Investigation into the death of a woman whilst in the custody of HMP Send in May 2009

Report by the Prisons and Probation Ombudsman for England and Wales

December 2009

This is the report of an investigation into the circumstances surrounding the death of the woman in May 2009. The woman was a prisoner at HMP Send. A post mortem recorded the cause of death as cancer.

I offer my sincere sympathy and condolences to the woman's family for their loss, as I do to all of her friends and acquaintances who have been touched by her passing. One of my family liaison officers was in contact with the woman's family at the start of the investigation process.

The investigation was led by one of my investigator. I must thank the local PCT for the appointment of a clinical reviewer. I am also grateful to the Governor and staff of Send, especially to the Governor, whose assistance was a great benefit to the investigator.

As the woman died from natural causes, the findings of the clinical review play a pivotal role in my report. The review of the woman's clinical care shows that she received equitable treatment at Send to that expected in the community.

I make one recommendation concerning the follow up procedures for external medical treatments by healthcare at Holloway. I also recognise two areas of good practice that is the risk assessments carried out in respect of the use of restraints and the excellent family liaison.

The version of my report, published on my website, has been amended to remove the names of the woman who died and those of staff and prisoners involved in my investigation.

Jane Webb
Deputy Prisons and Probation Ombudsman **December 2009**

CONTENTS

SUMMARY

The woman was born in the London area. She had a history of depression and epilepsy. She was remanded into custody she was convicted of murder and sentenced to life imprisonment.

The woman spent a number of years at HMP Holloway. During this period she was treated by forensic psychiatrists and prescribed antidepressant medication. She was also treated from prison doctors for several urinary tract infections.

The woman had hip replacement surgery. Arrangements were made on her to prison to have physiotherapy. The woman had two reviews at the hospital after the hip operation and, after being x-rayed, it was recommended that she had a Computed Tomography (CT) Scan. This was arranged but on the day the woman refused to go to hospital despite encouragement from staff.

The woman transferred to Send where she had a full health check which confirmed her recent medical history and medication. Her weight was recorded as 73kg. She saw a nurse because she was concerned that her weight had fallen to 64.7kg.

Five months later a nurse saw the woman at the request of the wing staff as she felt unwell. The nurse recorded that she looked very pale and her weight had fallen further to 59kg, which was a loss of 5.5kg from two weeks previously. An emergency appointment was made to see the doctor. However the next day she was taken by ambulance to the Royal Surrey County Hospital as her condition had deteriorated. .

Healthcare staff kept in regular contact with the hospital to check on the woman's progress. She consented to the prison contacting her family but preferred them not to visit. The hospital contacted the prison to confirm that the woman had wide spread cancer and only had days to live and that ward staff had informed her family. Later that afternoon she died.

Following the woman's death Send maintained contact with her family and offered emotional support as well as financial assistance towards the cost of funeral expenses.

I find that the woman received a good standard of care whilst at Send and was treated with dignity and respect in her final days. There were significant and unacceptable delays in her receiving hip replacement surgery whilst at Holloway.

THE INVESTIGATION PROCESS

1. My investigator visited Send and collected all the relevant records including the woman's main prison record and medical records. Notices were posted to staff and prisoners about the investigation inviting contributions. One prisoner came forward as a result and was interviewed by my investigator.

2. The local PCT asked a medical practitioner to carry out a review of the woman's clinical care. I am grateful to her for undertaking this review.

3. The investigator contacted HM Coroner to inform him of the nature and scope of my investigation and to request a copy of the post mortem report. Upon completion, my report will be sent to the Coroner to assist his enquiries into the woman's death.

4. One of my Family Liaison officers contacted the woman's family at the beginning of the investigation and asked if they had any questions or concerns to raise about the care she received. The woman's family did not have any issues that they wished the investigator to consider. They said that they had not been told at first that the woman was in hospital. This was at the woman's request as she did not want them to be worried. The prison staff had then persuaded her to tell them when her illness became more serious. The family were very impressed that someone from the prison rang every morning to give an update on the woman's progress and they found this very comforting. The family could not speak more highly of the prison family liaison officer. They were offered financial support towards the costs of funeral expenses. A copy of my report will be provided to the family.

HMP SEND

5. HMP Send was re-rolled in 1998 and rebuilt by 1999. It currently operates as a closed female training prison and incorporates a 20 bed addictive treatment unit, an 80 bed resettlement unit and a therapeutic community with a capacity of 40. As of 1 May 2009 Send has an operational capacity of 282 prisoners.

6. The wings include single cells with integral sanitation and individual showers. A-Wing is the therapeutic community and E & F wings make up the resettlement unit. D Wing, the addictive treatment unit is a 20 women unit with double rooms and communal showers.

7. The latest report produced by HM Chief Inspector of Prisons was published in October 2008. The report, in its introduction, stated:

> "Send has gone through a very unsettled period, with an expansion of its population and an increase in short-term prisoners, but without sufficient investment in the regime. The pervasive impact of the inability to recruit and retain staff had resulted in shortages, an influx of inexperienced staff and difficulty in maintaining an appropriate gender balance. On top of this, there had been an excessive turnover of governors – three in less than two years – and further uncertainty created by a new clustering arrangement with a women's prison in Sutton. The outcome had been slippage in some important areas since our previous inspection, including a worrying deterioration in aspects of safety."

8. Regarding health services at Send, the report said that prisoners were dissatisfied with healthcare and went on to say:

> "Healthcare services were under strain due to problems recruiting permanent nursing staff. The healthcare department provided cover between 7.30am and 6.30pm seven days a week. There were four healthcare staff on the early and late shifts. There were 11 agency nurses regularly on duty, which led to problems such as a lack of continuity of care and unfamiliarity with healthcare procedures. On some occasions, healthcare was staffed exclusively by agency staff. Lack of regular staff affected every discipline in healthcare."

   In addition the report made the recommendation that prisoners with disabilities should have care plans in place.

9. The latest Independent Monitoring Board (IMB) annual report was produced for the period ending March 2008. In the report the IMB specifically commented on healthcare as follows:

> "In the 2007/08 Report, significant concern was expressed by the Board about the shortage of nursing staff at HMP Send. It is with much regret that we report that the situation has deteriorated further and this has started to have an adverse effect on the service provided to prisoners."

"Despite numerous attempts, recruitment of new staff to meet the required complement has met with little success. As a result, the quality of applicants has often been below the required standard. The shortage of suitably qualified staff has been mitigated by the use of agency staff who have the required professional expertise but often lack the experience of working in a prison."

"With effect from 1st April 2008, the Surrey Primary Care Trust has taken on full responsibility for staff employment within Healthcare at HMP Send."

10. There have been four previous investigations into deaths that have occurred at Send since 2004. There are no similarities between those deaths and that of the woman.

KEY FINDINGS

11. The woman was born in the London area. She had a history of depression, epilepsy and alcohol dependency. The woman was remanded into custody at HMP Holloway. She was convicted of murder and sentenced to life imprisonment. The woman had been prescribed Fluoxetine (antidepressant and mood stabilising medication) by her general practitioner before coming into prison and the prescription continued when she was in prison.

12. The woman was assessed by a consultant forensic psychiatrist, who conducted a review of her Fluoxetine as the dose had been increased from 20mg to 40mg a day. The woman told the consultant forensic psychiatrist that since the increase in medication she felt much better and less emotional.

13. The woman's next contact with healthcare was when the first nurse saw her on the wing because she was complaining about pain in her lower back and kidneys. She told the nurse that she was passing urine frequently and blood was present. She was referred to the prison doctor the next day who prescribed a course of Trimethprin (antibiotic).

14. Six days later wing staff were concerned about the woman's health and the first nurse came back to see her on the wing. The nurse recorded that the woman said she had not eaten for three days as trying to eat made her feel sick. The nurse suggested to the woman that she should move to the healthcare centre for a period of observation, but she refused. The nurse encouraged her to drink as much fluid as possible. Urine samples were taken which showed raised blood, protein and sugar levels. These tests were repeated with the same results and samples were sent to the local hospital for analysis.

15. The woman saw the prison doctor. (It has not been possible to identify who the doctor was from the handwritten notes.) The doctor recorded that the woman felt tired, was off her food and vomited the previous day. The doctor noted that the woman was tender in the kidney area, but that her urine was clear. The results from the hospital were followed up and she might require a further course of antibiotics. (There is no record in the medical record of these results being received.)

16. A second forensic psychiatrist saw the woman. The doctor prescribed a change in her medication from Fluoxetine to Citalopram (another antidepressant) because of her history of renal problems and also prescribed Sodium Valproate (a mood stabiliser). The forensic psychiatrist was concerned about the woman's memory function and asked for further investigations to be made. (There is no evidence available in the medical records to show that these investigations were undertaken.)

17. The woman had a medical review conducted by the first prison doctor, and a second nurse. She was prescribed Citalopram, Sodium Valproate, Ferrous Sulphate (iron dietary supplement) and Diclofenac (non steroid anti-inflammatory medication for treatment of arthritis). She was a smoker, but usually no more than nine cigarettes a day.

18. Two weeks later the woman saw the first prison doctor as she had suffered from a chesty cough for a week that produced green phlegm. The doctor recorded that the woman was not experiencing any chest pain or shortness of breath. The doctor prescribed Erythromycin (antibiotic for treatment of respiratory tract infections). The woman also told the doctor that she had experienced a spinning sensation, felt sick and light headed. The doctor recorded that there was no drowsiness, weakness of limbs or hearing loss and prescribed Prochlorperazine Maleate (for treatment of nausea and vertigo).

19. The woman was seen by a second prison doctor, as she had been referred by nursing staff for a possible urinary tract infection and haematuria (presence of red blood cells in the urine). The doctor recorded that the woman had pyelonephritis (a urinary tract infection that has reached the kidneys) in the past and suffered from obvious pain on moving her right hip. The doctor prescribed Ciprofloxacin (to treat urinary tract infections) and Tramadol Hydrochloride (an analgesic used to treat moderate to severe pain) and requested investigation of the woman's hip.

20. The woman next saw the second prison doctor because she had pain in the bladder area. The doctor recorded that blood and urine samples had been taken and advised that the woman did not take the Diclofenac until she felt better. The doctor prescribed another course of Ciprofloxacin as well as Hyoscine Butylbromide (used to treat pain caused by abdominal cramps and other spasmodic activity in the digestive system) and paracetemol. The test results were received six days later and the doctor recorded that all the results were normal.

21. The second prison doctor saw the woman as she had been depressed, felt very low, weepy and slept all day following the recent death of a cousin. She told the doctor that she had no thoughts of self harm. The doctor increased the prescribed Citalopram from 10mg to 40mg a day.

22. The second prison doctor next saw the woman two months later as she had fallen in the laundry a few days earlier. The doctor noted that the woman had not had an x-ray on her hip, even though one was requested and that she was able to move but with a pronounced limp and in obvious discomfort. Arrangements were made for x-rays to be carried out three days later.

23. The x-rays were taken at the hospital and the results showed that there were no fractures of the right hip. However there was complete loss of the joint space and the joint had degenerated. The second prison doctor wrote to the hospital to ask for an orthopaedic surgeon to consider the woman for hip replacement surgery.

24. The woman was then seen by a third forensic psychiatrist, as no follow up had taken place since the second forensic psychiatrist had raised concerns about her memory. As a result of these sessions, the third forensic psychiatrist believed that there was little short term memory loss. However the woman agreed with the forensic psychiatrist's suggestion of a referral for neuropsychological tests.

25. A third prison doctor saw the woman as she had a cough and sore throat for about four weeks. She also told the doctor that she experienced pain in the loin area. The doctor prescribed Amoxicillin (antibiotic for treatment of bacterial infections) and asked for urine sample tests. The tests were completed the same day and the results were normal.

26. All of the woman's medication was removed from her possession two days later as it was reported that she was trading her Tramadol with fellow prisoners. She saw the first prison doctor and he reinstated the possession medication as he accepted her word that she had not been trading her medication.

27. The woman had four neuropsychological assessments with a psychologist. The psychologist recorded that the woman was happy to undergo formal cognitive testing and on each session was in a good mood and engaged well.

28. The second prison doctor wrote again to the local hospital to refer the woman to the orthopaedic surgeon for consideration of hip replacement surgery. In this letter the doctor stated that a referral was first made but appeared not to have been followed up.

29. As a result of the second prison doctor's letter, the woman had an appointment at the hospital. She was seen by a consultant orthopaedic surgeon, who confirmed that hip replacement surgery would be beneficial and a date was set. As the woman was informed directly of this date, for security reasons it was cancelled and rescheduled.

30. The woman had the hip replacement surgery and was kept in hospital for seven days. When she returned to prison arrangements were made for her to have physiotherapy sessions. The wound was checked by healthcare staff in accordance with the orthopaedic surgeon's instructions.

31. A fourth prison doctor saw the woman and said that she felt tired all the time, was sleeping most of the day and was feeling anxious. The doctor noted that the woman had a history of renal problems which would contribute to her tiredness. The doctor discussed the benefits of counselling and she was happy for a referral to be made. The doctor saw her a week later. He recorded that she was much better, was able to walk with crutches, sleeping less and was brighter in mood.

32. The woman had two reviews at the hospital regarding her hip replacement. The reports show that she had made good progress and used crutches less. However, as a result of having the x-rays, concerns were raised about the woman's chest. A Computed Tomography (CT) Scan (a computerised view of the whole body) was recommended. This was arranged but on the day Ms King refused to go to the hospital despite encouragement from prison staff.

33. The woman transferred to HMP Send. The third nurse conducted a new patient health check. The nurse recorded that she had a long standing history of depression, epilepsy, chronic pyelonephritis and recurrent urinary tract

infections. The nurse also recorded that the woman was still recovering from hip replacement surgery and used crutches to aid her mobility. Her weight was recorded as 73kg. The third nurse referred the woman for a full assessment with a doctor. (There is no record that this took place)

34. The next contact the woman had with healthcare was 13 days later when she was seen by a fourth nurse. They discussed the woman having her medication in the afternoon rather than at night time which she accepted.

35. A search was conducted of the woman cell and a Tramadol tablet had been found. A fifth nurse referred the woman for a review with the doctor. The woman was seen by a fifth prison doctor to review her medication and recommended that the pain relief was still required.

36. The woman was seen by a sixth prison doctor as she was experiencing pain when passing urine. The doctor prescribed Amoxicillin and asked for urine samples. The results of these tests showed that there were increased protein levels and traces of blood.

37. A seventh nurse saw the woman because she was worried about her weight. The nurse recorded the woman's weight as 64.7kg, which is a loss of some nine kg since she arrived at Send five months earlier. She told the nurse that she was sleeping throughout the day as well as all through the night.

38. The fourth nurse saw the woman at the request of the wing staff. She was taken in a wheelchair to healthcare by a fellow prisoner. The woman told the nurse that she had felt unwell for the past few months, never felt hungry and felt sick at the thought of food. The nurse recorded that the woman looked very pale and her weight was 59kg, which was a loss of five and a half kg from when she was weighed two weeks previously. An emergency appointment was made for the woman to see the doctor. The nurse also noted that there had been no assessment for the woman to use a wheelchair and it did not have foot rests. Due to the health and safety concerns, the wheelchair was kept in healthcare as an assessment would be required to allow the woman to use one.

39. The next day the third nurse responded to a call for assistance as the woman had collapsed on the landing. The nurse found the woman sitting on a chair on the landing. She was moved to a bed in the cell next to where she was sitting. The nurse gave her oxygen as the woman was having difficulty in breathing.

40. The third nurse called for an emergency ambulance and she observed that the woman was coughing and appeared to be trying to vomit but nothing was produced. She felt cold and clammy to the touch and had been incontinent. The woman was taken by ambulance to the hospital. A formal bedwatch risk assessment was completed and the woman was escorted by two officers with the use of a long escort chain (a long chain with a single cuff at either end, one cuff attached to the prisoner the other to an officer), which was to be removed when treatment was given.

41. Healthcare staff kept in regular contact with the hospital to check on the woman's progress. There were daily risk assessments made of the level of restraint to be used. The Governor gave the order that no restraints were to be used but two officers should remain with her.

42. Two days later the woman was visited in hospital by a seventh nurse. The woman was in pain and had been given morphine pain relief. After she had been in hospital for two weeks, the woman finally consented to the prison contacting her family to inform them of her illness but did not want them to visit. The seventh nurse encouraged her to think about allowing them to visit. Once the family had been informed, a member of healthcare staff contacted them each day to update them on her condition.

43. The hospital contacted the seventh nurse to confirm that the woman had wide spread cancer and only days to live. An End of Life care plan was put in place. The hospital ward staff informed the woman's family of her rapid deterioration. Later that afternoon at 4.00pm she died and her death was confirmed by a doctor at 4.13pm.

44. Following the woman's death the prison family liaison officer, maintained contact with the family, assisted with the funeral arrangements, liaised with the coroner's office and made arrangements for a visit to be made to Send so that the family could meet the woman's friends and collect her personal belongings. In addition financial assistance was offered towards the cost of the funeral expenses.

ISSUES

The woman's final illness

45. The clinical review highlights that whilst the woman was at HMP Holloway it was recommended that she had a CT scan following abnormal chest x-rays at the the hospital. Arrangements were made for the scan however, despite healthcare advice and encouragement, the woman refused to attend.

46. The woman was responsible for her own health and should have undergone the proposed medical assessment. Following medical advice might have aided the early identification of her health condition and facilitated proactive treatment, it is recognised that she had the right to refuse treatment.

47. The review also highlights that the woman had lost nine kg in weight by 27 but her Body Mass Index was within normal limits. The report states:

> "Anaemia and weight loss are listed in the referral criteria for investigation of colorectal cancer. It should be remembered that loss of appetite and lethargy may indicate physical disease as well as being signs of depression."

48. In addition the review commented that mortality rates for individuals with a similar condition to the woman who are admitted to hospital as emergencies, are higher than for those having planned surgery.

49. In conclusion the review makes the following comments regarding the woman's clinical care:

> "Despite the lack of follow-up of the abnormal chest X-ray and the anaemia and weight loss I do not feel that the eventual outcome would have been different. If the colorectal cancer had metastasised to the lungs this would have been an indication of advanced disease and bowel obstruction is also an indication of advanced disease. Following her collapse with bowel obstruction the woman followed a path similar to that for someone living outside prison."

Hip replacement surgery

50. The clinical review focused on the care the woman received. However the investigator highlights an area of concern regarding the delay in the woman receiving her hip replacement surgery.

51. The second prison doctor first recorded that investigations were required into the woman's hip condition. The same doctor saw the woman on three separate occasions before x-rays were requested these were taken three days later. This is an unacceptable delay of seven months.

52. A referral letter to the orthopaedic consultant at the hospital sent by the second doctor. The same doctor sent a further letter. There is no evidence in the medical records that any follow up action took place in the intervening period.

53. As a result of the second letter the woman was seen by the hospital consultant in four weeks and she had her hip replacement surgery 12 weeks from the date of being seen by the consultant. Had appropriate follow up action been taken by healthcare at Holloway. The woman may well have had her operation at a much earlier date which would have reduced the pain and discomfort she had to endure.

    I recommend that the Head of Healthcare at Holloway review the procedure for following up referrals to outside health services to ensure that prisoners receive timely medical treatment.

Use of restraints

54. Unfortunately there have been too many reports where I have critical of the use of restraints when prisoners are under escort in outside hospital. It is pleasing therefore to recognise the good practice adopted by Send to ensure that the woman was treated with dignity and respect during her final weeks in hospital.

Family Liaison

55. Send appropriately followed the guidance given in PSO 2710, “Follow up to death in custody”. The woman’s family told my family liaison officer, that they were very impressed with the after care service offered by the prison and I recognise the best practice followed by the prison family liaison officer.

CONCLUSION

56. I'm disappointed in the delays faced by the woman, whilst at Holloway, in receiving her hip replacement surgery. Prompt follow up action should have been taken by healthcare staff which would have reduced the amount of time the woman suffered from pain and discomfort. The amount of time that elapsed from the initial assessment by the prison doctor to a letter of referral to the hospital being sent is, in my view, unacceptable.

57. This investigation shows that whilst at Send the woman received equitable care to that she could have expected in the community. Send also demonstrated best practice in the use of restraints, when the woman was sent to outside hospital, and family liaison.

RECOMMENDATIONS

1. I recommend that the Head of Healthcare at Holloway review the procedure for following up referrals to outside health services to ensure that prisoners receive timely medical treatment.

   The Recommendation is accepted. The Head of Healthcare has been instructed to review the current procedures for following up referrals to outside health services by the end of December 2009. Holloway aims to provide a GP/Primary Care service that is equivalent to that provided in the community. That also includes encouraging patients to take responsibility for managing their own health, and seeking appropriate help as patients would do in the community. The Head of Healthcare believes procedures at Holloway reflect those in the local community and has agreed to formally review their systems to see if there is anything that requires improvement.