Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr David Skoof, a prisoner at HMP North Sea Camp, on 30 August 2015

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.

This is the investigation report into the death of Mr David Skoof from lung and heart disease on 30 August 2015, while a prisoner at HMP North Sea Camp. He was 66 years old. I offer my condolences to Mr Skoof's family and friends.

I am satisfied that Mr Skoof received a high standard of care at North Sea Camp, equivalent to that he could have expected to receive in the community. There was effective liaison between the prison, healthcare staff, hospital staff and Mr Skoof's family, which ensured he received good end of life care.

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 **April 2016**

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Summary

Events

1. Mr David Skoof received a life sentence for murder on 23 May 1997. He had been at HMP North Sea Camp since 15 April 2014.

2. Mr Skoof suffered from ischaemic heart disease, chest pain and shortness of breath. On 5 November 2014, a doctor diagnosed him with chronic pulmonary obstructive disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema). He had frequent exacerbations of COPD (when the symptoms suddenly flare up and become worse). As a prisoner in an open prison, Mr Skoof was temporarily released to attend hospital appointments.

3. Healthcare staff reviewed Mr Skoof frequently but his health gradually deteriorated. On 17 June 2015, Mr Skoof decided he did not want to be resuscitated if his heart or breathing stopped. On 23 June, Mr Skoof was admitted to hospital with an acute exacerbation of COPD.

4. On 5 August, Mr Skoof moved to another hospital for palliative care. Prison healthcare staff kept in contact with the hospital for updates on his health. On 27 August, Mr Skoof became short of breath and very anxious. Over the next two days, his condition declined and he died in the hospital on the morning of 30 August.

Findings

- We are satisfied that Mr Skoof received a good standard of healthcare at North Sea Camp. Healthcare staff treated Mr Skoof promptly and referred him to hospital when necessary. Mr Skoof had an appropriate end of life care plan and was involved in decisions about his care. We are satisfied that Mr Skoof received care equivalent to that he could have expected to receive in the community.

The Investigation Process

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

6. The investigator obtained copies of Mr Skoof's prison medical record and relevant extracts from his prison record.

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

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

9. One of the Ombudsman's family liaison officers wrote to Mr Skoof's sister to explain the investigation. Mr Skoof's sister did not have any specific matters for the investigation to consider.

10. Mr Skoof's sister was informed the draft report was available, but did not make any comment.

11. The prison service also received a copy of the draft report. They reported no factual inaccuracies.

Background Information

HMP North Sea Camp

12. North Sea Camp is an open prison near Boston in Lincolnshire. (Open prisons are for the lowest security category of prisoners who can be reasonably trusted not to escape.) The prison holds over 400 sentenced men in six units. Prisoners who are assessed as suitable are able to work in the community.

13. Lincolnshire Partnership Foundation Trust provided healthcare until 1 October 2014, when Nottingham Healthcare NHS Foundation Trust became the provider. A senior nurse manager is in charge of primary care and four doctors from a Boston Practice provide three GP sessions a week. Healthcare staff are on duty from 7.30am to 6.30pm, with a shorter day at the weekend.

HM Inspectorate of Prisons

14. The most recent inspection of North Seam Camp was in July 2014. The inspectorate found that primary care arrangements, including those for long-term conditions, were very good, and support and care for the large number of older prisoners were particularly effective. Pharmacy services were good but medicine administration was not sufficiently confidential. There was an excellent range of emotional support and mental health services.

Independent Monitoring Board

15. Each prison 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 annual report for the year to 28 February 2015, the IMB was generally positive about health services at the prison. The IMB noted that the provision of a dedicated unit for sick and disabled prisoners was an improvement, but was concerned about the lack of 24 hour care for terminally ill and older prisoners.

Previous deaths at HMP North Sea Camp

16. Mr Skoof was the third prisoner to die at North Sea Camp since 2013. The other deaths were also from natural causes but there were no significant similarities with the circumstances of Mr Skoof's death.

Key Events

17. Mr David Skoof received a life sentence for murder on 23 May 1997 and served time at a number of prisons. In July 2013, the Parole Board recommended that Mr Skoof should move to an open prison and he transferred to HMP Kirkham in September 2013. He had been at HMP North Sea Camp since 15 April 2014.

18. On 16 April 2014, at an initial health screen, a nurse noted Mr Skoof suffered from a number of health issues, including chest pain and shortness of breath for which he used glyceryl trinitrate (GTN) spray. He had a history of ischaemic heart disease and in 2011 had suffered a heart attack. Mr Skoof also suffered from depression. He had fallen three times in the previous six months, and said he had a minor injury to his eye from one of the falls. He declined an assessment for a walking aid. The nurse referred Mr Skoof for a GP review.

19. The same day, a prison GP prescribed Mr Skoof's medication for blood pressure, heart disease and depression. On 23 April, the GP reviewed Mr Skoof's medication and discussed his recent falls with him. The GP considered his balance problems were a side effect of his antidepressant medication, and reduced the dose. The GP checked Mr Skoof's blood pressure and pulse rate, which were within the normal range.

20. Over the next months, healthcare staff frequently checked Mr Skoof's blood pressure and pulse and reviewed his health conditions. On 7 September, Mr Skoof complained of chest pain and a prison GP sent him to hospital, where a chest X-ray showed no abnormalities. (Mr Skoof was released on temporary licence to attend this and other hospital appointments.)

21. On 3 October, the prison GP examined Mr Skoof who had a cough. The GP noted that Mr Skoof had stopped smoking three years earlier, but was sharing a room with a prisoner who smoked and this might have contributed to his cough. He recommended that Mr Skoof should move to a non-smoking environment and requested a further chest X-ray. On 19 October, Mr Skoof moved to a double size room (as a single occupant) in a dedicated unit for elderly, disabled and ill prisoners or those with mobility problems.

22. On 5 November, a prison GP reviewed Mr Skoof and noted that the chest X-Ray requested by the previous GP had confirmed a diagnosis of chronic obstructive pulmonary disease (COPD). He told Mr Skoof about his condition and prescribed liquid medication for his cough. Healthcare staff monitored Mr Skoof and on 19 November, the GP noted his lungs were clear. The GP checked Mr Skoof's blood and noted he had a vitamin D deficiency, for which he prescribed a supplement.

23. On 4 December, a prison GP examined Mr Skoof, who said he felt constantly breathless, but could not hear any sounds in his chest that indicated an obstruction in his air passages. The GP noted Mr Skoof had a history of heart problems and referred him to the cardiology service. An ECG showed no abnormality and on 17 December, a prison GP confirmed Mr Skoof breathlessness was not related to his heart problems.

24. On 12 January 2015, Mr Skoof had a coughing fit and was short of breath. A nurse sent him to hospital, where a chest X-ray showed no abnormalities. Hospital doctors referred Mr Skoof to the respiratory clinic for a lung function test, which showed a mild respiratory abnormality. When he returned to the prison later that day, a prison GP prescribed medication to relieve his symptoms.

25. On 13 February, a nurse reviewed Mr Skoof, who reported pain in his left arm and chest. His blood pressure had dropped and his pulse rate was abnormal. The nurse gave Mr Skoof his GTN spray and called an ambulance. The hospital admitted Mr Skoof and doctors diagnosed an exacerbation of COPD. Mr Skoof started a course of new medication to help his lung function. A scan indicated that he did not have a blockage in his pulmonary artery. He stayed in hospital until 16 February.

26. On 17 February, Mr Skoof told nurses that he could move around the unit only with help from another prisoner. A nurse assessed him and requested a wheelchair from Lincolnshire Wheelchair Service (which was supplied two weeks later). In the meantime he used a borrowed wheelchair.

27. On 23 March, Mr Skoof had another exacerbation of COPD and was taken to hospital and admitted. The hospital discharged him on 26 March on oxygen therapy, for at least 15 hours a day. Prison healthcare staff explained to Mr Skoof and one of his friends how to operate the oxygen machine and cylinder that was kept in his room. On 28 March, Mr Skoof said he was short of breath and a nurse noted his blood oxygen levels were below normal. She spoke to a specialist hospital nurse, who advised that Mr Skoof remain on his current oxygen therapy regime.

28. On 19 May, Mr Skoof had another exacerbation of COPD and went to hospital. He remained in hospital for until 27 May and doctors confirmed he needed long-term oxygen therapy.

29. On 28 May, a palliative care nurse assessed Mr Skoof, who said he had pain in his arms and legs. She referred Mr Skoof for day therapy at a hospice for advice and information to help him make informed choices about his future care. The nurse began an end of life care plan.

30. On 29 May, a nurse spoke to doctors at hospital about Mr Skoof's prognosis. The doctors confirmed Mr Skoof had end stage COPD, but were unable to say how long he would live. A prison GP explained to Mr Skoof that he was terminally ill. He recorded that Mr Skoof was fully aware of his condition. Over the next few days, Mr Skoof's health fluctuated and his oxygen saturation levels dropped. Mr Skoof was not fit to travel to the hospice as planned, but staff arranged for the hospice palliative care team to review Mr Skoof every week.

31. On 6 June, a nurse reviewed Mr Skoof. She noted he was eating normally and was not short of breath. The nurse completed a comprehensive care plan, including daily monitoring and observation of his condition.

32. On 10 June, a multidisciplinary meeting discussed Mr Skoof's end of life care. Healthcare staff updated Mr Skoof's care plan. On 11 June, a nurse discussed Mr Skoof's condition and treatment with him. Mr Skoof said he knew he was

dying and wanted to stay at North Sea Camp, as he felt everything was in place for him at the prison. He said he did not want to be resuscitated if his heart or breathing stopped. She discussed his decision with him again the next day.

33. On 17 June, a prison GP reviewed Mr Skoof and discussed his end of life care. Mr Skoof said he was clear that he did not want to be resuscitated and the GP agreed it was unlikely to be successful and would not be in Mr Skoof's best interest. Mr Skoof's decision was formally recorded.

34. Healthcare staff continued to see Mr Skoof every day. Palliative care nurses also saw Mr Skoof and discussed his care with him, including the possibility of a transfer to a prison with 24 hour healthcare and a palliative care unit, such as HMP Norwich. Mr Skoof was prepared to move to Norwich, but at the time, there were no beds available.

35. On 23 June, Mr Skoof was admitted to hospital with an exacerbation of COPD. He remained in hospital and on 5 August, transferred to a palliative care bed at another hospital, which was better able to meet his needs. A healthcare manager and the Head of Residence and Safety at North Sea Camp discussed the possibility of compassionate release, but as doctors were not able to provide a clear prognosis they could not progress this. The prison kept in contact with the hospital for updates on Mr Skoof's condition.

36. On 27 August, Mr Skoof became short of breath and very anxious and deteriorated over the next two days. On the morning of 30 August, a nurse found Mr Skoof collapsed in his room and scarcely able to breathe. A doctor attended and found that Mr Skoof's heart had stopped and his pupils were fixed and dilated. At 9.20am, the doctor recorded that Mr Skoof had died.

Contact with Mr Skoof's family

37. On 9 April 2015, the prison had appointed an officer as their family liaison officer. The officer offered support to Mr Skoof and his family, and remained in frequent contact with them.

38. On 30 August, when staff from the hospital informed the prison that Mr Skoof had died, the hospital had already informed his family. The family liaison officer was not in the prison that day and another family liaison officer telephoned Mr Skoof's sister, his next of kin, and offered condolences and support. Both family liaison officers remained in contact with Mr Skoof's sister. The prison contributed to the costs of Mr Skoof's funeral, in line with national policy.

Support for prisoners and staff

39. After Mr Skoof's death a prison manager debriefed the staff who had been involved in Mr Skoof's care to offer his support and that of the staff care team.

40. The prison posted notices informing staff and prisoners of Mr Skoof's death and offering support. Two prisoners who were close friends of Mr Skoof were offered individual support in case they had been adversely affected by his death.

Post-mortem report

41. A post-mortem examination indicated that Mr Skoof's cause of death was Cor Pulmonale (abnormal enlargement of the heart as a result of disease of the lungs or the pulmonary blood vessels) and ischaemic heart disease.

Findings

Clinical care

42. The clinical reviewer concluded that the care Mr Skoof received at North Sea Camp was equivalent to that he could have expected to receive in the community. He found that healthcare staff treated Mr Skoof promptly and adequately for his chest pains, ischaemic heart disease and COPD. This was well documented in the medical records.

43. The NHS document 'The route to success in end of life care – achieving quality in prisons and for prisoners', sets out how an end of life care pathway might be implemented in prisons. Among the benefits of an end of life pathway are that it helps carers plan when and how care will be delivered and helps patients make choices about how they are cared for towards the end of their lives.

44. The clinical reviewer found that there was close liaison between healthcare staff at North Sea Camp, adult social care, the hospital and Mr Skoof's family. We found that throughout Mr Skoof's stay at North Sea Camp, there was good communication with Mr Skoof and healthcare professionals responsible for his care. Staff involved Mr Skoof appropriately in his end of life care plans. North Sea Camp considered the possibility of compassionate release, but doctors were not able to provide a clear prognosis on life expectancy so this could not progress before Mr Skoof died. We are satisfied that Mr Skoof was very well cared for at North Sea Camp in line with the national guidelines for end of life care.

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