

**Investigation into the circumstances surrounding the
death of a man in hospital in December 2004
while a prisoner at HMP Acklington**

Prisons and Probation Ombudsman for England and Wales

October 2005

This is the report of an investigation into the circumstances surrounding the death of a 70 year old man who died in hospital while a prisoner at HMP Acklington on 29 December 2004.

The man had become unwell on 13 December and was admitted to a nearby local hospital as an emergency that evening. He was diagnosed as having pneumonia and later transferred to intensive care at a general hospital where he was further diagnosed as suffering from myocardial infarction. He was treated for both conditions but his health worsened. He was pronounced dead at 4.05 pm on 29 December.

A post mortem examination was performed by a pathologist on 30 December. The cause of death was multi-organ failure with a severe and overwhelming infection of the lung, and chronic obstructive pulmonary disease.

I offer my sympathy and condolences to the family of this man for their loss.

The investigation was carried out on my behalf by one of my investigators. As part of the investigation, she asked the Northumberland Primary Care Trust to conduct a review into the clinical management of this man. I am most grateful to the doctor appointed for undertaking this review. My thanks also go to the Governor and all Acklington staff. I appreciate the willing co-operation that has enabled the investigation to be completed.

This was an elderly man with a chronic illness. He was cared for appropriately throughout his time in custody. His death was entirely natural and could not have been avoided.

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Prisons and Probation Ombudsman
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SUMMARY

This is the report of an investigation into the death of a man who died in hospital on 29 December 2004. The man was serving a prison sentence at Acklington prison. My investigator reviewed the man's records and spoke to staff and prisoners at Acklington. This report describes the circumstances that led to the death and looks at the care he received while in prison custody.

The man had been in prison since 1998 and at Acklington since 27 September 2004. He was a smoker and had a history of respiratory problems, which had previously been treated at the chronic disease management clinic at HMP Frankland.

On 13 December 2004, while in his cell at Acklington, the man developed severe breathing difficulties. On discovering him, a fellow prisoner alerted the wing staff. He was taken to the local hospital and later to a regional hospital. As his condition worsened, he was transferred to the intensive care facility. After 14 days in intensive care, the man suffered multi-organ failure and died.

I conclude, on the basis of the evidence I have seen, that this death was unavoidable, and that he was well cared for by the prison. I make no recommendations.

This version of my report, published on my website, has been amended to remove the name of the deceased and the names of any staff or prisoners who were involved in this investigation.

INVESTIGATION

The investigation was opened on January 28 2005. My colleague visited Acklington and met with managers. She also arranged for Ombudsman's notices to be issued to staff and prisoners, identifying the scope of the investigation and inviting anyone who wished to see the investigator to make themselves known. The local Primary Care Trust was contacted to undertake a clinical review.

One of my Family Liaison Officers contacted the man's son to see if he wanted to be involved in the investigation. He said that he did not have any particular questions about the care his father received, but would like to see a copy of my report in draft, in due course.

ACKLINGTON PRISON

Acklington is a Category C prison for convicted adult male prisoners. A former RAF station, situated near to the small town of Amble in Northumberland, it was acquired by the Prison Service in 1971 and the prison opened in 1972.

Acklington has an operational capacity of 882 category C prisoners serving any sentence up to and including life. Approximately 45 per cent of the establishment's population are vulnerable prisoners. The accommodation consists of ten living units of various designs.

The prison offers a number of accredited Offending Behaviour programmes including drug rehabilitation facilities, sex offender programmes, enhanced thinking skills, and a healthy relationships course. Standards audit unit last visited in November 2002 at which time Acklington received a rating of 81 per cent.

A wide range of activities are provided by an education department, industrial workshops, painting and decorating shops, amenity gardens, market gardens, a laundry and a gymnasium.

The healthcare department provides Primary Care Services from 7.30 am until 7.45 pm Monday to Saturday, and from 8.30 am to 5.30 pm on Sundays. There is no in-patient facility. Whilst there is no full time medical officer, a local GP provides a daily surgery Monday to Friday, and an emergency surgery on Saturdays. There are on call arrangements for a local doctor to cover nights on an emergency basis.

PRISON HISTORY

The man returned to Durham to begin his sentence following his conviction. On reception, it was noted that he suffered from asthma and he received the appropriate treatment for that condition from the prison's healthcare department.

On 25 November 1998, he was transferred to HMP Frankland. While there the man was treated for his condition in the prison's chronic disease management clinic. His asthma was well controlled.

He was a quiet and well behaved man in prison, and did not come into contact with the disciplinary system. He was polite to staff and socialised with a small circle of other prisoners with whom he got on quite well.

In August 2000, he complained of indigestion but there was no obvious cause. He therefore underwent a series of tests, but still no underlying cause could be found. An appointment was made for him to go to hospital for further investigations. Late in the evening, prior to his appointment, the man refused to go and so the root of the problem was not established. Following this, it appears that he did not complain of any further gastric discomfort at Frankland or Acklington.

On 16 January 2004 the man was re-categorised to "C" and considered suitable for lower security conditions. On 27 September he was transferred to Acklington and allocated to H wing. He was seen by the doctor and it was noted that his asthma had been well controlled with becotide and ventolin. This treatment was continued at Acklington.

The man seems to have been a somewhat distant individual and did not interact very much with staff and other prisoners. After a member of staff spoke to him, it transpired that, following his time at Frankland, he was finding the more relaxed regime at Acklington difficult to cope with. He was apparently considering asking for a transfer to a prison with a more disciplined regime.

The staff on H wing thought it would be a good idea to move him to C Wing where there were older prisoners and a more sedate pace of life. The man was happy with this suggestion and, following his move, he seems to have settled in quickly. He impressed the staff there as a very quiet man who was polite, with clean and tidy habits.

Despite having made several attempts to give up tobacco, as he had been advised, the man was unable to do so. He smoked 12 cigarettes a day which aggravated his respiratory condition.

On 12 December a staff nurse attended to the man when he had an asthma attack that lasted about ten minutes. After that, he appeared to recover and he was left calm and relatively comfortable. He was referred to the prison GP for a medical review, and was to be seen by the doctor in due course. Up to this point his stay at Acklington had been without note. He had been in reasonable shape, given his chronic health condition.

At around 8.00 pm on 13 December, a prisoner spoke to an officer who was on duty on the wing. He said that the man seemed to be having trouble breathing. The officer immediately alerted the prison control room of the problem and, when it became apparent that the man was having what seemed to be an asthma attack, an ambulance was called. This call is logged as having taken place at 8.05 pm. The ambulance arrived at 8.15 pm and emergency aid was given to the man by the paramedic crew.

After they had attended him, he was assessed by the crew as requiring hospital treatment. He was therefore taken to the general hospital at 9.00 pm. However, because of a shortage of beds there, he was taken during the night to another hospital where upon examination it was suspected that the man had pneumonia. Due to the seriousness of his condition, he was later transferred to the intensive care unit of the regional hospital, arriving on 17 December.

Later that day, the diagnosis of pneumonia was confirmed and evidence of a recent myocardial infarction was found. The man was sedated and put on a ventilator and was unconscious for long periods.

Prison staff were present at his bedside and appear to have conducted the bed watch in a professional and sensitive manner. Given the man's incapacity, the officers appropriately did not apply restraints and were helpful in ensuring unimpeded access for medical staff. Medical staff at the prison maintained an updated summary of the man's progress.

His condition deteriorated, and on 21 December a tracheotomy was performed to allow him to breathe. A prison manager visited and assessed the situation that day. It was apparent that the man was gravely ill, and the chances of a breach in security were very low. The bed watch officers were therefore withdrawn and daily telephone reports monitoring his condition were made to the prison.

The man's condition continued to deteriorate further and the next day his family was alerted that he might not recover. On 26 December, it was noted in the patient summary maintained by the prison that it was thought unlikely that he would regain consciousness. He died on 29 December.

CLINICAL REVIEW

The clinical review was undertaken by a doctor appointed by the Northumberland Primary Care Trust. The report found that the man had received care that was equal to or exceeded that which he might have expected in the community. The report makes no recommendations regarding the clinical care the man received.

EXAMINATION OF THE ISSUES

This was an elderly man whose clinical condition was fully recognised while in prison custody. It appears that he received good care at the establishments where he had served his sentence, including Acklington.

The clinical review makes clear that that his asthma was well managed, and there seems no doubt that the medical arrangements at Acklington were adequate in the event of the man's final illness.

The man suffered an asthma attack on the day before he was admitted to hospital, but appeared to have satisfactorily recovered after treatment from the prison healthcare team. He was left calm and comfortable with an appointment to seen by the doctor in due course.

On discovering the man in distress during the evening of 13 December, an emergency ambulance was promptly requested. The ambulance arrived at the prison within ten minutes, which is an acceptable response time.

The security arrangements at the hospital seem to have been suitable, striking a good balance between public protection and sensitivity to the situation. Handcuffs were not used. Escorting staff conducted themselves professionally, and were withdrawn when it became apparent that the man was seriously ill and not likely to pose a risk to the public.

CONCLUSION

This was a 70 year old man who suffered poor health. I consider that his death was unavoidable. The prison dealt appropriately with his illness, and treated him respectfully as his life ended.

