Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Geoffrey Tift a prisoner at HMP Ashfield on 1 September 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 Geoffrey Tift died on 1 September 2016 of respiratory disease, while a prisoner at HMP Ashfield. He was 68 years old. I offer my condolences to Mr Tift's family and friends.

I am satisfied that, overall, the healthcare Mr Tift received at Ashfield was equivalent to that he could have expected to receive in the community. However, although it did not affect the outcome for Mr Tift, the clinical reviewer noted that there was a brief decline in the quality of healthcare provision in early April 2016 which the Head of Healthcare will need to address,

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 **January 2017**

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Summary

Events

1. On 9 August 2010, Mr Geoffrey Tift was sentenced to 18 years in prison for sexual offences and sent to HMP Bristol. On 31 December 2013, Mr Tift was moved to HMP Ashfield.

2. In 2004, Mr Tift had been diagnosed with prostate cancer and, in 2008, he was diagnosed with Non-Hodgkin lymphoma (cancer of the blood). Doctors treated this with radiotherapy, chemotherapy and Mr Tift underwent surgery to remove a tumour from his spine, which left him wheelchair bound. While in Bristol, healthcare staff noted Mr Tift's cancer was in remission.

3. On arrival at Ashfield, Mr Tift was allocated a disability cell with wheelchair access and a prisoner carer. Healthcare staff noted Mr Tift's long term conditions, which included bronchiectasis (diseased airways of the lung, leading to frequent lung infections) and abdominal aortic aneurysm (enlargement of artery in the abdominal cavity). Doctors and specialist consultants prescribed appropriate medication to Mr Tift, regularly reviewed his treatment plans and assessed his constant long-term pain. Mr Tift also received physiotherapy to help assist his bronchiectasis and shortness of breath.

4. Mr Tift had several chest infections in the last eight months of his life as a result of severe bronchiectasis. On most occasions, a prison GP assessed him and prescribed an appropriate antibiotic. However, in early April 2016, a doctor failed to prescribe an antibiotic, despite recording that Mr Tift had had a flare up of bronchiectasis. Also, in early April, healthcare staff failed to deal with concerns about Mr Tift's sputum sample.

5. On 3 August, Mr Tift complained of left-sided abdominal pain, which worsened when coughing. A doctor thought that Mr Tift had sprained a muscle so referred him for an abdominal ultrasound scan.

6. On 17 August, Mr Tift saw a doctor about his chest problem. The doctor noted Mr Tift had a reduced oxygen level and prescribed him antibiotics for an infective exacerbation of bronchiectasis. On 23 August, Mr Tift had an ultrasound scan.

7. On 31 August, Mr Tift went to healthcare, after feeling unwell in the gym. A doctor reviewed him, diagnosed pneumonia and arranged an emergency admission to hospital. Mr Tift's condition deteriorated quickly and he died at 9.46am on 1 September.

Findings

8. The clinical reviewer stated that, although Mr Tift was cured of lymphoma, it is possible that he was left with a damaged immune system that increased the risk of him developing infections. The clinical reviewer concluded that, overall, the healthcare Mr Tift received at Ashfield was equivalent to that he would have received in the community.

9. However, Mr Tift's care in early April 2016 fell below the level of equivalence, as a doctor did not immediately start an antibiotic, as recommended by the British Thoracic Society, and communication failed around his sputum sample. As these failures did not affect the outcome for Mr Tift, we do not repeat the clinical reviewer's recommendations but the Head of Healthcare will need to address them.

The Investigation Process

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

11. The investigator obtained copies of relevant extracts from Mr Tift's prison and medical records.

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

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

14. One of the Ombudsman's managers wrote to Mr Tift's wife 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.

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

Background Information

HMP Ashfield

16. Until June 2013, HMP Ashfield was a Young Offenders' Institution. In July 2013, it reopened as a specialist medium secure adult male prison for sex offenders. It accommodates approximately 400 men and is managed by Serco.

17. Healthcare is provided by an amalgamation of Hanham Health, Bristol Community Health and Avon and Wiltshire Partnership Mental Health Trust. The healthcare unit provides on-site chronic disease management including diabetes, respiratory and cardiovascular disease screening.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Ashfield was in August 2015. Inspectors found that health services were effective and responsive, long-term conditions were identified and care was good. The inspection report noted the appointment system for internal and external referrals was very good and comparable to the best community GP practices.

Independent Monitoring Board

19. 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 June 2016, the IMB reported that the prisoners were overwhelmingly positive about the quality of care they receive from nurses, GPs and others. They noted that a nurse triage facility ensured that prisoners received prompt assessments of their needs and that prisoners benefitted from 15 minute appointments; longer than in the community.

Previous deaths at HMP Ashfield

20. Mr Tift was the second person to die of natural causes at Ashfield since the prison changed its function in 2013. There are no similarities between the circumstances of Mr Tift's death and the previous death.

Key Events

21. On 9 August 2010, Mr Geoffrey Tift was sentenced to 18 years in prison for sexual offences and sent to HMP Bristol. On 31 December 2013, Mr Tift was moved to HMP Ashfield.

22. In 2004, Mr Tift had been diagnosed with prostate cancer and, in 2008, he was diagnosed with Non-Hodgkin lymphoma (cancer of the blood). Doctors treated this with radiotherapy, chemotherapy and surgery to remove a tumour from his spine, which left Mr Tift wheelchair bound. While in Bristol, healthcare staff noted Mr Tift's cancer was in remission.

23. When Mr Tift arrived at Ashfield, healthcare staff noted Mr Tift's long term conditions, included bronchiectasis, microcytic hypochromic anaemia (iron deficiency), diffuse Non-Hodgkin lymphoma, degenerative thoracic spinal stenosis (a narrowing of the spinal canal) and abdominal aortic aneurysm. Due to his conditions, the prison allocated Mr Tift a disability cell, with wheelchair access, and a prisoner carer helped with daily support on the wing. Doctors prescribed appropriate medication to Mr Tift and regularly reviewed his treatment plans. Mr Tift received frequent assessments of his constant long-term pain and physiotherapy in the gym three times a week to help assist his bronchiectasis and shortness of breath.

24. On 3 February and 18 March 2016, prison GPs diagnosed Mr Tift with a chest infection and prescribed doxycycline (an antibiotic).

25. On 31 March, Mr Tift requested he see a doctor to discuss his chest and his attendance at the gym. Mr Tift saw a doctor on 7 April. The doctor noted Mr Tift had a slight productive cough, diagnosed a possible infective flare of bronchiectasis, but did not prescribe any antibiotics. A sputum sample obtained from Mr Tift was sent to the laboratory for analysis.

26. On 11 April, a doctor reviewed the sputum result and stated there were two bacteria present, both sensitive to doxycycline. The doctor asked a nurse to report on Mr Tift's current condition to decide on a treatment plan. Two days later, a different doctor noted the sputum result was abnormal and asked a nurse to check whether Mr Tift was still unwell. There was no record that nurses responded to either of the requests from the two doctors.

27. On 17 May, a doctor assessed Mr Tift and prescribed ten days of doxycycline for a possible chest infection.

28. During June and July, Mr Tift had little contact with healthcare staff and there were no records that he suffered any chest infections.

29. On 3 August, a doctor examined Mr Tift, who complained of lower left-sided abdominal pain which worsened when coughing. The doctor noted Mr Tift had possibly sprained a muscle from continual coughing so referred him for an abdominal ultrasound scan.

30. On 16 August, Mr Tift asked to see a doctor about his chest problem. The doctor examined Mr Tift the following morning. The doctor noted Mr Tift had a reduced

oxygen level and prescribed him doxycycline for an infective exacerbation of bronchiectasis.

31. A week later, Mr Tift had his ultrasound scan. The results were not available before he died.

32. On the morning of 31 August, Mr Tift went to the healthcare department after feeling unwell in the gym. A nurse examined him and noted Mr Tift's increased respirations and increased pain below his right breast. She referred him to a doctor, who diagnosed left lower lobe pneumonia, started him on oxygen and arranged for an emergency admission to Southmead Hospital, Bristol. Mr Tift went to hospital escorted by two officers. As on all of his previous hospital visits, no restraints were used due to his mobility issues.

33. At hospital, a chest x-ray found fluid on Mr Tift's lungs and doctors attempted to reset his heart to its normal rhythm. Hospital doctors told prison healthcare staff that Mr Tift's life was at risk so the prison contacted his family. Mr Tift's condition continued to deteriorate and he died at 9.46am on 1 September, in the presence of his family.

Contact with Mr Tift's family

34. On 31 August, the prison appointed an officer as a family liaison officer (FLO). She telephoned Mr Tift's wife, explained that he was in hospital and arranged for his family to visit him, which they did that evening.

35. Following Mr Tift's death, the FLO contacted Mr Tift's family to offer her condolences and support. This continued until his funeral.

36. Ashfield held a memorial service for Mr Tift on 20 September. His funeral was held on 22 September, and the prison contributed to the costs, in line with national instructions.

Support for prisoners and staff

37. After Mr Tift's death, a senior prison manager debriefed the escorting staff to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

38. The prison posted notices informing other prisoners of Mr Tift'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 Tift's death.

Post-mortem report

39. A post-mortem report confirmed that Mr Tift's death was caused by a bilateral respiratory tract infection (pneumonia), caused by severe bronchiectasis. Mr Tift also had a background of congestive cardiac failure.

Findings

Clinical care

40. The clinical reviewer confirmed that, although Mr Tift was cured of Non-Hodgkin lymphoma, it is possible that this had left him with a damaged immune system that increased the risk of developing infections. The clinical reviewer concluded that, overall, the healthcare Mr Tift received at Ashfield was equivalent to that he would have received in the community.

41. However, Mr Tift's care in early April 2016 fell below the level of equivalence, as the doctor did not immediately start an antibiotic, as recommended by the British Thoracic Society, and nurses failed to check on Mr Tift's condition, despite two requests from prison GPs. As the clinical reviewer did not consider that these failures affected the outcome for Mr Tift, we do not repeat the clinical reviewer's recommendations but the Head of Healthcare will need to address them.

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