Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr William Riley a prisoner at HMP Risley on 28 January 2019

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU
Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk
T I 020 7633 4100
F I 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.

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 William Riley died on 28 January 2019 of pneumonia. He was 80 years old. I offer my condolences to Mr Riley's family and friends.

Mr Riley had lung disease, heart disease and cancer, all of which contributed to his death. I am satisfied that Mr Riley's clinical care was equivalent to that he could have expected to receive in the community.

I am concerned, however, that Mr Riley was often restrained for hospital appointments and admissions, which was clearly not justified given his advanced age and state of health.

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 **September 2019**

Contents

Summary

Events

1. On 19 June 2016, Mr William Riley was sentenced to 19 years imprisonment for sexual offences. He was moved to HMP Risley on 19 January 2018.

2. Mr Riley had chronic obstructive pulmonary disease (COPD – a collection of lung diseases including chronic bronchitis and emphysema) and heart disease. While in the community, he had also been diagnosed with anal intraepithelial neoplasm (abnormal cells in the anus) but further tests had shown no signs of cancer.

3. On 24 January, Mr Riley told a nurse he was bleeding from his rectum. A prison GP referred him to a specialist under the suspected cancer pathway. In April, Mr Riley was diagnosed with anal cancer, which had spread to his lymph nodes.

4. In July, Mr Riley was told that any treatment was likely to be palliative. In September, he had radiotherapy but his condition continued to deteriorate.

5. In December, Mr Riley was admitted to a General Hospital and from there to a care home. He died on 11 January 2019. The post-mortem examination found that he died from bronchopneumonia, caused by COPD, with anal cancer and heart disease as contributing factors.

Findings

6. The clinical reviewer concluded that the care Mr Riley received at HMP Risley was equivalent to that he could have expected to receive in the community. She noted, however, that staff had not completed a formal 'end of life' care plan, which would have been good practice.

7. Mr Riley was often restrained for his hospital appointments and admissions, which was clearly unjustified given his advanced age and state of health. We are concerned that prison healthcare staff did not always complete the risk assessments and where they did, there was no evidence that authorising managers had taken account of the healthcare input when deciding to use restraints.

Recommendations

- The Head of Healthcare should ensure that staff complete and implement end of life care plans where appropriate.

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

- The Governor should revise the prison's escort risk assessment form so it requires prison staff to show that they have taken into account the health of the prisoner in assessing their current level of risk, and should send the Ombudsman a copy of the revised form.

The Investigation Process

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

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

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

11. We informed HM Coroner for Cheshire, Halton and Warrington of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

12. One of the Ombudsman's family liaison officers contacted Mr Riley's grandson to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not respond to her letter.

13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Background Information

HMP Risley

14. HMP Risley is a medium security training prison, which holds over 1,000 convicted men. Bridgewater Community Healthcare NHS Trust provides healthcare services in the prison. There is 24-hour healthcare cover. There is a doctor in the prison during the day and at night there are nurses on duty. Prisoners who need inpatient treatment are referred to other prisons (usually HMP Preston) or to hospital.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Risley was in June 2016. Inspectors reported that health services were reasonable, but governance and oversight were underdeveloped. The range of primary care services was adequate, although prisoners waited too long to see a GP.

Independent Monitoring Board

16. 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 31 March 2017, the IMB reported that budget cuts impacted staffing levels, which in turn affected prisoners' welfare (including escorting prisoners to appointments).

Previous deaths at HMP Risley

17. Mr Riley was the ninth prisoner to die at Risley since January 2017. Of the previous deaths, two were from natural causes, three were drug-related, one was self-inflicted, one awaits classification and one was a homicide. There has been one death since from natural causes. There were no similarities with Mr Riley's case.

Key Events

18. On 19 June 2016, Mr William Riley was sentenced to 19 years imprisonment for sexual offences and sent to HMP Liverpool.

19. While in the community, Mr Riley had had biopsies which discovered abnormal cells in his anus. Further investigations took place while Mr Riley was at Liverpool, but he sometimes refused to attend hospital appointments, demanding to be transferred to another prison first. Eventually on 6 December 2017, a specialist ruled out cancer. He planned to review Mr Riley in six months' time.

20. On 19 January 2018, Mr Riley was moved to HMP Risley. A nurse carried out Mr Riley's reception heath screen. Mr Riley was on medication for various conditions including heart disease and high blood pressure, gout and gastric issues. She recorded he had been diagnosed with anal intraepithelial neoplasia (a precursor to anal cancer) but had often refused any further investigations or interventions at Liverpool. He said that he was now happy to consent to further treatment. Mr Riley walked slowly with a stick as he also had chronic obstructive pulmonary disease (COPD – a collection of lung diseases including chronic bronchitis and emphysema). He was located on the ground floor of the wing.

21. On 24 January, a nurse carried out Mr Riley's secondary health screen. Mr Riley told her he did not know if he had anal cancer or not, but he was experiencing pain in his bowel and rectal bleeding. She created a care plan and arranged for him to see a GP later that day, who arranged blood tests.

22. On 26 January, a prison GP saw Mr Riley. He recorded that the blood test results showed Mr Riley was anaemic and his haemoglobin levels were low. Mr Riley did not report any vomiting and he planned to review him again in two weeks. He also planned to write to the colorectal consultant at the hospital for confirmation of any diagnoses Mr Riley had been given and to refer him to a haematology specialist. He made a referral under the suspected cancer pathway (for an appointment within two weeks). However, the hospital downgraded the urgency and provided an appointment for 9 April.

23. On 12 February, Mr Riley reported abdominal pain, shortness of breath and his temperature was raised. He was admitted to the District General Hospital for one night, diagnosed with a chest infection and given antibiotics.

24. On 16 February, Mr Riley collapsed on the wing and was taken to Accident and Emergency (A&E). He was discharged again on 28 February**.**

25. On 2 March, Mr Riley collapsed after passing fresh blood in the toilet and was readmitted to hospital He had a pelvic scan, an anal biopsy and a blood transfusion. He was discharged on 5 March with a plan to return on 8 March for a further scan.

26. On 5 March, an occupational therapist assessed Mr Riley and he was given a pendant which would trigger a response from prison staff if he fell. He was also given a shower chair.

27. On 8 March, Mr Riley refused to go to his scan. He also refused the rebooked appointment on 14 March. On each occasion staff spoke to him to impress the importance of his attendance, but he said he got fed up waiting around. He finally attended on 22 March and was accompanied by a prison nurse.

28. On 20 April, a prison GP met Mr Riley to discuss the scan results. He had an anal tumour invading his prostate, and the cancer had spread to his lymph nodes. A consultant general and colorectal surgeon had referred Mr Riley to a doctor's management at The Clatterbridge Cancer Centre. On 4 May, Mr Riley attended an appointment at the centre. He was restrained by an escort chain. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.)

29. On 8 May, a doctor at The Clatterbridge wrote to the consultant general and colorectal surgeon requesting that he consider Mr Riley for a colostomy (an operation to divert one end of the colon through an opening - a stoma - in the stomach, with a pouch placed over the stoma to collect faeces). The Clatterbridge thought radiotherapy might then be a follow-on step.

30. Mr Riley had an appointment on 30 May to discuss this option with the consultant general and colorectal surgeon, but he refused to attend. Mr Riley completed a disclaimer but no reason for his refusal is documented. He refused a further appointment on 6 June but eventually saw the doctor on 11 July. He was restrained by an escort chain.

31. On 23 July, Mr Riley was admitted to hospital and on 27 July, had a colostomy. He was initially restrained by an escort chain, but this was removed on 30 July. On 1 August, the consultant general and colorectal surgeon wrote to a doctor at The Clatterbridge and said scans had revealed Mr Riley's tumour had progressed and that he had told Mr Riley that any treatment was likely to be palliative. He also suspected that the cancer had spread to Mr Riley's spleen.

32. Mr Riley returned to Risley on 2 August. On 7 August, a prison GP and a stoma nurse reviewed Mr Riley – he seemed well, and his stoma was functioning.

33. On 14 August, Mr Riley was taken to hospital as there were concerns about how well his colostomy was functioning. He was restrained by an escort chain. He was prescribed an iron supplement and the prison GPs were instructed to monitor him. On 17 August, a prison GP recorded that Mr Riley was pain free and his usual self.

34. On 29 August, a doctor reviewed Mr Riley at The Clatterbridge. Mr Riley was restrained by an escort chain. He told Mr Riley that while the scan had not showed any definite cancer spread, the original tumour had increased in size and all he could offer was palliative radiotherapy. Mr Riley wished to go ahead with it and he arranged for a two-week inpatient course of palliative radiotherapy to start in September. On 12 September, a prison GP discussed Mr Riley's resuscitation wishes with him and Mr Riley signed an order that he did not wish to be resuscitated.

35. On 12 September, a prison GP referred Mr Riley to a doctor at the Hospice as he was concerned about his deteriorating condition, and an appointment was scheduled for 7 October.

36. On 13 September, Mr Riley was admitted to The Clatterbridge for radiotherapy until 28 September. On 1 October, Mr Riley told a nurse he was exhausted and did not want to return to The Clatterbridge for the rest of his radiotherapy. She was satisfied he had capacity to make that decision and referred him to a prison GP who said he would need admitting to the Hospice to control his pain. We have not been provided with all the paperwork related to restraints and the bedwatch, but a risk assessment shows that no restraints were in place from at least 20 September.

37. On 7 October**,** a doctor assessed Mr Riley and arranged to admit him for seven days from 8 October to rationalise his medication and give him some physiotherapy. Mr Riley was discharged again on 15 October. He had been prescribed pregabalin for neuropathic pain, senna and docusate for constipation, and morphine for pain relief. No restraints were in place.

38. On 10 October, the prison made an application for Mr Riley's early release on compassionate grounds. (It was refused by 24 December but by 21 December Mr Riley had told a doctor he did not wish to be released anyway.)

39. On 16 October, a prison GP prescribed Mr Riley a salbutamol inhaler to relieve breathlessness.

40. On 19 October, Mr Riley developed a productive cough and could move only slowly around his cell. A prison GP prescribed antibiotics. Mr Riley also had his influenza vaccination on this date, as he had had every year.

41. On 22 October, Mr Riley had a follow-up appointment at the hospice with a doctor. He felt Mr Riley was better than when he first met him, and his pain control and mood had improved. He told Mr Riley his prognosis was likely to be weeks or a few months. No restraints were in place.

42. On 19 November, a doctor at the hospice reviewed Mr Riley again (he had previously refused to attend an appointment on 12 November). He was having difficulty managing his stoma, had lost more weight, was experiencing pain and was low in mood. He was restrained by an escort chain.

43. On 24 November, a nurse visited Mr Riley in his cell after he reported feeling unwell. His temperature was raised but his urine did not show any signs of infection. She monitored him until his temperature decreased.

44. On 5 December, a nurse noted Mr Riley was lethargic. His NEWS (National Early Warning Score) was 6 indicating he needed prompt assessment by a clinician. As no GP was available, he arranged an ambulance to take him to hospital. No restraints were in place. Mr Riley stayed in hospital until 12 December when he transferred to St Rocco's Hospice. On 18 December, he was discharged back to Risley. He seemed comfortable and alert.

45. On 27 December, a nurse noted that Mr Riley had a chesty cough and although his observations were satisfactory, his NEWS was 6 (indicating he needed to be

reviewed). He was discussed at a multidisciplinary team meeting by a prison GP who said he was not in any obvious distress but should be given antibiotics and reviewed by another prison GP again the next day.

46. A prison GP visited Mr Riley in his cell the next day. Mr Riley was incontinent, weak and confused. Mr Riley was taken to A&E. He had developed a chest infection, but the hospital refused to admit him, and he was returned to Risley. A hospital consultant told a nurse that Mr Riley was nowhere near the end of his life. No restraints were in place.

47. On 29 December, Mr Riley was readmitted to hospital. A nurse recorded that he was not responding to her and she was concerned about his breathing. No restraints were in place.

48. There was a further disagreement between the General Hospital who wanted to discharge Mr Riley and prison healthcare staff who insisted that they could not offer him appropriate care. Eventually, on 11 January 2019, Mr Riley was discharged from hospital to a House Care Home. He died there on 28 January at approximately 8.33am.

Contact with Mr Riley's family

49. On 20 September 2018, the prison appointed an officer as the family liaison officer. He contacted the family to explain his role and offer support. In line with the family's wishes, he telephoned Mr Riley's grandson on 28 January to inform him Mr Riley had died.

50. Mr Riley's funeral was held on 19 February. Prison staff did not attend, but in line with national policy, Risley contributed to the funeral costs.

Support for prisoners and staff

51. After Mr Riley's death, the duty governor visited the bedwatch officers at home and offered them the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

52. The prison posted notices informing other prisoners of Mr Riley'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 Riley's death.

Post-mortem report

53. The post-mortem report concluded that Mr Riley died of bronchopneumonia as a result of his COPD and that his health was generally compromised by the presence of anal cancer and heart disease.

Findings

Clinical care

54. The clinical reviewer considered that the care Mr Riley received at HMP Risley was equivalent to that he could have expected to receive in the community. Staff appropriately responded to any deterioration in his health, made referrals and sought specialist advice. His COPD was managed in line with NICE Clinical Guidance.

55. However, the clinical reviewer noted that while healthcare staff liaised effectively with secondary health providers and Mr Riley's care was good, there was no evidence of a formal end of life care plan. Although she was satisfied that in practice Mr Riley's care was coordinated and his needs were covered, a documented care plan can help to ensure everything that needs to happen does happen. We make the following recommendation:

The Head of Healthcare should ensure that, where appropriate, staff complete and implement end of life care plans.

Restraints, security and escorts

56. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility.

57. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

58. Mr Riley's cancer was diagnosed in April 2018. He was old and frail and used a wheelchair. He was restrained by an escort chain for the majority of hospital appointments and admissions, apart from the following occasions when he was not restrained: his last admission to hospital and the care home, an admission to the hospice in October and December 2018, and at least for some of the time when he was admitted to The Clatterbridge in September.

59. The investigator identified that prison healthcare staff did not always complete the risk assessments. Where they did, they almost always said that Mr Riley used a wheelchair, but only occasionally said that his medical condition restricted his ability to escape.

60. Given, Mr Riley's age, general frailty and the discomfort he was in as a result of anal cancer, we find it extremely unlikely that there was any need to restrain Mr Riley, particularly as he was always accompanied by two prison escort staff. We are concerned that healthcare staff did not always complete the risk

assessments and where they did, they did not always properly reflect the impact Mr Riley's advanced age and health had on his ability to escape. We are also concerned that where healthcare staff had completed the risk assessment, authorising managers did not appear to take this into account. We make the following recommendations:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

The Governor should revise the prison's escort risk assessment form so it requires prison staff to show that they have taken into account the health of the prisoner in assessing their current level of risk, and should send the Ombudsman a copy of the revised form.

Prisons & Probation Ombudsman
Independent Investigations

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T I 020 7633 4100
F I 020 7633 4141