Prisons & Probation Ombudsman
Independent Investigations

# Investigation into the death of a man a prisoner at HMP Whatton in February 2015

**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 causes, 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.

The man died from heart failure in February 2015, while a prisoner at Whatton. He was 72 years old. I offer my condolences to the man's family and friends.

The investigation found that the standard of healthcare the man received in prison was at least equivalent to that he could have expected to receive in the community. I am fully satisfied that he received a commendably high standard of end of life care at Whatton.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

**Nigel Newcomen CBE**
**Prisons and Probation Ombudsman** **October 2015**

## Contents

# Summary

## Events

1. In January 2007, the man received an indeterminate sentence for public protection (IPP), for sexual offences. He had been at Whatton since November 2009. He had a number of serious health conditions including chronic obstructive pulmonary disease, diabetes, asbestosis, obesity and an arterial embolism. In 2011, doctors diagnosed him with heart failure.

2. Healthcare staff at Whatton reviewed the man's health regularly. On 22 November 2014, he was taken to hospital, after feeling dizzy and falling twice. He said he was short of breath and had kidney and abdominal pain. He was admitted to hospital and treated for pneumonia, acute kidney injury and heart failure. On 5 December, doctors discharged him on long-term oxygen therapy to help his breathing. When the man returned to Whatton, he was located in an adapted cell. Later in December, he was treated in hospital when his heart failure got worse. Healthcare staff noted his heart disease was advanced and he was likely to die within six months. They updated his care plans to prepare for end of life treatment and the man said he did not want to be resuscitated if his heart or breathing stopped. In January 2015, healthcare staff arranged agency carers to look after him overnight.

3. At 8.32am on a day in February, the man's carer found him collapsed in his cell. She called staff for help and an officer radioed an emergency medical code. A nurse attended and found no signs of life. In line with the man's wishes, she did not attempt to resuscitate him. An ambulance arrived and a paramedic pronounced him dead.

## Findings

4. The investigation found that the clinical care that the man received at Whatton was at least equivalent to that he could have expected to receive in the community. He had appropriate palliative care relevant for his needs, which healthcare staff discussed with him and his wife. Healthcare staff regularly reviewed his care plans and provided appropriate support and interventions. We consider that he received a commendably good standard of end of life care at Whatton.

# The Investigation Process

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

6. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.

7. The investigator obtained copies of relevant extracts from the man's prison and medical records. He interviewed four members of staff at HMP Whatton on 31 March 2015, two jointly with the clinical reviewer.

8. We informed HM Coroner for Nottinghamshire and Nottingham City of the investigation, who provided the cause of death. We have sent the Coroner a copy of this investigation report.

9. One of the Ombudsman's family liaison officers contacted the man's wife to explain the investigation. She did not have any specific matters she wanted the investigation to consider.

10. The man's wife received a copy of the draft report. She did not raise any issues. The prison also received a copy of the draft report.

# Background Information

### HMP Whatton

11. HMP Whatton in Nottinghamshire is a medium security category prison holding up to 841 men convicted of sex offences.

12. Nottinghamshire Healthcare Foundation Trust provides healthcare services at the prison. The healthcare centre is open seven days a week from 7.30am to 6.30pm on weekdays and 8.30am to 1.30pm at weekends. There is an out of hours service. There are specialist clinics for older prisoners and those with chronic conditions. There are no inpatient beds.

### HM Inspectorate of Prisons

13. The most recent inspection of Whatton was in February 2012. The Inspectorate found the prison was safe and decent. They judged that health services were generally good and the staff were polite and responsive to prisoners' needs. Primary care was well organised and access to nurse-led GP and dental services was good. There was a wide range of chronic disease clinics to meet the needs of the population.

### Independent Monitoring Board

14. 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 report for the year to May 2014, the IMB commented that the proportion of older men in prison was increasing, and made up 37% of Whatton's population. The increased social, medical, mental health and resettlement needs of this group of prisoners was challenging prison resources.

### Previous deaths at HMP Whatton

15. This man's death was the twelfth from natural causes at Whatton since the beginning of 2013. In other similar cases we have found Whatton has provided good end of life care.

# Key Events

16. On 15 January 2007, the man received an indeterminate sentence for public protection, for sexual offences. He was transferred to Whatton, on 18 November 2009, from Manchester. From 2000, he suffered from a number of potentially life-threatening conditions including chronic obstructive pulmonary disease (COPD – the name used for a collection of lung diseases), diabetes, asbestosis, obesity and arterial embolism (interruption of blood flow). His medication included insulin for diabetes, lisinopril for high blood pressure and simvastatin to lower cholesterol.

17. Throughout his time in prison, records show that healthcare staff regularly monitored, reviewed and treated the man's health conditions. They advised him about his diet and how to lose weight.

18. In June 2011, a prison GP noted the man was short of breath, had an irregular heartbeat and a discoloured toe, which was subsequently found to be from a blood clod in an artery. The doctor referred the man to hospital where he was prescribed anticoagulants.

19. On 25 July, a doctor examined the man and noted he had possibly developed congestive cardiac failure. The doctor prescribed a diuretic for symptoms associated with heart failure and ordered an echocardiogram. On 4 August, the man told a doctor that he had shortness of breath and swollen legs. The doctor referred him to the hospital and the man was admitted to outside hospital the same day for four days. He had an echocardiogram and doctors diagnosed cardiac failure and acute kidney injury.

20. On 19 September, a doctor noted the man had end stage heart failure. She explained the symptoms to him and how they could be controlled. She offered support and discussed future decisions about his care, which he would need to consider. The doctor placed the man on the palliative care register and he agreed she could discuss his condition with his wife. On 20 September, a nurse created a detailed care plan for him which included ongoing support, review of medication and regular blood tests.

21. In March 2012, the nurse discussed the man's condition with a community heart failure nurse. The nurse suggested an increase in his medication and provided advice and support. During the next months healthcare staff regularly reviewed his condition and referred him to outside agencies as necessary, including a community based physiotherapist.

22. In November 2013, a cardiologist at outside hospital reviewed the man. He recorded that he was becoming breathless in the mornings and increased his medication (bisoprolol). He was satisfied that healthcare staff at Whatton were managing and monitoring the man's condition well.

23. On 14 April 2014, the man had an exacerbation of his COPD and experienced chest pain. A doctor referred him to outside hospital. The man was discharged the next day, after treatment. On 22 April, another prison GP and the nurse reviewed the man. The doctor recorded that the man felt less short of breath and

adjusted his medication and updated his care plan, in line with the hospital cardiologist's advice.

24. Over the following months, the man's health deteriorated. On 22 November, he was feeling dizzy, short of breath and fell twice. The nurse examined him and noted he had an irregular pulse and was pale. The man said he had kidney and abdominal pain. The nurse called an ambulance, which took him to outside hospital. He stayed in hospital until 5 December, while doctors treated him for pneumonia, acute kidney injury, heart failure and cellulitis (a bacterial skin infection). The hospital discharged him on long-term oxygen therapy to help his breathing. When he returned to Whatton, he was located in an adapted cell on A-wing, where he remained until he died. The cell has double the space of a typical cell, with an en-suite shower, washbasin and toilet. On 25 November, the nurse reviewed the man's care plan.

25. On 19 December, the man attended a routine outpatient appointment in the diabetic clinic at outside hospital. He collapsed and the diabetic consultant sent him to a further outside hospital. Doctors admitted him and treated him for an exacerbation of heart failure, secondary to cellulitis. On 21 December, a nurse reviewed the man's records. She noted he was likely to die within the next six months, as his heart disease was advanced.

26. On 24 December, doctors discharged him from hospital and the man's offender supervisor discussed with the nurse the possibility of a release on compassionate grounds. The prison started an application but did not take this forward as the man was still regarded as a risk to the public and did not have a suitably assessed release address.

27. On 26 December, the nurse spoke to the man about his condition and checked that he still did not want to be resuscitated in an emergency. The nurse updated his care plan to include weekly reviews of his condition. On 30 December, a doctor saw the man and further discussed his views about resuscitation. She recorded the man was aware of his severe heart failure and had signed an order indicating he did not want to be resuscitated.

28. On 15 January 2015, a doctor saw the man on the wing and noted a progressive decline in his health. He was severely short of breath and had swollen legs, which caused him pain. The doctor recorded that the man did not want to be re-admitted to hospital and wanted to remain in his cell and kept comfortable there. At the doctor's request, the nurse arranged for agency carers to look after him overnight.

29. That day, the prison appointed a family liaison officer. He contacted the man's wife and arranged for her to visit her husband. He remained in regular contact with both the man and his wife.

30. On 2 February, the man fell in his shower. An officer radioed an emergency and the control room called an ambulance. A nurse attended and noted the man was unresponsive for about five minutes. Paramedics arrived and took him to outside hospital. On 4 February, doctors discharged him and a nurse reviewed him when he got back to the prison, noted he was very tired and advised him to rest. Over the next two days, healthcare staff re-instated the man's care package. A

nurse reviewed him and noted he was taking his medication without any problems and appeared comfortable.

31. At 8.32am on a day in February, the man's carer found he had collapsed and was bleeding from his nose. She called for help and three officers, one of whom was the family liaison officer, arrived. One of the officers radioed an emergency code red (indicating a prisoner is bleeding) and a nurse arrived quickly. She examined the man and found no signs of life. She told the officers that the man had indicated he did not want anyone to attempt resuscitation. An ambulance arrived at 8.50am and at 8.55am, a paramedic confirmed that the man had died. A post-mortem examination established that the cause of death was heart failure, severe coronary artery atherosclerosis (hardening and narrowing of the arteries) and diabetes.

# Liaison with the man's Family

32. After the man died, the duty governor telephoned his wife to inform her. The family liaison officer had been willing to go in person. However, the duty governor decided that, as he had just been present when the man had died, it would not be appropriate to ask him to drive some distance immediately. The family liaison officer contacted the man's wife later and offered ongoing support.

33. The man's funeral was held on 6 March 2015. The prison contributed towards the costs, in line with national guidance.

# Support for staff and prisoners

34. The prison issued notices informing staff and prisoners of the man's death and the support available. The duty governor debriefed the staff involved in the emergency response and offered appropriate support. The prison reviewed prisoners identified as at risk of suicide and self-harm, in case the news of the man's death had adversely affected them.

# Findings

### Clinical Care

35. The clinical reviewer found that the standard of healthcare the man had received in prison was at least equivalent to that he could have expected to receive in the community. Healthcare staff appropriately managed the man's long-term health conditions. They encouraged him to try and lose weight and held regular reviews about the management of his COPD and diabetes. They also arranged frequent clinic assessments and regular blood tests. As he became more ill, we are satisfied that healthcare staff informed and regularly discussed with the man and his wife his condition and implemented good quality care plans. We consider that the man received commendably good care at the end of his life.

### Liaison with the man's Wife

36. We are pleased that the prison appointed someone to liaise with the man and his wife towards the end of his life. This ensured they were both well informed. The prison helped his wife to visit her husband frequently and she said she formed a good relationship with officers at the prison, especially the family liaison officer.

37. We would usually expect a member of prison staff to inform a family member in person, when a prisoner dies, in line with Prison Service instructions. The family liaison officer was prepared to go to the man's wife's home, which was some distance away. However, the duty governor considered that it would have been inappropriate for him to travel a long way to inform his wife, immediately after being present at his death. She was also concerned that his wife might hear the news via other prisoners. She said that she considered asking a local prison or the police to contact his wife but as the prison had a good relationship with her and his death was expected, she decided a telephone call was preferable. We are satisfied that this was appropriate in the circumstances.