Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Norman Saunders a prisoner at HMP Rye Hill on 5 January 2017

A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE

PO Box 70769
London, SE1P 4XY
Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk
T | 020 7633 4100
F | 020 7633 4141

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 Norman Saunders died in hospital from lung disease on 5 January 2017, while a prisoner at HMP Rye Hill. Mr Saunders was 78 years old. I offer my condolences to Mr Saunders' family and friends.

Mr Saunders had a number of long-term health conditions, including lung and heart disease and diabetes. He was often uncooperative regarding his treatment and ignored repeated advice to stop smoking. I am satisfied that, overall, Mr Saunders received a satisfactory standard of care at Rye Hill, equivalent to that he could have expected to receive in the community.

I am not satisfied that when Mr Saunders went to hospital in January the use of restraints was justified by an appropriate risk assessment that took into account his age, health and limited mobility. I have raised this issue with the prison in previous reports and the Director needs to make sure that his staff understand and follow legal guidance on the use of restraints for seriously ill prisoners.

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 2017**

Contents

Summary

Events

1. On 23 January 2015, Mr Normal Saunders was sentenced to ten years in prison for sexual offences. He was sent to HMP Leicester and on 16 June he was moved to HMP Rye Hill.

2. Mr Saunders had a number of long term health conditions including heart disease, high blood pressure, diabetes and chronic obstructive pulmonary disease (chronic obstructive pulmonary disease or COPD describes a collection of lung diseases including chronic bronchitis and emphysema).

3. Healthcare staff monitored Mr Saunders' chronic conditions and created appropriate care plans. They frequently encouraged him to stop smoking, but he declined to stop. Mr Saunders' behaviour could be difficult. He chose not to attend a number of routine GP and nurse appointments and regularly did not take medication as prescribed. Prison GPs examined him when required, often for exacerbation of COPD, and prescribed antibiotics and steroids as appropriate.

4. On 10 December 2015, Mr Saunders told a GP that he did not want staff to resuscitate him if his heart or breathing stopped. On 10 February 2016, a member of the social care team assessed him and agreed additional support to assist him with his daily personal hygiene needs.

5. Mr Saunders spent the majority of his time in bed, sleeping or smoking. He was frequently breathless and for the most part confined to a wheelchair. He was admitted to hospital on a number of occasions suffering with exacerbations of COPD and chest infections.

6. Shortly after midnight on 3 January 2017, a nurse examined Mr Saunders in his cell. He was struggling to breathe, had a deep chesty cough and his skin was pale and clammy. Staff called an ambulance when his condition did not improve and he went to hospital. Two prison officers went with him and he was handcuffed to himself and also to one of the officers.

7. A doctor admitted Mr Saunders to hospital where staff treated him for COPD and a chest infection. On 4 January, he suffered heart problems and his condition became critical. He died in hospital at 5.00pm the next day.

8. The cause of death was given as infective exacerbation of chronic obstructive pulmonary disease (a worsening of COPD as a result of infection).

Findings

9. The clinical reviewer found that overall, Mr Saunders' care was equivalent to that he could have expected to receive in the community and we are satisfied that he received appropriate care at Rye Hill.

10. Mr Saunders was restrained using double handcuffs when he was taken to hospital in January. We are concerned that prison managers did not take account of his health and mobility when assessing the risk he presented at the

time. The continued need for restraints was reviewed a few hours after his hospital admission and authorisation given for their removal.

Recommendations

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of the prisoner and are based on the actual risk the prisoner presents at the time.

The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Rye Hill informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

12. The investigator obtained copies of relevant extracts from Mr Saunders' prison and medical records.

13. NHS England commissioned a clinical reviewer to review Mr Saunders' clinical care at the prison.

14. We informed HM Coroner for Coventry of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

15. There was no family involvement in this investigation. Mr Saunders had no next of kin.

16. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Rye Hill

17. HMP Rye Hill is run by G4S and it holds more than 600 men convicted of sex offences. G4S Forensic and Medical Services provides primary physical and mental health services, and Northamptonshire Healthcare NHS Foundation Trust (NHFT) provides secondary mental health services. The prison does not have an inpatient facility.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Rye Hill was in August 2015. Inspectors noted that the prison held a complex mix of serious offenders and some frail older men who needed significant levels of care. The inspection found that the quality of healthcare services was the weakest area of the prison. Services had not sufficiently adapted to meet the needs of the new population, when the prison had changed its role to take sex offenders in 2014.

19. There were staff shortages and the available staff were not deployed efficiently. There were long waiting times for most clinics. A small group of regular GPs had run daily clinics since January 2015, which had improved consistency and prisoners' perceptions of service provision. However, prisoners waited up to three weeks for routine GP appointments. Prisoners had good access to pharmacy staff for advice.

Independent Monitoring Board

20. 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 March 2016, the IMB reported that healthcare provision remained under pressure and was a cause for concern. They found that recruiting and retaining suitable healthcare staff was an ongoing problem, which led to staff shortages particularly on weekends. The IMB also found that the number of clinics had increased, which had decreased waiting times.

Previous deaths at HMP Rye Hill

21. Mr Saunders' was the seventh person to die from natural causes at Rye Hill since January 2016. We have raised the issue of the inappropriate use of restraints when prisoners are taken to hospital in previous reports.

Key Events

22. On 10 December 2014, Mr Norman Saunders was convicted of sexual offences and remanded to HMP Leicester. On 23 January 2015, he was sentenced to ten years imprisonment. He was moved to HMP Rye Hill on 16 June.

23. At an initial reception screen at Rye Hill, a nurse recorded that Mr Saunders had a number of long term health conditions including heart disease, high blood pressure, diabetes and chronic obstructive pulmonary disease (chronic obstructive pulmonary disease or COPD describes a collection of lung diseases including chronic bronchitis and emphysema). A prison GP did not see Mr Saunders but reviewed his medication, which included salbutamol, seretide and tiotropium bromide inhalers (used to open the airways and relieve breathlessness).

24. On 17 June, a nurse saw Mr Saunders for a review and noted that he appeared pale and was breathing rapidly. He recorded that Mr Saunders smoked cigarettes but did not want to stop and had disregarded any smoking cessation advice. He arranged a GP appointment for later that afternoon, but Mr Saunders did not attend.

25. On 3 July, a mental health nurse saw Mr Saunders for an assessment after he refused to eat or to take his prescribed medication. During a review, two days later, Mr Saunders told a nurse that he did not always feel like eating or taking his medication when he had difficulty breathing. The nurse took his clinical observations and noted that he reported feeling much better having started to eat again.

26. On 9 July, Mr Saunders missed an appointment at a hospital's respiratory department, arranged before his transfer to Rye Hill. Because he did not attend, the hospital discharged him and wrote to HMP Leicester to explain that they had done so. There is no reference to the referral or the appointment being handed over when Mr Saunders transferred to Rye Hill and no further appointments were made.

27. Despite the missed appointment, healthcare staff at Rye Hill managed Mr Saunders' COPD effectively. Over the next three months they monitored his chronic conditions and poor compliance with medication. They created appropriate care plans to manage his respiratory disease, diet, fluid intake and personal hygiene. They encouraged him to stop smoking, but he declined to stop. Prison GPs examined Mr Saunders when required, often for exacerbation of COPD, and prescribed antibiotics and steroids as appropriate.

28. On 20 October, a prison GP saw Mr Saunders for a COPD review and recorded that he had difficulty walking due to shortness of breath. He diagnosed deterioration of COPD and prescribed prednisolone (a steroid medication) for one week, in addition to his usual medication.

29. Mr Saunders' condition continued to deteriorate and he lost weight. On 6 December, a nurse created a care plan to monitor his weight and dietary intake on a weekly basis and, two days later, a prison GP prescribed high calorie nutritional supplements.

30. On 10 December, locum GP saw Mr Saunders on the wing. Despite his severe COPD, Mr Saunders was smoking when the GP arrived and he said he felt reasonably well. They discussed resuscitation and Mr Saunders said he did not want to be resuscitated if his heart or breathing stopped. He signed an order to that effect. A nurse discussed Mr Saunders' future treatment with him and created an end of life care plan. On 14 December, he told her he wanted to die in prison, not in hospital.

31. In January 2016, Mr Saunders' personal officer noted that he was compliant and polite, took his medication as prescribed and ate regularly. She noted that he continued to smoke despite encouragement to stop and highlighted her concern at reports from other prisoners that he had attempted to sell his food in return for tobacco.

32. On 6 February, a nurse examined Mr Saunders at the request of wing staff. He was short of breath and had a pain down his left side. He told her that he had not had his inhalers for three days. She contacted the on call doctor who authorised her to give Mr Saunders a replacement inhaler. She also gave him paracetamol for the pain in his side.

33. On 10 February, a member of the social care team reviewed Mr Saunders and assessed him as meeting the criteria for additional support. The company 'Care with Compassion' were commissioned to support him, seven days a week, with his daily personal hygiene needs. The care package began on 16 March and continued until his final hospital admission. Mr Saunders' condition, while still poor, seemed to stabilise after its introduction.

34. Over the following months an officer noted that Mr Saunders spent most of his time on his bed, sleeping or smoking. A prison carer took him his meals.

35. On 6 June, locum GP saw Mr Saunders, who reported a change in bowel habit. He had also continued to lose weight. He referred him to a gastro intestinal specialist under the fast track cancer referral pathway, also known as the NHS two week wait pathway. A hospital appointment was arranged for 18 June, within the two week standard, but Mr Saunders refused to go and signed a disclaimer. He subsequently refused to attend the next nine GP appointments arranged for him over the next few months. There is no further mention of bowel problems in the medical records.

36. On the evening of 28 September, Mr Saunders told a carer that he did not feel well. He looked pale, had coughed up green phlegm and told staff he had not eaten since breakfast or smoked. The night nurse monitored him and, at 10.30pm, he said he had difficulty breathing. She examined him, gave him paracetamol for a suspected chest infection and arranged a GP appointment. A locum GP saw him the next day and diagnosed an exacerbation of COPD. He told him he must stop or cut down smoking and prescribed antibiotics.

37. On 12 October, staff called a Code Blue (a radio code used to indicate a medical emergency) when Mr Saunders reported central chest pain that was radiating down his back and right arm, and increased breathlessness. Medical staff attended and the control room called an ambulance. Mr Saunders was taken to hospital and admitted. Hospital staff treated him with antibiotics for exacerbation

of COPD and a chest infection and discharged him the next day. A prison GP reviewed him the day after.

38. Healthcare staff reviewed his Mr Saunders' COPD care plan on 2 November and his asthma care plan on 12 November. On 22 November, his carers were concerned when his breathing appeared laboured but he told them he was fine and no worse than usual.

39. A locum GP examined Mr Saunders in the afternoon on 1 December. He had a chesty cough and was short of breath. His inhalers had little effect. The GP diagnosed acute exacerbation of COPD and prescribed antibiotics and steroids. He told Mr Saunders again that he needed to stop smoking. He was satisfied that he did not need hospital admission and healthcare staff continued to keep him under regular observation. He also noted that Mr Saunders was now mostly wheelchair bound. After this he and healthcare staff reviewed Mr Saunders. His breathing remained laboured and he continued to smoke.

40. Shortly after midnight on 3 January 2017, the night nurse examined Mr Saunders in his cell after he told staff he felt unwell and was struggling to breathe. He had a deep chesty cough, was short of breath and his skin was pale and clammy. She took and recorded Mr Saunders' observations noting that his blood pressure was low and his pulse fast. She gave him oxygen and paracetamol but his condition did not improve and, at 00.16am, staff called an ambulance.

41. The night nurse continued to give Mr Saunders oxygen and, at 00.30am, he said he felt a little better. She took his observations again. His condition remained unchanged.

42. At 00.45am, Mr Saunders was transferred to the healthcare unit for observation while waiting for the ambulance. The night nurse recorded his observations for a third time and again noted that his condition had not changed.

43. The first ambulance crew arrived at the prison at 00.49am and at the healthcare unit five minutes later. At 01.30am, after examination, the ambulance crew left the prison and took Mr Saunders to hospital. Two prison staff went with him and restrained him using double handcuffs.

44. Prison healthcare staff kept in contact with the hospital. Doctors treated Mr Saunders for COPD and a chest infection. On 4 January, Mr Saunders suffered heart problems and his condition became critical. He died in hospital at 5.00pm the next day.

Contact with Saunders' family

45. Mr Saunders had no named next of kin and insisted before his death that he did not want any family members contacted or involved.

46. The prison arranged and paid for Mr Saunders' funeral, which was held on 7 February.

Support for prisoners and staff

47. After Mr Saunders' death, a prison manager 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.

48. The prison posted notices informing other prisoners of Mr Saunders' 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 Saunders' death.

Post-mortem report.

49. A post mortem examination found that Mr Saunders immediate cause of death was from infective exacerbation of chronic obstructive pulmonary disease (a worsening of COPD as a result of infection) as a result of chronic obstructive pulmonary disease. He also had heart failure, diabetes and atrial fibrillation (an irregular and often rapid heart beat).

Findings

Clinical care

50. The clinical reviewer considered that, overall, the care Mr Saunders received at Rye Hill was equivalent to that he could have expected to receive in the community though in some aspects it did not always meet all of the requirements contained within NICE (National Institute for Health and Care Excellence) guidelines.

51. Mr Saunders had suffered from a number of long term medical conditions for some years prior to his last admission to prison. Staff monitored his condition through regular nurse and GP reviews, though he did miss a number of routine appointments made for him to support the monitoring of his various care plans. Mr Saunders could be difficult and was often uncooperative regarding his treatment. He ignored repeated advice to stop smoking and declined all help to do so.

52. Mr Saunders took a high number of medications due to the range of conditions he suffered from. These were reviewed and amended as appropriate in consultation with hospital specialists and routinely by the prison medical team.

53. Following discussion with a prison GP, Mr Saunders agreed that he did not want staff to attempt to resuscitate him if his heart or breathing stopped. The clinical reviewer is satisfied that staff dealt with the process in line with good practice guidelines.

54. Mr Saunders had a complex range of conditions and healthcare staff responded to his high level of need effectively and in a timely manner. There were, however, some aspects of his care which could not be considered equivalent to that which might be expected in the community. These relate to routine comprehensive long term condition reviews and consideration of pulmonary rehabilitation and long term oxygen therapy in the treatment of COPD.

55. Mr Saunders' other medical conditions (angina) might have excluded him from pulmonary rehabilitation but there is no reference in the medical record to indicate that staff considered it. There is also no mention of long term oxygen therapy which is a common treatment for people suffering with COPD. However, Mr Saunders' oxygen saturation levels, recorded weekly, were mainly quite high and therefore he may not have fitted the criteria for long term oxygen therapy.

56. Though they are unlikely to have changed the outcome for Mr Saunders, the clinical reviewer makes reference and recommendations regarding these omissions in her report. We do not repeat the recommendations here however, but they will need to be addressed by the Head of Healthcare.

57. Overall, we consider that Mr Saunders received a satisfactory standard of care at Rye Hill

Restraints, security and escorts

58. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by

treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

59. We are concerned about the decision to use double handcuffs when Mr Saunders was taken to and admitted to hospital in January 2017. "Double cuffing", when the prisoner has his hands handcuffed in front of him and then has one wrist attached to a prison officer by an additional set of handcuffs, is usually required for moving category A or category B prisoners in good health.

60. Though considered a category B prisoner, Mr Saunders was 78 years old, frail, confined to a wheelchair and could barely breathe. The risk assessment was based entirely on the prison's view of his offence with little or no consideration of his health and mobility at the time or how this affected this risk he presented, as is required by the 2007 High Court judgment.

61. Though we are pleased to see that the use of restraints was reviewed a few hours after his hospital admission and all restraints removed, we can see no justification for the use of double cuffs in the first instance. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of the prisoner and are based on the actual risk the prisoner presents at the time.

Prisons & Probation Ombudsman
Independent Investigations

PO Box 70769
London, SE1P 4XY

Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100
F | 020 7633 4141