

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Albert Hobson a prisoner at HMP Exeter on 16 March 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.

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 Albert Hobson died on 16 March 2016 of heart disease at HMP Exeter. He was 83 years old. I offer my condolences to Mr Hobson's family and friends.

I consider that Mr Hobson received a good standard of care at Exeter. Healthcare staff managed his chronic conditions well and treated him with care and respect. I am satisfied that Mr Hobson received care 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

October 2016

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Summary

Events

1. In February 1970, Mr Albert Hobson was sentenced to life in prison. He spent time in a number of prisons before moving to HMP Leyhill in July 2007.
2. Mr Hobson suffered from chronic obstructive pulmonary disease (COPD), ischaemic heart disease and an abdominal aortic aneurysm. He used an inhaler and oral steroids to ease his symptoms of COPD and took medication for his other conditions.
3. On 20 October 2015, Mr Hobson's was admitted to hospital when his COPD deteriorated. Doctors diagnosed end stage COPD and treated him with oral antibiotics and oxygen therapy. Doctors advised that he should have palliative care.
4. On 5 November, when hospital doctors said Mr Hobson was ready to be discharged from hospital, prison managers arranged for him to move to HMP Exeter, which had the facilities to provide the care he needed.
5. At Exeter, nurses drew up care plans to manage Mr Hobson's COPD and other health conditions. Nurses monitored him every day and a community palliative doctor advised staff about his care.
6. Mr Hobson's health gradually declined over the next four months and he died at Exeter on 16 March 2016.

Findings

7. The clinical reviewer found that healthcare staff managed Mr Hobson's chronic illnesses in a caring and responsive way and he received a good standard of palliative care. Healthcare staff reviewed Mr Hobson frequently and monitored his conditions well. We are satisfied that Mr Hobson's care was equivalent to that he could have expected to receive in the community.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Exeter informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Hobson's prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Hobson's clinical care at the prison.
11. We informed HM Coroner for Exeter and Greater Devon District of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Hobson's friends, who he had named as his next of kin, to explain the investigation. They had no specific matters for the investigation to consider.
13. The investigation has assessed the main issues involved in Mr Hobson's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.
14. Mr Hobson's friends received a copy of the initial report. They pointed out a factual inaccuracy and this report has been amended accordingly. Mr Hobson's friends also raised a number of issues that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
15. The initial report was shared with the Prison Service. The Prison Service pointed out a factual inaccuracy and this report has been amended accordingly.

Background Information

HMP Exeter

16. 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

17. The most recent inspection of HMP Exeter was in August 2013. Inspectors reported that care for prisoners 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 on F Wing for the care of terminally ill prisoners.

Independent Monitoring Board

18. 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 staffing levels were only just adequate and primary care services were under pressure due to the large amount of prisoners who passed through the prison.

Previous deaths at HMP Exeter

19. Mr Hobson was the eleventh prisoner to die from natural causes at Exeter since April 2015. We have consistently found that the prison provides good palliative care.

Findings

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

20. On 6 February 1970, Mr Albert Hobson was sentenced to life in prison for sexual offences. He spent time in a number of different prisons before moving to HMP Leyhill in July 2007.
21. Mr Hobson had a history of chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases such as chronic bronchitis and emphysema), ischaemic heart disease, type 2 diabetes, urinary incontinence with recurrent urinary tract infections, glaucoma and an abdominal aortic aneurysm (a swelling of the aorta). While he was at Leyhill, Mr Hobson was admitted to hospital several times for exacerbations of COPD. Doctors prescribed an inhaler and oral steroids to ease his symptoms. In November 2012, vascular surgeons decided he was not suitable for surgery because of his poor health. In December 2012, Mr Hobson decided he did not want anyone to resuscitate him if his heart or breathing stopped. In May 2014, Mr Hobson confirmed this decision.
22. On 20 October 2015, Mr Hobson was admitted to hospital with another exacerbation of his COPD. Hospital doctors diagnosed pneumonia, respiratory failure and end stage COPD. Doctors advised that only palliative care was possible. They explained his condition to him but noted that he no longer had the mental capacity to make decisions about his care.
23. We are satisfied that doctors appropriately eventually diagnosed end stage COPD.

Mr Hobson's clinical care

24. On 5 November, when Mr Hobson was discharged from hospital, he was moved to F Wing at Exeter, which has facilities for social and palliative care. A doctor noted that Mr Hobson had a life expectancy of six to twelve weeks. Nurses created care plans to manage Mr Hobson's COPD, abdominal aortic aneurysm, ischaemic heart disease and type 2 diabetes.
25. On 10 November, a prison GP assessed Mr Hobson and noted he was confused and refusing to take his medication, although nurses repeatedly encouraged him to take it. Nurses sought advice from the community palliative team and created a palliative care plan to manage Mr Hobson's pain relief and daily living needs. Nurses monitored Mr Hobson daily. He did not report any pain and nurses described him as bright and cheerful, although he remained confused.
26. On 21 December, a palliative care specialist assessed Mr Hobson and noted he was persistently confused and disorientated. She recommended that as Mr Hobson often refused his medication, prison GPs should stop prescriptions that would no longer benefit him. On 29 December, a prison GP explained to Mr Hobson that she had stopped some of his medication.
27. On 2 February 2016, nurses created a communication care plan to help staff manage Mr Hobson when he was confused. On 19 February, Mr Hobson told a nurse he did not want to go to hospital if his abdominal aortic aneurysm ruptured.

He said he preferred to remain in prison where he felt supported and comfortable. Nurses reflected this in his care plans.

28. On 15 March, a prison GP reviewed Mr Hobson after his condition deteriorated. Mr Hobson was confined to bed and was receiving oxygen therapy through a nasal cannula. She noted his breathing was laboured but he appeared comfortable.
29. At 2.18am on 16 March, nurses gave Mr Hobson pain relief medication and continued to monitor him. At 7.50am, a nurse noted that Mr Hobson was no longer breathing. A prison GP attended and confirmed his death.
30. The post-mortem report indicated that Mr Hobson had died from severe ischaemic heart disease.
31. We are satisfied that Mr Hobson was well looked after in prison and received a good standard of end of life care. Nurses created appropriate care plans and monitored him every day. In the last two months of his life, when Mr Hobson became increasingly confused and weak, prison GPs and nurses assessed him frequently and took advice from a palliative care specialist to deliver responsive care. We consider that Mr Hobson's care was equivalent to that he could have expected to receive in the community.

Mr Hobson's location

32. Mr Hobson had been in prison for many years and had been at Leyhill for just over eight years when he transferred to Exeter. When it became clear that Mr Hobson's COPD had reached end stage and he needed palliative care, prison managers moved him to Exeter, which had the resources and facilities to provide good palliative care. We are satisfied that Mr Hobson was appropriately located throughout his illness.

Restraints, security and escorts

33. Mr Hobson was not restrained at any time when he went to hospital in the last years of his life.

Liaison with Mr Hobson's next of kin

34. Mr Hobson had no contact with any family. He had named as his next of kin, members of an organisation which helps prisoners with no family contact. On 5 November 2015, the prison appointed an officer as their family liaison officer. She contacted Mr Hobson's next of kin and arranged for them to visit him. At their request she phoned Mr Hobson's next of kin to let them know when he died.
35. Mr Hobson's funeral was on 5 April. The prison paid funeral costs in line with national instructions. His next of kin told us that they considered that the dedication of the prison staff who had cared for Mr Hobson had been exemplary.

Compassionate release

36. Prisoners can be released 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.
37. Prison and healthcare staff spoke to Mr Hobson about the possibility of compassionate release. Mr Hobson said he did not want to leave prison because he saw it like his family and felt at home there. We note that on 12 March, just four days before Mr Hobson died, the prison received a Parole Board decision of 10 March that he should remain in a closed prison.
38. We are satisfied that the prison appropriately discussed compassionate release with Mr Hobson.

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