

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Ferrier a prisoner at HMP Wakefield on 14 April 2019

A report by the Prisons and Probation Ombudsman

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.

Mr John Ferrier died on 14 April 2019, of acute chronic renal failure, sepsis and bronchopneumonia while a prisoner at HMP Wakefield. He was 74 years old. I offer my condolences to Mr Ferrier's family and friends.

I am satisfied that overall, Mr Ferrier received a good standard of care at Wakefield, equivalent to that which he could have expected to receive in the community.

I am however, concerned that results of blood tests that indicated Mr Ferrier had an infection were not followed up. Although this did not affect the outcome for Mr Ferrier, it might be critical in future cases.

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

Sue McAllister CB
Prisons and Probation Ombudsman

November 2019

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Summary

Events

1. On 19 October 2013, Mr John Ferrier was remanded to HMP Altcourse charged with sexual offences. Shortly before his arrival into prison, Mr Ferrier had been diagnosed with chronic kidney disease by his community GP and was under the care of hospital staff.
2. On 15 May 2014, Mr Ferrier was sentenced to sixteen years in prison.
3. On 7 September 2016, Mr Ferrier was transferred to HMP Wakefield. He arrived at Wakefield with many pre-existing medical conditions which were reviewed regularly by healthcare staff and specialist clinics at the prison.
4. On 21 November, Mr Ferrier received a life sentence for further historic sexual offences.
5. During a routine review on 1 April 2019, a prison GP noted that the results of a blood test showed a severe reduction in Mr Ferrier's kidney function. Further tests were carried out the same day and the results showed a deterioration of his condition.
6. On 7 April, a healthcare nurse reviewed Mr Ferrier and noted that he had a yellow tinge to his complexion. She suspected he was jaundiced and admitted him to the prison's healthcare unit for observation. Further blood test results confirmed a deterioration in Mr Ferrier's kidney function and he was taken to hospital by emergency ambulance for review.
7. Hospital staff considered Mr Ferrier had developed an infection and referred him for a blood transfusion. He was discharged from hospital and was sent back to Wakefield the same day.
8. On 10 April, Mr Ferrier returned to hospital for the planned blood transfusion. However, before it could be carried out, hospital staff noted a deterioration in his kidney function. They administered a course of intravenous antibiotics and admitted him as an inpatient. However, Mr Ferrier's condition continued to deteriorate.
9. At 1.20pm on 14 April, it was confirmed that Mr Ferrier had died.
10. The post mortem report gave Mr Ferrier's cause of death as acute chronic renal failure, sepsis and bronchopneumonia.

Findings

11. The clinical reviewer found that overall, Mr Ferrier received a good standard of clinical care at Wakefield. Healthcare staff appropriately assessed his clinical needs and sought advice from hospital specialists.
12. We are satisfied that the standard of care Mr Ferrier received at Wakefield was equivalent to that which he could have expected to receive in the community.

13. However, the clinical reviewer found that results of blood tests taken on 3 April, indicated Mr Ferrier had developed an infection. Despite a review by a prison GP, healthcare staff did not contact hospital staff for advice. Although it did not affect the outcome for Mr Ferrier, this might prove critical in future cases.

Recommendations

- The Head of Healthcare should ensure that clinicians promptly and appropriately review and follow up abnormal blood test results, especially where the results might indicate a significant condition.

The Investigation Process

14. The investigator issued notices to staff and prisoners at HMP Wakefield informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
15. The investigator obtained copies of relevant extracts from Mr Ferrier's prison and medical records.
16. NHS England commissioned a clinical review Rainford to review Mr Ferrier's clinical care at the prison.
17. We informed HM coroner for County of West Yorkshire of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
18. We wrote to Mr Ferrier's next of kin 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.
19. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HM Prison Wakefield

18. HMP Wakefield is a high security prison and holds up to 750 men. There are four main residential wings, a healthcare centre, a segregation unit and a close supervision centre (a small unit aiming to provide a supportive, safe, structured and consistent environment for some of the most challenging offenders).
19. Care UK provides the healthcare provision at Wakefield. They provide primary healthcare services during normal working hours and overnight, and weekend care in the inpatient unit for prisoners with physical health problems. There is a dedicated palliative care suite in the healthcare unit.

HM Inspectorate of Prisons

20. The last inspection at Wakefield was in June 2018. Inspectors noted that health services were good overall, but some parts of the healthcare environment needed improvement. Primary care services were noted as being very good and had an appropriate emphasis on the care of patients with long-term conditions.

Independent Monitoring Board

21. 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 30 April 2018, the IMB noted the difficulties and challenges presented by the previous change of healthcare provider. However, they also noted there had been noticeable improvements with the new team.
22. The IMB noted the introduction of nurse prescribers, trained to administer intravenous drugs. They also found that a review would be carried out following every case in which an emergency ambulance was requested. In addition, a nurse practitioner had been appointed to provide clinical cover alongside the prison GP's.
23. The IMB found that the end of life care suite had been updated and that the provision of care given to patients with life limiting conditions was of a high standard.

Previous deaths at HMP Wakefield

24. Mr Ferrier was the fifteenth prisoner to die at HMP Wakefield since May 2017. Fourteen of the deaths were from natural causes and one death was self-inflicted. There have been two deaths since Mr Ferrier's death, one from natural causes and one self-inflicted. We have made a similar recommendation about the need to follow up on abnormal blood test results in a previous investigation in 2015.

Findings

The diagnosis of Mr Ferrier's terminal illness and informing him of his condition

HMP Altcourse

25. On 19 October 2013, Mr John Ferrier was remanded to HMP Altcourse charged with sexual offences and on 15 May 2014, he was sentenced to sixteen years in prison. Mr Ferrier had a number of pre-existing medical conditions. He had been previously diagnosed with hypertension (high blood pressure), type 2 diabetes, COPD (chronic obstructive pulmonary disease) and ischaemic heart disease (blood supply to the heart is restricted by a build-up of fatty substances).
26. On his arrival at Altcourse, healthcare staff reviewed Mr Ferrier and noted that shortly before being sent to prison, his community GP had diagnosed him with chronic kidney disease (a condition that causes pockets of fluid in the kidneys). They also noted that he had been referred to the renal department of a hospital where his kidney disease was monitored regularly.
27. Healthcare staff also noted that Mr Ferrier was a smoker, but despite repeated attempts, he refused smoking cessation advice until 2018. In line with NICE (National Institute for Health and Care Excellence) guidelines, Mr Ferrier was given an influenza injection.
28. Mr Ferrier's diabetes and blood pressure were monitored closely by healthcare staff to avoid any further damage to his kidneys. His prescribed medications were reviewed, care plans were created and he was referred to specialist clinics at the prison. Healthcare staff contacted the hospital to update them on Mr Ferrier's location. They stayed in contact with hospital staff, seeking advice on medication and appropriate care.
29. We are satisfied that healthcare staff appropriately managed Mr Ferrier's symptoms, sought advice from hospital specialists and discussed his diagnosis with him.

HMP Wakefield

30. On 7 September 2016, Mr Ferrier was transferred to Wakefield. His pre-existing medical conditions were noted and his prescribed medications were reviewed. His care plans were reviewed and updated and hospital specialists were notified of his move.
31. On 21 November, Mr Ferrier received a life sentence for further historic sexual offences.
32. On 23 November, a prison GP reviewed Mr Ferrier after the results of a routine blood test showed his iron deficiency, anaemia (a lack of oxygen in the red blood cells) had worsened. She made a two week wait referral (used for those patients suspected of having cancer to ensure a prompt review) to the urology department at a hospital in Wakefield.

33. On 5 December, Mr Ferrier was reviewed by hospital staff. They diagnosed him with having a polyp (an abnormal tissue growth) on his gallbladder and cortical cystic disease (a condition which causes sacs of fluid to develop in the kidney). Hospital staff referred him for a colonoscopy but the results showed nothing of concern. Mr Ferrier was referred for a second colonoscopy but he refused to attend the appointment. He also refused a follow up urology appointment.
34. On 18 April 2018, a nurse from the prison's healthcare unit reviewed Mr Ferrier after prison officers noted he appeared extremely unwell. She noted that he had a grey complexion and was very lethargic. A nurse sent Mr Ferrier to hospital by emergency ambulance for review.
35. Hospital staff diagnosed Mr Ferrier with urosepsis (an infection of the urinary tract). He was admitted as an inpatient and treated with intravenous antibiotics. He also had a blood transfusion on 23 April. On 25 April, Mr Ferrier was discharged from hospital and was sent back to Wakefield.
36. Apart from regular testing and reviews to monitor his kidney condition, Mr Ferrier had little significant contact with healthcare staff over the months that followed.
37. On 22 February 2019, results of a routine blood test showed that Mr Ferrier had a raised creatinine level (creatinine is a waste by-product of the muscles). Healthcare staff telephoned hospital staff for advice. The hospital advised that Mr Ferrier should be sent to hospital for review. Mr Ferrier was admitted to hospital as an in-patient and received a blood transfusion. On 27 February, he was discharged from hospital and was sent back to Wakefield.
38. On his return to the prison, Mr Ferrier was admitted to the prison's inpatient unit for observation. However, on 1 March, he discharged himself against the advice of healthcare staff. He told healthcare staff that he preferred to be among friends on the residential wing.
39. On 8 March, during a routine review, a nurse noted that Mr Ferrier's left calf was 5cms larger than his right (often a sign that a patient has developed a blood clot). She sent him to hospital for review. After carrying out a series of tests, hospital staff could not find any sign of a blood clot. They advised him to keep his legs elevated to reduce the swelling and he was sent back to Wakefield the same day.
40. On 10 March, a nurse reviewed Mr Ferrier. He told her that he had pain in his calves. She noted that contrary to the advice given to him by hospital staff, Mr Ferrier had not kept his legs elevated. The nurse told Mr Ferrier about the importance of doing so and referred him for a review by a prison GP.
41. On 15 March, a prison GP reviewed Mr Ferrier. He noted Mr Ferrier's swollen calf and that scans had showed nothing of concern. He diagnosed Mr Ferrier with fluid retention and adjusted his medication.
42. On 1 April, a prison GP reviewed the results of routine blood samples. She noted they showed a severe reduction in Mr Ferrier's kidney function since his last test on 11 March. The test results also showed a raised white blood cell

count. She also noted that his kidney function test results were abnormal and that Mr Ferrier needed an urgent GP review.

43. Mr Ferrier was reviewed the same day by a prison GP. He noted Mr Ferrier's recent blood test results and considered that he needed a second kidney function test, an estimated glomerular filtration rate test (EGFR, used to measure the creatinine level in the body, a waste product of the muscles, used to measure the efficiency of kidney function) and a full blood count.
44. On 3 April, Mr Ferrier was reviewed by a prison GP. She noted that she had reviewed his prescription medication and that an urgent GP review was needed to make a referral following the EGFR results. There is no evidence in Mr Ferrier's medical records to show that his blood test results were reviewed by a GP.
45. On 7 April, a nurse reviewed Mr Ferrier after he fell in his cell. She took his observations (the level of oxygen in the bloodstream, temperature and blood pressure used as an indicator of a patient's physical condition) and noted that he had a raised temperature. He also appeared jaundiced (a build-up of waste material in the blood stream and indicator of poor kidney function, patients with jaundice appear to have a yellow tinge to the skin). Mr Ferrier was admitted to the prison's healthcare unit for observation and blood tests were taken.
46. Later that evening, an out of hours GP reviewed the results of the blood tests, which showed that Mr Ferrier had suffered a further deterioration in his kidney function. He sent Mr Ferrier to hospital by emergency ambulance for review.
47. Hospital staff considered Mr Ferrier had developed an infection. They gave him a course of antibiotics and referred him for a blood transfusion to treat his symptoms. He was discharged from hospital and was sent back to Wakefield the same day.
48. On 10 April, Mr Ferrier was returned to hospital for the planned blood transfusion. He was escorted by two officers and was not restrained.
49. Before the blood transfusion could be carried out, hospital staff noted a further deterioration in Mr Ferrier's kidney function. They administered a course of intravenous antibiotics and admitted him as an inpatient. Healthcare staff remained in contact with hospital staff to keep updated on his condition.
50. The same day, hospital staff asked Mr Ferrier if he wanted to be resuscitated in the event his heart stopped beating. Mr Ferrier said that he did not wish to be resuscitated and signed a do not attempt cardiopulmonary resuscitation (DNACPR) order to that effect. Hospital staff considered that Mr Ferrier had the mental capacity to make decisions about his care and treatment. Mr Ferrier's condition continued to deteriorate and hospital staff told healthcare staff at the prison that his prognosis was poor.
51. On 12 April, hospital staff considered that there were no active treatment options left open to Mr Ferrier. They told healthcare staff at the prison that Mr Ferrier would only receive palliative care.

52. Mr Ferrier's condition continued to deteriorate and at 1.20pm on 14 April, the prison officers accompanying Mr Ferrier noticed that he had stopped breathing.
53. At 2.18pm, a hospital doctor confirmed that Mr Ferrier had died.
54. We agree with the clinical reviewer that overall, the standard of clinical care Mr Ferrier received at Wakefield was equivalent to that which he could have expected to receive in the community.
55. The clinical reviewer noted that Mr Ferrier arrived into custody with a number of pre-existing medical conditions, including a diagnosis of chronic kidney disease. She considered that healthcare staff appropriately reviewed and assessed his healthcare needs in line with NICE guidelines and sought advice from specialists where appropriate.
56. However, the clinical reviewer found that when the results of the blood tests taken on 3 April indicated that Mr Ferrier had developed an infection, healthcare staff did not follow this up or contact hospital staff for advice. Although this did not affect the outcome for Mr Ferrier, it might be crucial in future cases. We make the following recommendation:

The Head of Healthcare should ensure that clinicians promptly and appropriately review and follow up abnormal blood test results, especially where the results might indicate a significant condition.

Mr Ferrier's location

57. Although Mr Ferrier had a number of pre-existing medical conditions, healthcare staff considered it would be appropriate for him to be located on a residential wing. To assist him with his daily tasks and enable him to live as independently as possible, Mr Ferrier was helped by a prisoner who volunteered to be his wing based carer.
58. On the occasions that Mr Ferrier's health had deteriorated, healthcare staff admitted him to the prison's inpatient unit. However, despite their best efforts Mr Ferrier sometimes chose to discharge himself from the inpatient unit, preferring to be among his friends on the residential wing.
59. We are satisfied that Mr Ferrier was appropriately located throughout his illness and that his wishes were taken into account. We are also satisfied that he was quickly taken to hospital when his condition deteriorated.

Restraints, security and escorts

60. When prisoners must travel outside 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 must 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 considering factors such as the prisoner's health and mobility.

61. We are satisfied that staff carried out thorough risk assessments and following his final admission to hospital on 10 April, appropriately, Mr Ferrier was not restrained.

Liaison with Mr Ferrier's family

62. When Mr Ferrier was admitted to hospital on 10 April, the prison appointed an officer to act as his family liaison officer (FLO). He telephoned Mr Ferrier's son to inform him of his father's condition, but there was no answer. He then telephoned Mr Ferrier's daughter and told her that her father had been admitted to hospital.
63. Mr Ferrier's daughter told the FLO that she had had no contact with her father for some considerable time because of the nature of his offences. She said that she would pass on the news to her brother and that she would like to be kept updated on his condition by telephone.
64. The following day, the FLO telephoned Mr Ferrier's daughter to tell her Mr Ferrier's condition had worsened. She told the FLO that her brother did not want to contact his father. However, she decided that she would like to visit him in hospital.
65. The FLO accompanied by a Custodial Manager (CM) arranged to meet Mr Ferrier's daughter at the hospital to offer her support while she visited her father. Shortly afterwards, a member of the chaplaincy team at the prison also attended to offer her support.
66. Mr Ferrier's daughter asked to be informed of Mr Ferrier's death by telephone.
67. After Mr Ferrier's death on 14 April, the FLO telephoned Mr Ferrier's daughter to inform her of her father's death.
68. The following day, another officer took over the role of the FLO. She telephoned Mr Ferrier's daughter to offer her support.
69. Mr Ferrier's funeral was held on 15 May. In line with national guidance, the prison offered a financial contribution towards the funeral.

Compassionate release

70. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.
71. Although Mr Ferrier was seriously ill on his last admission to hospital on 10 April, it was not until the next day that hospital staff indicated that he might not survive more than two or three days.
72. We are satisfied that there was not sufficient time for the prison to make an application for compassionate release on Mr Ferrier's behalf.

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