Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Arnold Baxter, a prisoner at HMP Stafford, on 30 October 2020

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.

The Ombudsman's 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 Arnold Baxter died on 30 October 2020 of pneumonia, pulmonary fibrosis and acute ischaemic stroke while a prisoner at HMP Stafford. He was 76 years old. I offer my condolences to Mr Baxter's family and friends.

The clinical reviewer concluded that the care Mr Baxter received was of a good standard and equivalent to that which he could have expected to receive in the community.

However, the clinical reviewer found that healthcare staff did not consistently use the National Early Warning Score (a tool to assess deterioration in unwell patients) as they should have done.

The clinical reviewer was also concerned that following Mr Baxter's death, unused medication was found in his cell and that COVID-19 had disrupted the normal checks on prisoners' compliance with prescribed in-possession medication.

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 2021**

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Summary

Events

1. In October 2016, Mr Arnold Baxter was remanded to HMP Ashfield charged with historic sexual offences and kidnapping. In February 2017, he was sentenced to six years imprisonment. He transferred to HMP Stafford in November 2018.

2. Mr Baxter had several pre-existing medical conditions including arthritis, high blood pressure and an underactive thyroid. He had had a cancerous tumour removed from his oesophagus in 2010 and had been diagnosed with atrial fibrillation (an irregular heartbeat) in 2013. He used a crutch to help him to move around following a previous right hip replacement.

3. Mr Baxter was regularly reviewed by prison healthcare staff and was referred to hospital specialists on several occasions. In December 2018, he was diagnosed with pulmonary fibrosis (a life-limiting lung condition) for which he received specialist care.

4. Mr Baxter's health issues meant he was identified as being at severe risk if he contracted COVID-19 and he was part of a shielding cohort at the prison from the beginning of the pandemic in March 2020. He tested negative for the virus in early October.

5. On 21 October 2020, Mr Baxter became short of breath and staff called a medical emergency code. A prison nurse reviewed him and considered he needed to go to hospital. He was taken to hospital by emergency ambulance and admitted as an inpatient. Hospital staff diagnosed him as having had a stroke.

6. Mr Baxter's condition continued to deteriorate in hospital and on 30 October, he had a heart attack. His death was immediately confirmed by a hospital doctor.

Findings

9. The clinical reviewer concluded that the clinical care Mr Baxter received at Stafford was of a reasonable standard and equivalent to that which he could have expected to receive in the community.

10. The clinical reviewer did, however, identify some concerns.

11. The clinical reviewer was concerned that there was no evidence that healthcare staff used the National Early Warning Score (NEWS, a tool to assess deterioration in unwell patients) as they should have done.

12. After Mr Baxter's death, unused medication was found in his cell. The clinical reviewer was concerned that because of COVID-19 there had been delays in the monthly checks to ensure prisoners were taking their in-possession medication as prescribed.

Recommendations

- The Head of Healthcare should ensure that healthcare staff use the National Early Warning Score (NEWS2) to assess prisoners effectively and ensure that any clinical deterioration is appropriately addressed.

- The Head of Healthcare should review the process for managing in-possession medication to ensure prisoner compliance.

The Investigation Process

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

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

12. NHS England commissioned a clinical reviewer to review Mr Baxter's clinical care at the prison. The clinical reviewer conducted one interview with a member of healthcare staff.

13. We informed HM Coroner for Staffordshire South of the investigation. The coroner provided us with the cause of death. We have sent the coroner a copy of this report.

14. The PPO's family liaison officer wrote to Mr Baxter's next of kin to explain the investigation and to ask if he had any areas of concern, he wanted the investigation to consider. He did not respond to our letter.

15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.

Background Information

18. HMP Stafford is a medium security prison in Staffordshire for adult men convicted of sexual offences. It can hold around 750 prisoners. Care UK provides healthcare services. At the time of Mr Baxter's death there was 24-hour healthcare cover at the prison.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Stafford was conducted in January 2020. Inspectors found the range of primary care services available at the prison was appropriate, and access to nurses and GPs was good. Inspectors considered that the care of those patients who had been diagnosed with long-term conditions was well managed. Healthcare reviews with such prisoners were reliably scheduled and comprehensive care plans were used to manage their care needs.

Independent Monitoring Board

20. 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.

21. In its report for the year to April 2020, the IMB noted that the health and well-being needs of prisoners at Stafford were well met. They noted that Care UK, the healthcare supplier at Stafford, had been commended on their handling of an outbreak of norovirus (a stomach virus which causes vomiting and diarrhoea) in 2019.

22. However, they were concerned that, on occasion, some prisoners had been issued with either the wrong dose of prescribed medication, or on very rare occasions, had been issued with entirely the wrong medication. The Board noted that Care UK had held several workshops about this issue, which had resulted in a comprehensive plan being put in place to improve medication management.

Previous deaths at HMP Stafford

23. Mr Baxter was the eighth prisoner to die at Stafford since October 2018. All the previous deaths were from natural causes. There have been four further deaths from natural causes since Mr Baxter's death.

24. In our investigation into a previous death in April 2020, we recommended that the Head of Healthcare should ensure there were systems in place to check prisoners' compliance with in-possession medication.

Key Events

25. On 8 October 2016, Mr Arnold Baxter was remanded to prison charged with historic sexual offences and kidnapping. He was sent to HMP Ashfield.

26. During his initial health screen, a prison nurse noted Mr Baxter had a number of pre-existing long-term medical conditions including arthritis, hypertension (raised blood pressure), acquired hypothyroidism (an underactive thyroid) and had had surgery to treat cancer of the oesophagus in 2010. In 2013, Mr Baxter had been diagnosed with atrial fibrillation (an irregular heart rate), and his symptoms were treated using prescribed medication. Following a hip replacement, Mr Baxter used a crutch to help him to move around. The care plans which had been implemented in the community prior to him arriving at the prison, were reviewed and updated.

27. On 15 February 2017, Mr Baxter was sentenced to six years imprisonment. He returned to Ashfield.

28. In November 2017, a prison GP referred Mr Baxter to hospital for a chest X-ray after he complained of a feeling of breathlessness. The results of the X-ray indicated he had developed thickening of the tissue in his lungs. Further scans in January and May 2018, confirmed this diagnosis and he was referred to the hospital's respiratory clinic.

29. On 16 November 2018, Mr Baxter transferred to HMP Stafford. His prescribed medications were reviewed, and care plans updated. Referrals were made to secondary providers to ensure continuity of his care.

30. On 12 December, Mr Baxter was reviewed by the Interstitial Lung Disease (ILD) clinic at Royal Stoke University Hospital. He was diagnosed with idiopathic pulmonary fibrosis (IPF, a life limiting lung condition; patients diagnosed with the condition have a life expectancy of approximately four years). Hospital staff adjusted Mr Baxter's prescribed medications and his ongoing care was managed by the ILD clinic.

31. On 3 February 2020, Mr Baxter was taken to hospital by emergency ambulance for with suspected deep vein thrombosis (DVT). Hospital staff found no evidence of a DVT, but Mr Baxter was diagnosed with a chest infection and was prescribed antibiotics. He was discharged back to Stafford later the same day.

32. On 12 February, Mr Baxter told a prison nurse that he had decided not to engage with the ILD clinic. Despite numerous attempts to encourage him to change his mind, by both healthcare and ILD clinic staff, Mr Baxter continued to refuse to engage. He was told that if he reconsidered his decision in the future, he could be re-referred.

33. On 21 February, staff radioed a medical emergency code blue (indicating that a prisoner is unconscious or struggling to breathe) after Mr Baxter complained of shortness of breath. A nurse reviewed him. She took his observations, which were within a normal range. He was taken to hospital by emergency ambulance and was admitted as an inpatient. He was diagnosed with decompensated cardiac failure (a deterioration in heart function) and mild kidney disease. Mr

Baxter told hospital staff that he did not wish to be resuscitated in the event of a cardiopulmonary arrest. He signed a DNACPR order to that effect.

34. On 9 March, Mr Baxter was discharged from hospital and returned to prison. His prescribed medications and care plans were adjusted in line with advice from hospital staff and his care was managed by a multi-disciplinary team. He was subject to regular reviews by both prison healthcare and hospital staff.

35. Mr Baxter was at severe risk from COVID-19 because of his health conditions and from March 2020 he was shielding throughout the pandemic.

36. On 8 September, Mr Baxter was reviewed by a specialist respiratory nurse. She considered that there was no identified need for oxygen therapy. A further review was planned for 6 months.

37. On 10 October, Mr Baxter tested negative for COVID-19. His physical observations were taken by a nurse and all were within normal limits.

38. On 20 October, Mr Baxter had a routine review with a nurse which was recorded as having taken 60 minutes.

39. On 21 October, Mr Baxter became short of breath. An officer radioed a code blue emergency. A nurse responded and reviewed Mr Baxter. He noted that he was extremely pale and very short of breath. Paramedics arrived shortly afterwards, and Mr Baxter was taken to hospital by emergency ambulance. He was diagnosed as having had a stroke and was admitted to hospital as an inpatient.

40. Mr Baxter's condition continued to deteriorate in hospital. On 30 October, hospital staff decided to perform a surgical procedure to insert a feeding tube directly into his oesophagus. At 4.40pm, Mr Baxter had a heart attack while he was in the operating theatre being prepared for surgery. Because he had a DNACPR order in place, no attempts at CPR were made. His death was immediately confirmed by a hospital doctor.

Mr Baxter's cause of death

41. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Baxter's cause of death as pneumonia, caused by pulmonary fibrosis and acute ischaemic stroke.

Contact with Mr Baxter's Family

42. On 6 April 2020, the prison appointed a Senior Officer (SO) to act as family liaison officer (FLO). However, due to an extended period of absence for the SO, an officer took over as FLO on 23 July.

43. The officer telephoned Mr Baxter's nominated next of kin, his sister, to inform her of his admission to hospital and arranged for her to visit Mr Baxter in hospital the following day. She remained in contact with Mr Baxter's sister to keep her updated on his condition.

44. On 30 October, the officer telephoned Mr Baxter's sister to inform her of her brother's death and discovered that she too had been admitted into hospital as an inpatient. She asked the nurses caring for her to inform her of her brother's death on his behalf. Mr Baxter's sister informed the officer that her son would act as next of kin on her behalf.

45. Mr Baxter's funeral took place on 16 November 2020. The prison paid for the full cost of the funeral in line with national guidance.

Support for prisoners and staff

46. The prison posted notices informing other prisoners and staff of Mr Baxter'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 the death and deployed the peer group, Listeners, to each unit to support other residents.

47. After Mr Baxter's death, a prison manager debriefed the staff who were involved giving them the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

Findings

Clinical care

48. The clinical reviewer concluded that the care Mr Baxter received at Stafford was of a good standard and equivalent to that which he could have expected to receive in the community.

49. Mr Baxter entered prison with a number of complex and serious long-term conditions. The clinical reviewer was satisfied that these conditions were managed responsively and appropriately. He also considered that the emergency response on 20 October 2020 was well managed.

50. The clinical reviewer did, however, identify some concerns.

Use of NEWS scores

51. The clinical reviewer was concerned that there was little evidence in Mr Baxter's medical records to indicate that staff had consistently used the NEWS2 system when carrying out clinical observations. Consistent use of the NEWS2 tool might have provided a clearer understanding of Mr Baxter's clinical state, risk of deterioration and prognosis. We make the following recommendation:

The Head of Healthcare should ensure that healthcare staff use the National Early Warning Score (NEWS2) to assess prisoners effectively and ensure that any clinical deterioration is appropriately addressed.

Unused in-possession medication

52. Mr Baxter's medication was managed in-possession using Venelink packs (where each tablet is sealed in a blister pack clearly marked with the date it should be taken). The pack is designed to make it easier for prisoners to manage their own medication rather than it being dispensed to them daily. The clinical reviewer was concerned that following Mr Baxter's death, unused prescribed medication was found in his cell.

53. The Head of Healthcare told the clinical reviewer that 5% of prescribed in-possession medication is checked every month by pharmacy technicians to ensure compliance, but due to the COVID-19 pandemic, there were delays to the process. We recommend:

The Head of Healthcare should review the process for the managing in-possession medication to ensure prisoner compliance.

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