

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr William Wild a prisoner at HMP Holme House on 7 June 2016

**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.

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 William Wild died of bronchopneumonia and emphysema at HMP Holme House on 7 June 2016. He was 68 years old. I offer my condolences to those who knew him.

Mr Wild was diagnosed with lung cancer in 2013, which contributed to his already chronic ill health. He was nursed in the inpatient unit at HMP Holme House for three years until his death. Prison healthcare staff thoroughly assessed his needs and monitored him closely. I am satisfied that Mr Wild received a good standard of care in prison, equivalent to that he could have expected 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.

Richard Pickering
Deputy Prisons and Probation Ombudsman

December 2016

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Summary

Events

1. On 8 February 2008, Mr William Wild was given an indeterminate sentence for public protection, with a minimum time of four years, for sexual offences.
2. Prior to his arrival in prison, Mr Wild suffered with many chronic illnesses, including chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema), heart disease, angina, epilepsy, high blood pressure, asthma and high cholesterol. Healthcare staff treated these conditions with medication and regular reviews. Following a stroke, he used a wheelchair for mobility. In December 2012, he transferred to HMP Holme House for 24-hour nursing care.
3. On 9 May 2013, Mr Wild suffered with blood in his urine so a nurse sent him to hospital. While in hospital, a computed tomography (CT) scan showed multiple small lung nodules and he was referred to the respiratory team for further assessment.
4. On 24 December, following further tests, a respiratory consultant confirmed that Mr Wild had two possible scar carcinomas (where cancer starts in the cells) in the upper lobe of his right lung. Following a course of palliative radiotherapy, Mr Wild was told that further treatment would not be beneficial.
5. Mr Wild continued to be nursed on the inpatient unit at Holme House. As his health deteriorated, he transferred to the palliative care suite. Healthcare staff created a palliative care plan, which ensured that they met his physical and emotional needs. As part of the care plan, Mr Wild agreed that he did not want to be resuscitated if his heart or breathing stopped.
6. At 6.15am on 7 June 2016, while receiving his early morning medication, Mr Wild had a seizure and became unconscious. A nurse radioed for an emergency ambulance. Mr Wild stopped breathing at 6.41am and, in light of his wishes, the nurse did not attempt to resuscitate him. A paramedic arrived and confirmed his death at 7.20am.
7. A post-mortem report confirmed that Mr Wild died from bronchopneumonia and emphysema. There were no visible lung tumours or other sources of cancer in his body.

Findings

8. When Mr Wild arrived at Holme House, healthcare staff closely monitored his chronic illnesses and were responsive to his needs. They also acted appropriately when Mr Wild had blood in his urine by referring him to secondary care providers. This led to a prompt diagnosis of lung cancer, though the carcinomas appear to have died at some time before Mr Wild's death.
9. The clinical reviewer confirmed as Mr Wild was not receiving active treatment, it was appropriate that prison healthcare staff and hospital staff had not discovered that the carcinomas had died. Additionally, the similarities between the

symptoms of lung cancer and COPD meant that healthcare staff could not reasonably have known that the carcinomas had died. The clinical reviewer was satisfied that healthcare staff appropriately treated Mr Wild when he presented with these symptoms.

10. When Mr Wild's condition deteriorated, healthcare staff gave him appropriate palliative care. Overall, we are satisfied that Mr Wild received a good standard of care at HMP Holme House, at least equivalent to that he could have expected in the community.

The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Holme House informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
12. The investigator obtained and reviewed copies of relevant extracts from Mr Wild's prison and medical records.
13. NHS England commissioned a clinical reviewer to review Mr Wild's clinical care at the prison.
14. We informed HM Coroner for Teesside of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
15. Mr Wild had not named any next of kin and had not been in contact with members of his family while he was in prison. Enquiries with his offender manager and his probation officer indicated that he had no known family.
16. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Holme House

17. HMP Holme House is a local prison holding over 1,200 men. Most are on remand, or recently convicted by courts in the local area. Since April 2015, G4S has provided health services at the prison. There is a 24-hour inpatient unit with 16 beds and palliative care facilities.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Holme House was in August 2013. Inspectors reported that the overall quality of health care had improved and was good. They found that patient care was very good, with an appropriate mix of clinics for primary care and lifelong conditions. Waiting times were reasonable and non-attendance rates low. Inpatient care had improved, but the shower and bathing facilities were poor.
19. Inspectors reported that the prison planned to introduce social care and healthcare staff had started to assess prisoners' needs.

Independent Monitoring Board

20. 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 2015, the IMB reported that healthcare staff dealt with increasingly complex and challenging issues, but successfully delivered services competently. There was a high number of staff vacancies but these were filled by agency staff and had not affected the standard of service.

Previous deaths at HMP Holme House

21. Mr Wild was the fifth person to die of natural causes at HMP Holme House since January 2015. We have consistently found that Holme House has provided good palliative and end of life care.

Key Events

22. On 8 February 2008, Mr William Wild was given an indeterminate sentence for public protection, with a minimum time of four years, for sexual offences. He spent time at a number of prisons before moving to HMP Northumberland in March 2012.
23. On arrival into prison, Mr Wild's medical history noted that he suffered from numerous chronic illnesses. These included chronic obstructive pulmonary disease (COPD), heart disease, angina, epilepsy, high blood pressure, asthma and high cholesterol. Additionally, he had suffered from an abdominal aneurysm (a swelling of the main blood vessel that leads away from the heart, down to the abdomen), a heart attack and a fractured hip. Mr Wild used a wheelchair to aid his mobility.
24. Healthcare staff treated his chronic illnesses with regular reviews, in line with guidelines from the National Institute for Health and Care Excellence (NICE), and with medication. Additionally, healthcare staff performed annual checks on Mr Wild's COPD, asthma and epilepsy.
25. On 12 December 2012, following a stroke, Mr Wild was transferred from HMP Northumberland to the inpatient unit at HMP Holme House, as he needed 24-hour nursing care.
26. On 9 May 2013, a nurse reviewed Mr Wild, as he had blood in his urine, and decided to send him to hospital. While in hospital, a CT scan showed multiple small nodules in Mr Wild's lungs and hospital staff referred him to the respiratory team. On 17 July, a respiratory consultant thought the nodules were non-malignant and likely to be inflammatory changes to his COPD. The consultant said he would repeat the CT scan in four months time.
27. On 25 October, Mr Wild had another CT scan. The scan identified shadowing on the right lung and a new spiculated node (a spiky tumour) in the upper lobe. To determine whether this was a scar or a cancerous tumour, the respiratory team referred Mr Wild for a positron emission tomography scan (PET – a scan used to produce more detailed images of the inside of the body).
28. On 27 November, the respiratory consultant told Mr Wild that the node had increased in size and might be lung cancer.
29. The following day, a nurse spoke to Mr Wild about the possible diagnosis of lung cancer. Mr Wild confirmed that he had felt there was something wrong and was accepting of the diagnosis. The nurse offered his support and that of the healthcare team.
30. Mr Wild attended an outpatient appointment on 24 December. The respiratory consultant told Mr Wild that the PET scan confirmed that he had two possible scar carcinomas (where cancer starts in the cells) in the upper lobe of his right lung. The consultant concluded that Mr Wild was not fit enough to undergo a biopsy of the lesion but would receive radiotherapy. The consultant referred Mr Wild to the oncology team to discuss possible treatment.

31. In December, a specialist palliative care nurse was appointed to support Mr Wild following his diagnosis and to offer specialist palliative care.
32. On 14 January 2014, an oncology registrar reviewed Mr Wild and decided that he was only well enough for palliative radiotherapy, which would treat his symptoms rather than cure the cancer.
33. In February, Mr Wild completed a course of palliative radiotherapy for his lung cancer. A consultant oncologist told Mr Wild that, following the radiotherapy, the best course of action would be supportive treatment.
34. On 31 March, the consultant oncologist noted that Mr Wild had a prognosis of six to nine months although this was extremely difficult to predict.
35. On 29 May, a prison GP had a long discussion with Mr Wild about further treatments and his prognosis. Following that discussion, Mr Wild agreed that he did not want to be resuscitated if his heart or breathing stopped and he signed an order to that effect. Healthcare staff regularly reviewed the order throughout Mr Wild's illness to make sure his wishes had not changed.
36. From May 2014, healthcare staff ensured that Mr Wild's healthcare needs were met through risk assessments and care plans for his cardiovascular disease, asthma, epilepsy and COPD. These illnesses were monitored in line with National Institute for Health and Care Excellence (NICE) guidelines to detect deterioration in Mr Wild's health. The care plans also ensured that healthcare staff monitored Mr Wild's access to pain relief and his food intake.
37. When Mr Wild's condition failed to respond to active treatment and there was further deterioration in his condition, an end of life care plan was created. Support from a specialist palliative care nurse was arranged to ensure Mr Wild's pain relief and complex care plans were effectively managed. Mr Wild was added to the palliative care register, to monitor the progression of his terminal illness. The specialist palliative care nurse offered regular support to Mr Wild and the healthcare staff.
38. On 9 December, Mr Wild told a nurse that he wanted to remain in Holme House surrounded by the nurses that he was friends with.
39. On 11 April 2016, a nurse liaised with the chaplaincy department to ensure that Mr Wild received spiritual support.

7 June 2016

40. While healthcare staff reviewed Mr Wild regularly on a daily basis, there had not been any concerns about Mr Wild's condition prior to 7 June.
41. At around 6.15am on 7 June, a nurse visited Mr Wild's cell to give him his routine medication and found that he was awake but breathless. She gave him his inhaler but on administering the medication, he began to have a seizure and became unconscious. A healthcare assistant joined the nurse and they placed Mr Wild on his side. The nurses carried out medical observations that were normal except for very low oxygen levels. At 6.28am, the nurse called a code

blue emergency (which indicates that a prisoner is unconscious or not breathing). The control room immediately called for an ambulance.

42. At 6.41am, Mr Wild stopped breathing, had no carotid pulse and his pupils were fixed and dilated. The nurse was aware that Mr Wild had signed an order about resuscitation, so did not attempt it.
43. At 7.15 am, ambulance staff arrived in Mr Wild's cell. A paramedic confirmed Mr Wild's death at 7.20am.

Contact with Mr Wild's family

44. Mr Wild did not register any next of kin. Additionally, he did not make any telephone calls, write or receive any letters or visits.
45. On 6 May 2013, the prison appointed an officer as a family liaison officer. She visited Mr Wild, who told her that he had no family or friends and did not want anyone informed in the event of his death.
46. The officer contacted Mr Wild's offender manager and his probation officer to ask if they had details for his next of kin but neither had any details. She continued to support and visit Mr Wild until he died.
47. Mr Wild's funeral was held on 6 July 2016. The prison arranged and paid for the funeral, in line with national Prison Service policy.

Support for prisoners and staff

48. After Mr Wild's death, a senior prison manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising. She also offered her support and that of the care support team.
49. The prison posted notices informing other prisoners of Mr Wild's death, and offering support.

Post-mortem report

50. The post-mortem report confirmed that Mr Wild died from bronchopneumonia and emphysema. It also confirmed that there was an area of necrosis (dead tissue) in the upper lobe of the right lung, which could represent a lung tumour that had undergone complete necrosis as a result of the radiotherapy. The post-mortem examination did not find any evidence of a viable tumour in his right lung or cancer in any other area of Mr Wild's body.

Findings

Clinical care

51. The clinical reviewer noted that Mr Wild's general health was deteriorating. The discovery of lung cancer occurred while he was undergoing medical tests for other health conditions. When doctors told Mr Wild that he possibly had lung cancer, the prison's healthcare team put in place support and care plans. When Mr Wild received his prognosis, the nursing team continued that support inclusive of daily patient care. His move into palliative care was sensitively planned and appropriate. Healthcare staff also created an end of life care plan, which allowed Mr Wild to die in comfort and with dignity.
52. The clinical reviewer noted that throughout Mr Wild's medical record there was evidence of appropriate monitoring and assessment. This included observing Mr Wild's condition, ensuring that he received appropriate food and fluids, and ensuring that he had an adequate supply of pain relief.
53. Overall, we agree with the clinical reviewer that Mr Wild received a good standard of medical and nursing care at Holme House, which was at least equivalent to that he could have expected to receive in the community. We also agree that his nursing care was appropriate, compassionate and responsive.

Compassionate release

54. 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.
55. The prison started an application for compassionate release in April 2014. However, there was still no known prognosis.
56. On 9 December, Mr Wild told a nurse that it was his wish to die at Holme House. Mr Wild maintained this position as his health deteriorated. As a result, the prison did not proceed with the compassionate release application.
57. We are satisfied that the prison complied with Mr Wild's wishes and it was appropriate that they did not proceed with the compassionate release application.

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