Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roger Pavey a prisoner at HMP Lewes on 7 March 2016

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 Roger Pavey died on 7 March 2016, of multi-organ failure, while a prisoner at HMP Lewes. He was 70 years old. I offer my condolences to Mr Pavey's family and friends.

Mr Pavey was taken to hospital on 14 February when he appeared to have symptoms of a stroke. He had a number of chronic health conditions, which were generally managed and monitored well. However, there was a missed opportunity to follow up a blood test in 2015, which might have indicated kidney disease, and additional medication should have been prescribed once a problem with Mr Pavey's heartbeat was identified on 8 February.

Despite these omissions, the clinical reviewer was satisfied that Mr Pavey's care at the prison was equivalent to that he could have expected to receive in the community and I am therefore satisfied that he received an appropriate standard of care.

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 **October 2016**

Contents

Summary

Events

1. On 14 April 2014, Mr Roger Pavey was convicted of sexual offences and sent to HMP Lewes. On 15 May, he was sentenced to 15 years in prison.

2. Mr Pavey had a number of health conditions including asthma, chronic obstructive pulmonary disease, cellulitis in his lower legs, high blood pressure, and heart disease. He used a wheelchair because of discomfort in his legs. Mr Pavey was initially admitted to the prison's healthcare unit for assessment and then moved to an adapted cell for prisoners with disabilities on a standard wing.

3. Over the next 12 months, healthcare staff reviewed Mr Pavey frequently and treated him for shortness of breath and cellulitis.

4. In April 2015, a kidney function test showed some deterioration compared to a test 12 months earlier. Doctors did not follow this up or repeat the test but another test on 6 February 2016 showed no further deterioration.

5. On 8 February 2016, a prison GP reviewed the results of an ECG test he had requested, as he suspected that Mr Pavey had atrial fibrillation (an irregular and fast heart rate). The results indicated some evidence of atrial fibrillation and the GP referred Mr Pavey for further investigations.

6. In the early hours of 14 February, Mr Pavey was unwell. A nurse examined him and noted that he had left-side weakness, dizziness, confusion and slurred speech, suggestive of a stroke. Mr Pavey was taken by ambulance to hospital. Lewes. The hospital considered Mr Pavey might have septicaemia caused by a chest infection, but later told prison healthcare staff he had developed acute renal failure. Mr Pavey's condition declined and he died at the hospital on 7 March.

Findings

7. We are satisfied that Mr Pavey received a generally good standard of care at Lewes for his health conditions. The clinical reviewer noted that a blood test in 2015 showing a deterioration in kidney function should have been followed up, although he did not consider this contributed towards the cause of Mr Pavey's death, as a further test in February 2016, showed no further deterioration. The clinical reviewer also considered that additional treatment for atrial fibrillation and suspected heart failure should have begun on 8 February, as soon as it was diagnosed. However, he recognised that this was unlikely to have taken effect by the time of his hospital admission on 14 February. Overall, the clinical reviewer was satisfied that Mr Pavey's care was equivalent to that he could have expected to receive in the community.

Recommendations

- The Head of Healthcare should ensure that all abnormal blood tests are highlighted, followed up and actioned by appropriate use of SystmOne to allow effective continuity of care.

- The Head of Healthcare should ensure that clinicians are familiar with and follow current NICE guidelines when treating atrial fibrillation and suspected heart failure.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Lewes informing them of the investigation and asking anyone with relevant information to contact him. One prisoner responded.

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

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

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

12. One of the Ombudsman's family liaison officers contacted Mr Pavey's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Pavey's daughter was concerned that his cellmate had suggested there had been a delay in treating his swollen legs in January and February 2016. She asked if there had been any other delays in his medical care.

13. The initial report was shared with the Prison Service. The Prison Service pointed out a factual inaccuracy and this report has been amended accordingly.

14. Mr Pavey's daughter received a copy of the initial report. She raised a number of issues/questions that do not impact on the factual accuracy of this report.

Background Information

HMP Lewes

15. HMP Lewes is a local prison serving the courts of East and West Sussex and holds up to 692 men. Sussex Partnership NHS Foundation Trust provides primary care services. Healthcare staff are on duty at the prison at all times and there is a 12 bed inpatient unit.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Lewes was in January 2016. Inspectors found that health services were reasonably good but too many hospital appointments were cancelled because of a shortage of staff to escort prisoners. The inpatient unit provided compassionate care for patients with complex health needs but there were insufficient custody staff to deliver a therapeutic regime. Medicines management was reasonably good. Primary care services and management of long-term conditions were reasonably well managed. Clinical records were generally good.

Independent Monitoring Board

17. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure prisoners are treated fairly and decently. In its latest report, for the year to 31 January 2016, the IMB noted that there had been a sharp increase in older prisoners with complex needs. The IMB considered that end of life care was well managed, despite inadequate accommodation.

Previous deaths at HMP Lewes

18. Mr Pavey was the fifth prisoner to die of natural causes at HMP Lewes since January 2014. There were no significant similarities with the circumstances of the other deaths.

Key Events

19. On 14 April 2014, Mr Roger Pavey was convicted of sexual offences and sent to HMP Lewes. On 15 May, he was sentenced to 15 years in prison. Mr Pavey had long-standing diagnoses of asthma, chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases such as chronic bronchitis and emphysema), cellulitis (an infection of the deep layers of the skin), hypertension (high blood pressure) and heart disease. Mr Pavey used a wheelchair because of the discomfort in his legs. He was initially admitted to the healthcare unit for assessment. He then moved to an adapted cell for prisoners with a disability on a standard wing.

20. After an initial health screen, healthcare staff drew up a care plan to identify and address his physical health and disability needs. Mr Pavey smoked cigarettes and healthcare staff gave him advice and guidance about how to stop, but he did not give up.

21. On 22 May, a pharmacist referred Mr Pavey to the asthma clinic. Nurses implemented an asthma care plan, including regular reviews.

22. Most of Mr Pavey's contact with healthcare staff over the next 12 months was to treat shortness of breath and cellulitis. Doctors prescribed nebulisers (a machine which administers medication in the form of a mist) and inhalers. Staff advised him to stop smoking. To treat cellulitis, staff gave him medication, creams, and support stockings. They encouraged him to exercise.

23. On 7 April 2015, a prison GP examined Mr Pavey, who had swollen hands. The doctor gave him paracetamol and arranged blood tests. On 23 April, another prison GP reviewed the blood test results but did not see Mr Pavey. He noted some abnormalities, including a low estimated glomerular filtration rate reading (eGFR), which tests kidney function. The GP recommended that Mr Pavey have a GP appointment to review the results.

24. On 30 April, Mr Pavey had an appointment with a prison GP, but neither he nor Mr Pavey was sure why the appointment had been made. The GP did not note the abnormal blood test, which showed Mr Pavey's kidney function had deteriorated since his previous test in May 2014.

25. Over the next nine months healthcare staff saw Mr Pavey frequently to treat his cellulitis and sometimes to treat for bouts of breathlessness, for which he was prescribed nebuliser medication.

26. On 31 January 2016, a nurse noted Mr Pavey was having difficulty breathing and had a fast heart rate, so referred him to a doctor. On 1 February, a prison GP examined Mr Pavey and noted he had a high pulse rate and that he had an irregular heart rhythm. The GP suspected that Mr Pavey had atrial fibrillation and referred him for blood tests and an ECG.

27. On 6 February, a nurse examined Mr Pavey, who was unsteady on his legs and his ankles were swollen. The nurse advised him to elevate his legs referred him to a doctor. Blood tests that day, showed that there had been no deterioration in his kidney function since the tests of April 2015.

28. On 8 February, a prison GP reviewed Mr Pavey. The ECG showed evidence of atrial fibrillation with a fast ventricular response and the GP referred him for an echocardiogram (an ultrasound for the heart). He started Mr Pavey on a course of spironolactone (a diuretic used to help the kidney pass more water and help the pumping action of the heart). He also noted Mr Pavey's legs were swollen and red, so prescribed flucloxacillin (an antibiotic).

29. On 13 February, a nurse reviewed Mr Pavey's swollen legs. The nurse told him to continue to take the antibiotics, elevate his legs, and to use an aqueous cream (water-based cream).

30. Just before 1.00am on 14 February, Mr Pavey had difficulty breathing. A nurse assessed him and found his oxygen saturation levels were normal and he was able to have a conversation with her. Mr Pavey thought he had run out of nebuliser solution but the nurse found the solution in his cell. She advised him to use the nebuliser and to stop smoking in his cell.

31. Around 4.45am, a nurse was asked to see Mr Pavey, as he appeared unwell. He noted a left side weakness, dizziness, confusion and slurred speech. Mr Pavey's pulse, blood sugars and oxygen saturation levels were all low. He suspected that Mr Pavey had suffered a stroke and arranged an emergency ambulance to take Mr Pavey to hospital. He was not restrained.

32. The hospital admitted Mr Pavey. Hospital staff queried a possible diagnosis of septicaemia caused by a chest infection. Subsequently, prison healthcare staff recorded that the hospital had told them that Mr Pavey had developed acute renal failure. Mr Pavey's condition declined in hospital. At 5.40am on 7 March, a doctor recorded that he had died.

Contact with Mr Pavey's family

33. On 14 February, the prison appointed a Supervising Officer (SO) as their family liaison officer. That morning, the SO contacted Mr Pavey's daughter, who he had named as his next of kin, and told that her father had been taken to hospital. The SO kept in contact with Mr Pavey's daughter, who visited him in hospital several times, including shortly before his death.

34. It was agreed that hospital staff would inform Mr Pavey's daughter when he died. However, when the duty governor contacted Mr Pavey's daughter at 9.30am on 7 March to offer his support and condolences, it was apparent that the hospital had not told her. He therefore broke the news of Mr Pavey's death.

35. Mr Pavey's funeral was on 10 May. The prison contributed to the costs in line with national guidance.

Support for prisoners and staff

36. The prison posted notices informing staff and prisoners of Mr Pavey's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Pavey's death. The prison held a memorial service for Mr Pavey on 10 May.

Cause of death

37. The coroner gave the cause of death as multi-organ failure, systemic sepsis, pneumonia and infected leg ulcers, with a background of ischaemic heart disease with congestive cardiac failure, chronic obstructive pulmonary disease, diabetes mellitus and hypertension.

Findings

Clinical care

38. When Mr Pavey arrived at Lewes, he had several advanced and complex pre-existing health conditions. The clinical reviewer concluded that Mr Pavey's overall care in prison was equivalent to that he could have expected to receive in the community.

39. Mr Pavey's family asked whether he had a diagnosis of diabetes, but the clinical reviewer found no evidence of this, either before of after he arrived at Lewes. Mr Pavey had his glucose (sugar) level checked twice at the prison, as part of other blood tests taken in April 2014 and April 2015. Both times, the level was normal and did not indicate diabetes. Hospital care is outside the remit of this investigation and the clinical reviewer did not have access to hospital tests. He noted that he could not discount the possibility that tests, after Mr Pavey was admitted to hospital, might have led to a new diagnosis of diabetes.

40. Although the clinical reviewer was satisfied that overall care was reasonably good, he was concerned that blood tests in April 2015, showing a decrease in kidney function, were not followed up or repeated. This was a missed opportunity to investigate and treat a possible new diagnosis of kidney disease. However, the clinical reviewer noted that another blood test, taken nearly a year later, showed no further deterioration. It is therefore unlikely that this deterioration in kidney function played a significant role in Mr Pavey's decline or his death.

41. The clinical reviewer considered that the need to follow up or repeat the blood test was missed because clinicians at Lewes did not use codes on SystmOne, the prison medical record system, to highlights items of concern or needing attention. This would have ensured continuity of care and easier recognition of ongoing as well as new clinical problems. This is particularly important when there are several clinicians involved in a prisoner's care. We make the following recommendation:

    The Head of Healthcare should ensure that all abnormal blood tests are highlighted, followed up and actioned by appropriate use of SystmOne to allow effective continuity of care.

Mr Pavey's infected legs

42. Mr Pavey's cellmate told us there was a delay in staff attending to Mr Pavey's legs and ulcers. Mr Pavey's medical records show that from the time he first arrived at Lewes, there was continued documentation about the care of his swollen and infected lower legs and nurses saw him frequently to treat them. The clinical reviewer said that Mr Pavey's leg problems were a chronic long-term problem, which would have been particularly difficult to treat, and such infected legs rarely improve to return to normal skin. This would have been made worse by Mr Pavey's other medical conditions and his continued smoking, which is known to delay healing. There was nothing in Mr Pavey's records to indicate any delay in treatment and no indication that Mr Pavey had complained about a delay in nursing care for his legs and ulcers.

Atrial fibrillation

43. The clinical reviewer noted that when a prison GP diagnosed Mr Pavey with atrial fibrillation he appropriately referred him for an echocardiogram but prescribed only a diuretic medication. The clinical reviewer noted that this would help the pump function of the heart, but is not the first line treatment for suspected heart failure in current NICE (National Institute for Health and Care Excellence) guidelines. He considered that medication to normalise the heartbeat should also have been prescribed, along with anticoagulant medication to 'thin the blood'.

44. The clinical reviewer stressed that this would not have affected the outcome for Mr Pavey, as the medication would not have had time to take effect before Mr Pavey was admitted to hospital on 14 February. Nevertheless, we make the following recommendation:

The Head of Healthcare should ensure that clinicians are familiar with and follow current NICE guidelines when treating atrial fibrillation and suspected heart failure.

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