Investigation into the circumstances surrounding the death of a man, who was a prisoner at HMP Manchester, on 26 June 2009

Report by the Prisons and Probation Ombudsman for England and Wales

March 2010

This is a report into the death of a man at North Manchester General Hospital on 26 June 2009. He was 54 years old, and was a prisoner at HMP Manchester. He died from natural causes, having been admitted to hospital two weeks before his death.

I offer my sincere condolences to the man's family and friends.

The man had been arrested in June 2008 and was sentenced soon afterwards to 12 years imprisonment. He began his sentence in HMP Manchester before being transferred on 27 February 2009 to HMP Full Sutton. Days after his arrival at Full Sutton, the man was diagnosed as having small cell lung cancer and was returned to Manchester so he could receive treatment at a specialist hospital. His health then deteriorated during his time in custody. The Coroner has confirmed that the cause of his death was cancer.

This investigation has been undertaken by a member of my investigation team. I would like to thank the Governor of HMP Manchester and his staff for their co-operation and active participation in the investigation.

The Head of Clinical Governance for NHS Manchester conducted a review of the care the man received whilst in prison and I would like to thank her for her contribution to the investigation.

As is often the case in investigations following a death from natural causes, I am strongly influenced by the findings of the clinical review. In the case of this man, the clinical review finds that he mostly received good care, although the quality of record keeping and the palliative care offered could have been much better. My report makes eight recommendations.

Stephen Shaw CBE
Prisons and Probation Ombudsman **March 2010**

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SUMMARY

The man was arrested for a serious offence on 13 June 2008 and held on remand at HMP Manchester from 16 June. He was sentenced on 19 December to 12 years imprisonment with a release date of 16 June 2014. This was not his first time in prison.

He had a history of drug misuse which he disclosed during his reception at the prison. He told staff that he was undergoing withdrawal treatment at the Salford Drug Service and had been prescribed and was taking methadone. As a result, the man was referred to undergo a detoxification programme. The following day, he was transferred to the detoxification wing to commence a period of detoxification with Subutex (a drug that is primarily used to treat heroin addiction). He successfully completed the detoxification course.

During his stay at Manchester, the man was seen by various members of the healthcare team and his general health and medications were reviewed at regular intervals. His past medical history revealed that he was a known asthmatic and had had a lumbar laminectomy (which involved the removal of the lamina, part of the vertebra) in 1989 for a back injury. No concerns had been raised about the man's mental health.

On 27 February 2009, the man was transferred to HMP Full Sutton to continue his sentence. Four days later (on 3 March), he was transferred to York Hospitals NHS Foundation Trust because he was coughing up blood. The man underwent a series of tests and examinations and was subsequently diagnosed with small cell lung cancer, chronic obstructive pulmonary disease (COPD), asthma and ischaemic heart disease. As his primary diagnosis was lung cancer, it was decided that he should be returned to HMP Manchester to enable him to undergo treatment at the Christie Hospital NHS Foundation Trust in Manchester.

The man was transferred to Manchester on 25 March 2009 and was immediately taken to the Christie Hospital to commence chemotherapy treatment. He received two treatment cycles (out of six to be received in total) of chemotherapy which he appeared to tolerate well. He returned to Manchester on 1 April but, against the advice of the prison doctor, he asked to be located on a normal residential wing instead of the healthcare centre. Having later reflected on this decision, the man was relocated to the healthcare inpatients centre on 3 April.

Thereafter, the man attended Christie Hospital on a number of occasions for aftercare treatment. However, having initially refused his third treatment cycle, he became very unwell with his condition rapidly deteriorating. He was admitted to North Manchester General Hospital on 9 June as an emergency patient. The man's condition continued to deteriorate over the next couple of weeks and he passed away in the hospital on 26 June 2009.

I find that overall the man received a standard of care whilst at Manchester that was equivalent to that which he could have expected in the community. I also find that he was treated with dignity and respect at all times leading up to his death. I do,

however, make eight recommendations in my report regarding record keeping and the palliative care afforded to the man.

THE INVESTIGATION PROCESS

1. The investigation into the man's death was conducted by one of my investigator's, Notices of the investigation and terms of reference were sent to the prison, inviting anyone with any information to contact the investigator.

2. My investigator was provided with a copy of the man's prison records and later met the Governor. My investigator also met the Head of Healthcare, representatives of the Prison Officers' Association, and a member of the Independent Monitoring Board. He visited all parts of the prison, in particular the wing where the man had lived, and met the prison's liaison officer. .

3. A clinical review of the man's medical care was commissioned from NHS Manchester. I am grateful to the Head of Clinical Governance, for her review. As part of her review, the Head of Clinical Governance jointly conducted interviews with my investigator. The Head of Clinical Governance also separately interviewed other prison staff and external specialists. I am grateful to HMP Manchester staff who have contributed to this investigation. They were open and professional throughout.

4. One of my Family Liaison Officers contacted the man's mother to inform her of the investigation and to give her the opportunity to raise any questions or concerns about the care he received. At the time of writing this report, the man's family has not raised any specific issues.

5. I am pleased to report that the man's mother spoke very positively about the care he received prior to his death and also the help and support her family had received from the prison following her son's death. They welcomed the opportunity to visit the prison to meet with the Governor, and with other prison and healthcare staff, and appreciated the level of contact that the prison had maintained throughout this difficult time.

6. I hope this reports provides the man's family with a better understanding of the events leading to his death.

HMP MANCHESTER

7. HMP Manchester is a large prison, Victorian in external appearance but greatly refurbished internally. Cells have televisions, electric sockets and sanitary facilities. Manchester holds both unconvicted and sentenced prisoners, as well as a small number of high security (category A) prisoners. For this latter reason, the jail is part of the Prison Service's high security estate and physical and other security within the prison reflects this.

8. At the time of the investigation, the prison served magistrates' and Crown Courts in the Greater Manchester area, holding up to 1,269 male adult prisoners. The prison is divided into two main blocks. The upper prison contains four wings (G-K) which include the First Night Centre and the induction wing. The lower prison has five wings (A-E).

9. Healthcare at Manchester is commissioned by the Manchester Primary Care Trust. The healthcare centre provides 24-hour nursing care and medical cover, and has beds for up to 38 patients.

Independent Monitoring Board

10. Each prison has an Independent Monitoring Board (IMB). IMB members are independent and unpaid members of the local community. They monitor day-to-day life in their prison and ensure that proper standards of care and decency are maintained. Each IMB produces an annual report. In their report on Manchester for the period 1 March 2007 to 29 February 2008, the IMB said:

> "Manchester is a well-run prison which is meeting most of its Key Performance Targets … The Board has witnessed many occasions when staff have demonstrated sensitivity to prisoners' needs, e.g. in Reception on arrival at prison, officers giving information on what was happening and answering any questions … "

Her Majesty's Chief Inspector of Prisons

11. The most recent inspection by Her Majesty's Chief Inspector of Prisons, was an announced full inspection in July 2009. Published in December 2009, her comments in relation to healthcare services at Manchester included:

> "…There was evidence of strong support from the primary care trust. Primary care services had improved and there was access to a range of in-house and visiting specialist clinics. Vulnerable prisoners expressed concern about safety in waiting rooms. The introduction of telemedicine had significantly reduced the number of prisoners going out of the prison for NHS assessment. The healthcare application system was not sufficiently robust, and the absence of prisoner focus groups meant that prisoners were unaware of significant changes in healthcare delivery. The management of external NHS appointments was efficient, and inpatient health provision satisfactory."

Prison Service Orders (**PSOs)**

12. Prison Service Orders are long-term mandatory instructions. They were introduced to replace Standing Orders, Advice to Governors and Instructions to Governors.

Previous deaths at Manchester

13. The man's death was the 28th to have occurred at Manchester since April 2004 when the Ombudsman's office began investigating all deaths in prison custody in England and Wales. Eight of the previous 27 deaths were due to natural causes. There have subsequently been a further two deaths at Manchester, both due to natural causes. The man's case is not comparable to any of the others, but two of my previous reports included recommendations about record keeping and palliative care.

KEY FINDINGS

14. The man was arrested and remanded into HMP Manchester on 16 June 2008 from Salford Magistrates' Court for the offences of attempted murder and threats to kill. He arrived at Manchester around 3.00pm and went through the normal reception screening process. The Prisoner Escort Record (PER) that accompanied him from court noted that he had angina, asthma, misused drugs and had a previous history of offending.

15. Prison reception staff went through the first night in custody and assessment booklet with the man to assess any concerns or immediate needs he might have. He was allowed to contact his mother, whom he listed as his next of kin. The man told staff that he had angina, asthma and a spinal injury, for all of which he was currently taking medication and had in his possession. It was noted the man had no history or current thoughts of harming himself. His cell sharing risk assessment (which decides whether a prisoner is a risk to others he may share a cell with) noted that he was a "Low" risk.

16. As part of his assessment, the man was interviewed by a registered general nurse from the healthcare team. The man said he was currently taking 80mg of methadone daily as a result of his spinal injury and was a client of the Salford Drug Team in the community. He said that, had he not been arrested, it was his intention to attend a detoxification clinic and that he had already completed the referral application for this.

17. The man did not wish to be examined immediately by the prison doctor and so a referral was made for further consultations with both the doctor and the Drug Service for the following day. He also asked to be referred to the Counselling, Assessment, Referral, Advice and Throughcare Services (CARATS) team as he wished to receive support for his drug problem. All new prisoners with asthma are entered onto an asthma register in reception at Manchester. They are then assessed and offered asthma monitoring to manage their condition so that it has minimal impact on their quality of life. The man was placed on this register.

18. After being initially admitted to G wing (Induction Wing), the man received his first night assessment and induction into the prison. He had been risk assessed due to his drug misuse and G wing was deemed appropriate by the medical staff as he had taken his methadone medication whilst in police custody before his admission to Manchester.

19. The following day (17 June), the man's induction continued. Having declared that he wanted to address his drug misuse problem, he was examined and assessed by a detoxification doctor The man reiterated that he was being treated by the Salford Drug Service for his drug misuse. He also disclosed that he had had a lumbar laminectomy (spine operation) in 1989, asthma, chronic obstructive pulmonary disease (COPD) and angina. No mental health problems were recorded.

20. The detoxification doctor discussed detoxification through the use of Subutex which would assist in reducing his dependency on drugs. The man agreed to this and was moved to the detoxification wing (I wing) to commence the stage one detoxification programme on 18 June. He signed the wing compact to enter the Drug Testing Unit (DTU) and agreed to comply with regular drug tests. He was given further information about the prison, and staff noted no concerns.

21. Despite the fact that the man provided the details of his doctor in the community there was no written indication on his prison medical records to show that she was contacted. Furthermore, there was no record that Salford Drug Service had been contacted about the man's previous treatment. At interview with the investigator and the Clinical Reviewer, the Head of Healthcare said that she would expect all correspondence to be documented but could not comment on why this had not been carried out.

22. The man was approached by healthcare and gave permission on 23 June for the Salford Drug Service to be contacted).

23. On 18 June, the man commenced the Subutex detoxification programme. His induction continued and later in the day he was interviewed by the prison chaplain. The chaplain recorded in the man's wing history sheet that he (the man) was not feeling too well, due to the effects of detoxing. Nonetheless, he was in good spirits during their conversation.

24. As part of the induction process, all new prisoners should be offered a secondary health assessment within the week following their first reception. This assessment is equivalent to a primary care assessment when registering with a doctor in the community. It provides an opportunity for gathering further health information, health education and promotion. Importantly, it also checks how a prisoner is settling into the prison routine.

25. The man received his secondary health assessment by the Detoxification Manager on 17 June. The Detoxification Manager carried out general observations including drug tests and noted the man's medical record accordingly. The following day (18 June), he was seen by the prison doctor where it was recorded that he had complained of experiencing pain from an "old back injury". At interview with the Clinical Reviewer a nurse added that this entry, which was recorded on EMIS (the prison medical computer), would have been the secondary screening.

26. On 24 June, the man received a comprehensive substance misuse assessment by a prison CARATS worker. He said that he had been using illicit drugs since the age of 14. He had then gone on to misuse heroin after his doctor had stopped his morphine prescription which he had been taking for his spinal injury. He had been in and out of drug treatment for the past two years and had intended to go to a rehabilitation centre but was arrested for his current offence.

27. A care plan was drawn up which included the man agreeing that the Salford Drugs team could be contacted to obtain further information about his treatment

with them. The CARATS team offered the man support in respect of his drug problem and agreed that he would be seen every three weeks.

28. On 26 June, the man attended the doctor's clinic complaining of back pain. He was examined and referred to see the physiotherapist.

29. The man successfully completed stage 1 of his detoxification programme on 7 July. He was duly located onto H wing so that he could participate on stage 2 of the detoxification programme. H wing facilitates a 10 day group work programme including education regarding HIV and AIDS, safe injection practice, first aid, healthy eating, personal hygiene and testicular cancer.

30. Although the man was referred to the asthma clinic for monitoring, he refused to attend an appointment made for him on 17 July. No concerns had been raised about the man by staff.

31. During August, the man was seen by the prison doctor as he had complained of experiencing abdomen pain. Omeprazole capsules (used to treat ulcers, and other conditions involving excessive stomach acid production) were prescribed and blood tests were taken to conduct various tests, including a helicobacter pylori status. (Helicobacter pylori is a bacteria that causes an inflammation of the stomach lining and is strongly linked to gastric ulcers and stomach cancer.) Two weeks later, his results were received. It was confirmed that he had tested positive for helicobacter pylori and was prescribed appropriate medication.

32. On 22 September, the man complained of shortness of breath. He was seen by a prison doctor who examined him and conducted a series of investigations including an electro-cardiogram (a test that measures the electrical activity of the heart). The doctor suspected that the man had experienced an inferior myocardial infarction (heart attack) and so he was immediately taken to the accident and emergency unit of the North Manchester General Hospital (NMGH) for assessment. He was subsequently diagnosed with an exacerbation of his asthma. However, before hospital staff could conduct a chest x-ray, the man discharged himself from their care. The hospital were however able to prescribe him some medication, augmentin (an antibiotic) and prednisone (a steroid) on discharge.

33. It was noted on EMIS that the man returned to Manchester without a discharge letter being completed by NMGH. This had to be requested by healthcare staff to enable further treatment to be carried out. At interview, several members of nursing staff including the Head of Healthcare indicated that this was a common problem for the Prison Service.

34. Three days later (on 25 September 2008), when staff unlocked the man he complained of having a chesty cough. Healthcare staff spoke to him in his cell and he was later taken to the healthcare centre and examined by the doctor. He was prescribed a Salbutamol inhaler and it was documented in his medical record that this treatment would be reviewed in two weeks time if the man felt it necessary. Healthcare staff told the wing staff that the man was generally okay, and that he would have to allow time for the antibiotics that had been

prescribed by the hospital to work. The man had no further contact with the healthcare centre about this ailment.

35. An appointment was made for him to attend the asthma monitoring clinic on 12 November, but he again refused to attend.

36. From 28 October, the man became a wing cleaner. In November, following his application under the Incentives and Earned Privileges Scheme (IEP), he was granted enhanced status. (The IEP scheme rewards and promotes prisoners' good behaviour. Enhanced is the highest of the three regimes (basic, standard, and enhanced).)

37. The following month, on 26 November, he appeared before Manchester Crown Court and was convicted of wounding with intent, threatening to kill and aggravated burglary. He would return to court at a later date to be sentenced.

38. On 30 November, staff on H wing contacted the healthcare centre and reported that the man felt unwell. He had complained of having respiratory problems, was coughing up phlegm and was suffering from aches and pains. He was examined by a doctor and prescribed antibiotics, a Salbutamol inhaler and prednisone (a steroid). The man's wing history sheet noted that he had an infection in his lungs, and rest and medication were to be taken until further notice. The man did not contact the healthcare centre again regarding this problem.

39. It was recorded on the man's medical record that he again refused to attend a asthma monitoring check on 1 December. Immediately after this entry, the words "Booked for respiratory nurse clinic 4/11/08" were written. It is unclear if this was a missed appointment or just an incorrectly dated entry.

40. On 19 December, the man attended court and was sentenced to 12 years imprisonment. On his return to prison, he was seen by a mental healthcare nurse in reception. When interviewed, the head of healthcare said that this would suggest that the man was screened for any potential healthcare or suicide/self-harm issues following his court appearance. Wing staff also spoke to the man who told them that he was happy as he had expected a longer sentence. No further problems were raised by him or staff.

The Man's transfer to HMP Full Sutton

41. Following his sentencing, in line with normal sentence progression within the prison system, on 23 February the man was assessed by healthcare staff as fit for transfer. He subsequently moved to HMP Full Sutton on 26 February 2009. When he arrived, he again underwent the standard health screening process and first night risk assessment.

42. Four days later (on 3 March), he attended the prison clinic and said that he had been coughing up blood and was short of breath. He was examined by the prison doctor and was subsequently transferred to the local hospital. He was admitted for further tests and investigations under the care of the hospital chest

physician, and remained in the hospital for a number of weeks. During this time (on 17 March), he was diagnosed with small cell lung cancer, chronic obstructive pulmonary disease (COPD)/asthma and ischaemic heart disease.

43. After a full consultation between the Head of Healthcare at Full Sutton, York Hospital medical staff, and the Deputy Governor at Manchester, it was agreed that the man should be transferred back to HMP Manchester. This would enable him to receive chemotherapy treatment at the Christie Hospital in Manchester and, at the same time, make it easier for him to maintain contact with his family.

44. Whilst arrangements were being put in place for the man's return to Manchester, he remained on a pain control regime (morphine sulphate tablets (MST) and Oramorph) at York Hospital. (Oramorph is the brand name of a preparation of oral morphine liquid.)

45. When the man left York Hospital on 25 March, arrangements had been made for him to be immediately taken to the Christie Hospital in Manchester to commence his first cycle of chemotherapy. A copy of his Full Sutton medical records and his medication also accompanied him. The man remained at the Christie Hospital for approximately eight days. During this time he received his first course of chemotherapy. His prison medical records show that healthcare staff from Manchester remained in regular contact throughout his stay at the Christie Hospital to check on his progress.

The Man's transfer back to HMP Manchester

46. Following the man's first cycle of chemotherapy treatment (two out of a total of six he would eventually receive) he was transferred back to HMP Manchester on 1 April. On discharge, he was prescribed morphine sulphate tablets 110mg twice a day, together with Oramorph 40mg (as necessary) for breakthrough pain. A discharge letter was prepared by the Christie Hospital but was incorrectly addressed to Full Sutton. It did, however, come with the man on his return to Manchester. The letter gave detailed instructions for his treatment, date of next cycle of chemotherapy, possible complications to be mindful of between treatments, and details of medication he had been prescribed.

47. Comprehensive information sheets were also included (for patients) which specifically indicated an individual's vulnerability to infections that could become life threatening if untreated. It also described other possible side effects. The discharge letter included 'urgent advice' for doctors, namely the relevant treatment needed if a patient felt unwell or had pyrexia (a high temperature). All sets of instructions and advice sheets emphasised the importance of detecting symptoms of infection at a very early stage.

48. When the man arrived at Manchester, he was seen by the prison doctor who prescribed his medication. The man said that he did not want to be located in the healthcare centre, against the advice of the healthcare staff. The doctor advised the man that if he were to be located on an ordinary wing, it would not be possible for him to have access to his pain relief medication, Oramorph.

This was because of the control restraint placed on this drug in the prison environment. At interview with the Clinical Reviewer, the doctor said that the man accepted this but still wanted to be located on an ordinary wing. The doctor said that he would usually adjust the dose of morphine sulphate tablets according to the patient's reported pain until minimal Oramorph was needed.

49. The man was located on I wing as he had requested. At interview a prison nurse told my investigator that she had a lot of contact with the man. He was fully aware of his illness and frequently asked her questions about it. The nurse said that the man did not want to be located in the healthcare centre. This was also despite her advice that the healthcare centre was the best place for him given that he had just completed a course of chemotherapy. The nurse reiterated that the level of nursing care that would be available to the man on the prison wing would be less than in the healthcare centre. One of the concerns the nurse said she raised in their discussion was the difficulty in ensuring the man's temperature was checked regularly, as an increase could have serious health implications.

50. The following day (2 April 2009) at around 9.50pm, wing staff contacted the healthcare centre and spoke with a healthcare nurse. Aware of the implications of having a high temperature, the man had voiced his concern that his temperature had not been monitored as yet. The healthcare nurse was told that the man was "feeling fine" and she told the man (via the wing staff) to attend the healthcare centre the following day to have his temperature checked. At interview with the Clinical Reviewer, the healthcare nurse indicated that on the information given to her she felt that it was not urgent to take the man's temperature at that time. In addition, numerous and lengthy safety and security measures would have had to have been undertaken to open his cell, as all prisoners were locked in their cells at that time of the night.

51. The man's temperature was taken the next morning, and recorded as 35.5 Celsius. (The Clinical Reviewer noted that this is a low reading and possible cause for concern.) No comment was made about this reading in the man's medical record. At approximately 5.45pm, the man was seen by a nurse on the wing who reported that he was "hot to touch" and felt unwell. The nurse again suggested that the man should be located in the healthcare centre and he agreed to be admitted as soon as possible.

52. An hour later, the man was given his mediation on the wing and his temperature was again taken and recorded as 37.5 Celsius. (According to guidelines provided by the Christie Hospital, this temperature is a possible cause for concern). However, the reading was described as being within normal parameters by nursing staff. The man said he was feeling increasingly hot and had vomited. He was immediately transferred to the healthcare centre. He subsequently told staff that he had made a mistake in wanting to be located on ordinary location and soon became very tearful and reflective.

53. Two care plans had been created for the man, both dated 3 April 2009. One related to pain control and the other to his chemotherapy treatment. Neither care plan referred to any psychological or emotional support the man might

have required. In regard to assessing pain, the Clinical Reviewer notes that there was no evidence of any pain assessment plans or protocols being used at HMP Manchester. At interview, a nurse said that Manchester did not often use pain charts. She said the man was very open in conversation regarding the levels of pain he felt and wanted to remain in control. The nurse said his care plans and pain charts were therefore kept to a minimum.

54. The same nurse told my investigator that she had previously worked in hospices and had also completed palliative care training. She therefore offered the man palliative care and talked to him a lot about his treatment and how he was feeling. The man wanted the nurse to be honest with him as he was aware that the type of cancer he had was quite progressive and he would not survive it. The nurse said the man was also offered the services of McMillan Nurses (a cancer care and support charity). However, he refused this, saying he was happy with the level of support he was receiving from the staff in the healthcare centre.

55. From around 22 April, there were several days of confusion regarding the date of admission for the man's second cycle of chemotherapy. He was aware that his treatment should have taken place at this time, but nursing staff within the healthcare centre were not aware of any dates. This was despite it being detailed in the man's hospital discharge letter of 31 March. This letter outlined the follow up dates for his second cycle of chemotherapy. Over the next few days, staff attempted to contact the Christie Hospital to secure a date for the man's return.

56. He was eventually escorted to the Christie Hospital on 30 April for his second phase of chemotherapy treatment. When he returned to HMP Manchester later that day, no concerns were raised. There was also no evidence on his medical records to suggest a review of his care plans was carried out.

57. On 5 May, the man asked once again to be located on an ordinary wing as he wanted to participate in some kind of prison work. His medical record was documented that he did not require any nursing input at this time, other than being given Oramorph three times a day. However, this medication was not available on the prison wing, something the man was already aware of.

58. Following his request, it was arranged for him to transfer to an ordinary prison wing on the morning of 8 May. On that day, however, he told the nurse on duty that he was feeling breathless and did not want to go. He also said that the previous day he had experienced a lot of pain but had withheld this information from staff. His move to the prison wing was cancelled and he was examined by the doctor that afternoon. It is documented that the Oramorph was to be restarted. The Clinical Reviewer assumes that his medication was stopped in preparation for his return to the prison wing, although neither this nor evidence of further care planning is documented.

59. The prison doctor examined the man on the morning of 25 May as his legs had swollen up overnight. The next day, whilst walking to his cell, the man lost his balance and fell. He told the nurse on duty that he was okay. He was

examined and it was noted he had sustained no injuries. Staff were to monitor and observe him.

60. On 27 May, the man was due to attend the Christie Hospital for his third cycle of chemotherapy. On this occasion, however, he refused to go and said that the hospital had continually changed his appointments and it was "stressing him out". Healthcare staff tried to persuade him of the importance of attending his appointment but he continually refused. There was nothing in his medical records relating to problems occurring with his appointments other than that mentioned already on 22 April (his second therapy treatment).

61. Whilst staff were trying to persuade the man to attend the Christie Hospital, he became distressed. The nurse said that she offered the man any necessary psychological support during this time and answered any questions. The Clinical Reviewer has found no evidence of any care plans relating to the emotional and psychological support that the man may have received or required.

62. The man also said he wanted to have a central line inserted (a method used to take blood) due to the difficulties experienced by staff at the Christie Hospital when taking his blood. The nurse said that should a central line be necessary on any patient, nursing staff at Manchester were fully trained in the procedure. (It later transpired that it was not necessary for him to receive a central line.)

63. Staff monitored the man and he was given his medication as normal for the remainder of the day. The next day, his mood had improved and at his request staff contacted the Christie Hospital in an attempt to restart his chemotherapy treatment as soon as possible.

64. The nurse told my investigator that, although aware that he was very ill, the man wanted to live as normal a life as possible. She spoke with him frequently, offering him support, and it was for this reason he had fewer care plans than would have been expected for someone with his condition. The man did not want staff to be "mothering him all the time" and often preferred to talk about his family rather than his illness. The nurse also said that, although the man received a lot of psychological support from her, this was not recorded in his care plans.

65. Late in the evening on 3 June, the man's condition deteriorated. He said he felt unwell and requested his pain relief. He was examined by the nurse on duty, given some pain relief, and an appointment was made for him to see the doctor in the morning. The nurse also noted that the man should be moved to an observation cell so that staff could more easily and constantly monitor him.

66. The following morning, the nurse on duty reviewed the man's care plan. It was noted in his medical record that he continued to be "independently caring for his own washing and dressing needs", and his existing care plans should continue until he was reviewed by the prison doctor.

67. The man met with the doctor shortly after and they spoke at length about his refusal to attend his chemotherapy appointment at the Christie Hospital. The man said that he had felt frustrated and angry, but now regretted his actions and wanted to proceed with his treatment. The doctor told him that the Christie Hospital had been contacted and arrangements would be made for him to resume his chemotherapy treatment as soon as possible.

68. On 5 June, the man was moved to a more comfortable observation cell. He was happy with his new cell and, despite looking tired and in pain, told staff that he was okay. Staff continued to monitor him and when appropriate provided him with his pain relief.

69. On the morning of 7 June, the man was described by a nurse as cheerful. He had been up in his cell early and had gone outside for exercise in the yard.

70. The next day, two extra care plans were created. Although both lacked detail, the first related to the man's breathing and other to his personal hygiene. Later in the day, the man's condition began to significantly deteriorate. His appetite was poor and he slept for long periods of time. He was given pain relief as necessary and closely observed by healthcare staff throughout the night.

71. At around 4.30am on 9 June, the man told staff he was feeling a little better. Three hours later when nursing staff checked him to give him his medication, the man could not be roused at first and was in a very poor physical condition. When staff managed to wake him up, he was disorientated, confused and very pale. He was also having difficulties breathing and experiencing pains in his back.

72. The man was thoroughly assessed by nursing and medical staff and taken via ambulance to North Manchester General Hospital (NMGH) where he was admitted with a suspected pulmonary embolus (blood clot on the lung). The prison contacted the man's next of kin to inform them that he had been admitted into hospital. The prison chaplain was also told of the man's deteriorating condition, and he subsequently contacted the man's next of kin to offer support.

73. The man was accompanied under escort to hospital by three prison officers. A bed watch log was opened and staff regularly monitored him along with any visitors he received. The hospital consultant informed the bed watch officers that the man's condition was deteriorating. The prison was informed and, following a risk assessment, all escort chains were removed. In addition, the searching of visiting relatives stopped until further notice. The escorting staff number was also reduced to two.

Events leading up to The Man's death

74. The man remained in NMGH and received treatment for a blood clot on the lungs and his pain relief medication. Prison healthcare staff contacted the hospital on a daily basis for updates on his condition. Family members visited him each day.

75. On 19 June, the prison nurse visited the man. His condition was reported as stable but, because of his prognosis, the hospital had allowed open visits for the family. The man told the nurse that he had been seen by the McMillan Nursing team and was informed that it was unlikely that he would return to prison. His family were aware of this as they had visited him regularly since he had been admitted into hospital. He was later moved to a private room.

76. On 22 June, for reasons of decency and dignity, a prison Governor authorised that staff were to remain outside of the man's room whilst his family visited him. The bed watch staff continually maintained the bed watch log and repeatedly commented on the polite manner of the man's family during this difficult time. As his condition continued to deteriorate, hospital staff began seeing whether there was a possibility of transferring him to a hospice. The prison nurse kept in regular contact with the man's mother, offering support and keeping her abreast of the situation regarding the hospice. The man continued to receive palliative care during this time from hospital staff and the visiting McMillan Nurses.

77. The prison chaplain visited the man on 24 June. He was still poorly but asked the chaplain to pass on a letter of thanks he had written to staff and prisoners at Manchester.

78. The next day (25 June), the prison nurse visited the man and his family in the hospital. The man had been seen on the doctors ward round that morning and the decision was taken that he would not be transferred to a hospice but nursed on the ward due to his deteriorating condition. The man's family were aware of and content with this decision.

79. On 26 June, around 3.50am, nursing staff at the hospital contacted the man's family and informed them that his condition had further deteriorated. The family immediately attended the hospital arriving at around 4.15am. They asked for the prison chaplain to attend, and he arrived at 5.10am and offered support to the man's family. At 6.25am, hospital nursing staff confirmed that the man had died.

After confirmation of The Man's death

80. The prison was immediately informed of the man's death and invoked their death in custody contingency plans. This ensured that all the necessary agencies were notified of his death. The Head of Healthcare and the prison nurse were appointed as the prison liaison officers. The Head of Healthcare told my investigator that she continually updated and offered support to the staff in the healthcare centre following notification of the man's death.

81. The prison nurse and the Head of Healthcare visited the man's family at their home following his death to offer support and to give the family as much information as they could. Financial assistance was offered towards the funeral expenses. The family visited the prison on 29 June to see the cell that the man had spent his time in, and spoke to some of other prisoners who had known

him. The Head of Healthcare said the family were comforted by this visit. The prison chaplain conducted the man's funeral at his family's request. The prison nurse attended the funeral where she read out a poem for the man that had been written by another prisoner.

ISSUES

Clinical Review

82. The clinical review conducted by the clinical reviewer was thorough and detailed. Overall, she notes that the level of care that the man received was appropriate and delivered with dignity and compassion. The clinical reviewer concludes that the man's medical problems were identified and acted upon in a timely manner, and he was treated and offered palliative care at the Christie Hospital. The clinical review makes seven recommendations and I refer to those which are most pertinent in my investigation.

83. When the man arrived at Manchester, he provided the details of his past drug misuse, his doctor in the community, and the Salford Drug Service where he had received treatment. In spite of this, it took over a week for his permission to be sought to contact them to gain details of his previous medical history. This delay meant that staff were not fully aware of the man's medical history and, as such, any medical assessments at this time could not have been comprehensive.

84. It is important when a new prisoner arrives in reception that healthcare staff elicit as much information as possible to assist with decisions about their immediate and secondary health needs. The quicker this is done, the more appropriate and timely the level of treatment that can be given.

    The Head of Healthcare should remind staff of the importance of requesting timely medical information from community agencies with which a prisoner has had contact.

85. In September 2008, the man attended hospital as his asthma had got worse. He left hospital without a discharge letter being completed by NMGH. The clinical reviewer comments that not receiving clear and concise discharge instructions from an Acute Trust following any admission, and in particular following an emergency referral, is poor practice and inevitably delays treatment for the patient. The following recommendation was made in respect of this failing:

    The Head of Healthcare and NHS Manchester should work together with local Acute Trusts to improve systems regarding the transfer of medical and nursing information. In particular, that discharge detail is transferred or shared in a timely fashion.

86. On 19 December, the man attended court and was sentenced to 12 years imprisonment. Within PSO 3050 (Significant Events Affecting Prisoners' Health), it states that:

    > "Events that require a prisoner to leave the prison and pass back through prison reception can have a significant impact on the health of a prisoner. Examples include Court appearance, sentencing in court."

On his return to prison, the man was seen by a mental healthcare nurse in reception. However, there was no documented evidence to suggest that the man had been screened for any potential healthcare, or suicide or self-harm, issues following his court appearance. It is important that such assessments are clearly detailed and documented. I make the following recommendation:

The Head of Healthcare should ensure that prisoners' healthcare is assessed at reception and recorded in their medical record. In particular, this should include screening for self-harm and suicidal tendencies following a return from a court visit.

The man's transfer back to HMP Manchester

87. Having transferred to Full Sutton, the man was soon diagnosed with cancer and admitted to York Hospital. He was subsequently transferred back to Manchester, although he was taken directly to the Christie Hospital. No problems were encountered with his transfer to the Christie Hospital for treatment, and there was excellent communication between the hospitals and the Prison Service. Hospital follow up visits by the Head of Healthcare and the prison nurse also demonstrated continuation of care and a compassionate attitude towards the family. The transfer of the man to Manchester in light of his prognosis made it easier for him to maintain contact with his family. I consider this move wholly appropriate, compassionate, and in the best interests of the man.

The Governor should commend all staff involved in arranging the man's swift transfer between York and the Christie Hospital.

88. After the man's first cycle of chemotherapy, the Christie Hospital documented and provided Manchester with dates for his second cycle chemotherapy treatment. However, this was not documented in his medical record and resulted in the man's appointment being delayed by around one week.

89. The prison nurse had a lot of contact with the man and demonstrated a wealth of nursing experience, especially in palliative care. The prison nurse said that the man was offered a Macmillan Nurse but he declined the offer. She felt that he had enough support from healthcare staff, including herself, in the prison and that he was a 'private man' who did not wish to discuss his difficulties any further. While I do not doubt that the man received good care, the evidence of this is lacking in his prison records. It is important that palliative care patients receive individualised care with ongoing assessments. References to the McMillan Nurse were not detailed on the man's care plans.

The Head of Healthcare should ensure that staff are made aware of the importance of record keeping, in particular that appropriate information is of a high quality and documented in a timely fashion on EMIS.

90. Prisons are necessarily a difficult environment in which to provide palliative care, and I am pleased to note that the Christie Hospital provided detailed information to both the prison and the man about managing his illness. One of the concerns raised, however, was the monitoring of his temperature.

91. However, it was more difficult for nursing staff to check and monitor the man's temperature whilst he was located on an ordinary prison wing, especially during the patrol state (when all prisoners are locked in cells). On one occasion, the man's temperature was not taken for this reason and this caused him some concern. The man was aware of the consequences of being located on an ordinary prison wing. However, it is right that staff should try to persuade prisoners who have undergone chemotherapy of the difficulties that will be encountered if they are not located in the healthcare centre.

92. The Clinical Reviewer notes that on two occasions when the man's temperature was taken the readings were abnormal in relation to the guidance provided by the Christie Hospital and National Institute for Health and Clinical Excellence (NICE) guidelines. However, nursing staff had described the readings as being within normal parameters. The Clinical Reviewer confirms that staff should have been concerned, and queries their up-to-date knowledge regarding cancer treatment. Staff should be reminded that there are a number of useful documents available on the Prison Health website.

93. The man returned for his second phase of chemotherapy treatment at the Christie Hospital on 30 April. When he returned to Manchester later that day, no concerns were raised. There was also no evidence on his medical records to suggest a review of his care plans was carried out after his second chemotherapy treatment.

94. Furthermore, of the two care plans that were created for the man in April 2009, the Clinical Reviewer has found no evidence of them including any reference to the emotional and psychological support that he may have required. In regard to the assessment of his pain, the Clinical Reviewer notes that there is no evidence of any pain assessment plans or protocols being used at HMP Manchester. This was in spite of the fact that the man was on daily medication to combat pain.

95. The prison nurse said that, although Manchester had pain charts (used to assess levels of pain being experienced by a patient), they were not often used and therefore information was not recorded. This also appeared to have been evidenced when the man's move to a normal wing was cancelled because he was experiencing breathlessness and severe pain. The presumption in this instance is that the man's medication had been stopped in preparation for his return to the prison wing, although as I have said earlier neither this nor evidence of further care planning was documented.

96. Again, there does not appear to have been any contact with Macmillan Nurses who could have offered advice in pain management and palliative care. The clinical reviewer makes a number of recommendations relating to the terminal care for prisoners at Manchester. These include ensuring healthcare staff are up-to-date with current practice in offering palliative and end of life care to prisoners.

The Head of Healthcare should ensure that appropriate palliative care and pain control guidance is available for all medical and nursing staff to enable the healthcare centre to keep up to date with current best practice.

The Head of Healthcare should ensure all nursing staff are adequately skilled and have appropriate training with regard to palliative care and pain management.

The Head of Healthcare should ensure that all prisoners admitted to the healthcare centre have a nursing assessment completed, appropriate care plans formulated, and that they are reviewed and revised as necessary.

CONCLUSION

97. The man was sentenced to 12 years imprisonment in 2008. He arrived in prison with several pre-existing health conditions.

98. While in the custody of HMP Full Sutton, he was diagnosed with small cell lung cancer, and returned to HMP Manchester so that he could receive specialist treatment at the Christie Hospital. This was in the best interests of the man who wished to be near his family whilst he was undergoing treatment.

99. Although the man received a good standard of care at both the prison and the hospital, improvements could be made to processes at the prison. These are the subject of the recommendations from the clinical reviewer. In particular, recording of information and contact with external agencies should be improved.

RECOMMENDATIONS

1. The Head of Healthcare should remind staff of the importance of requesting timely medical information from community agencies with which a prisoner has had contact.

   The Prison Service has accepted this recommendation.

2. The Head of Healthcare and NHS Manchester should work together with local Acute Trusts to improve systems regarding the transfer of medical and nursing information. In particular, that discharge detail is transferred or shared in a timely fashion.

   The Prison Service has accepted this recommendation.

3. The Head of Healthcare should ensure that prisoners' healthcare is assessed at reception and recorded in their medical record. In particular, this should include screening for self-harm and suicidal tendencies following a return from a court visit.

   The Prison Service has accepted this recommendation.

4. The Head of Healthcare should ensure that staff are made aware of the importance of record keeping, in particular that appropriate information is of a high quality and documented in a timely fashion on EMIS.

   The Prison Service has accepted this recommendation.

5. The Head of Healthcare should ensure that appropriate palliative care and pain control guidance is available for all medical and nursing staff to enable the healthcare centre to keep up to date with current best practice.

   The Prison Service has accepted this recommendation.

6. The Head of Healthcare should ensure that all nursing staff are adequately skilled and have appropriate training with regard to palliative care and pain management.

   The Prison Service has partially accepted this recommendation.

7. The Head of Healthcare should ensure that all prisoners admitted to the healthcare centre have a nursing assessment completed, appropriate care plans formulated, and that they are reviewed and revised as necessary.

   The Prison Service has accepted this recommendation.

8. The Governor should commend all staff involved in arranging the man's swift transfer between York and Christie Hospital.

   The Prison Service has accepted this recommendation.