Prisons & Probation Ombudsman
Independent Investigations

# Independent investigation into the death of Mr Thomas Pile a prisoner at HMP Doncaster on 20 November 2017

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*

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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 Thomas Pile died of pneumonia and heart disease on 20 November 2017 while a prisoner at HMP Doncaster. He was 82 years old. I offer my condolences to his family and friends.

Mr Pile received appropriate care for his conditions, and was managed in line with the National Institute for Health and Care Excellence guidelines. The care that he received was equivalent to that which he could have expected to receive in the community, and there were no unmanaged symptoms which could have led to an earlier diagnosis of heart failure.

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

**Elizabeth Moody**
**Deputy Ombudsman** **February 2019**

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## Summary

### Events

1. On 7 October 2016, Mr Thomas Pile was convicted of historic sexual offences and sent to HMP Doncaster.

2. During his initial health screen, a nurse noted that Mr Pile was a frail, older man, who had been diagnosed with heart failure that year and had several existing health conditions. These included an arthritic spine, heart disease, lung disease, type 2 diabetes and chronic kidney disease. Nursing plans were put into place to address his conditions.

3. In early December, Mr Pile was transferred to a social care unit, where he had regular support from carers and healthcare staff. His conditions remained stable.

4. On 20 October 2017, Mr Pile complained of shortness of breath. On 22 October, he was admitted to hospital, and treated for pneumonia. During this admission, Mr Pile had an echosonogram, which showed that his heart was not functioning properly.

5. On 27 October, Mr Pile was returned to prison, and was cared for in the social care unit. He was monitored closely, and on 2 November, an officer noted that he had breathing difficulties. A nurse took his oxygen saturation levels, which were low, and he was re-admitted to hospital.

6. On 6 November, the hospital confirmed that Mr Pile was terminally ill, and that he was being treated for heart failure. Doctors at the hospital considered that Mr Pile had three months or less to live.

7. Mr Pile remained in hospital, and on 15 November, staff discussed whether to start an application for early compassionate release. Mr Pile also confirmed that he did not want to be resuscitated if his heart were to stop beating.

8. Mr Pile’s health continued to decline, and on 20 November, he died in hospital.

### Findings

9. Mr Pile’s conditions were managed effectively and in line with National Institute for Health and Care Excellence (NICE) guidelines, and the level of care he received was equivalent to that which he could have expected to receive in the community.

10. Staff considered whether to release Mr Pile early on compassionate grounds but did not make an application as Mr Pile died soon after the initial discussion took place.

11. Mr Pile was not restrained for any of his admissions to hospital after his health declined in October 2017.

## The Investigation Process

12. 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.

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

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

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

16. Mr Pile's wife received a copy of the initial report, and made no comments.

# Background Information

## HMP Doncaster

17. HMP Doncaster is a local prison, operated by Serco, which holds up to 1,145 remanded and sentenced men. Nottingham Healthcare NHS Foundation Trust provides physical and mental health services, and substance misuse services. HMP Doncaster directly employs qualified paramedics as part of their healthcare team, who respond to emergency calls in the prison.

## HM Inspectorate of Prisons

18. The most recent inspection of Doncaster was in July 2017. Health services had improved considerably since the previous inspection in October 2015 and were reasonably good overall. A wide range of primary care services was available and waiting lists were generally short, although too many patients failed to attend appointments. The management of prisoners with long-term conditions had improved, with several specially trained staff available to patients. The 24-hour in-house paramedic service was an example of good practice.

## 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. The IMB published its annual report for the year to July 2017.

20. The IMB noted that due to the expansion of the sex offender population at Doncaster, Houseblock 1 was becoming a unit specifically for sex offenders and vulnerable prisoners. They noted the increase in recent years in older prisoners across England and Wales and a high number of aging sex offenders at Doncaster. They were concerned that the healthcare team did not have specialist care for older prisoners or palliative care available onsite. They noted that such care was only available during office hours, as referrals for these services were sent to the local primary care provider in Doncaster and prisoners were seen as outpatients.

## Previous deaths at HMP Doncaster

21. Mr Pile was the sixth prisoner to die from natural causes at Doncaster since January 2016. There were no similarities between the circumstances of Mr Pile's death and the previous deaths at the prison.

## Key Events

22. On 7 October 2016, Mr Thomas Pile was sentenced to seven years in prison for historical sexual offences and sent to HMP Doncaster.

23. A nurse completed Mr Pile's healthcare induction assessment. She noted that Mr Pile was a frail, older man who needed help with his mobility and had several existing healthcare conditions. These included eczema, high cholesterol, type 2 diabetes, an arthritic spine, high blood pressure, chronic kidney disease, heart and lung problems. She noted that Mr Pile had had a knee replacement in 2014, and had been diagnosed with heart failure earlier that year.

24. A nurse put in place a nursing plan to address all of his conditions, and contacted the hospital about his outstanding appointments.

25. On 8 October, a nurse reviewed Mr Pile after another nurse told her that Mr Pile's blood pressure was low. Mr Pile told the nurse that he had not been eating or drinking much due to the stress of being in prison. She encouraged him to drink lots of fluid to bring his blood pressure back to a normal range, advised him that his blood pressure would be monitored daily, and that if he had any concerns, he could use his cell bell to ask to see a nurse.

26. On 9 October, a nurse noted that given his mobility issues, Mr Pile was inappropriately located in an upper floor cell. She noted that there were no available cells on the lower floor, and that she would try to find him an appropriate cell, and give him a wheelchair.

20. On 11 October, Mr Pile was moved to a sex offender unit and was again located on the first floor as there were no cells available on the ground floor. There were, however, lifts in the unit that allowed Mr Pile to move around the building.

21. On 9 December, Mr Pile was transferred to a social care unit which contains 22 beds and houses the most vulnerable prisoners.

22. Mr Pile remained in the social care unit, and over the following months, he was seen regularly and was supported by healthcare staff and his appointed carers. His conditions were managed through the Long-Term Care Service which included support and interventions from hospital consultants. On each occasion that clinical issues were identified, they were appropriately managed and followed up by healthcare staff.

24. Mr Pile's conditions remained stable, and there were no significant entries in his medical records until 20 October 2017 when a nurse noted that Mr Pile reported feeling unwell. She took his physical observations but recorded no concerns.

25. On 22 October 2017, a nurse assessed Mr Pile and noted that he was dizzy when he tried to stand and that he was short of breath. A healthcare assistant saw him that day, at 5.29pm, at the request of an officer who had noticed that Mr Pile was breathless.

26. The healthcare assistant recorded his observations but was unable to get a reading for his oxygen saturation levels. She noted that she would get a second opinion and discuss Mr Pile's case with a nurse. A nurse saw Mr Pile at 5.42pm

and decided to send Mr Pile to hospital as he appeared cyanosed (blue in colour due to a lack of oxygen), cold to touch, and his abdomen was swollen. She was also unable to take Mr Pile's oxygen saturation levels due to his cyanosed fingers, ears and toes. Mr Pile was transferred to hospital without restraints.

27. Mr Pile was admitted to hospital and healthcare staff maintained regular contact with hospital staff to monitor Mr Pile's condition.

28. He was discharged on 27 October 2017, and his discharge summary noted that he had right basal pneumonia with parapneumonic effusion (an accumulation of fluid in the space between the lungs and the chest wall that arises as a result of a pneumonia, lung abscess, or bronchiectasis) which was treated with an antibiotic.

29. Due to symptoms of heart failure, Mr Pile had a sonogram, which showed severe left heart dysfunction and moderate to severe aortic stenosis (narrowing of the aortic valve, the valve between the left ventricle of the heart and the aorta. This narrowing impedes the delivery of blood to the body through the aorta and makes the heart work harder).

30. Mr Pile was monitored closely, and on 1 November, a member of prison staff radioed a code blue (a medical emergency code used to indicate breathing problems) as Mr Pile was having trouble breathing. A nurse recorded in his medical records that this was cancelled at the request of a second nurse. After assessing Mr Pile, a nurse, recorded that he was probably having a panic attack.

31. Mr Pile met a prison GP that day to discuss his anxiety and panic attacks.

32. At 9.35am on 2 November 2017, a nurse noted that Mr Pile was short of breath during a social care needs' appointment. She recorded that she believed this was an anxiety attack, and sat with him until his breathing became steady and advised him to seek help if it worsened.

33. A nurse visited Mr Pile again that afternoon, and recorded that his appearance had slightly improved. At 4.01pm, a nurse took his observations which were recorded as being within a normal range.

34. On the evening of 2 November, an officer asked a member of the healthcare team to attend to Mr Pile as he was having breathing problems. A nurse assessed Mr Pile, and noted in his medical records that he was pale and that his lips were cyanosed.

35. A nurse was unable to feel a radial pulse (located on his wrist) but calculated his heart rate by listening to his chest. His oxygen saturation level was taken and recorded at 84% (values under 90% are considered low).

36. A nurse completed a sepsis screening, which identified a red flag (indicating that a patient must seek urgent medical attention), and she asked the control room to call for an ambulance. While staff waited for the paramedics to arrive, Mr Pile was given oxygen therapy, but the level remained at 84%.

37. Mr Pile was escorted to hospital by two officers and was unrestrained. He was transferred to hospital, unrestrained and treated for pneumonia with intravenous antibiotics.

38. Healthcare staff remained in close communication with hospital medical staff, and on 6 November, a specialist told a nurse that Mr Pile was no longer on intravenous antibiotics, that he was terminally ill and being treated for heart failure.

39. On 8 November, a nurse spoke to hospital staff who informed her that Mr Pile was still receiving active treatment but that doctors were waiting to discuss plans for a 12-week fast track discharge if there was no improvement. (This would mean stopping active treatment, and a likelihood that Mr Pile had approximately three months to live.)

40. Mr Pile's health continued to decline, and on 15 November, a staff member, who provided a support access role, noted in Mr Pile's medical records that he was not to be resuscitated if he stopped breathing, and that early compassionate release was being considered.

41. Mr Pile's health continued to decline, and on 20 November at 2.30am, he died in hospital.

### Contact with Mr Pile's family

42. On 6 November 2017, after Mr Pile's terminal diagnosis, an officer was appointed as the prison family liaison officer (FLO). That day she contacted Mr Pile's wife, and told her that her husband was very unwell and in hospital. The FLO did not provide any further information as Mr Pile had asked to do this himself.

43. On 7 November, Mr Pile's wife visited him in hospital and he told her that he had a terminal diagnosis. The FLO then contacted his wife to offer support. She maintained regular contact with Mr Pile's wife, and attended his funeral which took place on 6 December. The prison offered to contribute towards the funeral in line with national standards but Mr Pile's wife declined as they had a pre-payment funeral plan in place.

### Support for prisoners and staff

44. After Mr Pile's death, the Deputy Director, debriefed the staff who were on duty as bedwatch officers at the time of Mr Pile's death to discuss any issues arising, and to offer support. The staff care team also offered support.

45. The prison posted notices informing other prisoners of Mr Pile's death, and offering support.

### Post-mortem examination

46. The post mortem report gave the cause of death as pneumonia, ischaemic heart disease and cardiac disease.

# Findings

### Clinical care

47. The clinical reviewer noted that the diagnosis and management of Mr Pile's heart failure and the process leading to the diagnosis of pneumonia were in line with NICE guidelines.

48. The clinical reviewer found no failings in the way that staff managed Mr Pile at HMP Doncaster, and she concluded that the care that he received was of a good standard, if not better than he could have expected to receive in the community. She found that healthcare staff were vigilant in their care of Mr Pile, ensuring access to health care professionals and referring to him acute services, as required.

### Compassionate release

49. On 15 November 2017, a nurse noted a discussion to consider whether Mr Pile should be released early on compassionate grounds. However, Mr Pile died in hospital before an application could be made.

### Restraints

50. When prisoners travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk, taking into account factors such as the prisoner's health and mobility.

51. A risk assessment was completed for all Mr Pile's transfers to hospital, with clear medical input and decision making. On each occasion, Mr Pile was assessed as a low risk of hostage taking, escape and medium risk to the public and he was restrained on an escort chain, which was appropriately removed during any treatment that he received. We considered that these decisions were reasonable in these circumstances.

52. For Mr Pile's last admissions to hospital in November 2017, the escort risk assessments noted that Mr Pile's condition was serious and that this affected his mobility and ability to offend. He was not restrained for any of these admissions.

53. We are pleased that HMP Doncaster completed thorough risk assessments for all Mr Pile's escorts to hospital, and considered the risk that he posed at that time.

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