

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Lomas a prisoner at HMP Whatton on 20 April 2017

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*



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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 John Lomas died of multiple organ failure caused by severe sepsis and a chest infection on 20 April 2017, while a prisoner at HMP Whatton. He was 47 years old. We offer our condolences to Mr Lomas' family and friends.

The clinical reviewer identified that it would have been better with hindsight if healthcare staff had tested Mr Lomas' sputum for signs of infection when he first presented with a sore throat on 4 April, and checked the next day whether the prescribed treatment was effective. However, she recognised that the care he received was no different to that which he might have received in the community. We are satisfied therefore that the clinical care Mr Lomas received at Whatton was reasonable and appropriate, and we make no recommendations.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman

October 2017

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Summary

Events

1. On 25 July 2002, Mr Lomas was sentenced to life in prison for kidnap, false imprisonment and indecent assault. On 12 August 2014, Mr Lomas was transferred to HMP Whatton. At his initial health assessment on 13 August, a nurse said Mr Lomas was fit and well.
2. On 11 October 2016, a healthcare professional gave Mr Lomas an annual health check. She noted he was fit and well.
3. On 4 April 2017, Mr Lomas saw a nurse. He said that he had a sore throat for two days, had not been able to eat or drink and that it was hard to swallow. He had a cough with slight greenish sputum. The nurse saw that the left side of his throat was very swollen. The nurse noted a regular pulse rate of 74, a normal body temperature (36.3degrees), normal blood oxygen saturation (98%) and a normal respiratory rate (12 breaths per minute). He suspected a throat infection and referred Mr Lomas to a GP.
4. A prison GP saw Mr Lomas later that day. She saw his throat was very red and that the gland on his left side was soft. He drank and sipped water throughout the appointment. She suspected he had viral pharyngitis (a virus causing an inflammation at the back of the throat). She treated the symptoms with soluble paracetamol and difflam spray (an anti-inflammatory, analgesic and anaesthetic treatment). She told Mr Lomas to return to healthcare if he felt unwell.
5. At 7.36pm on 6 April, prisoners called officers to Mr Lomas' cell. A prison manager and officer saw Mr Lomas. He was clutching his chest, in pain and struggling to breathe. They called a medical emergency code blue (which indicates that a prisoner is unconscious or not breathing) and an ambulance. Mr Lomas was talking incoherently but managed to say that he was in pain and freezing cold.
6. Paramedics assessed him, they told the officers he had a very high temperature and appeared to have an infection. They took him to hospital.
7. Healthcare staff at Whatton contacted hospital staff, who said they were treating Mr Lomas for sepsis (a life threatening infection). On 14 April, hospital staff placed him in an induced coma.
8. Mr Lomas' condition deteriorated and, on 20 April, he died of multiple organ failure and severe sepsis (infection).

Findings

Clinical care

9. The clinical reviewer identified some areas where, with hindsight, things might have been done differently.
10. The prison GP told Mr Lomas to return to healthcare if he felt unwell. It would have been good practice for the GP to have clearly set out in the medical record

exactly what 'feeling unwell' meant. Mr Lomas was not asked to go back to healthcare the following day for a review of his treatment. Good practice would be for nursing staff to see him within the next 24 hours to assess the effectiveness of the treatment prescribed.

11. When Mr Lomas saw the prison GP on 4 April, because his temperature was normal she did not take a throat swab. A sputum specimen was not taken. The clinical reviewer said that although Mr Lomas' temperature was not high, because Mr Lomas had green sputum it would be good practice to take a sample.
12. Notwithstanding these points, the clinical reviewer recognised that the care Mr Lomas received was no different to that which he might have received in the community.

The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Whatton informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
14. The investigator obtained copies of relevant extracts from Mr Lomas' prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Lomas' clinical care at the prison.
16. We informed HM Coroner for Nottingham of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
17. The investigator wrote to Mr Lomas' brother to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not respond to our letter.
18. We shared the initial report with the Prison Service. There were no factual inaccuracies.

Background Information

HMP Whatton

19. HMP Whatton in Nottinghamshire is a medium security category prison holding up to 841 men convicted of sex offences.
20. Nottinghamshire Healthcare Foundation Trust provides healthcare services at the prison. The healthcare centre is open seven days a week. GPs from a local practice provide specialist clinics for older prisoners and those with chronic conditions and there is an out-of-hours service. There are no inpatient beds, but there is a palliative care suite in the healthcare centre for end of life care.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Whatton was in August 2016. Inspectors reported that the quality of health and social care was good, and waiting times for treatment were reasonable. Inspectors found that a mix of appropriately skilled staff in well-integrated teams, provided health services, and that they were polite and professional to their patients. There was high demand for routine hospital appointments, though an increase in the number of available escort officers had significantly reduced the number of cancellations. The inspectors described the palliative care unit as excellent.

Independent Monitoring Board

22. 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 May 2016, the IMB reported that the elderly prison population was 37% and was a severe drain on prison resources. They said that the healthcare department struggled to care for an increasingly older population. They said that the healthcare facilities were not fit for purpose and compared badly with those in the community. Over the previous year, a business case to improve physical healthcare facilities was prepared but was unsuccessful because NHS funding was no longer available.

Previous deaths at HMP Whatton

23. Mr Lomas was the sixth prisoner to die of natural causes at Whatton since April 2016. There were no significant similarities with these deaths.

Key Events

24. On 25 July 2002, Mr Lomas was sentenced to life in prison for kidnap, false imprisonment and indecent assault. On 12 August 2014, he was transferred to HMP Whatton. At his initial health assessment, a nurse assessed that Mr Lomas was fit and well.
25. On 11 October 2016, a healthcare professional gave Mr Lomas an annual health check. She noted that he was fit and well. A prison GP took routine blood tests, the results of which were normal. On 1 December, the healthcare professional completed a routine electrocardiogram (ECG), a reading of the electrical activity of the heart.
26. On 4 April 2017, Mr Lomas saw a nurse. He said he had had a sore throat for two days and had not been able to eat or drink and found it hard to swallow. He had a cough with slight greenish sputum, and the left side of his throat was very swollen.
27. The nurse noted a regular pulse rate of 74, a normal body temperature (36.3), normal blood oxygen saturation (98%) a normal respiratory rate (12 breaths per minute). He suspected a throat infection and referred him to a GP.
28. A prison GP saw Mr Lomas on 4 April. She saw his throat was very red but that there was no pus. She said the gland on his left side was soft. He drank and sipped water throughout. She suspected he had viral pharyngitis (a virus causing an inflammation at the back of the throat). She treated the symptoms with soluble paracetamol and difflam spray (an anti-inflammatory, analgesic and anaesthetic treatment). She told Mr Lomas to return to healthcare if he felt unwell.
29. At 7.36pm on 6 April, prisoners sounded the general alarm on unit C2 (a part of the prison where prisoners are not locked in their cells). A prison manager and an officer saw Mr Lomas. He was clutching his chest, in pain and struggling to breathe. They called a medical emergency code blue and an ambulance. They sat him on the floor. Mr Lomas talked incoherently but managed to say that he was in pain and freezing cold.
30. Paramedics assessed him and told the officers he had a very high temperature and appeared to have an infection. They admitted him to hospital. A single officer escorted him and did not use restraints.
31. Healthcare staff spoke to hospital staff, who said they were treating Mr Lomas for sepsis (a life threatening infection). They regularly obtained updates from the hospital about his condition. On 14 April, hospital staff placed him in an induced coma.
32. Mr Lomas' condition deteriorated and on 20 April, he died of multiple organ failure and severe sepsis (infection).

Contact with Mr Lomas' family

33. On 19 April, an officer was appointed as the family liaison officer. She spoke to Mr Lomas' brother that day and arranged to meet him at the hospital. Mr Lomas'

brother and sister were at his bedside when he died. The officer was at the hospital and offered her condolences and support to the family.

34. On 21 April 2017, the officer spoke to Mr Lomas' brother and offered him additional support. The prison contributed to the costs of the funeral in line with national policy.

Support for prisoners and staff

35. After Mr Lomas' death, a prison manager debriefed the staff involved at the hospital to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
36. The prison posted notices informing other prisoners of Mr Lomas' 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 Lomas' death.
37. On 3 May, the prison held a memorial service for Mr Lomas and invited prisoners and staff to attend.

Cause of death

38. There was no post-mortem examination after Mr Lomas' death. When Mr Lomas died in hospital, a pathologist established that Mr Lomas died of multiple organ failure. This was caused by severe sepsis (infection) and a mediastinal abscess (an infection of the area of the chest that contains the heart and other organs).

Findings

Clinical care

39. When Mr Lomas presented with a sore throat and difficulty swallowing on 4 April, the nurse appropriately took basic observations, the results of which were normal, and referred him to the GP on suspicion of a throat infection. The GP examined him promptly and it was reasonable that she prescribed treatment as she suspected viral pharyngitis. The clinical reviewer was satisfied that the care Mr Lomas received at Whatton was equivalent to that which he could have expected to receive in the community, and we agree that the clinical care he received was reasonable.
40. Although the prison GP told Mr Lomas to return to the healthcare team if he felt unwell, the clinical reviewer identified that, with hindsight, it would have been better if they had arranged to check him the next day to ensure that the treatment they prescribed was effective. Similarly, the prison GP said that she did not take a throat swab on 4 April, because Mr Lomas' temperature was normal. While this appears reasonable, the clinical reviewer identified, with hindsight, that it would have been better if healthcare staff had tested Mr Lomas' sputum for sepsis. Despite this, she recognised that the care he received was no different to that which he might have received in the community. For this reason, we are satisfied that the care Mr Lomas received was reasonable and appropriate in the circumstances.

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