Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Geoffrey Churchill a prisoner at HMP Wymott on 22 September 2016

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Churchill died at HMP Wymott on 22 September 2016 of bronchopneumonia and acute kidney injury, caused by a small bowel obstruction. He was 59 years old. I offer my condolences to Mr Churchill's family and friends.

We consider the care Mr Churchill received at Wymott to have been equivalent to that he could have expected to receive in the community. However, we are concerned that his family were not informed of his serious condition earlier and so were unable to see him before he died. We are also concerned that the prison gave the family incorrect information about Mr Churchill.

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
Acting Prisons and Probation Ombudsman **November 2017**

Contents

Summary

Events

1. On 18 June 2007, Mr Geoffrey Churchill was sentenced to life imprisonment for murder. He was transferred to HMP Wymott in April 2014.

2. Mr Churchill's initial health screen revealed he had a history of irritable bowel syndrome (IBS), but was not receiving treatment for it.

3. In March 2016, Mr Churchill was diagnosed with angina, and was scheduled for further tests that October. While he was at Wymott, Mr Churchill had surgery for a hernia and had investigations due to a testicular swelling, but otherwise had no significant health concerns.

4. On 3 May 2016, Mr Churchill told a prison GP that he had suffered with diarrhoea over the past seven years, with his bowels opening six or seven times a day. The GP examined Mr Churchill, and observed that his bowels were normal. He offered Mr Churchill further examinations of his bowel, but he declined.

5. On 16 September, Mr Churchill attended the triage clinic complaining of stomach pains, abdominal cramps and repeated vomiting. A prison GP suspected a flare-up of his IBS, and prescribed medication to relieve it. Mr Churchill's symptoms did not improve over the next three days, and he was sent to hospital on 19 September.

6. On 20 September, Mr Churchill was diagnosed with a twisted bowel. At midday, on 21 September, he had surgery to rectify this and was placed in an induced coma to assist his recovery. Mr Churchill did not regain consciousness, and treatment was eventually withdrawn.

7. Mr Churchill died at 5pm on 22 September.

Findings

Clinical care

8. We agree with the clinical reviewer that Mr Churchill received a level of care at HMP Wymott equivalent to that which he could have expected in the community. Mr Churchill was managed appropriately for his IBS, and in May 2016 was offered a hospital referral for further investigations, which he chose to decline.

9. A number of concerns were raised by other prisoners earlier in September when Mr Churchill became ill, and we accept that he may well have been extremely poorly at this time. However, we agree with the clinical reviewer that healthcare staff and prison GPs acted appropriately when they reviewed him, given the symptoms and signs Mr Churchill presented with.

Family liaison

10. We are concerned that Mr Churchill's family were unable to see him before his operation. His family were only informed of the seriousness of his condition about an hour before surgery, so never saw him conscious again. We are also

concerned that someone from the prison gave Mr Churchill's family incorrect information about his circumstances, which caused them undue distress.

Restraints

11. We consider that the prison acted appropriately in restraining Mr Churchill with an escort chain when he was first taken to hospital. He was not placed under restraint following his operation.

Recommendations

- The Governor should ensure that the next of kin are informed as soon as possible when seriously ill prisoners are admitted to hospital, are provided with comprehensive and accurate information and are kept informed of progress.

The Investigation Process

12. The investigator issued notices to staff and prisoners at HMP Wymott informing them of the investigation and asking anyone with relevant information to contact him. Several prisoners contacted him.

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

14. The investigator interviewed seven prisoners on 28 November 2016 by telephone.

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

16. We informed HM Coroner for Preston and West Lancashire of the investigation. He sent us the results of the post-mortem examination and we have given the coroner a copy of this report.

17. One of the Ombudsman's family liaison officers contacted Mr Churchill's sister, to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. Mr Churchill's sister asked us to investigate:

    - The reason why the family were not informed that Mr Churchill was in hospital until immediately before his operation.
    - Why the prison gave them incorrect information about the circumstances surrounding Mr Churchill's admission to hospital.
    - How long Mr Churchill had been suffering prior to his admission to hospital.

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

19. Mr Churchill's family received a copy of the initial report. They raised a number of issues and questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

Background Information

HMP Wymott

20. HMP Wymott is a medium secure prison holding over 1,100 adult men. Lancashire Care NHS Foundation Trust provides healthcare services at the prison. A private company provides GP services and out of hours medical cover. There are no inpatient beds, but there is 24-hour nursing cover.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Wymott was conducted in October 2016. Inspectors reported that Wymott remained a reasonably safe prison. Staff-prisoner relationships were generally respectful but healthcare provision was weak and in some areas potentially unsafe. They felt that the care of prisoners with chronic conditions was not good enough.

Independent Monitoring Board

22. 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 on Wymott, for the year to May 2016, the IMB reported that although there had been some improvement in health services since 2015, there were still serious problems with providing medication. This was exacerbated by staff shortages, although the report noted that staffing levels had also improved.

Previous deaths at HMP Wymott

23. Mr Churchill was the sixth prisoner to die of natural causes at Wymott since January 2015. There were no similarities between Mr Churchill's death and these earlier deaths.

Key Events

24. On 18 June 2007, Mr Geoffrey Churchill was sentenced to life imprisonment for murder, with a minimum term of 15 years. He spent time at a number of prisons, before being transferred to HMP Wymott on 7 April 2014.

25. When he arrived at Wymott, a nurse reviewed Mr Churchill at a reception health screening. Mr Churchill had a history of IBS, but was not currently taking any medication. Mr Churchill also disclosed a family history of angina, although he had not been diagnosed with this himself.

Medical concerns

26. In April 2015, Mr Churchill was suspected of having angina due to ongoing problems with intermittent claudication. (This entails cramping in the leg muscles due to obstructed arteries.) In June 2015, he was prescribed a glyceryl trinitrate spray (commonly used to treat angina). In March 2016, Mr Churchill had a CT angiogram (a test using X-rays to provide detailed images of narrowed or blocked blood vessels). This confirmed he had angina. Mr Churchill was scheduled for further tests in October, to determine the extent of this problem and to establish whether he had substantial coronary disease.

27. Mr Churchill had no other relevant health concerns during his time at Wymott, but had surgery for a hernia in 2015. He was also referred to hospital for a testicular swelling in 2015, but this required no further treatment.

History of bowel problems

28. On 24 December 2014, a prison GP saw Mr Churchill after he complained of vomiting and diarrhoea. He noted Mr Churchill's history of IBS, and recommended a trial diet excluding wheat and dairy.

29. On 3 May 2016, a prison GP saw Mr Churchill in clinic. Mr Churchill told him he had suffered with diarrhoea for the past seven years with his bowels opening six or seven times a day. He said he had no rectal bleeding. The GP examined Mr Churchill and noted that his weight was stable and his abdomen was normal. Mr Churchill declined both the offer of an internal examination of his lower bowel, and a referral for a colonoscopy (an internal examination of the bowel using a small camera).

30. On 16 September, Mr Churchill attended the triage clinic complaining of pains in his stomach, a tight cramp in his abdomen, and that he had vomited 12 times during the night. A nurse examined Mr Churchill and observed that his bowels were normal. She advised Mr Churchill to rest in his cell for 24 hours, take plenty of fluids and attend clinics the next day to update staff on how he felt. Mr Churchill was signed off sick from work.

31. In the early hours of 17 September, a nurse saw Mr Churchill in his cell after reports he was vomiting. At 1.29am, she noted that he had stomach cramps and his vomit looked like undigested food, but he had no other pain, no diarrhoea, and appeared alert and orientated. She recorded that Mr Churchill's clinical observations were unremarkable, and gave him antacid to relieve his stomach

symptoms. She told him to rest and take on plenty of fluids. At 6am, she reviewed Mr Churchill, who told her that his vomiting had stopped but he still had cramping pain in his stomach. She advised Mr Churchill to rest, to keep taking on fluids and said that she would ask day staff to check up on him.

32. At 11.45am, a nurse reviewed Mr Churchill and noted that he had complained of abdominal pain, mainly in his left flank, for three days. She examined Mr Churchill and observed that his abdomen was slightly swollen and he was tender over his left flank, but that his bowels and organs appeared normal. She consulted an on-call GP, who suspected a flare up of Mr Churchill's IBS. He prescribed medication to reduce the spasm and pain in the bowel, as well as Mr Churchill's sickness. He advised that Mr Churchill should be taken to hospital if he began vomiting again, or if his condition deteriorated. The nurse reviewed Mr Churchill at 4.17pm, and noted that his clinical observations were all within normal limits.

33. On 18 September, a prison GP reviewed Mr Churchill in clinic, and noted that his general observations were stable, but that he was feeling nauseous. On examination, he noted that Mr Churchill's abdomen was soft but there was minimal bloating and tenderness. He diagnosed IBS and prescribed a one week course of medication for his spasm and sickness. He planned to review Mr Churchill two to three days later if his symptoms did not settle.

34. In interview, a number of prisoners expressed their concern that Mr Churchill was very ill for a week before to going to hospital. The general consensus was that Mr Churchill was well looked after by prison staff, but that some members of healthcare did not take his condition seriously and seemed unconcerned.

The events of 19 September

35. On 19 September, a nurse saw Mr Churchill in his cell at the request of officers on his wing. At 12.34pm, she recorded that Mr Churchill told her he "feels like he's dying", was "continuing to vomit", and was "unable to keep fluids down". She noted that he appeared alert and orientated, but she added him to the GP list for that afternoon.

36. At 3.12pm, a prison GP reviewed Mr Churchill and noted he had been vomiting bile for five days and his bowels had last opened two days earlier. He conducted an abdominal and rectal examination, but noted there was nothing unremarkable. He gave Mr Churchill a cyclizine injection (to treat the nausea, vomiting and dizziness). He told staff to contact the on-call GP if there was no improvement.

37. At 4.09pm, a prison GP recorded that Mr Churchill was still vomiting after taking the cyclizine. At 5.15pm, Mr Churchill was sent to hospital accompanied by two officers and restrained with an escort chain.

Mr Churchill's time in hospital

38. At 6.48am on 20 September, a nurse spoke to hospital staff and noted that Mr Churchill had been diagnosed with a twisted bowel which would require surgery. He was placed on the Wymott palliative care register as a precaution.

39. Mr Churchill was taken into the operating theatre at midday on 21 September. His restraints were removed. After surgery, he was placed in an induced coma, without restraints, and located in the intensive care unit. Mr Churchill never regained consciousness, and at 4pm on 22 September, his treatment was withdrawn.

40. Mr Churchill was pronounced dead at 5pm.

Contact with Mr Churchill's family

41. At 10.10am on 21 September, hospital staff requested that Mr Churchill's next of kin be informed that he was about to have major surgery. A chaplain was appointed as the family liaison officer, but another chaplain was asked to inform Mr Churchill's family about his operation.

42. Mr Churchill's next of kin was his mother, who was in her 90s. At approximately 11am, the chaplain called Mr Churchill's mother, who requested that all contact be made with her daughter, Mr Churchill's sister, instead. She called Mr Churchill's sister and arranged to meet the family at the hospital later that day.

43. The chaplain met the family at 3.45pm, while Mr Churchill was still in theatre, and remained with them until they were able to see him in the recovery room at 7pm. A hospital nurse explained to the family that Mr Churchill would be kept in an induced coma until further notice. She left at 9pm, but the family remained to speak to the doctor.

44. Mr Churchill's sister said that the chaplain had told her that Mr Churchill had collapsed in his cell at 6am that morning. She found out subsequently that this was incorrect and that Mr Churchill had been confused with another prisoner. The chaplain stated that she had not said this, as she knew only of Mr Churchill's bowel operation. It is unclear who from the prison may have provided this inaccurate information to Mr Churchill's sister.

45. On 22 September, after being informed that Mr Churchill might be close to death, another chaplain met Mr Churchill's family at the hospital. The chaplain offered support to Mr Churchill's family when his treatment was withdrawn, and left them to be with him while he died. The chaplain met Mr Churchill's family subsequently and again offered support and explained what would happen next.

46. On 26 September, Mr Churchill's sister asked the chaplain why they had not been informed when Mr Churchill was first admitted to hospital. The chaplain told her that Mr Churchill's condition was not considered to be an emergency or life threatening at that stage. The prison confirmed that Mr Churchill was permitted to call his family once he had arrived in hospital, but he had said he did not want to alarm them and asked the prison to inform them on his behalf. Bed watch staff also stated that they were only told of the seriousness of Mr Churchill's operation at 10.10am on 21 September, at which point they immediately requested that his family were informed.

47. Mr Churchill's funeral was held on 13 October. The prison contributed to the costs of the funeral, in line with national guidance.

Support for prisoners and staff

48. After Mr Churchill's death, an orderly officer debriefed the staff involved to ensure they had the opportunity to discuss any issues arising, and to offer support. The officer also reminded staff of the support mechanisms available.

49. The prison posted notices informing other prisoners of Mr Churchill'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 Churchill's death.

Post-mortem report

50. The post-mortem concluded that Mr Churchill died from bronchopneumonia and acute kidney injury, caused by small bowel obstruction.

51. The consultant pathologist observed that Mr Churchill's acute kidney injury was as a consequence of dehydration, which was caused by the small bowel obstruction. He further noted that although the bowel surgery appeared to have been successful, the kidneys had already suffered irreparable damage. The dehydration may well have been caused by episodes of vomiting, low fluid intake and acute bowel obstruction; in essence a catalogue of events which culminated in an abrupt loss of kidney function.

Findings

Clinical care

52. We agree with the clinical reviewer that the care Mr Churchill received in respect of his long-term conditions was equivalent to that he would have received in the community. Mr Churchill was promptly referred and attended all his hospital appointments, and received appropriate follow-up care. The clinical reviewer also concluded that Mr Churchill was managed appropriately for his IBS, and was offered a hospital referral for further investigations in May 2016, which he chose to decline. The clinical reviewer added that IBS is diagnosed on signs and symptoms only, so in the absence of other symptoms, there was no reason for healthcare staff to suspect anything other than IBS during this period.

53. Regarding his acute episode in September 2016, a number of prisoners raised concerns in interview about the way Mr Churchill was looked after by healthcare staff at Wymott. They particularly expressed concern that healthcare staff had not taken Mr Churchill's condition seriously and seemed disinterested. The clinical reviewer concluded that Mr Churchill was managed appropriately for this acute episode, and was seen by GPs on three separate occasions. She further stated that the GP reviews were comprehensive and the correct conclusions were drawn from the clinical observations they made. The clinical reviewer confirmed that clinicians are only able to make assessments on how the patient appears to them on examination. As such, she concluded that the care Mr Churchill received for this acute episode was appropriate and equivalent to that he could have expected to have received in the community.

54. The prison confirmed that Mr Churchill worked every day in the week prior to going to hospital, except for Friday 16 September, when he was signed off as ill. While we accept that Mr Churchill may have been unwell during that week, he had not missed work or sought medical attention until the Friday. We therefore agree with the clinical reviewer that healthcare staff cared for Mr Churchill appropriately according to the symptoms with which he presented.

Family liaison

55. Prison Rule 22(1) states that when a prisoner becomes seriously ill the Governor shall inform the prisoner's next of kin at once.

56. Under Prison Service Instruction (PSI) 64/2011, *Management of prisoners at risk of harm to self, to others and from others (Safer Custody),* "prisons must ensure that an appropriate member of staff engage with the next of kin of prisoners who are seriously ill", and that his Family Liaison Officer (FLO) should be "familiar with the prisoner's details and circumstances of his death".

57. Mr Churchill's family were not informed that he was in hospital facing a serious operation until approximately an hour beforehand. This meant they were denied an opportunity to see him before he underwent surgery, from which he never recovered. We accept that Mr Churchill was permitted to call his family while at the hospital, but are concerned that prison staff did not do so at once when asked by Mr Churchill following his arrival there. We are also concerned that

prison staff did not realise the seriousness of Mr Churchill's surgery until shortly before he entered the operating theatre.

58. Mr Churchill's family were unhappy that they were given incorrect information about his hospitalisation. While we accept the chaplain's assertion that she did not give the wrong information to Mr Churchill's family, it does appear that Mr Churchill's sister was given inaccurate information by the prison. We are concerned that Mr Churchill's family were caused unnecessary distress. We make the following recommendation:

The Governor should ensure that the next of kin are informed as soon as possible when seriously ill prisoners are admitted to hospital, are provided with comprehensive and accurate information and are kept informed of their progress.

Restraints

59. When prisoners have to travel outside the prison, a risk assessment determines the nature and level of security arrangements to be made, 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.

60. A risk assessment was completed for Mr Churchill prior to his escort to hospital. There were no medical objections to restraints at that time, and he was assessed as being a risk to the public due to his index offence. Mr Churchill was restrained with an escort chain, but these restraints were removed when he went into the operating theatre, and not applied again.

61. We consider that the prison acted appropriately in restraining Mr Churchill when he first went to hospital.

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