Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roger Key, a prisoner at HMP Bullingdon, on 26 May 2021

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*

Summary

1. 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.

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

3. Mr Roger Key died of bronchopneumonia on 26 May 2021 while a prisoner at HMP Bullingdon. He was 76 years old. I offer my condolences to Mr Key's family and friends.

4. The clinical reviewer concluded that the care Mr Key received at HMP Bullingdon was equivalent to that which he could have expected to receive in the community. The clinical reviewer considered that Mr Key's terminal illness was sudden and blood test results taken a couple day before he died showed nothing of note. She found that Mr Key received relevant assessment, monitoring and treatment of his long-term conditions. There was also good evidence of integrated working and the correct medical management of his conditions.

5. She did, however, note one area of concern: during the emergency response on 26 May, a nurse was unable to measure Mr Key's oxygen saturations using his finger for the probe. The clinical reviewer has made a recommendation about sourcing an alternative method of gaining vital sign observations for those prisoners who are unable to use a finger probe, and we repeat this below.

6. We did not find any non-clinical issues of concern. We make no recommendations.

Recommendation

- **The Head of Healthcare should consider alternative ways to obtain a full set of vital sign observations for prisoners who are unable to cooperate with finger probe assessments of their oxygen saturations or have a peripheral vascular impairment.**

Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Key's clinical care at HMP Bullingdon.

8. The PPO investigator has investigated non-clinical issues, including Mr Key's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.

9. Mr Key's next of kin, his sister, received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.

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

Previous deaths at Bullingdon

11. Mr Key was the 11th prisoner to die at Bullingdon since May 2019. Of the previous deaths, six were from natural causes, two were drug-related and two were self-inflicted.

12. There are no similarities between our findings in the investigation into Mr Key's death and our investigation findings for the previous deaths.

Key Events

13. On 4 April 2002, Mr Roger Key was remanded to HMP Hull, charged with historic sexual offences. On 5 November, he was sentenced to life imprisonment and received a minimum term of seven and a half years.

14. Mr Key had been previously diagnosed with metachromatic leukodystrophy in 1998 (a rare hereditary disorder that causes fatty substances to build up in cells, particularly in the brain, spinal cord and peripheral nerves, which can lead to dementia-like symptoms). He was subsequently diagnosed with raised blood pressure in 2011 and chronic kidney disease in 2012. He also had chronic vascular disease and as a result, he had his leg amputated and a stent fitted into his leg in December 2012. Care plans were created for his conditions and he was regularly reviewed. Mr Key was also a smoker but consistently refused smoking cessation advice throughout his time in prison.

15. On 28 January 2011, Mr Key transferred to HMP Bullingdon.

16. Over the years that followed, Mr Key complained of a tingling sensation in his face and legs on a number of occasions. The likely cause was considered to be his metachromatic leukodystrophy. In March 2019, he was referred to the neurology department of John Radcliffe Hospital, Oxford, and his appointment took place on 18 June. His condition had not worsened since the original diagnosis in 1998, so he was discharged from any follow up appointments.

2021

17. On 17 March 2021, a nurse saw Mr Key. She noted that his left leg was discoloured below the knee. She measured his capillary refill (a measure of the time it takes for skin colour to return to normal after pressure is applied and is an indicator of the efficiency of the blood flow to a part of the body), which was normal. His care plan was updated, and healthcare staff monitored his capillary refill level regularly.

18. On 24 May, Mr Key had some blood tests and the results showed nothing of note and no acute or new concerns were identified.

19. At 4.55am on 26 May, Mr Key told staff that he was feeling unwell. At around 6.00am, he fell out of bed while trying to get to the toilet. An officer radioed a medical emergency code and a nurse responded. She took Mr Key's observations, and they were normal but, because of his peripheral vascular impairment, she was unable to measure his oxygen saturations using his finger for the probe. Mr Key was responsive to questions and recovered quickly so she decided that an ambulance was not needed.

20. At 8.15am, an officer was handing out breakfast packs. He looked through Mr Key's observation panel and saw him lying on the floor. He radioed a code blue medical emergency (indicating a prisoner is unconscious or having difficulty breathing). He entered the cell and was immediately joined by two more officers. An ambulance was called immediately.

21. A nurse also responded. He noted that Mr Key was cold to the touch, breathless, had a shallow and irregular pulse and had chest pains. Paramedics arrived at the cell at 8.30am, and at 9.15am, they took Mr Key to John Radcliffe Hospital by emergency ambulance. Mr Key was accompanied by two escort officers and was not restrained.

22. On his admission to hospital, Mr Key had low blood pressure, low oxygen levels in his blood and low blood sugar. Test results also showed that he had severe sepsis (a life-threatening reaction to an infection). The hospital told the prison officers accompanying Mr Key that there were no treatment options open to him, and that he would remain in hospital until he died. They said that it was unlikely he would survive the day. The hospital completed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order on Mr Key's behalf, which meant that, in the event his heart or breathing stopped, he would not be resuscitated.

23. Mr Key's condition continued to deteriorate in hospital and at 2.15pm, it was confirmed that Mr Key had died.

Post-mortem report

24. The pathologist concluded that Mr Key died of bronchopneumonia caused by peripheral vascular disease. He also had ischaemic and hypertensive heart disease which did not cause but contributed to his death.

Lisa Burrell **March 2022**
Assistant Ombudsman

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