Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Graham Cawley a prisoner at HMP Wakefield on 24 May 2016

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Graham Cawley died on 24 May 2016, while a prisoner at HMP Wakefield, from a stroke and underlying conditions of kidney failure, bronchitis and bronchopneumonia. He was 61 years old. I offer my condolences to Mr Cawley's family and friends.

I am satisfied that Mr Cawley received a good standard of care at Wakefield, equivalent to that he could have expected to receive in the community. However, I am concerned that managers authorised the use of restraints when Mr Cawley went to hospital without considering his health at the time. This is something we have raised with Wakefield a number of times and which the Governor needs to address.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Richard Pickering
Deputy Prisons and Probation Ombudsman **December 2016**

Contents

Summary

Events

1. In March 1999, Mr Graham Cawley was sentenced to life imprisonment for sexual offences. He spent time in several prisons before moving to HMP Wakefield in August 2009.

2. Mr Cawley had diabetes and high blood pressure and had suffered two heart attacks. In 2009, he was diagnosed with a renal cyst. Prison healthcare staff and hospital specialists saw him regularly to manage his various conditions.

3. In 2014, Mr Cawley's overall condition began to deteriorate as his blood sugar levels and blood pressure became more erratic. In August, he moved to a cell in the prison's healthcare centre. Mr Cawley's diabetes started to affect his kidney function and a prison doctor referred him to a renal specialist. Healthcare staff saw him daily and took regular blood tests.

4. By September 2015, Mr Cawley needed kidney dialysis three times each week. His blood pressure was raised and remained high, despite regular reviews and changes to his medication. Mr Cawley was admitted to hospital several times for his diabetes and blood pressure.

5. On 11 May 2016, Mr Cawley told a nurse that he had vomited. He could not take his medication and a nurse could not obtain a sample of blood to test. After advice from the hospital, the nurse sent Mr Cawley to hospital. He transferred to another hospital the next day.

6. Prison healthcare staff kept in regular contact with the hospital. On 14 May, Mr Cawley told hospital staff that he did not want anyone to resuscitate him if his heart or breathing stopped.

7. On 16 May, after discussion with Mr Cawley's family, hospital specialists took the decision to stop dialysis and implement end of life care plans. Mr Cawley was considered too ill to return to the prison.

8. Mr Cawley died in hospital on 24 May at 11.05pm from a stroke, chronic renal failure, acute bronchitis and bronchopneumonia.

Findings

9. The clinical reviewer considered that the care Mr Cawley received at Wakefield was equivalent to that he could have expected to receive in the community. We are satisfied that Mr Cawley received good care at the prison.

10. However, we are concerned that managers authorised the use of restraints when Mr Cawley went to hospital without taking into account his condition at the time and how this impacted on his risk of escape, in line with the 2007 High Court judgment.

Recommendation

- The Governor 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

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

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

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

14. We informed HM Coroner for West Yorkshire Eastern District of the investigation who gave us the results of the post-mortem examination. We have given the coroner a copy of this report.

15. One of the Ombudsman's family liaison officers contacted Mr Cawley's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not have any specific questions or concerns about Mr Cawley's care in prison.

16. Mr Cawley's daughter received a copy of the initial report. She did not make any comments.

17. We shared the initial report with the Prison Service who identified a factual inaccuracy. We have amended the report accordingly.

Background Information

HMP Wakefield

18. HMP Wakefield is one of eight high security prisons in England and Wales. It holds up to 750 men. There are four main residential wings, a healthcare centre, a segregation unit and a close supervision centre (a small therapeutic centre aiming to provide a supportive, safe, structured and consistent environment for some of the most challenging offenders).

19. Care UK took over all healthcare provision at Wakefield on 1 April 2016. Prior to this Spectrum CIC (Community Interest Company) provided primary healthcare services during normal working hours and Humber NHS Foundation Trust (intermediate care) employed the nurses in the inpatient unit, which provides overnight and weekend care for prisoners with physical health problems. There is a dedicated palliative care suite in the healthcare unit.

HM Inspectorate of Prisons

20. The most recent inspection of Wakefield was in July 2014. Inspectors found that health services were good overall but some parts of the healthcare environment, including the inpatient unit, were poor. Primary care services were very good and had an appropriate emphasis on the care of patients with long-term conditions.

Independent Monitoring Board

21. 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 April 2015, the IMB noted the importance of healthcare because the prison had a large number of older prisoners. The IMB considered that health services were well managed and the quality of care was high.

Previous deaths at HMP Wakefield

22. Mr Cawley was the eleventh prisoner to die from natural causes at Wakefield since the beginning of 2015. Four prisoners have died from natural causes since. We have raised the issue of the need for properly considered risk assessments to justify the use of restraints in a number of previous investigation reports.

Key Events

23. On 26 March 1999, Mr Graham Cawley was sentenced to life imprisonment for sexual offences with a minimum time to serve of ten years. He spent time at a number of prisons before transferring to HMP Wakefield in August 2009.

24. Mr Cawley's medical history included diabetes and hypertension (high blood pressure). He had suffered two myocardial infarctions (heart attacks) and had stents fitted. Mr Cawley took ramipril (used to treat heart failure) and medication to control his blood pressure, which was well managed by healthcare staff. In 2008, Mr Cawley was diagnosed with a renal cyst, which healthcare staff monitored.

25. From 2014, Mr Cawley's overall condition began to deteriorate and his blood sugars and blood pressure became more erratic. Blood tests indicated Mr Cawley's kidney function was deteriorating. Prison doctors referred him to a renal specialist and after this he attended regular renal clinics. In August 2014, Mr Cawley moved to a cell in the healthcare centre of the prison.

26. On 27 May 2015, the hospital's renal team admitted Mr Cawley after abnormal blood tests. They treated him for diabetes related kidney disease. Hospital staff advised prison healthcare staff on the management of high potassium levels in his blood and increased his prescription of diuretics (water tablets). Mr Cawley returned to prison on 29 May.

27. Mr Cawley remained generally unwell. Healthcare and hospital clinics continued to monitor his condition. On 8 July, a prison GP examined Mr Cawley, as he had worsening oedema (water retention) and poor mobility. She attempted to discuss him with the renal team at the hospital but could not get a response, so she sent him to another hospital where clinicians treated him for acute kidney injury and fluid overload. The hospital discharged Mr Cawley back to Wakefield on 14 July with a plan to monitor his bloods and for the renal team at the other hospital to see him as an outpatient. A doctor at the hospital also prescribed antibiotics for a bacterial infection.

28. On 22 July, prison GP sent an urgent referral for the renal team at the hospital to review Mr Cawley and they arranged an appointment for 24 July. Unfortunately, Mr Cawley did not feel well enough on the day so the hospital rearranged this for 4 September.

29. On 3 September, a prison GP reviewed Mr Cawley, noting a recent deterioration in kidney function. The doctor sent him to hospital, where he was admitted and diagnosed with kidney failure. Mr Cawley remained in hospital.

30. On 13 September, Mr Cawley transferred to another hospital. The consultant considered him to be at end stage renal failure and he began hemodialysis treatment (a procedure used in people whose kidneys do not function properly, where blood is removed from the body, filtered and waste products removed, before being returned). The consultant considered his condition would stabilise once he started regular dialysis.

31. The hospital discharged Mr Cawley back to Wakefield on 2 October. He began dialysis treatment at hospital on Monday, Wednesday and Friday of each week.

32. When he attended for dialysis treatment, two officers accompanied Mr Cawley and restrained him using an escort chain (an escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). This level of escort and restraint continued throughout his treatments and there is no record that officers removed the restraints during dialysis.

33. On 27 November, a nurse found Mr Cawley on the floor. He said he fell so she sent him to hospital. Mr Cawley returned later that afternoon but remained unwell, confused and with elevated blood pressure. A nurse and a prison GP examined him and sent him back to hospital where he had an X-Ray, blood tests, an electrocardiogram (a test used to measure the electrical activity of the heart) and CT scan. The results were all within the normal parameters and Mr Cawley returned to Wakefield.

34. On 28 November, during dialysis at hospital, Mr Cawley said he had sharp pains in his head and he lost consciousness. Hospital staff sent him to another hospital for assessment and they discharged him back to Wakefield later the same day.

35. At the end of 2015, records show that Mr Cawley regularly had elevated blood pressure, with his systolic blood pressure (the amount of pressure that blood exerts on vessels while the heart is beating) frequently measuring above 200 mmHg (very high). Doctors adjusted his medication to try and reduce this. On 9 January 2016, Mr Cawley returned to Wakefield, after dialysis, with a letter stating his blood pressure had been elevated. Staff at the renal unit planned to refer him to a hospital consultant for review.

36. On 11 January 2016, a prison GP reviewed Mr Cawley and increased his bisoprolol (blood pressure medication). However, his blood pressure remained high and, on 14 January, a prison GP increased the dose again. Mr Cawley's systolic blood pressure remained in excess of 200mmHg.

37. On 16 January, Mr Cawley had a high temperature and a nurse contacted the renal unit who advised he go to hospital for assessment. Mr Cawley went to hospital but refused to be admitted. A doctor diagnosed pneumonia and prescribed antibiotics before discharging him back to Wakefield.

38. On 20 January, prison GP reviewed Mr Cawley's blood pressure which remained high. She increased his dose of doxazosin (blood pressure medication). Two days later, a prison GP saw Mr Cawley, noted his blood pressure was lower and reduced his medication.

39. On 3 February, Mr Cawley reported feeling pain in his arm, around the area used for dialysis. He went to hospital where they diagnosed cellulitis (an infection of the deep layers of the skin) and prescribed an antibiotic. On 10 February, Mr Cawley had a CT scan of his arm and a vascular surgeon examined him. The surgeon noted a narrowing of Mr Cawley's veins and the presence of a blood clot but said it did not require treatment. However, on 16 February, while having

dialysis, Mr Cawley reported further problems with his arm and staff sent him to hospital where they again prescribed an antibiotic.

40. On 2 March, Mr Cawley reported feeling unwell and nauseous but he refused to go to hospital or to have anything to eat or drink. Staff gave him anti sickness medication. Despite taking insulin, his blood sugar levels were raised, but he continued to refuse to go to hospital for assessment. By early evening, Mr Cawley said he felt better so ate and drank a little, but refused to take his medication. During the early hours of the next day Mr Cawley vomited blood. He initially refused to go to hospital but agreed after a nurse told him his condition could be life threatening. The hospital diagnosed diabetic ketoacidosis and admitted him. Mr Cawley stayed at in hospital until 16 March. During this time he continued to attend his dialysis appointments though on occasions he refused to go. His blood pressure and blood sugar levels remained erratic.

41. Mr Cawley remained generally unwell with sickness, disorientation and confusion. He sometimes refused medication or to go for dialysis as he said the journey to hospital made him feel sick. Staff offered anti sickness medication and encouraged him to go, warning him of the consequences of not attending.

42. On 19 March, a prison GP was concerned about Mr Cawley's deteriorating condition and considered he did not have capacity to make informed choices regarding his treatment. The GP arranged for a hospital to admit him. Hospital staff initially admitted him to the intensive care ward and, on 22 March, he transferred to another hospital. Prison healthcare staff kept in regular contact with the hospital. Mr Cawley responded well to treatment although hospital staff described his condition as 'up and down' and his blood sugar levels as erratic. He continued to attend for dialysis. The hospital discharged Mr Cawley back to prison on 2 May.

43. Healthcare staff saw Mr Cawley a number of times each day. He had comprehensive care plans (including palliative) in place to monitor his blood pressure, blood sugar levels, kidney disease and general health and well being. He had regular GP reviews. He continued to have dialysis three times each week but often felt too nauseous to go. His blood pressure and blood sugar levels remained erratic and frequently high and he had high levels of potassium in his blood. A dietician advised on a low potassium diet (elevated potassium impacts on blood sugar levels) and advised him on which meals to choose from the prison menu.

44. On 9 May, there was a multi-disciplinary meeting to discuss Mr Cawley's palliative care plan. On 11 May, Mr Cawley reported nausea and vomiting to a nurse. He would not take his medication. She tried to take a blood sample but could not obtain one. She spoke to the on call renal registrar, who advised her to send Mr Cawley to hospital. Staff called an ambulance and Mr Cawley went to hospital. He transferred to another hospital the next day.

45. Two officers accompanied Mr Cawley and restrained him using an escort chain. He remained on an escort chain until 14 May, when a prison manager authorised removal.

46. Prison healthcare staff remained in regular contact with the hospital. On14 May, a nurse told them Mr Cawley had said he did not want anyone to resuscitate him if his heart or breathing stopped. On 16 May, the Head of Healthcare at Wakefield visited Mr Cawley in hospital and spoke to the doctor overseeing his care. The doctor gave a life expectancy of three to six months and she outlined the healthcare facilities at Wakefield if they discharged Mr Cawley back there. The doctor said they would arrange a multi disciplinary team meeting to discuss Mr Cawley's prognosis and plan his future care.

47. On 16 May, after discussion with Mr Cawley's family, doctors at the hospital stopped dialysis and implemented end of life care plans for Mr Cawley. They considered he was too ill to return to the prison.

48. Mr Cawley's condition deteriorated and he died in hospital on 24 May at 11.05pm.

Contact with Mr Cawley's family

49. On 3 September 2015, when Mr Cawley went into hospital with kidney failure, the prison appointed an officer as the prison family liaison officer. She contacted Mr Cawley's daughter and other members of his family and arranged for them to visit him in hospital. She and other prison staff remained in contact with Mr Cawley's daughter throughout his various admissions to hospital.

50. On 18 May 2016, the officer spoke to Mr Cawley's daughter, who said she would like to be informed by telephone if Mr Cawley died when his family were not present. The officer remained in contact with Mr Cawley's daughter and other family members and arranged hospital visits.

51. On 24 May at 11.29pm, the officer telephoned Mr Cawley's daughter to inform her that he had died and offer her condolences and support. The hospital had already telephoned her with the news. The officer remained in contact with Mr Cawley's daughter.

52. Mr Cawley's funeral was on 16 June. The prison contributed towards the cost in line with national policy.

Support for prisoners and staff

53. After Mr Cawley's death, a senior prison manager debriefed the escort staff to ensure they had the opportunity to discuss any issues arising, and to offer support.

54. The prison posted notices informing staff and prisoners of Mr Cawley's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Cawley's death.

Post-mortem report

55. A post-mortem examination indicated the immediate cause of Mr Cawley's death was cerebral infarction (a stroke), with underlying conditions of chronic renal failure, acute bronchitis and bronchopneumonia.

Findings

Clinical care

56. We agree with clinical reviewer that the care Mr Cawley received at Wakefield was equivalent to that he could have expected in the community and in line with National Institute for Care and Health (NICE) Guidelines.

57. The clinical reviewer notes that Mr Cawley's death was from a stroke and points out his end stage renal failure would have increased the risk of a stroke, despite him receiving appropriate treatment. The clinical reviewer also says that hypertension and diabetes are also risk factors for stroke, and despite the best efforts of healthcare staff, both his blood sugars and blood pressure remained erratic in the last two years of his life.

58. We are satisfied that healthcare staff implemented appropriate care plans to assess, monitor and review Mr Cawley's various conditions, which included high blood pressure, diabetes and renal failure. Medication, including pain relief, was appropriate and reviewed regularly.

59. From September 2015, Mr Cawley went to hospital three times a week for dialysis and there was good communication between healthcare and hospital staff. On occasions, when he refused to attend due to sickness, staff offered anti sickness medication and advised on the potential consequences of missing his appointments.

60. Mr Cawley took medication to control his blood pressure, which remained erratic and often very high despite regular medication reviews and amendments. Staff took blood pressure readings in line with his hypertension care plan and referred him to hospital appropriately.

61. Healthcare staff implemented an appropriate palliative care plan and liaised effectively with hospital staff to ensure Mr Cawley had the most appropriate and holistic care.

Restraints, security and escorts

62. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007, the Graham judgment, made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

63. During his time at Wakefield, Mr Cawley attended numerous hospital appointments and was always restrained. In September 2015, he began dialysis

treatment three times each week. The risk assessments all noted that two officers should escort him and use an escort chain to restrain him, there is no record that restraints were removed during treatment. We consider, overall the risk assessments for this period were poorly completed with limited healthcare input. Prison staff assessed Mr Cawley as a high risk to the public and medium risk to hospital staff, of hostage taking and of escape, but with little evidence to justify this. The use of an escort chain appears to be the default position at Wakefield for prisoners with mobility issues and little or no consideration in given to using no restraints.

64. When Mr Cawley went to hospital as an emergency on 11 May 2016, the risk assessment again noted that two officers should escort him and use an escort chain to restrain him, by this time Mr Cawley was critically ill. It was not until the morning of 14 May, that a senior prison manager reviewed the risk assessment and authorised officers to remove the escort chain. Mr Cawley was not restrained again.

65. We are concerned that managers authorised the use of restraints on Mr Cawley without enough information about his health condition at the time or how this impacted on his risk of escape, as required by the High Court judgment. This is one of several recent cases at Wakefield where there was little evidence to justify the use of restraints. As in previous reports, we consider that prison managers do not understand the tests they should apply when deciding whether the use of restraints is justified when seriously ill prisoners are taken to hospital.

66. While the Prison Service has a fundamental responsibility to protect the public, security must be balanced with humanity and be legally justified. We repeat our recommendation:

The Governor 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.

Prisons & Probation Ombudsman
Independent Investigations

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