Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr George Ball, a prisoner at HMP Belmarsh, on 6 June 2015

A report by the Prisons and Probation Ombudsman
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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 George Ball died of heart disease and chronic obstructive pulmonary disease at HMP Belmarsh on 6 June. He was 75 years old. I offer my condolences to Mr Ball's family and friends.

Mr Ball had been in prison for only two weeks before he died and was in very poor health when he arrived. When staff found Mr Ball collapsed and unresponsive they attempted to resuscitate him. This was contrary to his wishes and the prison needs to communicate decisions about resuscitation more effectively. Overall, I am satisfied that Mr Ball received an appropriate standard of care at Belmarsh, 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. On 22 May 2015, Mr George Ball was sentenced to five years in prison and sent to HMP Belmarsh. Before being sentenced Mr Ball had been living in a nursing home. He had chronic obstructive pulmonary disease and heart failure and, shortly before he was sentenced, a hospital consultant said Mr Ball's life expectancy was just months.

2. Healthcare staff at Belmarsh noted Mr Ball's conditions when he arrived and admitted him to the prison's inpatient unit. He had a hospital bed with a backrest to help his breathing and staff ordered a pressure relieving mattress. The Head of Healthcare planned to arrange a multidisciplinary team meeting with the community palliative care team to formulate a palliative care plan. In the meantime, staff created an interim medical care plan to manage Mr Ball.

3. Mr Ball said he did not want to be taken to hospital if he developed a chest infection and did not want to be resuscitated if his heart or breathing stopped. Staff noted this in his medical record and he signed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order, which was kept in the nurses' treatment room.

4. In the early hours of 6 June, an officer found Mr Ball collapsed and unresponsive on the floor of his cell. He called for help and three nurses attended. The night manager asked the control room to call an ambulance straight away. Staff started to try to resuscitate Mr Ball but one of the nurses thought this might be against Mr Ball's wishes. The manager asked the staff to continue until this was established. Paramedics arrived quickly and continued the resuscitation attempt. They stopped shortly after they were shown a printed copy of Mr Ball's DNACPR order. A prison doctor later certified Mr Ball's death.

Findings

5. The clinical reviewer found that Mr Ball's care was equivalent to that he could have expected to receive in the community and we are satisfied that he received appropriate care at Belmarsh. However, Mr Ball's wishes about resuscitation were not communicated effectively, resulting in an unnecessary resuscitation attempt.

Recommendations

- **The Governor and the Head of Healthcare should ensure that prisoners' decisions about resuscitation are effectively communicated to all relevant staff.**

The Investigation Process

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

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

8. The investigator obtained copies of relevant extracts from Mr Ball's prison and medical records. She and the clinical reviewer interviewed two members of staff at Belmarsh on 22 July.

9. We informed HM Coroner for Inner London South 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. One of the Ombudsman's family liaison officers contacted Mr Ball's sister, who acted as his next of kin, to explain the investigation. She did not have any specific matters she wanted the investigation to consider.

11. Mr Ball's sister received a copy of the initial report. She did not make any comments.

12. The prison also considered our initial report and did not raise any factual inaccuracies. They submitted an action plan addressing our recommendation.

13. The investigation has assessed the main issues involved in Mr Ball's care, including his diagnosis and treatment, whether appropriate care was provided, his location, liaison with his family, and whether compassionate release was considered.

Background Information

HMP Belmarsh

14. HMP Belmarsh is a high security and local prison serving the courts of South East London and South West Essex. It holds over 900 men. Oxleas NHS Foundation Trust provides healthcare services. There is 24-hour healthcare cover and an inpatient unit. There are healthcare facilities on each of the houseblocks, as well as in reception, and the first night centre.

HM Inspectorate of Prisons

15. The most recent inspection of Belmarsh was in February 2015. Inspectors reported that health services were generally satisfactory and improving. Health screening on arrival was very thorough but staff did not use care plans systematically. Facilities in the inpatient unit were poor with inadequate toilets and showers. There was a strategy to support prisoners with palliative and end of life needs and two cells in the inpatient unit were being refurbished for this purpose.

Independent Monitoring Board

16. 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 June 2014, the IMB reported that refurbishment of the treatment rooms was ongoing and that healthcare staffing levels had improved.

Previous deaths at Belmarsh

17. Mr Ball was the fifth Belmarsh prisoner to die of natural causes in the last two years. There were no significant similarities with the circumstances of the other deaths.

Findings

The diagnosis of Mr Ball's terminal illness and informing him of his condition

18. On 22 May 2015, Mr George Ball was sentenced to five years in prison for sexual offences committed some years earlier and was sent to Belmarsh. Mr Ball had heart failure and was in the last stages of chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases including chronic bronchitis and emphysema). Before his sentence he had been living in a nursing home in Kent and his hospital consultant had estimated that he had months rather than years to live.

19. Mr Ball's terminal condition had been diagnosed before he went into prison and we are satisfied that he was aware of his condition and prognosis.

Mr Ball's medical treatment

20. Healthcare staff appropriately noted and assessed Mr Ball's medical conditions when he arrived. His records contained a medical report of 29 April, from his hospital consultant, which outlined his diagnosis, medication and general condition. A prison GP examined Mr Ball and noted his diagnoses. He indicated that Mr Ball needed a hospital bed and prescribed oxygen. He arranged for Mr Ball to be admitted to a palliative care cell in the healthcare unit. Mr Ball said he did not want to give up smoking.

21. On 22 May, a GP noted Mr Ball had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order signed in January at a hospital. A DNACPR means that in the event of cardiac or respiratory arrest no attempt at resuscitation will be made. Mr Ball also had an advanced care plan which stated that he did not want any invasive treatment. He would accept antibiotics, but did not want to go to hospital if he developed a chest infection, even if this hastened the end of his life. Mr Ball reconfirmed his wishes.

22. On 24 May, a nurse set up a care plan, which specified that the duty nurse should take his vital observations every day, staff should help with his self-care needs and caring of his skin and continence. On 28 May, a GP reviewed Mr Ball's condition, care plan and his DNACPR order. Mr Ball confirmed his wishes about resuscitation and hospital treatment. The GP considered Mr Ball had the capacity to make this decision. The GP recorded that Mr Ball's respiratory rate, pulse and glucose levels were all normal, but his oxygen saturation levels and blood pressure were below normal and his chest air entry was reduced. There was no indication he had an infection.

23. Mr Ball's care plan included arranging a multidisciplinary team meeting with Bexley palliative care team to create a palliative care plan; checking oxygen administration levels with the nursing home; entering the DNACPR on the prison's electronic medical records; assisting him with his mobility and allowing him a couple of cigarettes a day.

24. On 29 May, a nurse reviewed Mr Ball and noted that he seemed dehydrated and had not shaved or had a full body wash for some time. He asked staff to wash Mr Ball daily, moisturise his skin, monitor his fluid intake, and keep water within

reaching distance. He requested a special mattress to prevent bed sores and referred Mr Ball to a tissue viability nurse. Healthcare staff followed the nurse's instructions and took Mr Ball's observations several times a day. They treated a pressure sore and encouraged him to turn regularly.

25. At 10.00 pm on 5 June, a nurse gave Mr Ball some oxygen, as his levels were low and they rose to 97%. At 2.15am on 6 June, Mr Ball's oxygen saturation levels dropped again and the nurse gave him more oxygen until they rose to 98%. Mr Ball had a cup of water and did not report any other problems.

26. At approximately 3.00am, an officer went to check Mr Ball and found him lying on the floor and unresponsive. He called for the nurse, who noted that Mr Ball was unconscious and not breathing. He rang the general healthcare alarm (at 3.04am) and went to get emergency equipment. The officer began chest compressions and the nurse returned with two colleagues. They brought a defibrillator and some oxygen. The defibrillator found no shockable heart rhythm and the staff continued to attempt resuscitation. At 3.05am, a prison manager asked the control room to call an ambulance. A nurse suggested that Mr Ball might have a DNACPR order and the manager asked staff to continue with resuscitation while a nurse looked for evidence of the order.

27. At 3.17am, paramedics arrived at Mr Balls' cell and took over emergency care. At 3.29am, two nurses produced notes from Mr Ball's electronic medical records which referred to the DNACPR but were unclear and the paramedics continued resuscitation. At 3.35am, the nurses showed the paramedics a copy of the DNACPR order and shortly afterwards they stopped resuscitation. Later, at 5.05am, a GP certified Mr Ball's death.

28. The clinical reviewer noted that Mr Ball's care plans would have benefited from more operational detail, including about administrating oxygen and has made recommendations about this which the Head of Healthcare will need to address. Overall, he considered that Mr Ball's care and treatment in prison was equivalent to that he could have expected to receive in the community and we are satisfied that Mr Ball received appropriate care at Belmarsh. However, we are concerned that staff attempted to resuscitate Mr Ball in spite of a signed a DNACPR order. Although the Head of Healthcare said she had asked managers to cascade the information it is evident that this communication was poor and the order was not easily accessible or placed anywhere visible, such as in Mr Ball's cell. We make the following recommendation:

The Governor and the Head of Healthcare should ensure that prisoners' decisions about resuscitation are effectively communicated to all relevant staff.

Mr Ball's location

29. Healthcare staff nursed Mr Ball in the prison's palliative care cell in the healthcare unit from the time he arrived at Belmarsh. He had a specially adapted hospital bed to help him sit up and breathe. A nurse ordered a pressure relieving mattress to help prevent bed sores, although this did not arrive until the day Mr Ball died. The Head of Healthcare had arranged for prison staff to give nurses

immediate access to Mr Ball's cell when required, and intended to discuss leaving Mr Ball's door open at the planned multidisciplinary team meeting.

30. We are satisfied that Mr Ball's accommodation at Belmarsh met his needs.

Liaison with Mr Ball's family

31. A prison family liaison officer introduced herself to Mr Ball shortly after he arrived at Belmarsh. A custodial manager later telephoned Mr Ball's wife to discuss and arrange visits.

32. On 6 June, a family liaison officer visited Mr Ball's wife at home to tell her he had died and other members of the family liaison team stayed in touch with Mr Ball's the family. One of Mr Ball's sisters agreed to act as his next of kin on behalf of his wife. In line with Prison Service policy the prison offered a contribution to the cost of Mr Ball's funeral.

33. We are satisfied that the prison appropriately contacted Mr Ball's wife when he first arrived at Belmarsh and gave his family relevant information and support after he died.

Compassionate release

34. Prisoners can be released 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. Early release on compassionate grounds is not normally allowed if it is based on facts of which the sentencing court was aware. As Mr Ball had been sentenced just two weeks before his death, and the judge was fully aware of his medical condition and prognosis, he would not have met the criteria for compassionate release.

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