Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Jeffrey Wragg a prisoner at HMP Doncaster on 1 December 2016

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*

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 Jeffrey Wragg died on 1 December 2016 of a heart attack at HMP Doncaster. Mr Wragg was 70 years old. I offer my condolences to Mr Wragg's family and friends.

The investigation found that, although Mr Wragg was suffering from hypertension, there was no individual care plan to help staff manage his condition, in particular the potential side effects of not taking his prescribed medication. This meant that Mr Wragg's condition was not monitored for over six months and there were no structured assessments of changes in his condition. While this did not affect the outcome for Mr Wragg there is a need for better structured care planning at Doncaster, a recommendation I have made on two occasions before.

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 **July 2017**

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Summary

Events

1. On 27 January 2016, Mr Jeffrey Wragg was sentenced to 11 years in prison for a sexual offence and sent to HMP Doncaster

2. When Mr Wragg arrived at Doncaster, a nurse recorded his blood pressure as normal. On 11 February, Mr Wragg complained of feeling unwell and a prison nurse measured his blood pressure as high. A prison GP diagnosed Mr Wragg with essential hypertension (high blood pressure that does not have a known cause) on 17 February. The GP explained the risks of untreated high blood pressure and prescribed medication but Mr Wragg refused to take it.

3. On 19 April, Mr Wragg agreed to take his prescribed medication. However, on 26 April, he failed to collect it and healthcare staff did not record why or make an appointment with a GP.

4. Healthcare staff did not measure Mr Wragg's blood pressure again until 7 November or monitor his clinical risk of developing side effects from untreated hypertension.

5. At 10.52pm on 30 November, Mr Wragg collapsed in his cell. Prison staff gave him emergency treatment and paramedics took him to hospital by ambulance. Mr Wragg was moved to a hospital cardiac intensive care unit where he died from a heart attack at 6.54am on 1 December.

Findings

6. Soon after Mr Wragg arrived at Doncaster, blood pressure readings indicated he was suffering from high blood pressure and a GP diagnosed essential hypertension. Despite a GP explaining the risks of untreated hypertension, Mr Wragg refused to take his prescribed medication.

7. We agree with the clinical reviewer that GPs investigated Mr Wragg's high blood pressure in accordance with National Institute for Health and Care Excellence (NICE) guidelines. However, Mr Wragg did not have a care plan to ensure his condition was monitored and to measure changes in his condition. Healthcare staff did not measure Mr Wragg's blood pressure for over six months or monitor his condition using the NEWS assessment tool.

8. With the above exceptions, we are satisfied that the care offered to Mr Wragg was generally equivalent to what he could have expected to receive in the community.

Recommendations

- The Head of Healthcare should ensure that there are effective processes to ensure that prisoners receive their medication as prescribed and that failure to attend to collect medication is followed up with the reasons recorded.

- The Head of Healthcare should ensure that prisoners with hypertension are managed and reviewed in line with NICE guidelines and their condition is closely monitored using NEWS.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Doncaster 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 Wragg's prison and medical records.

11. NHS England commissioned a clinical reviewer to review Mr Wragg's clinical care at the prison.

12. We informed HM Coroner for South Yorkshire East District of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

13. The investigator wrote to Mr Wragg's son 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.

14. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Doncaster

15. HMP Doncaster is a local prison, operated by Serco, which holds up to 1,145 remanded and sentenced men and young male offenders. Nottingham Healthcare NHS Foundation Trust provides physical and mental health services, and substance misuse services

HM Inspectorate of Prisons

16. The most recent inspection of HMP Doncaster was in October 2015. The Inspectorate found that prisoners were negative about their experience of healthcare and there was evidence of deterioration in provision, mainly owing to staff shortages. They found that prisoners had reasonable access to an appropriate range of primary care services, though the management of prisoners with long-term conditions was underdeveloped.

Independent Monitoring Board

17. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure that prisoners are treated fairly and decently. In its most recently published annual report for the year to September 2015, the IMB noted that a shortage of nursing staff meant doctors were taking on nursing duties which had caused delays with appointments to see a doctor. The board commented that the increase in older prisoners meant there were more complex and chronic health problems to manage.

Previous deaths at HMP Doncaster

18. Mr Wragg was the sixth prisoner to die from natural causes at Doncaster since January 2015. There has been one natural cause death since. We have previously made recommendations about the need to follow national guidelines for managing chronic health conditions.

Key Events

19. On 27 January 2016, Mr Jeffrey Wragg was sentenced to 11 years in prison for a sexual offence and sent to HMP Doncaster.

20. At an initial health screen, a nurse noted that Mr Wragg was a heavy smoker and had declined help to stop. Mr Wragg said he was not taking any prescribed medication. She recorded his blood pressure as within normal range (145/65). Nurses contacted Mr Wragg's community GP to obtain his medical history. This did not show any significant medical history and Mr Wragg confirmed he was not taking any prescribed medication.

21. At 7.52pm on 11 February, a nurse saw Mr Wragg in his cell because he was not feeling well. She recorded his blood pressure as high (215/103) and noted his pulse was regular. Mr Wragg said before he went to prison his blood pressure was high but he was not taking any medication to lower it. She arranged for a nurse to take his blood pressure again a few hours later.

22. At 12.49am on 12 February, a nurse recorded Mr Wragg's blood pressure as high (202/111). There was no record that she referred Mr Wragg to a GP or arranged to take his blood pressure again.

23. A prison GP examined Mr Wragg on 17 February and diagnosed essential hypertension (high blood pressure which does not have a known cause such as being overweight, kidney disease or diabetes). He told Mr Wragg that having high blood pressure would increase his risk of a stroke. Mr Wragg said he did not want to take medication to lower his blood pressure but the GP did not record why. He arranged a full set of blood tests to assess his kidney function, an electrocardiogram (ECG- to measure the electrical rhythm of the heart) and a urine albumin to creatinine ratio test (ACR- to identify kidney disease that can occur as a complication of diabetes).

24. Mr Wragg did not attend an appointment with the prison GP on 2 March to discuss the blood test results, which revealed he had a reduced kidney function. Healthcare staff did not record why Mr Wragg did not attend.

25. On 16 March, the prison GP saw Mr Wragg and explained that untreated high blood pressure could damage his heart and kidneys. Mr Wragg's blood pressure was again high (213/91). He again refused to take medication to lower his blood pressure and the GP noted that Mr Wragg had the mental capacity to refuse treatment. Mr Wragg gave a urine sample for the ACR test and the GP arranged to review him in a month's time. The urine test results showed that Mr Wragg had protein in his urine caused by a reduced kidney function.

26. On 5 April, the prison GP examined Mr Wragg and noted that he had refused medication for high blood pressure because he did not want to attend healthcare on a daily basis to collect it. He told Mr Wragg he could have a monthly supply of medication but Mr Wragg continued to refuse treatment.

27. Later that day, a nurse carried out an ECG test with normal results. Mr Wragg's blood pressure remained high (228/114). She assessed Mr Wragg using the National Early Warning Score (NEWS - a point system of vital signs which when

used alongside professional judgment, determines the degree of illness and deterioration in a patient's condition). This indicated that his level of clinical risk of developing symptoms related to high blood pressure was low.

28. Mr Wragg's blood pressure remained high over the next two weeks and nurses assessed him using the NEWS assessment tool. His clinical risk was low on each occasion.

29. On 19 April, the prison GP saw Mr Wragg who was suffering from swelling in both legs caused by low protein levels in the blood. He arranged a full set of blood tests and liver function tests. Mr Wragg agreed to start treatment to reduce his high blood pressure but refused a referral to a hospital kidney specialist. He prescribed a daily dose of ramipril and high protein shakes. Mr Wragg's blood pressure remained high (206/110).

30. On 25 April, a prison GP reviewed Mr Wragg's blood test results. His protein levels remained low and liver function test was abnormal. On 26 April, a prison GP and a nurse assessed Mr Wragg using the NEWS assessment tool and noted his blood pressure was high (206/110) and clinical risk low. Later that day, Mr Wragg failed to collect his prescribed medication and asked a prison officer to tell a pharmacy technician that he did not want it.

31. On 6 May, Mr Wragg did not attend for a routine blood monitoring test and did not attend for an appointment with a prison GP on 20 June. On each occasion, healthcare staff did not record why Mr Wragg had failed to attend or make another appointment.

32. Nurses did not measure Mr Wragg's blood pressure again until 7 November when a nurse saw Mr Wragg in his cell because his heart was racing. Mr Wragg's blood pressure was high (228/120) and his pulse rate was fast (99 beats per minute). Mr Wragg refused to take any medication for high blood pressure. On 8 November, a nurse reviewed Mr Wragg in his cell. He refused to have his blood pressure measured or to take any medication.

Events of 30 November 2016

33. At 10.52pm on 30 November, Mr Wragg's cell mate told a prison officer that Mr Wragg was struggling to breathe and had collapsed on his cell floor. The officer immediately entered Mr Wragg's cell and radioed an emergency code blue (which indicates a prisoner has symptoms including chest pain and difficulty in breathing) and the control room immediately called an emergency ambulance. A nurse arrived at Mr Wragg's cell at 10.55pm. She started cardiopulmonary resuscitation (CPR) with assistance from two officers.

34. At 11.10pm, the paramedics arrived and took control of Mr Wragg's care. At 11.30pm, the ambulance left the prison for the hospital. An officer went with Mr Wragg in the ambulance and did not use restraints. An Assistant Director telephoned Mr Wragg's son, his nominated next of kin, and told him Mr Wragg was going to hospital.

35. Hospital doctors decided to move Mr Wragg to the cardiac intensive care unit at another hospital. Mr Wragg continued to deteriorate and he died at 6.54am on 1 December.

Contact with Mr Wragg's family

36. At 8.00am on 1 December, the prison appointed a custodial manager as a family liaison officer. At 8.50am, she and an Assistant Director arrived at the hospital to meet Mr Wragg's son and daughter in law. They offered condolences and support.

37. The next day, the custodial manager spoke to Mr Wragg's son on the telephone. She remained in contact with Mr Wragg's son until his funeral on 20 December. The prison contributed towards the costs in line with national policy.

Support for prisoners and staff

38. After Mr Wragg's death, an Assistant Director debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

39. The prison posted notices informing other prisoners of Mr Wragg's 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 Wragg's death.

Post-mortem report

40. The coroner concluded that the cause of death was acute myocardial infarction (heart attack). Mr Wragg also suffered from coronary artery atheroma (fatty deposits on or within the inner lining of an artery, often causing an obstruction to the blood flow).

Findings

Clinical care

41. Overall, the clinical care Mr Wragg received was satisfactory, but there were some learning points for healthcare in the prison.

42. On 17 February, a prison GP diagnosed Mr Wragg with essential hypertension (high blood pressure that does not have a known cause such as being overweight, kidney disease or diabetes) and prescribed appropriate medication. The clinical reviewer considered that prison GPs appropriately investigated Mr Wragg's high blood pressure in accordance with the National Institute for Health and Care Excellence (NICE) guidance for the treatment of hypertension in adults.

43. Despite the GP explaining the risks associated with untreated hypertension, Mr Wragg regularly refused to take his prescribed medication. On 19 April, he agreed to start treatment but, a few days later, he refused to collect his prescribed medication from the pharmacy. Healthcare staff did not ask Mr Wragg why he had decided not to collect his prescribed medication or make an appointment with a GP. GPs did not prescribe Mr Wragg medication for hypertension after 19 April. We make the following recommendation:

    The Head of Healthcare should ensure that there are effective processes to ensure that prisoners receive their medication as prescribed and that failure to attend to collect medication is followed up with the reasons recorded.

44. The clinical reviewer has commented that there was no clear care plan to ensure Mr Wragg's hypertension was managed in line with NICE guidelines. Between May and November 2016, healthcare staff did not measure Mr Wragg's blood pressure or monitor his clinical risk of developing side effects from untreated high blood pressure using the NEWS assessment tool. We make the following recommendation:

    The Head of Healthcare should ensure that prisoners with hypertension are managed and reviewed in line with NICE guidelines and their condition is closely monitored using NEWS.

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