstructive pulmonary disease at HMP Exeter on 1 September 2015. He was 79 years old. I offer my condolences to Mr Osmond's family and friends.

I am satisfied that Mr Osmond received a good standard of care at both Dartmoor and Exeter. Healthcare staff managed his chronic illnesses well and reviewed him frequently. Staff treated Mr Osmond with respect and agreed an appropriate end of life care plan, which allowed Mr Osmond to die with dignity and in line with his wishes.

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**

**March 2016**

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# Summary

## Events

1. Mr Edmund Osmond was sentenced to life imprisonment in October 1990 and was released on licence in October 2007. He was recalled to prison in October 2008 and had been at HMP Dartmoor since February 2013.
2. Mr Osmond suffered from a number of chronic conditions including ischaemic heart disease and chronic obstructive pulmonary disease (COPD). Nurses and prison GPs monitored Mr Osmond's medical conditions frequently and a prisoner carer helped with daily living tasks.
3. In December 2014, Mr Osmond needed permanent oxygen therapy, after an admission to hospital for an exacerbation of COPD. A portable oxygen unit was fitted in his cell. Over the next six months Mr Osmond's health gradually deteriorated.
4. On 14 June 2015, a nurse responded to Mr Osmond's panic button and noted his oxygen levels were low. Mr Osmond was taken to hospital, admitted and treated for end stage COPD. Dartmoor could not longer provide the care he needed and, on 4 August, Mr Osmond moved to HMP Exeter.
5. Mr Osmond's condition continued to decline and healthcare staff began an end of life care plan. Doctors reviewed his pain relief and prescribed end of life medication as needed. On 1 September, Mr Osmond died in Exeter's palliative care suite.

## Findings

6. We are satisfied that healthcare staff managed Mr Osmond's chronic illnesses very well. They reviewed him frequently and treated his conditions accordingly. Palliative care was good.

## The Investigation Process

7. The investigator, issued notices to staff and prisoners at HMP Exeter informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
8. The investigator visited Exeter on 10 September 2015 and obtained copies of relevant extracts from Mr Osmond's prison and medical records. He interviewed one member of staff by telephone on 9 October.
9. NHS England commissioned a clinical reviewer to review Mr Osmond's clinical care at the prison.
10. We informed HM Coroner for Exeter and Greater Devon of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Osmond's friend, his nominated next of kin, to explain the investigation. His friend had no specific concerns for the investigation to consider. Mr Osmond's friend was informed the initial report was available, but did not wish to receive a copy or make any comment.
12. The prison also received a copy of the report and there were no factual inaccuracies.

# Background Information

## HMP Exeter

13. HMP Exeter is a local prison holding 565 men. Dorset Healthcare University NHS Foundation Trust provides health services. There are 10 cells on F Wing for prisoners who need social care and one cell for end of life palliative care. The wing has facilities for visiting relatives.

## HM Inspectorate of Prisons

14. The most recent inspection of HMP Exeter was in August 2013. Inspectors reported that care for prisoners on F Wing with complex social care needs and disabilities were impressive. There were 24-hour health services and a wide range of clinics, including for chronic diseases. Two nurses led the care of older prisoners. Palliative care was supported through an excellent new suite which had been created for the care of 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 its latest annual report, for the year to December 2014, the IMB reported that new ways of working between prison officers and healthcare assistants were effective. Communication between healthcare staff and F wing staff was progressing, but needed to develop further. The IMB noted that F Wing provided care for terminally ill prisoners.

## Previous deaths at HMP Exeter

16. Mr Osmond was the ninth prisoner to die of natural causes at HMP Exeter since 2012. We have consistently found that Exeter has provided good palliative care.

## Key Events

17. In October 1990, Mr Edmund Osmond was sentenced to life imprisonment and was released on licence in October 2007. After breaching his licence conditions he was recalled to prison. On 14 January 2011, he moved to HMP Shepton Mallet.
18. Mr Osmond had a history of poor health, including an inoperable aortic aneurism, diabetes, hypertension (raised blood pressure), ischaemic heart disease (damaged heart muscles resulting from poor blood supply) and chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases such as chronic bronchitis and emphysema.)
19. Healthcare staff monitored Mr Osmond's medical conditions and doctors prescribed inhalers, nebulisers and a bronchodilator to ease his COPD symptoms. Prison and hospital doctors prescribed antibiotics and steroids when needed. On 25 February 2012, Mr Osmond decided he did not want anyone try to resuscitate him if his heart or breathing stopped. In February 2013, he moved to HMP Dartmoor, as Shepton Mallet was closing.
20. At Dartmoor, healthcare staff saw Mr Osmond frequently to monitor his COPD, heart disease and other health conditions. Mr Osmond had a single cell on the ground floor and another prisoner acted as his carer to help him with everyday tasks. His mobility was poor and he had a personal alarm to call staff if he could not reach his cell bell.
21. On 11 December 2014, a nurse examined Mr Osmond after wing staff reported he looked grey. The nurse found his oxygen saturation levels were 50% (a normal level would be 95-100%) and sent him to hospital as an emergency. Officers did not restrain him on the way to hospital. The hospital admitted Mr Osmond and treated him with oxygen therapy for an exacerbation of COPD.
22. On 21 December, when Mr Osmond returned to the prison he needed permanent oxygen therapy and had an oxygen compressor in his cell and portable cylinders so that he could move around the wing. Mr Osmond had been a heavy smoker for many years. Despite having COPD, Mr Osmond continued to smoke and turned down all offers of help to stop until December 2014, when he tried to give up.
23. On 4 February 2015, a nurse discussed Mr Osmond's decision about resuscitation with him and Mr Osmond again said he did not want anyone to try to resuscitate him. The next day, a prison GP, assessed that Mr Osmond had full capacity to make decisions about his healthcare. Over the next four months, Mr Osmond's health steadily declined.
24. On 14 June 2015, a nurse arranged for Mr Osmond to go to hospital after he appeared very cyanosed (bluish discoloration of the skin caused by lack of oxygen) and was dizzy. Officers did not restrain him on the way to hospital. Mr Osmond was admitted to hospital and doctors diagnosed end stage COPD. Doctors treated him with antibiotics and oxygen therapy.

25. On 20 June, the ward sister at hospital told a prison nurse that Mr Osmond could no longer care for himself. The nurse assessed Mr Osmond in hospital and decided that Dartmoor could no longer provide the care he needed. The nurse arranged a full palliative care assessment.
26. On 29 July, healthcare and prison staff from Dartmoor and HMP Exeter attended a multidisciplinary discharge meeting with hospital staff. The meeting noted that Mr Osmond did not meet the criteria for early release as his prognosis was not less than three months. They agreed that Mr Osmond should transfer to the social care wing at Exeter on discharge from hospital.
27. Mr Osmond arrived at Exeter on 4 August. Nurses carried out a full care assessment and completed a support plan. The same day, a prison manager agreed that Mr Osmond's cell should stay unlocked at all times so nurses had easy access.
28. On 5 August, a nurse reviewed Mr Osmond, who was short of breath and complained of severe pain. She gave him a nebuliser and arranged for him to be prescribed tramadol (strong pain relief medication). A prison GP saw Mr Osmond the next day and reviewed his pain medication.
29. On 14 August, a prison GP examined Mr Osmond and reviewed his care plan. He told her that he was comfortable in bed and getting enough attention. She referred him to the palliative care team and a hospice nurse reviewed Mr Osmond on 21 August.
30. On 29 August, Mr Osmond told healthcare staff that he no longer wanted to take all of his medication. Nurses told him of the risks, but Mr Osmond still declined and was only willing to take pain relief, lactulose (for constipation), antidepressants, and use his nebulisers. On 31 August, a nurse noted that Mr Osmond received his nebulisers and pain relief, but refused the rest of his prescribed medication.
31. At 3.20pm on 1 September, a prison GP went to see Mr Osmond, who was deteriorating and refusing all medication other than pain relief. He said he wanted to die and did not want to be resuscitated. She arranged to review Mr Osmond again the next day and asked nurses to seek further advice from the palliative care team. Later that day, a nurse went to Mr Osmond's cell and found him unresponsive. In line with his wishes, she did not attempt resuscitation and asked a GP to attend. At 8.54pm, a GP recorded that Mr Osmond had died.

#### **Contact with Mr Osmond's next of kin**

32. Mr Osmond had named a friend as his next of kin. On 6 August, an officer had tried to contact his friend, but was unsuccessful. An officer tried to contact his friend twice on 13 August, but was also unsuccessful. On 17 August, a family liaison officer (FLO) contacted another friend of Mr Osmond and arranged for Mr Osmond to speak to his friend by telephone.
33. On 19 August, the FLO managed to speak to the friend Mr Osmond had named as his next of kin. She asked the FLO to let her know by telephone when Mr Osmond died. On 1 September, shortly after Mr Osmond died, the FLO phoned her and informed her of his death.

34. Mr Osmond's funeral was on 11 September. The prison contributed to the costs in line with national policy.

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

35. After Mr Osmond died a prison manager debriefed the staff involved in his care and the prison's care team offered staff support.
36. The prison posted notices informing staff and prisoners of Mr Osmond's 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 the news of Mr Osmond's death.

#### **Post-mortem report**

37. A post-mortem examination found that Mr Osmond had died of infective exacerbation of end stage chronic obstructive pulmonary disease.

# Findings

## Clinical Care

38. Mr Osmond was an elderly man who suffered from a number of chronic conditions including COPD and heart disease. His COPD was caused by many years of heavy smoking and the clinical reviewer noted that, by the time Mr Osmond decided to try to stop smoking in December 2014, the damage to his lungs as well as his heart was extensive and irreversible. Even so healthcare staff supported him in his efforts to reduce the level of his smoking. The clinical reviewer was satisfied that healthcare staff managed his medical conditions well and in line with relevant National Institute for Health and Care Excellence (NICE) guidance. As Mr Osmond's health declined, healthcare staff implemented good end of life care plans and doctors prescribed appropriate pain relief and end of life medication.
39. The clinical reviewer concluded that Mr Osmond's care and treatment in prison was of a high standard and equivalent to that he could have expected to receive in the community. We are fully satisfied that Mr Osmond received appropriate care at both Dartmoor and Exeter.

## Restraints, security and escorts

40. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.
41. 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.
42. We are pleased to note that Mr Osmond was not restrained when taken to hospital in the last year of his life.

## Compassionate Release

43. 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.
44. On 24 June 2015, the prison started an application for compassionate release. Prison healthcare staff made several requests to the hospital for information about Mr Osmond's life expectancy. On 29 July, a prison GP confirmed that Mr Osmond did not meet the criteria for early release as hospital doctors had not given him a prognosis of three months or less to live. This prognosis did not change and meant that the prison was unable to complete the application before he died.



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