Investigation into the circumstances surrounding the death of a man in hospital on 14 October 2005 whilst a prisoner at HMP Channings Wood.

REPORT BY THE PRISONS AND PROBATION OMBUDSMAN FOR ENGLAND AND WALES

August 2006

This is the report of an investigation into the death of a prisoner. The man who is the subject of this report was a prisoner at HMP Channings Wood and died from a ruptured aortic aneurism in the early hours of the day on 14 October 2005 in hospital.

I offer my sincere sympathy and my condolences to the man‘s widow and to his other family and friends for their loss.

The man completely denied the offences for which he was imprisoned and was appealing against both sentence and conviction when he died. His widow and his solicitors continued with the appeal and arranged for it to be heard at a later date. In January 2006, the Appeal Court quashed his convictions.

My office investigates the deaths of all prisoners in custody, including those due to natural causes. In this case the investigation was carried out by one of my investigators. The investigator asked Teignbridge Primary Care Trust to commission an independent clinical review. Their assistance is much appreciated.

I am also grateful to the Governor of Channings Wood and to the Principal Officer who acted as liaison officer for their assistance during the investigation.

Stephen Shaw CBE
Prisons and Probation Ombudsman **August 2006**

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Summary

1. The man who died was accused of serious sexual offences and committed for trial on 3 April 2002. While awaiting trial, he was given bail. On 24 March 2003, he was convicted of 10 charges and was remanded in custody to HMP Winchester while pre-sentence reports were prepared. On 4 April, he was sentenced to 5 years 6 months imprisonment and ordered to register under the Sex Offenders Act indefinitely.

2. He completely denied the offences and was appealing against both sentence and conviction when he died. On 26 January 2006, the Appeal Court posthumously quashed his convictions.

3. During 2003, the man spent just over five months at HMP Winchester. Because of difficulties he had in walking after breaking his right ankle, he could not be accommodated in the vulnerable prisoners unit. As a consequence, he spent all his time in the Healthcare Centre.

4. He suffered from poor health throughout his time in prison. In addition to his limited mobility, he had angina and also consulted a doctor about dermatitis, indigestion, insomnia, shoulder pain and chest pain. He continued to smoke and put on weight during his imprisonment.

5. On 4 September, he was transferred to Channings Wood, a training prison. He was placed in the vulnerable prisoners unit which specialises in running Sex Offender Treatment Programmes. The man maintained that he had not committed any offences and refused to undertake the courses. However, he did attend basic literacy classes and was awarded certificates for the progress he made.

6. He was seen by healthcare staff at regular intervals during his time at Channings Wood. In mid October 2005, he complained of pain in his groin. During the afternoon and early evening, he was seen three times by healthcare staff who gave him medication to ease his symptoms. A doctor's appointment was made for him the following day.

7. At 8:00pm, a member of staff found the man collapsed on the floor of his cell. An emergency ambulance attended and the paramedics resuscitated him before taking him to a local hospital. Doctors diagnosed that he had a ruptured aortic aneurism and told prison staff to advise his next–of-kin to go to the hospital as quickly as possible. His wife, who lived some distance away, arrived at 11:35pm. The man died an hour later.

8. The following day, a governor and chaplain visited the man's wife at her home and offered her information and support. She visited Channings Wood the following Monday. A memorial service was held in the prison and many prisoners signed sympathy cards that were sent to the man's wife.

9. My report includes one recommendation in addition to those in the clinical review.

The investigation process

10. The man died on a Sunday in mid October 2005, and the investigation was opened by letter three days later.

11. My investigator, visited Channings Wood on 24 November and 15 December 2005. She spoke to the Governor, to a member of the Independent Monitoring Board, and to a representative of the Prison Officers' Association. She also spoke to both uniformed and non-uniformed staff. Some formal interviews were conducted and my investigator was given access to all the man's prison records, including his medical records.

12. One of my Family Liaison Officers contacted the man's widow. On 23 November, she and the investigator visited her. The man's widow raised several questions, particularly about the healthcare her husband received. I trust this report will go some way to answering those questions.

13. A member of Teignbridge Primary Care Trust and a member of the Devon Prisons Health Partnership carried out a clinical review of the man's medical treatment. Their report is at Annex 1. They make eight recommendations, all of which I endorse. I particularly commend the four that concern the pro-active management of patients with coronary heart disease.

Background

The Man

14. The man who is the subject of this report was born in 1939. He died at the age of 66 in October 2005 from a ruptured aortic aneurism. (An aneurism is a bulge in the wall of an artery, in this case, an artery of the heart.)

15. The man was a skilled manual worker. However, following two industrial accidents, he retired and was registered as disabled.

16. He was charged with serious sexual offences and committed for trial on 3 April 2002. While awaiting trial, he was given bail. On 24 March 2003, he was convicted of 10 charges and remanded in custody while pre-sentence reports were prepared. On 4 April 2003, he was sentenced to 5½ years imprisonment and ordered to register indefinitely under the Sex Offenders Act.

17. Both during his trial and subsequently, the man denied absolutely the offences with which he had been charged. On 23 February 2005, he was given leave to appeal against his convictions and sentence and the appeal was set down for late October. Sadly, he died one week before the hearing. At his wife's request, his solicitors arranged for it to be heard at a later date. On 26 January 2006, the Appeal Court posthumously quashed his convictions.

HMP Channings Wood

18. Channings Wood is a Category C training prison built on the site of a former Ministry of Defence base. The prison officially opened in July 1974. A building programme took place in the 1980s and early 1990s adding further accommodation.

19. The prison takes men with a wide range of sentence lengths. It contains a specialist Therapeutic Community for tackling drug abuse and a vulnerable prisoners unit which specialises in Sex Offender Treatment Programmes.

20. Not all prisons have Healthcare Centres that provide 24-hour care and inpatient beds. Channings Wood falls into this category. Its Healthcare Centre operates from 8:00am to 8:00pm on weekdays and from 8:00am to 5:00pm at the weekend. General practitioner surgeries are held Monday to Friday. Prisoners who want to see a doctor go to the Healthcare Centre between 8:15am and 8:45am or between 11:30am and noon, and appointments are booked for as soon as possible thereafter. The same procedure is followed for seeing a dentist or

optician. When necessary, Health Care staff directly refer prisoners to the doctor, dentist or optician.

21. The vulnerable prisoners unit houses 150 men in a house block and a prefabricated building. It forms a separate unit in the prison and is in its own compound. During the week, prisoners spend a reasonable amount of time out of their cells. They are unlocked at 8:00am and, if they attend work or education, remain out of their cells until lunchtime. Those who do not attend activities are locked up from 8:45am until 10:30am. After lunch, prisoners are unlocked for activities at 1:40pm; those who do not take part are unlocked at 3:30pm. All prisoners are again locked up at 4:40pm and unlocked an hour later for tea. Prisoners on association are out of their cells from 6:15pm to 7:30pm, at which time all prisoners are locked in for the night. A similar schedule operates at the weekend, although prisoners do not attend work and the evening lock up is at 5:00pm.

Key findings

HMP Winchester

22. In March 2003, the man was convicted of serious sexual offences. He was remanded in custody to HMP Winchester for a pre-sentence report and a medical report. It was his first time in prison.

23. When he arrived at the prison, he went through the reception process which included a first reception health screen. However, his original medical record, including the health screen form, was lost at some point between 24 and 29 March. A replacement form was completed on 25 May. It noted that the man had limited mobility because of an injury to his right ankle. He had broken it in September 2002 and was still experiencing pain and difficulty in walking. It also recorded that the man also suffered from angina for which he had a GTN spray to ease the symptoms. He asked to be segregated from other prisoners because of the nature of his convictions. The vulnerable prisoners unit could not accommodate him on the ground floor (which would have been necessary because of his mobility problems), so he was admitted directly to the Healthcare Centre.

24. The continuous medical record began on 29 March with an entry recording the man's return from Royal Hampshire County Hospital in Winchester with medication that the prison doctor had prescribed. On the same day, he fell in a corridor in the Healthcare Centre but got to his feet unaided and told staff that he was not hurt. An accident form was completed. Two days later, he told staff that his ankle was more painful after the fall and he could not put his weight on it. He attended hospital for an x-ray which showed that there was no new fracture and the old break appeared to have healed.

25. Late in the evening of 28 April, the man complained of pains in his arm and a tight chest. Staff administered his GTN spray and gave him oxygen, and this eased the symptoms. He was later reviewed by the prison doctor and then admitted to hospital. He returned to Winchester the following day. Hospital staff contacted prison staff to say that the man had had an angina episode.

26. During May, the man attended Healthcare with chest pain and angina. He also continued to complain of pain in his leg and insomnia for which he was prescribed medication. On 20 May, his medication was reviewed. The medical notes refer to his missing an appointment with the orthopaedic surgeon, but no reason for this is given. However, the plan was to arrange an appointment at a local hospital once his notes had been received from his family doctor.

27. By 23 May, the prison doctor felt that, once the man had attended a cardiac appointment, he could leave Healthcare and move to a vulnerable prisoners unit that could accommodate a prisoner on crutches. Staff contacted HMP Maidstone and agreed with staff there that he would be transferred after his cardiac appointment. A week later, he hurt his right foot and Healthcare staff arranged for him to attend hospital for an x-ray. The x-ray results were clear. An entry on 17 June noted that he had an appointment for an electrocardiogram on 24 June and that he was fit for transfer.

28. As a sentenced prisoner who was serving a long sentence, the man could not have remained at Winchester as he needed to be in a training prison where he could undertake courses to address his offending behaviour. Although he denied the offences of which he had been convicted, he still needed a sentence plan that included the opportunity to participate in such courses.

29. Healthcare staff contacted his family doctor who confirmed that, prior to his imprisonment, he had used a TENS machine to help reduce his pain. He was then issued with one by the Healthcare staff. Over the next two months, the man was treated for dermatitis, indigestion, insomnia, shoulder pain and chest pain.

30. On 19 August, a member of probation staff assessed the man's training needs as part of the development of his sentence plan. The targets set were for him to be referred to the Education Department to receive help with literacy skills and to be assessed for his suitability for the Enhanced Thinking Skills programme. It was noted that the man denied the offences of which he had been convicted and refused to undertake the Sex Offender Treatment Programme. The two other targets were for him to continue to receive support from Healthcare staff and to be transferred to a training prison.

HMP Channings Wood

31. On 4 September 2003, Healthcare staff at Winchester reviewed and discussed the man's medical records and noted again that he was fit for transfer. Later that day, the man was transferred to Channings Wood in Devon. He was accommodated in a single cell on the ground floor of the vulnerable prisoners unit.

32. The following day, a reception health check noted that the man had experienced two heart attacks eight years previously that appeared to have been treated with an angioplasty. (An angioplasty is a surgical procedure to widen one of the arteries leading to the heart.) He smoked six cigarettes a day and reported experiencing continued angina episodes. He was assessed as being unfit for physical education and work, but fit for food handling. His weight was recorded as 83kg with a blood pressure reading of 160/100.

33. On 15 September, probation staff noted that he was still denying the offences of which he had been convicted and did not want to do any offending behaviour courses. Although unable to work because of his disabilities, he said that he would like to work in the gardens, perhaps potting. He was assigned to Basic Education classes on 13 October, but had difficulty getting up the stairs to the classroom. A note in his personal record on 6 November says that he had then agreed to attend the classes. On 21 November, the Psychology Department recorded that he had not been referred for the Enhanced Thinking Skills course as he had told staff that he was fine as he was and would not take a place if one were offered.

34. In January 2004, staff assessed whether he should be moved from the standard level of the Incentives and Earned Privileges Scheme (IEPS) to the enhanced level. However, because he refused to undertake offending behaviour courses, staff decided he should remain on the standard level. All subsequent reviews reached the same decision for the same reason. Channings Wood, like many other prisons, explains to prisoners that moving from standard to enhanced level depends on them meeting certain criteria, one of which is to address their offending behaviour. Those who do not meet the criteria do not move to the enhanced level with its extra privileges. The man therefore remained on standard level of the IEPS throughout his time at Channings Wood.

35. When he was assessed as to his suitability for Category D status, this was also refused because he refused to undertake offending behaviour courses.

36. The man's health was not good during the first half of 2004, and he was treated by Healthcare staff for a number of problems. These are listed in detail in the Clinical Review at Annex 1, but are summarised below.

37. On 3 January 2004, he was seen in his cell by a nurse after he complained of chest pain and dizziness that was worse when lying down. His blood pressure and pulse were taken and the nurse noted that his colour was good. He said that his anti-acids were not working. His GTN spray was administered but this did not have much effect. A prison doctor reviewed him on 5 and 7 January 2004. By then, his blood pressure had decreased. The doctor ordered tests but the results showed no abnormalities.

38. A month later, he again complained of angina and the doctor ordered more tests. Most found no abnormalities, but an electrocardiogram revealed that one of the chambers of his heart was enlarged and at some time in the past some of the tissue had died. On 1 March 2004, he complained of shortness of breath on exertion and his medication was increased. He was further reviewed on 24 March and it was noted that his weight had increased to 89kg.

39. During April 2004, he was seen on four occasions for abdominal symptoms. He was examined and investigated and no abnormalities were detected.

40. On 3 June 2004, the man presented with chest pain but with no further symptoms. Observations were taken and he was reassured. On 23 June, staff in Healthcare noted that he was now 8kg heavier than when he arrived at Channings Wood

41. At 1:15pm on 27 July 2004, the man was found on the floor of his cell complaining of chest pain. Healthcare staff treated him in his cell and then he was taken to the Accident and Emergency Department at Torbay Hospital. He was admitted for observation and tests. The doctors diagnosed "non-cardiac chest pain" and no new medication was prescribed. He attended Healthcare on a number of occasions over the next four months and staff continued to monitor his blood pressure and pulse rate.

42. On 6 December, he applied for release on temporary licence so that he could attend his sister's funeral without an escort. This was refused, but he was permitted to attend with an escort.

43. The man attended Healthcare on 22 December when he complained of abdominal and groin discomfort.

44. On 20 April 2005, he again complained of abdominal pain which he said he had had for two years. An examination and history was taken; although the Inmate Medical Record was not available to the examining doctor. No gross abnormality was detected and the man did not agree to be referred to another doctor. A specimen was sent for analysis on 28 April 2005 with no abnormality reported. The intention was for the patient to be reviewed in one week, but this did not take place. No reason for the lack of a review was given in the medical notes.

45. On 6 June, he attended Healthcare because of pain in his left shoulder which he said had persisted for four months. He did not mention having any abdominal pain at that time.

46. He was then seen on 13 July as he was concerned about his right ankle. On examination, there were a few dilated capillaries with nothing more sinister detected. He received advice and reassurance.

47. He asked for, and received, two blood pressure checks in August and September. He was advised to stop smoking. He was reassured by his doctor later that month after he expressed concerns about longstanding benign (non-cancerous) tumours on the wall of his abdomen. Although anxious, he appeared otherwise well.

Events leading up to his death

48. The man was seen by a nurse at 2:00pm on the day he died, as he was complaining of pain in his right groin. She gave him Mismagtrisilicate, a drug to treat wind, and advised him to drink plenty of fluids and move around. An appointment to see a doctor the following day was also made. At 4:15pm, with the man still in pain, the nurse gave him further Mismagtrisilicate and two paracetamol tablets. At 6:30, an officer saw him lying on his bed and he told her he had stomach pains. She asked him if he wanted to see a member of Healthcare staff and he replied that he had seen someone earlier. However, as he was not feeling any better, the officer called Healthcare and asked someone to attend.

49. A healthcare officer (HCO) saw the man in his cell at approximately 6:45pm. The man told him that he had stomach pain that began on the lower right of his back and moved round to his stomach, and that it came and went. He said that he had taken six paracetamol through the day and had two tablets left in case he needed them. He said that he was most comfortable when he was lying down quietly and that he was not too uncomfortable at the moment. The HCO checked his blood pressure, temperature and pulse, and offered him further Mismagtrisilicate which he refused. He satisfied himself that the man was in a stable condition and did not need to see a doctor at that time. He also noted that the man had an appointment with the doctor in the morning.

50. At 8:00pm, the prisoners were all in their cells for the night, and day staff went off duty. There was only one officer present in the unit until the night shift staff arrived at approximately 9:00pm. Shortly after 8:00pm, the prisoner in cell 27 heard a bang on the wall of his cell. He thought his neighbour was complaining that his television was too loud, so he turned down the volume. A few moments later, he heard a thud from the man's cell and the man called to him to ring his bell as he needed help. (Each cell has an emergency bell positioned about five feet from the floor with which to call an officer. However, to use it, a prisoner must be capable of reaching it which the man was not.)

51. The prisoner in cell 27 rang his cell bell to summon an officer. When the officer went to see what was wrong, the prisoner told her that he had heard the man next door shouting and he was in a bit of trouble. The officer immediately went to cell 26, and looked through the flap in the door. She saw the man lying on the floor, on his side with his back to the bed. He was conscious but had a slight graze on his forehead and appeared to have fallen out of bed. (The man had been supplied with a high bed to replace the standard prison bed for medical reasons.)

52. By now it was about 8:10pm. The officer called for the Orderly Officer, the most senior person in the prison at that time, to come to her assistance. She entered the cell and told the man to lie still as she did

not know the extent of his injuries. He did not want to remain on the floor, so she took a pillow from the bed and put it under his head to make him more comfortable.

53. The Orderly Officer, a principal officer and his assistant, a senior officer, were both in the gate room when the officer called. The principal officer grabbed his keys and radio and both men immediately went to the vulnerable prisoners living block. On the way, the principal officer asked the communications office for the exact location and was told it was cell 26. It took about five minutes for them to get there.

54. Once they had arrived at the cell, the principal officer asked the man what was wrong. He replied that he had a pain in his right groin. He was sweating profusely, looked grey and was very hot, even though the window was open. The senior officer went to the office at the end of the landing to phone for an ambulance. The principal officer thought that the man was having a heart attack and asked if he had taken any medication. The man pointed to all his medication on his locker and said that he was on medication for his heart, but that he did not need it. The principal officer asked him if he wanted his GTN spray but he said that he did not. The senior officer returned and said that an ambulance was on its way. The principal officer went to organise two officers to escort the man when he went to hospital (this is the normal procedure when prisoners are taken by ambulance to hospital). When the principal officer returned to the cell, the man was trying to sit up as he said he was uncomfortable on the floor. Staff tried to keep him in the recovery position, but he resisted so they left him lying on his back.

55. The ambulance arrived and drove into the prison as far as the internal fence that separates the vulnerable prisoners unit from the other accommodation blocks. The two paramedics, a man and a woman, went through the pedestrian gate and into the unit which is roughly 20 yards away. They arrived at 8:30pm and began to treat the man. They moved him to his bed and put an oxygen mask on him. They tried to lift him onto the stretcher, but he did not want to get on it. The principal officer helped the male paramedic to lift the man onto the stretcher. They then put a blanket over him, put on the safety straps and wheeled him out into the back of the ambulance. He was conscious while all this happened.

56. At that point, the principal officer went off to collect the paperwork for the officers who were to accompany the man. While he was away, the paramedics radioed for assistance as the man had lost consciousness and his condition had become more serious. At 8:55pm, a third paramedic arrived and the principal officer ran with him through the prison to the ambulance where the first two paramedics were giving the man cardiopulmonary resuscitation (CPR). (CPR is given to a patient whose heart has stopped and involves mouth-to-mouth resuscitation and chest compressions.) The third paramedic joined the other two in

the ambulance and they stabilised the man. At 9:10pm, the ambulance left the prison for Torbay Hospital.

57. At 9:30pm, the ambulance reached the hospital and the man was taken to the resuscitation room. Hospital staff did not permit the two escorting prison officers to enter the room, so they remained outside. Ten minutes later, the hospital staff advised the officers to contact the man's next-of-kin to tell them to come to the hospital. A senior officer had taken over from the principal officer as the senior person on duty at the prison and he looked for the man's wife's telephone number. It was not listed on his records, but the senior officer found it by looking in the telephone records.

The Governor should ensure that, as far as possible, all prisoners provide next-of-kin details for their records and that these are checked and updated on an annual basis.

58. At 9:50pm, the senior officer telephoned the man's wife, told her what had happened, and advised her to go to the hospital as quickly as possible. At 10:00pm, he was taken for x-rays and 20 minutes later the officers were told that he was breathing unaided. However, at 11:00pm, the consultant told the escort that his condition was untreatable, and that all they could do was keep him alive until his next-of-kin arrived. The man's wife arrived at the hospital at 11:35pm. The officers at the hospital had been told by prison staff to be unobtrusive when she arrived and they were. He passed away at 12:35am.

59. The Head of Resettlement and one of the chaplains visited the man's widow in her home the next morning. They offered her information and support, including help with the funeral costs. They invited her to visit the prison and, if she wished, to be shown her husband's cell. It was arranged that she would visit the prison the following Monday. As she lives some distance from Channings Wood, the chaplain drove her there and back. She also accompanied her when she identified her husband's body. While at Channings Wood, she visited her husband's cell and some of his possessions were returned to her. The remainder were returned to her when she and the chaplain met again several weeks later.

60. Staff held a debrief meeting to discuss the events of October 2005 and managers ensured that support was in place for those who needed it. The chaplaincy team and staff supported the prisoners on the unit who were shocked at the man's death, particularly those who were his friends.

61. Prisoners who knew the man that died asked if they could send a wreath to the funeral and sympathy cards to his widow. The chaplain arranged for this to be done. After discussion with the man's widow, it was decided that no prison staff would attend the funeral. However, a

memorial service was held in the prison chapel on the day of the funeral and over 20 prisoners attended.

Medical care

62. The man's medical record shows that he was treated by Healthcare staff on a regular basis for a number of conditions. The clinical review concludes that his "care and treatment was reasonable and appropriate under the circumstances and the presentation of the patient". However, although it would probably not have altered his death from an aneurism, the man might have benefited from more pro-active management of his coronary heart disease. The clinical reviewers recommend a number of actions to care for prisoners with heart problems and other serious health concerns. I endorse them as means of ensuring that care is planned, pro-active and personal to each prisoner.

Recommendations

Local

The Governor of Channings Wood should ensure that, as far as possible, all prisoners provide next-of-kin details for their records and that these are checked and updated on an annual basis.

The Governor has put in place the following measures:

1. All new receptions will have next of kin details checked on arrival, and amendments will be updated by Reception Staff.
2. An annual review will be conducted in May of each year by Wing Staff, next of kin details will be updated on the computer system where necessary.

Healthcare

Note keeping in the Inmate Medical records should be legible, especially when photocopied and each entry signed, with the name and designation of the practitioner making the entry.

The Department of Public Health and Policy has started a programme of education around recording included in the annual mandatory update stressing the Nursing and Midwives Council requirements. This is a regular issue for Health review meetings where the quality and accuracy of recording healthcare data etc. is reinforced to all practitioners around their responsibilities with regards to record keeping.

A chronological summary sheet should be maintained for all patients, outlining the major medical events and history; assisting healthcare staff in making comprehensive assessments of patient’s needs.

Where a patient is experiencing a major health event, comprehensive and chronological notes will be maintained for future reference.

Care should be taken in ensuring that medical notes are maintained in chronological order and that sufficient continuation sheets are available in the notes.

The prison’s Healthcare centre is awaiting the installation of NHS computers which should improve record keeping.

The Inmate Medical Record should be available for all consultations, to ensure appropriate record keeping and reference to a patient’s medical history by the practitioner.

The Inmate Medical Record is now utilised for all face to face consultations and a record made whenever any advice is given outside of a formal consultation.

A detailed treatment/care plan should appear in the medical record, outlining the proposed management of a chronic disease problem, indicating the frequency of review.

Depending on the severity of the chronic disease, staff endeavour to achieve this.

Consideration should be given to maintaining a register of patients with Coronary Heart Disease (CHD), providing support and interventions reflecting an agreed protocol endorsed by the host PCT.

The chronic disease register has been in place since June 2005 including CHD and all other chronic illnesses. The protocol reflects the CHD National Service Framework.

The Head of Healthcare is liasing with the PCT to develop agreed protocols across all their activities and aims to have achieved this by September 2006.

Patients with a history of CHD should be prescribed an exercise regime appropriate to their needs and ability.

Prison staff encourage prisoners to use the gym as much as possible. The Gym staff and Healthcare staff liaise to agree what level of exercise is most appropriate for people with a range of chronic diseases where this is thought useful to a patient's health maintenance.

Patients with a history of CHD should be reviewed at least once every 3 months by a nurse.

This has been in place since September 2005.