

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Salvatore Finazzo a prisoner at HMP Birmingham on 7 February 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.

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 Salvatore Finazzo died on 7 February 2019, of bronchopneumonia, chronic obstructive pulmonary disease and heart disease, while a prisoner at HMP Birmingham. He was 81 years old. I offer my condolences to Mr Finazzo's family and friends.

I am satisfied that Mr Finazzo received a good standard of care at Birmingham which was equivalent to that which he could have expected to receive in the community.

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

July 2019

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Summary

Events

1. On 3 October 2016, Mr Salvatore Finazzo was sentenced to nine years in prison for sexual offences and was sent to HMP Birmingham.
2. Mr Finazzo arrived at Birmingham with a number of pre-existing medical conditions which required regular reviews by healthcare staff.
3. During a review on 6 June 2018, a prison GP noted a raised prostate specific antigen level among the results of a routine blood test. Mr Finazzo was referred to hospital for further review and in August he was diagnosed with prostate cancer.
4. On 30 January 2019, healthcare staff noted Mr Finazzo's condition had worsened. He was referred to a hospice and hospital in Birmingham for end of life care.
5. On 6 February, Mr Finazzo underwent a series of blood tests, which showed that he was severely anaemic. He also appeared to be extremely dehydrated. A prison GP considered Mr Finazzo was at risk from acute kidney failure and sent him to hospital by emergency ambulance for review.
6. Hospital staff considered Mr Finazzo might have developed an infection and gave him a course of intravenous antibiotics. However, Mr Finazzo's condition continued to deteriorate.
7. At 10.05am on 7 February, Mr Finazzo died.
8. A post-mortem gave Mr Finazzo's cause of death as pneumonia, chronic obstructive pulmonary disease and heart disease.

Findings

9. The clinical reviewer found that Mr Finazzo received a good standard of clinical care at Birmingham. Healthcare staff appropriately assessed his clinical needs and sought advice from secondary care providers.
10. We are satisfied that the standard of care Mr Finazzo received at Birmingham was equivalent to that which he could have expected to receive in the community.
11. We make no recommendations.

The Investigation Process

12. The investigator issued notices to staff and prisoners at HMP Birmingham informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
13. The investigator obtained copies of relevant extracts from Mr Finazzo's prison and medical records.
14. NHS England commissioned an independent clinical reviewer to review Mr Finazzo's clinical care at the prison.
15. We informed HM Coroner for Birmingham and Solihull of the investigation. We have sent the coroner a copy of this report.
16. Mr Finazzo's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.
17. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Birmingham

14. HMP Birmingham is a local prison which holds up to 1,450 prisoners. Birmingham and Solihull Mental Health Foundation Trust provides 24-hour healthcare services at the prison and sub-contracts Birmingham Community Healthcare NHS Trust to provide primary care services, including a 15-bed healthcare unit.

HM Inspectorate of Prisons

15. HM Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Birmingham during the week of 30 July 2018. They noted that health services at the prison had improved and the working relationship between health providers and the prison were good. They also noted that the retention of health care staff had improved and that staffing levels were adequate. The standard of recordkeeping by healthcare staff was also said to be of a good standard.
16. However, inspectors noted that while the environment in the healthcare centre was generally good, many of the wing based clinical rooms were dirty and failed to meet infection control standards.
17. In addition, they considered that living conditions in the prison were as poor as they had seen anywhere in the prison estate in recent years. They considered that both staff, and managers, appeared to have become accustomed to the drop in standards.
18. As a result, on 16 August 2018, HMIP invoked the Urgent Notification (UN) process which committed the Secretary of State to respond publicly to the concerns raised within 28 calendar days. Following the Inspection and the Urgent Notification, HMPPS took over the short-term management of Birmingham. The prison is currently jointly managed by G4S and HMPPS and will be managed entirely by HMPPS as of 1 July 2019.

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. In its latest annual report for the year to June 2018, the IMB reported a good level of consultation with social services about the care of elderly prisoners being released from custody.
20. However, they had concerns about cancelled hospital appointments and about access to the healthcare department for prisoners with mobility issues.

Previous deaths at HMP Birmingham

21. Mr Finazzo was the 41st prisoner to die at Birmingham since January 2015, including twenty prisoners who died from natural causes and a further death awaiting classification. There are no similarities between Mr Finazzo's death and the previous deaths.

Findings

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

22. On 3 October 2016, Mr Salvatore Finazzo was sentenced to nine years in prison for sexual offences and was sent to HMP Birmingham.
23. On his arrival at Birmingham, healthcare staff reviewed Mr Finazzo and noted he had a previous diagnosis of type 2 diabetes and of chronic obstructive pulmonary disorder (COPD), for which he had been prescribed a salbutamol inhaler. Mr Finazzo was also noted as having poor mobility, and using a wheelchair to mobilise. He was admitted into the prison's healthcare inpatient unit for observation.
24. Mr Finazzo's prescribed medications were reviewed, and his inhaler technique checked in line with NICE (National Institute for Health and Care Excellence) guidelines. He was given an influenza vaccination and careplans were created for his medical conditions. He was referred to specialist clinics at the prison.
25. Over the months that followed, Mr Finazzo was reviewed regularly by healthcare staff and his careplans were reviewed and updated.
26. On 6 June 2018, Mr Finazzo was reviewed by a prison GP, after he noted a raised prostate specific antigen level (which indicates a chance of the patient developing prostate cancer) among the results of a routine blood test.
27. The GP referred Mr Finazzo to another prison GP, who reviewed Mr Finazzo on 20 June. The GP considered that although the results of the blood test showed a raised PSA level, Mr Finazzo did not meet the criteria for a two week wait referral (a referral made for those patients who are likely to have developed cancer). He referred Mr Finazzo to the urology department at Birmingham City Hospital for further review.
28. On 4 July, Mr Finazzo was moved to a specially adapted cell on J Wing, the older persons' unit at Birmingham. The cell was larger than normal and equipped with safety handrails to enable him to get in and out of his wheelchair safely. Healthcare staff continued to review Mr Finazzo daily.
29. On 3 August, Mr Finazzo was reviewed by hospital staff. They carried out a series of examinations and diagnosed him with prostate cancer. Hospital staff considered that his condition was terminal and there were no active treatment options open to him. Hospital staff began hormone injections and planned regular reviews.
30. Following his diagnosis, Mr Finazzo was reviewed regularly by healthcare staff and a cancer care plan was created.
31. We are satisfied that healthcare staff appropriately investigated Mr Finazzo's symptoms, made timely referrals to secondary care providers and discussed his diagnosis with him.

Mr Finazzo's clinical care

32. On 22 August, a Macmillan Nurse from Birmingham City Hospital reviewed Mr Finazzo. She spent time with him discussing his recent diagnosis and the treatment options open to him. She also helped healthcare staff to review and update Mr Finazzo's care plan. Mr Finazzo was referred to the prison's mental health in-reach team (MHIRT) for review and support.
33. On 4 September, a clinical nurse specialist met with Mr Finazzo. She reviewed his care plans and spent time with him discussing his recent diagnosis. She considered Mr Finazzo fully understood his condition. She also noted he was due to have a review of the effectiveness of his treatment at Birmingham City Hospital in September.
34. On 10 October, prison staff noted that Mr Finazzo was experiencing shortness of breath and repeated vomiting. A nurse reviewed him and considered he should be admitted to the prison's healthcare inpatient unit for observation. Mr Finazzo was diagnosed with a chest infection and viral gastritis (an inflammation of the stomach lining causing a build-up of acid in the stomach).
35. On 12 October, Mr Finazzo's condition improved and he was sent back to J Wing. An occupational therapist assessed him the same day. To alleviate his symptoms and meet his increasing care needs, Mr Finazzo was given a pressure relieving mattress, cushion and high back chair.
36. On 9 November, a nurse reviewed Mr Finazzo after he complained of feeling nauseous. He told her that he had been experiencing vomiting and diarrhoea that day. 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) which showed nothing of note. However, she noted that he appeared extremely pale and unwell and advised him he should consider admission to the healthcare inpatient unit for further review. Mr Finazzo refused.
37. The nurse referred Mr Finazzo to a prison GP for further review. The GP also considered that Mr Finazzo should be admitted to the healthcare inpatient unit at the prison, but Mr Finazzo again refused.
38. On 25 November, a nurse reviewed Mr Finazzo after he fell in his cell while trying to get to the toilet, injuring his wrist. The nurse also considered that Mr Finazzo would benefit from being admitted to the healthcare inpatient unit for observation, but again, Mr Finazzo refused.
39. Later the same day, Mr Finazzo had a second fall and cut the top of his ear and injured his upper left leg. The nurse again reviewed Mr Finazzo and advised him to reconsider an admission to healthcare inpatient. He agreed to be admitted for observation. However, he subsequently changed his mind, and said that he preferred to remain on J Wing among his friends.
40. Both healthcare, and MHIRT staff, continued to monitor Mr Finazzo's condition regularly. His careplans were updated and advice on his ongoing care was sought from specialist cancer care nurses where appropriate.

41. On 2 January 2019, a prison GP reviewed Mr Finazzo. He considered he had developed another chest infection. He prescribed antibiotics and took a sputum sample to try to identify the bacteria causing his repeated infections.
42. The GP reviewed Mr Finazzo again on 16 January. He considered that Mr Finazzo's condition had worsened, his chest sounded wheezier than before and he was producing a dark sputum when he coughed. He took his observations, which showed nothing of note. The GP diagnosed Mr Finazzo with an acute exacerbation of COPD and prescribed 40 mg of prednisolone (a steroid used to reduce inflammation of the lungs) and 500mg of clarithromycin (an antibiotic).
43. The GP considered that Mr Finazzo should be admitted to the healthcare's inpatient unit for observation. However, as previously, Mr Finazzo refused his advice. The GP considered Mr Finazzo had the mental capacity to make an informed decision about his care and treatment. The GP discussed the issue of resuscitation with Mr Finazzo. Mr Finazzo told the GP that he did not wish to be resuscitated in the event of a cardiopulmonary arrest.
44. The following day, a prison GP reviewed Mr Finazzo and asked if he had reconsidered his decision in respect of resuscitation. Mr Finazzo confirmed he did not wish to be resuscitated and signed a do not attempt cardiopulmonary resuscitation order (DNACPR) to that effect. The GP also considered Mr Finazzo had the mental capacity to make decisions about his care and treatment.
45. Despite repeated efforts by healthcare staff, Mr Finazzo declined to be admitted to the healthcare unit as an inpatient, preferring instead to stay on J Wing among his friends. To enable him to do so, healthcare staff reviewed his cell to minimise the risk of him falling regularly and to ensure he had any equipment he needed. His observations were taken regularly, which showed nothing of note but healthcare staff noted his condition was deteriorating.
46. On 30 January, a nurse reviewed Mr Finazzo. She noted he was being well supported by the social care package healthcare staff had put in place. She also noted his careplans had been regularly reviewed and updated to include pressure sore and personal care and incontinence. She also discussed and agreed a palliative care plan with him.
47. The same day, Mr Finazzo was reviewed by the clinical nurse specialist. She reviewed and updated his careplan to reflect his deteriorating condition. She also spoke with the Macmillan nurse for advice who advised her that she planned to review Mr Finazzo again in July.
48. On 31 January, the clinical nurse specialist reviewed Mr Finazzo again. She asked whether he would prefer to stay in prison to receive end of life care, or move to a hospice. Mr Finazzo did not express a preference.
49. Following her review, the clinical nurse specialist referred Mr Finazzo to St Mary's Hospice, Birmingham, and the Sheldon Unit, West Heath Hospital. She advised Mr Finazzo that due to his deteriorating condition, he should consider admission to the prison's healthcare inpatient unit. Mr Finazzo agreed, and he was moved the same day.

50. Healthcare staff continued to monitor Mr Finazzo regularly. His condition continued to deteriorate and he needed 24-hour nursing care. Mr Finazzo was unable to get out of bed, was only able to manage to eat and drink small amounts. He became incontinent of both urine and faeces.
51. On 6 February, as part of his routine review, Mr Finazzo underwent a series of blood tests. A prison GP reviewed the results and noted Mr Finazzo had a low red blood cell count. The GP considered Mr Finazzo was at risk from acute kidney failure and sent him to Birmingham City Hospital by emergency ambulance for review. Two prison officers accompanied Mr Finazzo, and he was not restrained.
52. Hospital staff reviewed Mr Finazzo and carried out blood tests and an electrocardiogram (ECG), and the results were normal. They considered he might have an infection and gave him a course of intravenous antibiotics to alleviate his symptoms. However, Mr Finazzo's condition continued to deteriorate.
53. At 10.05am on 7 February, the prison officers accompanying Mr Finazzo noticed he had stopped breathing.
54. A hospital doctor confirmed Mr Finazzo's death at 11.10am.
55. We agree with the clinical reviewer that the standard of clinical care Mr Finazzo received at Birmingham was equivalent to that which he could have expected to receive in the community.
56. The clinical reviewer noted that Mr Finazzo arrived into custody with a number of pre-existing medical conditions. She considered healthcare staff appropriately reviewed and assessed his healthcare needs in line with NICE guidelines and sought advice from secondary care providers where appropriate, that he received appropriate screening, and that he was referred to specialist clinics where necessary.
57. The clinical reviewer also noted an acceptable standard of record keeping and several examples of good practice in ongoing support and advanced care planning.
58. We have not been able to identify the hospital appointments Mr Finazzo's daughter expressed concern about. It is possible that Mr Finazzo was not able to eat or drink on one occasion because he was 'nil by mouth' for medical reasons, but we do not know. However, as Mr Finazzo did not have any hospital appointments in the period before his death, it is unlikely that anything that happened affected the outcome for him.

Mr Finazzo's location

59. When Mr Finazzo arrived at HMP Birmingham, healthcare staff noted his pre-existing medical conditions and reduced level of mobility and appropriately located him in the prison's healthcare inpatient unit.
60. When Mr Finazzo was discharged from the prison's inpatient unit, he was moved to a cell on J Wing, the prison's older persons' unit. The cell was larger than a

normal prison cell and was adapted to cater for his level of mobility and care needs.

61. As Mr Finazzo's condition deteriorated, healthcare staff advised him to return to the inpatient unit. However, despite their best efforts, he consistently refused, and said that he preferred to be among his friends on J Wing. We are satisfied that healthcare staff assessed Mr Finazzo's capacity to make decisions about his location, and took his wishes into account while maintaining daily reviews of his condition.
62. Mr Finazzo eventually agreed to be admitted to the inpatient unit on 31 January 2019, when his condition had deteriorated to the point where he needed 24-hour nursing care.
63. We are satisfied that Mr Finazzo 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 to receive end of life care.

Restraints, security and escorts

64. 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.
65. We are satisfied that staff carried out thorough risk assessments. Following his diagnosis in early August 2018, Mr Finazzo was not restrained.

Liaison with Mr Finazzo's family

66. On 23 October 2018, the prison appointed the healthcare first line manager to act as his family liaison officer (FLO). She met with Mr Finazzo and asked if he would like her to contact his family on his behalf to inform them of his diagnosis. He asked if she would contact his daughter and the FLO telephoned her the same day. She remained in contact with Mr Finazzo's daughter, arranging visits for the family and keeping them updated on his condition.
67. On 6 February, an officer took over the role of the FLO. She attempted to contact Mr Finazzo's daughter to inform her that her father had been admitted to hospital. However, the telephone number she had been given was incorrect. She eventually contacted her and informed her of her father's condition and that he had been admitted to hospital.
68. The officer asked Mr Finazzo's daughter if she would like to visit her father in hospital. She told her she would visit him the following day. The officer said she would meet the family at the hospital to offer them support.
69. However, before the family arrived at the hospital, Mr Finazzo died. As the officer was aware Mr Finazzo's family would be on route to the hospital, she telephoned his daughter to break the news of her father's death.

70. The officer met with Mr Finazzo's family at the hospital to offer them support. She remained in contact with the family over the days that followed.
71. Mr Finazzo's funeral was held on 13 March. Representatives of the prison attended the funeral. In line with national guidance, the prison offered a financial contribution to Mr Finazzo's funeral.

Compassionate release

72. 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.
73. On 30 January, prison staff made an application for compassionate release on Mr Finazzo's behalf. However, Mr Finazzo died before the application process could be completed.
74. We are satisfied that the prison appropriately considered compassionate release.
75. We make no recommendation.

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