

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Thomas Devine a prisoner at HMP Channings Wood on 21 July 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 Thomas Devine died in hospital on 27 July 2016 of pneumonia and chronic obstructive pulmonary disease (COPD - a lung condition that makes it difficult to breathe), while a prisoner at HMP Channings Wood. Mr Devine was 67 years old. I offer my condolences to Mr Devine's family and friends.

Mr Devine received appropriate and timely medical care at HMP Channings Wood. I am satisfied that his care in prison was equivalent to that he could have expected to receive in the community and staff at the prison could not have prevented his death. When Mr Devine went to hospital for the penultimate time before his death, officers restrained him. However, after consultation with hospital staff, the prison removed the restraints and did not reapply them at any time.

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

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Summary

Events

1. On 28 October 2011, Mr Thomas Devine was sentenced to 10 years in prison for sexual offences and was sent to HMP Exeter.
2. When he arrived at Exeter, Mr Devine told healthcare staff that he had several existing healthcare conditions. These included angina, chronic obstructive pulmonary disease (COPD - a lung condition that makes it difficult to breathe), a degenerative spine condition which required him to use crutches, and had suffered a heart attack when in the community. Doctors prescribed medication and regularly monitored him for these conditions.
3. In January 2012, Mr Devine transferred to HMP Channings Wood. In March of that year, Mr Devine experienced heart palpitations and was referred to a cardiologist at hospital. The cardiologist diagnosed atrial fibrillation (a heart condition that causes an abnormally fast and irregular heart beat). Mr Devine underwent a successful cardioversion (a medical procedure to convert an abnormally fast heart rate to a normal rhythm, using electricity or drugs).
4. In 2013, Mr Devine had two further cardioversions. The final one was unsuccessful, so the doctors prescribed medication to treat the atrial fibrillation. Healthcare staff continued to monitor him and on 18 May 2016, his health declined and he was admitted to hospital, where doctors diagnosed him with pneumonia. Officers initially used restraints, but they were removed the same day and not reapplied during Mr Devine's stay in hospital.
5. Mr Devine returned to Channings Wood on 21 June and a care plan to manage his health needs was put into place. On 29 June, Mr Devine began to have trouble breathing, and though initially oxygen treatment stabilised him, he deteriorated again later that day. A senior nurse noted that Mr Devine's heart was beating at a faster rate than normal, and sent him to hospital. He was not restrained.
6. On 1 July, a family liaison officer visited Mr Devine to discuss who he would like appointed as his next of kin. Mr Devine was estranged from his family and the family liaison officer agreed to act as an advocate on his behalf after his death.
7. Mr Devine's health declined and he died in hospital on 21 July.

Findings

8. We are satisfied that Mr Devine received a good standard of care at Channings Wood, equivalent to that he could have expected to receive in the community. We are pleased that prison staff consulted hospital doctors to assess Mr Devine's risk on one admission to hospital, and removed restraints. For his final admission to hospital, prison staff assessed Mr Devine's risk appropriately and did not restrain him. We make no recommendations.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Channings Wood informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator obtained copies of relevant extracts from Mr Devine's prison and medical records.
11. NHS England commissioned a clinical reviewer to review Mr Devine's clinical care at the prison.
12. We informed HM Coroner for Torbay and South West Devon District of the investigation who gave us of the cause of death. We have sent the coroner a copy of this report.
13. Mr Devine was estranged from his family and did not have anyone nominated as his next of kin.
14. The initial report was shared with the Prison Service. The Prison Service pointed out some factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Channings Wood

15. HMP Channings Wood is a medium security prison near Newton Abbot in Devon. It holds over 700 men. Dorset NHS University Trust provides health services at the prison. There is one permanent GP, with locum GPs running additional clinics. Nurses are on duty everyday and there is an out of hours GP service.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Channings Wood was in September 2012. The Inspectorate noted that healthcare staff were generally helpful and respectful, although many prisoners were unhappy with the support provided. Prisoners had reasonably good access to nurses and a GP, and urgent problems were dealt with the same day. There were delays for some clinics and chronic disease management was not always systematic.

Independent Monitoring Board

17. 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 August 2015, the IMB reported healthcare staff were working under pressure, but morale had improved with the appointment of a permanent healthcare manager. Recruitment for other permanent healthcare staff was ongoing but waiting times to see doctors were too long. The IMB noted that the increasing number of older prisoners put additional strain on the system for dispensing medication.

Previous deaths at HMP Channings Wood

18. Mr Devine is the fourth prisoner to die from natural causes since January 2015. There are no significant similarities with the circumstances of the previous deaths.

Key Events

19. On 28 October 2011, Mr Thomas Devine was sentenced to 10 years in prison for sexual offences. He was admitted into HMP Exeter.
20. During Mr Devine's reception health screening, a nurse recorded that he had a history of angina, chronic obstructive pulmonary disease (COPD - a lung condition that makes it difficult to breathe), a degenerative spine condition that required him to use crutches, and that he had suffered a heart attack in 2011 when in the community. Mr Devine smoked cigarettes and the nurse offered help to stop smoking, which he declined. He was prescribed medication to manage his varying health needs and monitored by healthcare staff.
21. On 6 January 2012, Mr Devine was transferred to HMP Channings Wood. A nurse completed his reception health screening and referred him to a prison GP. A prison GP reviewed Mr Devine's medication and ordered routine blood tests, which he subsequently reviewed and recorded as satisfactory.
22. Mr Devine complained to a nurse of heart palpitations and breathlessness on 27 March. The next day, a prison locum GP referred him to the cardiology department at hospital.
23. On 2 July a cardiologist at hospital diagnosed Mr Devine with atrial fibrillation (a heart condition that causes an abnormally fast and irregular heart beat). Following this appointment Mr Devine had a successful cardioversion (a medical procedure to convert an abnormally fast heart rate to a normal rhythm, using electricity or drugs).
24. Healthcare staff at Channings Wood continued to monitor Mr Devine when he complained of heart palpitations and he received treatment. During 2013, Mr Devine had two further cardioversions. The second one in October was unsuccessful and a hospital cardiologist decided that no further attempts should be made, and instead changed his medication to manage the atrial fibrillation.
25. There are no significant entries in Mr Devine's medical record until 18 May 2016. A nurse went to see Mr Devine in his cell after a wing officer reported that he was too unwell to get up. He told the nurse that he had been feeling particularly unwell since earlier in the month. This is the first time he had reported it. The nurse arranged for Mr Devine to see a doctor. That same day a prison GP saw Mr Devine. She reported that he was very breathless with low oxygen levels and sent him to hospital.
26. An escort risk assessment was completed and Mr Devine was recorded as a normal risk of escape, hostage taking, and risk to the public. Because of this assessment, Mr Devine was restrained by 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). The completed escort risk assessment gives limited medical opinion, only stating that there were no medical objections to the use of restraints.
27. Following a consultation with a doctor on 18 May, a governor authorised Mr Devine's restraints to be removed, only to be replaced if his health improved.

Escort staff were positioned outside of the room as Mr Devine was treated for tuberculosis (TB), a contagious disease.

28. Prison healthcare staff remained in close contact with staff at the hospital and on 27 May, hospital staff reported Mr Devine to be better. The tests results for TB were negative, so a bronchoscopy was undertaken and a doctor prescribed Mr Devine antibiotics. He remained unrestrained, and as he was not now deemed as contagious, escort staff were located in Mr Devine's room.
29. On 10 June, a nurse manager contacted the hospital and spoke to the senior nurse and discharge co-coordinator. The senior nurse informed the nurse manager that they planned to discharge Mr Devine on 13 June and that he would require a specialist mattress.
30. The antibiotics given to Mr Devine were ineffective, so he remained in hospital for further treatment and a doctor diagnosed him with pneumonia. Mr Devine returned to Channings Wood on 21 June.
31. Hospital staff discharged Mr Devine with a nebuliser (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs). He was provided with a pressure-relieving mattress in his cell. A nurse manager put a care plan into place to manage his health needs, to be reviewed weekly.
32. Over the following week, nurses recorded Mr Devine as appearing to be more settled, and although he described getting tired very easily, he told a prison GP that he was generally feeling better. His weight had however dropped, so he was prescribed fortisip (a supplement drink) to manage his nutritional needs.
33. On 29 June, Mr Devine reported to staff that he was feeling unwell. A healthcare assistant saw Mr Devine at 11.15am and noted that he was gasping for breath and had pains in his chest. She contacted the duty doctor, explaining that his oxygen saturation level was very low at 23% (average levels are above 95%) and that his blood pressure was 100/40, which is considered low.
34. The duty doctor informed the healthcare assistant to ring for an emergency ambulance, as oxygen levels of 23% are life threatening. However, the healthcare assistant confirmed that after oxygen therapy, they had risen to 90%. The duty doctor advised her that she should call an ambulance if his oxygen levels and blood pressure dropped again. At 12.41pm, a senior nurse recorded that Mr Devine's heart was beating at 99 beats per minute (considered as high). She called an ambulance and sent Mr Devine to hospital. Due to his ill health and poor mobility, Mr Devine was not restrained.
35. Hospital doctors treated Mr Devine with intravenous antibiotics for sepsis of his chest (a life-threatening condition that arises when the body's response to infection injures its own tissues and organs). His health initially improved however on 14 July, his health began to decline. On 18 July hospital staff treated Mr Devine palliatively. He remained in hospital and died on 21 July at 7.30am.

Contact with Devine's family

36. After Mr Devine's admission to hospital on 29 June 2016, the prison appointed a family liaison officer. She went to visit Mr Devine on 1 July to discuss whom he

would like to be contacted as his next of kin. Mr Devine told her that he was estranged from his family, and he asked her to act as an advocate on his behalf after his death.

37. On 11 July, the family liaison officer and prison governor visited Mr Devine in hospital, discussed his wishes regarding his funeral and possessions, documented them and both signed the document. These were implemented after his death. His funeral took place on 15 August and the prison contributed towards funeral costs in line with national policy. A memorial took place in the prison on 28 October.

Support for prisoners and staff

38. After Mr Devine's death, a governor spoke to escort staff to discuss any issues arising, and to offer support.
39. The prison put up notices informing prisoners of Mr Devine's death and gave information of the support available.

Cause of death

40. A doctor at the hospital gave the coroner Mr Devine's cause of death. Mr Devine died of pneumonia and COPD, ischaemic heart disease and bronchiectasis (a long term condition that makes the lungs more vulnerable to infection).

Findings

Clinical Care

41. The clinical reviewer considered that the prison care Mr Devine received was timely and appropriate. He was referred for external appointments without delay, and his medication was adjusted to manage changes in his condition.
42. We agree with the clinical reviewer that Mr Devine's care was equivalent to that he could have expected to receive in the community. We are satisfied that when Mr Devine was discharged back to Channings Wood from hospital in June, alterations were made in his cell to accommodate a larger bed and a nebuliser. When he returned to hospital in late June, healthcare staff and prison staff maintained regular contact with the hospital and Mr Devine. Mr Devine's death was sudden and unexpected and there was nothing that healthcare staff could have done to prevent it.

Restraints

43. Prison security staff authorised for an escort chain to be used to restrain Mr Devine when he went to hospital on 18 May 2016. However, we are pleased that after doctors assessed his health, prison staff appropriately reviewed his risk and the escort staff removed his restraints that day. They were not reapplied or used at any further hospital visit. We consider this decision humane and appropriate.

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