

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr William McKechnie a prisoner at HMP Usk on 17 August 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 William McKechnie died on 17 August 2017 of lung cancer while a prisoner at HMP Usk. He was 91 years old. We offer our condolences to those who knew him.

We are satisfied that the healthcare Mr McKechnie received in prison was equivalent to that which he could have expected to receive in the community. His diagnosis was made in a timely manner and he received good, compassionate care from staff at Usk.

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

**Elizabeth Moody**  
**Acting Prisons and Probation Ombudsman**

**February 2018**

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# Summary

## Events

1. Mr William McKechnie was sent to prison in October 2014. He was moved to HMP Usk in July 2015.
2. Mr McKechnie had a history of prostate cancer and asthma. In November 2015, prison GPs diagnosed him with chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases such as chronic bronchitis and emphysema).
3. On 28 June 2017, Mr McKechnie was taken to hospital with a urinary tract infection and abnormal blood test results. Further investigations revealed he had lung cancer. A hospital specialist informed him of his condition.
4. Mr McKechnie's lung cancer was suitable for palliative care only and nurses created a care plan to manage his end of life care.
5. On 11 August, Mr McKechnie was released on temporary licence and moved to a hospice where he died on 17 August.

## Findings

6. The clinical care Mr McKechnie received was equivalent to that which he could have expected to receive in the community. Health Inspectorate Wales considered that Mr McKechnie received very good management of his chronic health problems and there were no avoidable delays in the diagnosis of lung cancer. Healthcare staff provided Mr McKechnie with well structured and proactive care.
7. Appropriately, prison staff did not restrain Mr McKechnie when he was taken to hospital. We also found that prison staff released him on temporary licence to a hospice which enabled him to spend time with his family before he died.
8. We make no recommendations.

## The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Usk 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 McKechnie's prison and medical records.
11. Health Inspectorate Wales (HIW) reviewed Mr McKechnie's clinical care at the prison.
12. We informed HM Coroner for Wales Gwent of the investigation who told us the cause of death. We have sent the coroner a copy of this report.
13. The investigator wrote to Mr McKechnie's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
14. The investigation has assessed the main issues involved in Mr McKechnie'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.
15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.

# Background Information

## HM Prison Usk

16. HMP Usk holds up to 273 men convicted of sexual offences. The prison is managed jointly with nearby HMP Prescoed. The Aneurin Bevan University Health Board delivers healthcare services at Usk. Nurses are on duty from 8.00am to 4.30pm, Mondays to Fridays. There is a GP surgery every weekday morning and doctors are on call until 6.30pm each weekday. Out of hours and weekend services are provided through the Gwent Out of Hours Cover, which provides telephone triage by a nurse or doctor.

## HM Inspectorate of Prisons

17. The most recent inspection of HMP Usk was in May 2013. Inspectors were generally very positive about the prison but noted that relationships between staff and prisoners had deteriorated since the last inspection. Prisoners were positive about health services and inspectors noted there was a good service with regular GP clinics. Prisoners could see nurses each weekday at triage clinics and inspectors noted clinically thorough and polite consultations. Inspectors reported that the palliative care policy was inadequate, though the prison was developing a new policy.

## 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 31 March 2017, the IMB reported that in general prisoners appeared to feel that their health needs were being met and the service that they received was at least as good as they would receive in the community. The IMB agreed with this view.

## Previous deaths at HMP Usk

19. Mr McKechnie was the fourth prisoner to die from natural causes at Usk since January 2015. There were no significant similarities with the circumstances of the previous deaths.

## Findings

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

20. On 27 October 2014, Mr William McKechnie was remanded in custody for sexual offences and sent to HMP Parc. He was 89 years old. On 21 May 2015, he received a six year prison sentence. Mr McKechnie was moved to HMP Usk on 10 July.
21. Mr McKechnie had a history of prostate cancer which was diagnosed in September 2004 and treated with radiotherapy. Throughout his time in prison he was monitored as an outpatient at Neath Port Talbot Hospital. There was no evidence of progression of his prostate cancer.
22. Mr McKechnie was an ex-smoker with a history of asthma. On 11 September 2015, he had a chest X-ray which revealed pleural calcification (the deposit of calcium salts on the lining of the lung, which usually occurs after an episode of inflammation in the lung or exposure to asbestos) but no other abnormalities.
23. On 4 November 2015, Mr McKechnie had a spirometry test (a test used to help diagnose and monitor certain lung conditions by measuring how much air can be expelled in one forced breath) and prison GPs diagnosed chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases such as chronic bronchitis and emphysema). Prison GPs prescribed an inhaler and oral steroids to ease his symptoms.
24. On 13 January 2016, Mr McKechnie had a chest X-ray and a routine blood test with normal results. Prison GPs monitored Mr McKechnie's symptoms of COPD with regular examinations. There was nothing else of significance in his medical records until June 2017.
25. On 16 June 2017, a nurse saw Mr McKechnie in his cell after he complained of feeling unwell with symptoms of a cold. His blood pressure, breathing rate and oxygen saturation level were within normal ranges and the nurse advised Mr McKechnie to increase his fluid intake and take paracetamol.
26. On 21 June, a prison GP examined Mr McKechnie after a trace of blood was found in his urine. The GP prescribed antibiotics for a urinary tract infection (UTI).
27. On 26 June, Mr McKechnie told a prison GP that he still felt unwell. The GP arranged a full set of blood tests. On 27 June, a prison GP reviewed the blood test results and noted that they were abnormal.
28. On 28 June, a prison GP examined Mr McKechnie and noted that he had lost 8kgs in weight during the past five months. Mr McKechnie's heart rate was slightly raised (101 beats per minute), his oxygen saturation rate was 93% and he had signs of fluid congestion at the base of his lungs. The GP arranged for an emergency ambulance to take Mr McKechnie to Nevill Hall Hospital.
29. Hospital doctors admitted Mr McKechnie to hospital and a computerised tomography (CT) scan (which uses X-rays and a computer to create detailed

images of the inside of the body) revealed a mass in his left lung. A respiratory specialist saw Mr McKechnie to discuss the results and diagnosed a carcinoma of the left lung, which was not suitable for active treatment. The specialist advised palliative care. Mr McKechnie returned to Usk on 30 June.

30. We are satisfied that Mr McKechnie's diagnosis was made in a timely manner and that he was informed of his condition.

### **Mr McKechnie's clinical care**

31. After Mr McKechnie's diagnosis, the prison held a multidisciplinary meeting to plan his care. Prison nurses sought advice from the community palliative team and created an end of life care plan to manage his pain relief and his daily living needs. Nurses saw Mr McKechnie daily and provided a hospital-style bed in his cell. Prison GPs prescribed nutritional drinks and encouraged him to eat regularly.
32. On 4 July, a community palliative care nurse visited Mr McKechnie to discuss his end of life care plan. On 17 July, Mr McKechnie said he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.
33. Prison GPs prescribed pain relief medication to ensure Mr McKechnie remained comfortable and pain free. On 25 July, a multidisciplinary meeting was held and prison GPs and the community palliative care nurse decided that Mr McKechnie's condition needed specialist palliative care in a hospice.
34. Prison GPs and the community palliative care nurse arranged for Mr McKechnie to move to St David's Hospice on 11 August.
35. Health Inspectorate Wales concluded that prison GPs provided good, coordinated care to Mr McKechnie and liaised effectively with the community palliative care team. Healthcare staff respected his dignity and kept him fully informed about his care.

### **Mr McKechnie's location**

36. When Mr McKechnie arrived at Usk he lived in a first floor cell near to other elderly prisoners. After his lung cancer diagnosis he was moved to a larger cell on the ground floor of the wing. The prison arranged for a prisoner carer to give him extra support. Healthcare staff and community carers saw Mr McKechnie daily in his cell.
37. On 11 August, Mr McKechnie moved to St David's Hospice where he remained until he died on 17 August.
38. We are satisfied that Mr McKechnie was appropriately located throughout his illness.

### **Restraints, security and escorts**

39. When prisoners have to travel outside the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a

responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility.

40. When Mr McKechnie was taken to hospital, two officers escorted him and did not restrain him at any time. We found that managers at Usk took appropriate account of how Mr McKechnie's health affected his risk to the public and of escape and decided not to restrain Mr McKechnie at any time.

### **Liaison with Mr McKechnie's family**

41. On 1 July 2017, the prison appointed two prison officers as the family liaison officers. One of the family liaison officers visited Mr McKechnie in his cell and offered support. Mr McKechnie said he was in regular contact with his daughter, his nominated next of kin, and she was aware of his diagnosis.
42. On 26 July, one of the family liaison officers met Mr McKechnie's daughter and offered support. Both family liaison officers remained in contact with Mr McKechnie's daughter and arranged for her and other family members to visit Mr McKechnie in prison.
43. When Mr McKechnie moved to St David's Hospice on 11 August, a family liaison officer contacted Mr McKechnie's daughter and arranged to meet her there. She and Mr McKechnie's daughter visited him regularly in the hospice and were with him when he died at 4.30pm on 17 August.
44. Mr McKechnie's funeral was held on 5 September. The prison paid for the funeral in line with national instructions.
45. We are satisfied that the prison provided good, supportive liaison with Mr McKechnie's daughter.

### **Compassionate release**

46. Prisoners can be released from custody 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.
47. When Mr McKechnie was diagnosed with advanced lung cancer in June 2017, prison staff asked him if he wanted to make an application for release on compassionate grounds. Mr McKechnie told staff he did not and preferred to remain in Usk where his son was also located.
48. On 11 August, Mr McKechnie was released on temporary licence to St David's Hospice. (ROTL can be granted for precisely defined and specific activities which cannot be provided in the prison; a risk assessment is completed to ensure that the prisoner's temporary release does not present unacceptable risks.) Mr McKechnie was accompanied by a prison officer who, appropriately, did not wear a uniform.
49. We consider that compassionate release was appropriately considered.

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