

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr William Darbyshire a prisoner at HMP Risley on 8 March 2015

**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 William Darbyshire died at HMP Risley on 8 March 2015, of respiratory failure. He was 53 years old. I offer my condolences to Mr Darbyshire's family and friends.

Mr Darbyshire had a history of respiratory disease, for which he received appropriate treatment. He collapsed and died suddenly and I am satisfied that there is nothing prison staff could have done to prevent his death. I consider that Mr Darbyshire received a good standard of care in prison, 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

June 2016

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Summary

Events

1. Mr William Darbyshire was remanded to prison in 2013 and in May 2014 received a four year sentence. He had been at HMP Risley since 20 June 2014. He had a history of chronic obstructive pulmonary disease (COPD) and asthma. He had smoked cigarettes for many years and declined offers of help to give up.
2. On 20 October 2014, Mr Darbyshire complained of a cough and shortness of breath. A doctor prescribed antibiotics and oral steroids to reduce inflammation. The doctor referred Mr Darbyshire to a respiratory consultant and advised him to stop smoking.
3. On 16 December, a prison GP prescribed Mr Darbyshire another course of antibiotics and oral steroids for a sore throat and a chesty cough. Mr Darbyshire continued to smoke against advice.
4. On 13 January 2015, a respiratory consultant examined Mr Darbyshire and arranged a CT scan. (The results are not in his prison medical record.)
5. On 11 February, a prison GP prescribed Mr Darbyshire medication to reduce swelling in his legs. The doctor was concerned this indicated fluid retention from heart failure, caused by COPD, and referred him to a cardiologist. (Mr Darbyshire died before he had the appointment.) On 12 February, Mr Darbyshire was admitted to hospital with shortness of breath, visual impairment, dizziness and nausea. He was treated for chronic respiratory failure and returned to Risley on 17 February.
6. On 23 February, Mr Darbyshire was admitted to hospital again with low oxygen saturation levels and increased swelling in both legs. He received oxygen therapy, intravenous antibiotics and oral steroids. He returned to Risley on 25 February. Nurses saw him daily to give him medication and monitor his condition.
7. At about 5.05am on 8 March, a night patrol officer found Mr Darbyshire collapsed in his cell, radioed an emergency code and the prison called an ambulance. She went into the cell and found Mr Darbyshire was cold to touch and she could not find a pulse. A few minutes later, a prison nurse arrived, began cardiopulmonary resuscitation and attached a defibrillator, which found no shockable heart rhythm. At 5.14am, paramedics arrived and took over emergency treatment but Mr Darbyshire did not respond. At 5.25am, paramedics recorded he had died.

Findings

8. Prison healthcare staff reviewed Mr Darbyshire's medical conditions frequently and he received prompt medical treatment when his COPD deteriorated. Staff frequently encouraged Mr Darbyshire to stop smoking but he would not give up. We are satisfied that Mr Darbyshire received an appropriate standard of care at the prison and that there was nothing staff at the prison could have done to prevent his sudden death.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Risley informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator visited Risley on 16 March 2015 and obtained copies of relevant extracts from Mr Darbyshire's prison and medical records. She interviewed one member of staff by telephone on 13 May.
11. NHS England commissioned a clinical reviewer to review Mr Darbyshire's clinical care at the prison.
12. We informed HM Coroner for Cheshire of the investigation who gave us the post-mortem report. We have sent the coroner a copy of this report. Our investigation was suspended until the results of toxicology tests were received. We are sorry for the consequent delay with the issue of this report.
13. One of the Ombudsman's family liaison officers contacted Mr Darbyshire's daughter to explain the investigation. His daughter did not have any specific matters for the investigation to consider.
14. Mr Darbyshire's daughter received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.
15. The initial report was shared with the Prison Service. They identified two factual inaccuracies, which have been amended.

Background Information

HMP Risley

16. HMP Risley is a category C training prison which holds over 1,000 adult male prisoners. NHS England Lancashire Team commissions healthcare services at the prison. There is 24 hour healthcare cover with a doctor in the prison during the day and nurses on duty at night. There is no inpatient facility.

HM Inspectorate of Prisons

17. The most recent inspection of Risley was in July 2013. Inspectors reported that the overall standard of healthcare was good and there were examples of good care. A wide range of clinics was provided. Prisoners complained about access to GPs and nurses and inspectors noted a high rate of missed appointments and that some prisoners were not informed of appointments. Health promotion was impressive.

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 most recently published report for the year to March 2013 the IMB noted that a wide age range of patients used healthcare serviced frequently. The appointment of two permanent GPs had decreased the reliance on locums.

Previous deaths at HMP Risley

19. Mr Darbyshire was the second prisoner to die of natural causes at Risley since the start of 2014. There has subsequently been a further death. There were no similarities between the circumstances of Mr Darbyshire's death and the other cases.

Key Events

20. On 13 November 2013, Mr William Darbyshire was remanded to HMP Liverpool charged with a sexual offence. On 13 May 2014, he was sentenced to four years in prison and transferred to HMP Risley on 20 June.
21. At an initial health screen at Risley, a nurse noted that Mr Darbyshire suffered from asthma and chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases including chronic bronchitis and emphysema). Doctors prescribed an inhaler for asthma. Mr Darbyshire had smoked cigarettes for many years but declined help to give up.
22. On 14 July, a prison GP reviewed Mr Darbyshire's COPD symptoms and he agreed to see a smoking cessation advisor. On 6 August, he attended a smoking cessation clinic and was prescribed a nicotine inhaler to help him to stop smoking.
23. On 20 October, Mr Darbyshire told the prison GP that he had a cough and shortness of breath. He was still smoking. The GP prescribed a course of antibiotics and oral steroids to reduce inflammation. He arranged for him to have a nebuliser (a machine which turns liquid drugs into a fine mist for rapid absorption and relief of breathlessness). He referred Mr Darbyshire to a respiratory consultant at hospital.
24. Mr Darbyshire's mobility was poor and he was given a wheelchair to help get about the prison. He had the bottom bunk in his cell and an extra blanket and pillow to help his breathing.
25. On 16 December, a prison GP prescribed Mr Darbyshire another course of antibiotics and oral steroids for a sore throat and a chesty cough. He advised Mr Darbyshire to stop smoking and to continue to use his inhaler.
26. On 13 January 2015, a respiratory consultant at hospital examined Mr Darbyshire and arranged an appointment for a CT scan on 7 February. The results of the CT scan were not in Mr Darbyshire's prison medical records.
27. On 11 February, Mr Darbyshire had swelling in both legs, which a prison GP considered suggested fluid retention from right-sided heart failure caused by COPD. The GP prescribed medication to reduce excess fluid and to reduce the load on his heart. He referred Mr Darbyshire to the cardiology department at hospital. (He later received an appointment for 17 April.)
28. The next day, 12 February, Mr Darbyshire was admitted to hospital suffering from shortness of breath, visual impairment, dizziness and nausea. The hospital diagnosed chronic respiratory failure and treated Mr Darbyshire with oxygen therapy, intravenous antibiotics and oral steroids. He returned to Risley on 17 February.
29. On 23 February, Mr Darbyshire was admitted to hospital again, with low oxygen saturation levels and increased swelling in both legs. He was treated with oxygen therapy, intravenous antibiotics and oral steroids. On 25 February, the hospital discharged him back to Risley.

30. Prison nurses monitored Mr Darbyshire on the wing every day and gave him his prescribed medication. They noted that Mr Darbyshire was still smoking. On 3 March, Mr Darbyshire was sent to hospital for lung function tests.

Events of 8 March

31. Around 5.05am on 8 March, an operational support grade was checking all prisoners were in their cells. When she got to Mr Darbyshire's cell she saw that he was lying on the floor near his bed. She immediately radioed a code blue (an emergency medical code) and the control room called an ambulance. The night manager gave her permission to go straight into Mr Darbyshire's cell. She checked him but could not find a pulse and his body felt cold.
32. A few minutes later, a nurse arrived and began cardiopulmonary resuscitation (CPR). He attached a defibrillator which did not detect a shockable heart rhythm so he continued with CPR. Paramedics arrived at 5.14am and took over Mr Darbyshire's care but he did not respond. At 5.25am, a paramedic recorded that Mr Darbyshire had died.

Contact with Mr Darbyshire's family

33. A prison manager acted as the prison's family liaison officer. She and the Governor went to see Mr Darbyshire's daughter on 8 March, but she was not there. They tried later, but she was still not home. The prison manager left a note asking Mr Darbyshire's daughter to contact her. On 10 March, Mr Darbyshire's daughter telephoned and was informed of her father's death and offered condolences. The next day, the prison manager visited Mr Darbyshire's daughter at her home to offer support.
34. Mr Darbyshire's funeral was on 8 April 2015. The prison contributed to the costs in line with national policy.

Support for prisoners and staff

35. After Mr Darbyshire's death a prison manager debriefed the staff involved in the emergency response and offered his support and that of the staff care team.
36. The prison posted notices informing staff and prisoners of Mr Darbyshire's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Darbyshire's death.

Post-mortem report

37. A post-mortem examination found that the cause of death was acute respiratory failure due to an exacerbation of chronic obstructive pulmonary disease. Toxicology tests did not detect the presence of alcohol or any non-prescribed drugs in Mr Darbyshire's body.

Findings

Clinical care

38. Mr Darbyshire suffered from chronic pulmonary obstructive disease (COPD) and was prescribed appropriate medication and referred to a respiratory consultant at Warrington Hospital. Prison doctors saw Mr Darbyshire mainly for treatment of his chest symptoms. His medical records were well documented and prison doctors gave him prompt medical attention when his condition deteriorated. The clinical reviewer noted that clinicians treated Mr Darbyshire's COPD in line with internationally recognised standards.
39. Prison doctors frequently offered Mr Darbyshire help to stop smoking but he turned down help to give up. He went to one smoking cessation clinic but continued to smoke until he died.
40. When Mr Darbyshire's health deteriorated the prison offered him appropriate support with daily living. He was given a wheelchair to help him get about the prison, given the bottom bunk in his cell and an extra blanket and pillow. Doctors arranged for him to have a nebuliser to help him take his medications and breathe more easily.
41. The clinical reviewer considered that the standard of care Mr Darbyshire received at Risley was equivalent to that he could have expected to receive in the community. We are satisfied that Mr Darbyshire received appropriate care in prison and prison staff could not have done anything to prevent his death.

Emergency response

42. Prison Service Instruction (PSI) 03/2013 - Medical Emergency Response Codes, contains a mandatory instruction that prison staff should use a code blue (or code one) for any emergency where a prisoner has collapsed or is unconscious. This should result in the control room or communications room calling an ambulance immediately, without waiting for further information.
43. When the operational support grade found Mr Darbyshire collapsed in his cell she immediately used the appropriate medical emergency code and the control room called an ambulance straight away. She went quickly into the cell and a prison nurse arrived shortly after and began cardiopulmonary resuscitation. We are satisfied that there was an appropriate emergency response.

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