Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Thomas Donoghue, a prisoner at HMP Holme House, on 5 November 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 Thomas Donoghue died on 5 November 2021, of heart failure at HMP Holme House. Mr Donoghue was 69 years old. I offer my condolences to Mr Donoghue's family and friends.

4. The clinical reviewer concluded that the clinical care that Mr Donoghue received at HMP Holme House was equivalent to that which he could have expected to receive in the community. She found several examples of good practice. Healthcare staff completed appropriate and responsive assessments, risk management and care planning for Mr Donoghue. She also found that the healthcare team used a multi-disciplinary team approach to ensure that his current and potential health needs were consistently met. The support and care the prison showed to Mr Donoghue and his family once he started receiving palliative care was also an example of good practice.

5. The clinical reviewer made some recommendations about reception health screenings and staff training. We repeat her recommendations about this below.

6. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that secondary reception screenings are completed in line with NICE guidance NG57.

- The Head of Healthcare should ensure the training for a permanent long-term conditions nurse is completed as planned. This will help enhance the healthcare provision in managing and reviewing prisoners with long term health conditions in line with NICE guidelines.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Donoghue's clinical care at HMP Holme House.

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

9. The PPO family liaison officer wrote to Mr Donoghue's next of kin, his wife, to explain the investigation. She did not respond to our letter.

10. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies. Following discussion between the prison, clinical reviewer, and PPO, the wording of one recommendation was amended, which did not change the substance of the recommendation.

Previous deaths at HMP Holme House

11. Mr Donoghue was the 13th prisoner to die at Holme House since November 2019. Of the previous deaths, eight were from natural causes, three were self-inflicted and one is awaiting classification.

12. In our previous investigation into a death of a prisoner at Holme House in 2020, we found that secondary health screenings had not been completed in line with NICE guidance. We recommended that secondary health screenings were completed in line with NICE guidelines. The prison accepted our recommendation and said that the process for completing health screenings had changed and that they were completed in line with NICE guidance.

Key Events

13. On 19 December 2017, Mr Thomas Donoghue was remanded to HMP Durham. On 22 December, he was sentenced to 10 years imprisonment for sexual offences.

14. Mr Donoghue had a number of pre-existing medical conditions, including, heart failure, angina (chest pain caused by reduced blood flow to the heart muscle), chronic kidney disease, atrial fibrillation (abnormally fast heart rate), chronic obstructive pulmonary disease (COPD – a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and high blood pressure. Mr Donoghue was prescribed a range of medications to manage these conditions. He was also under the care of a hospital cardiologist.

15. On 9 February 2018, Mr Donoghue transferred to HMP Northumberland.

16. In June 2019, Mr Donoghue signed a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) order. This meant that he did not want anyone to resuscitate him if his heart or breathing stopped. Clinical staff reviewed his DNACPR order regularly with him.

2020

17. In January 2020, Mr Donoghue was diagnosed with inoperable heart failure.

18. In March, restrictions began to be imposed in response to the COVID-19 pandemic. On 23 March, a national lockdown came into force across the country. In prisons, regimes were severely curtailed, a COVID-19 management strategy was implemented, and a range of services including drug and healthcare services were reduced. Face-to-face appointments were reduced, and some non-urgent appointments were cancelled.

19. In April, the prison identified Mr Donoghue as being 'clinically extremely vulnerable' if he were to contract COVID-19. He was offered a move onto the prison's shielding unit. Mr Donoghue declined the move on three occasions but, in June, he agreed to move to the shielding unit.

20. In October, Mr Donoghue was admitted to Northumbria Specialist Emergency Care Hospital (NSECH), Cramlington, for treatment of his heart failure. While in hospital, prison healthcare staff and hospital staff agreed that his care needs could not be met at HMP Northumberland. It was agreed that the healthcare unit at HMP Holme House would be better able to meet his needs.

21. On 9 November, Mr Donoghue was discharged from NSECH to HMP Holme House. He was discharged from hospital with an emergency health care plan (EHCP). The EHCP provided a care plan for future medical emergencies.

22. On arrival at Holme House, Mr Donoghue was located on the healthcare unit. He had his initial health screening that day. Prison healthcare staff created care plans to manage his heart failure, COPD and kidney failure.

23. Mr Donoghue should have had a second health screening within seven days, but there is no evidence that this took place. The prison healthcare team told the clinical reviewer that this was due to the COVID-19 pandemic restrictions. They said that this screening was not classed as a vital assessment, and that this information was captured before Mr Donoghue was discharged from hospital.

2021

24. On 19 January 2021, the prison appointed a family liaison officer (FLO) to support Mr Donoghue and his family due to his poor health. Over the following months, the FLO maintained contact with Mr Donoghue and discussed his family visiting once COVID-19 restrictions had eased. She offered to contact his family, which he declined.

25. On 18 September, healthcare staff became concerned that Mr Donoghue's health was deteriorating. He was confused and drowsy, and struggled to follow advice. The FLO rang Mr Donoghue's wife to tell her of his deteriorating condition. The next day, a prison GP and a nurse saw Mr Donoghue. The GP reduced his painkiller dosage due to the drowsiness and blood tests were taken.

26. That evening, the hospital contacted the prison healthcare team about Mr Donoghue's blood test results, which showed that he had renal failure and needed emergency hospital admission. Mr Donoghue was taken to hospital by emergency ambulance. He was escorted by two prison officers and he was not restrained.

27. On the morning of 20 September, the FLO rang Mr Donoghue's wife to tell her that Mr Donoghue was in hospital.

28. On 25 September, Mr Donoghue was discharged from hospital to the palliative care suite at Holme House. Healthcare staff started an end of life care plan. An 'open door' policy was granted that day, which meant that Mr Donoghue's cell door remained open to enable healthcare staff to support and care for him.

29. On 30 September, the FLO, supported by the Governor, arranged for Mr Donoghue's family to visit him in the prison's healthcare unit. Over the following weeks, the FLO provided Mr Donoghue's family with regular updates on his health.

30. On 13 October, staff at Holme House started an application for Mr Donoghue's early release on compassionate grounds (ERCG). Hospital doctors had assessed that he had three months or less to live. Due to his poor health, he could not be discharged to his home address. Healthcare staff tried to find a nursing home that could accommodate his needs.

31. On 21 October, prison healthcare staff noted that Mr Donoghue's health had begun to deteriorate further. Mr Donoghue needed staff to meet all his daily needs, and he had become unsettled and agitated. On 28 October, the prison found a potential space in a nursing home near Mr Donoghue's family as part of the ERCG application process. However, the space was not confirmed prior to his death.

32. At around 7.30pm on 5 November, a nurse found Mr Donoghue unresponsive in his cell and he was not breathing. At 7.45pm, another nurse confirmed that Mr Donoghue had died.

33. At around 8.45pm, the FLO rang Mr Donoghue's daughter to tell her that Mr Donoghue had died.

34. In line with prison policy, the prison contributed to the cost of Mr Donoghue's funeral.

Cause of Death

35. The Coroner accepted the cause of death provided by a prison doctor and no post-mortem examination was carried out. The doctor gave Mr Donoghue's cause of death as severe left ventricular systolic dysfunction (a form of heart failure) caused by ischaemic heart disease (a condition of recurring chest pain or discomfort that occurs when a part of the heart does not receive enough blood). He also had COPD, atrial fibrillation (abnormally fast heart rate) and chronic kidney disease, which did not cause but contributed to his death.

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Assistant Ombudsman **July 2022**

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