

**Investigation into the circumstances surrounding the
death of a man in September 2010,
at a hospice while in the custody of HMP Maidstone**

**Report by the Prisons and Probation Ombudsman
for England and Wales**

September 2011

This is the report of the investigation into the death of a man at a hospice in September 2010, while in the custody of HMP Maidstone. The man was a Lithuanian national who was diagnosed with cancer of the oesophagus in February 2010. He transferred to HMP Swaleside on 8 April, and was then released on temporary licence to a hospice for palliative care on 31 August. He died seven days later and was 47 years old.

The post mortem examination of the man found that he died of natural causes due to cancer of the oesophagus. Despite extensive enquiries with the Lithuanian Embassy, The man's next of kin could not be traced. I extend my condolences to his friends at HMPs Swaleside, Maidstone and all affected by his death.

The investigation was undertaken by my colleague. A review of the man's healthcare was commissioned with NHS West Kent Primary Care Trust (PCT). I am grateful to the clinician who carried out that review

I would to thank the Governor of Maidstone and his staff for their assistance with this investigation. I am particularly appreciative of the support from the liaison officer.

I make four recommendations, three of which for the attention of the heads of healthcare at Maidstone and Swaleside. Those recommendations relate to the management of medicines, end of life care and translation services. I make one recommendation to the head of healthcare at Swaleside to review policy and procedures on the use of jejunostomy endoscopic gastroscopy (feeding tubes). I acknowledge the remaining recommendations held in the clinical review and ask that they are considered by all the healthcare stakeholders. I commend offender manager for her compassion in supporting the man.

In this final report the prison service has accepted all the recommendations. No factual inaccuracies were noted. As none of the man family has been traced, a copy of this report will be retained by my office should they make a request to see it in the future.

Thea Walton
Deputy Prisons and Probation Ombudsman

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SUMMARY

1. The man, a Lithuanian national, was remanded to HMP Highdown charged with importing drugs in January 2008. During his first reception health screen document, it was noted that he was in good health however, he did suffer from occasional bouts of bronchitis and was a smoker. (A first reception health screen is an assessment of the immediate mental and physical health needs of a prisoner.)
2. In January 2009, the man was sentenced to eight years and transferred to Maidstone on 7 June. His medical notes record that he was still in good health, but he had poor English language skills. In November, he was referred to an Ear, Nose and Throat Specialist at Maidstone Hospital after complaining to a doctor of pain when swallowing. The man was treated by a dentist and had dentures fitted.
3. In December, a lump was found in the lower part of his neck and the hospital undertook a computerised tomography scan (CT) of that area. (A CT scan is a procedure to view body tissue.) The man returned to the hospital on 3 February 2010, for a surgical procedure to further examine his throat and neck area. A month later, the man was diagnosed with cancer of the oesophagus.
4. On 15 March, the man was urgently admitted to hospital following deterioration in his health. He was seriously ill and a tube was surgically inserted into his throat to help his breathing and a tube directly inserted into his stomach to aid his nutrition and feeding (known as a jejunostomy). He was visited by his offender manager, whilst he recovered from surgery and he was released on temporary licence (ROTL - a release from prison for a fixed period.)).
5. When the man was discharged from hospital, his temporary licence was revoked. He was transferred to the healthcare unit at Swaleside for palliative nursing on 8 April (palliative nursing is the active holistic care of patients with advanced progressive illness). Arrangements were made for Russian speaking prisoners at Swaleside to visit him in the healthcare unit to help prevent his feelings of isolation and enable him to converse in his own language. A further ROTL was granted when the man was admitted to hospital for surgery in June. He returned to the healthcare unit on 22 July.
6. Specialist palliative care nurses visited the man to support him and offer advice to healthcare staff about his care. The man received chemotherapy (a treatment for cancer) from July until August, when the hospital discontinued treatment due to the advanced stage of the cancer. The man's condition had deteriorated on 30 August, so healthcare staff contacted the hospice for advice. It was agreed that he should be transferred to the hospice and he was again released on temporary licence. The man died there at 4.30am on 6 September.

7. I make four recommendations relating to translation services, medicine management and end of life care. I commend the offender manager for the compassion shown to the man.

THE INVESTIGATION PROCESS

8. The investigation into the man's death was opened on the 13 September 2010 when my investigator visited Maidstone. She was met by a family liaison officer. My investigator reviewed the man's prison file and asked for copies from those documents to be sent to her. Arrangements were made with HMP Swaleside for his medical records to be forwarded to my investigator. Later, my investigator met the Deputy Governor and the Governor.
9. Notice of the Ombudsman's investigation and terms of reference were sent to the prison prior to my investigator's visit. Up to the circulation of this report there was only one response to those notices. No members of the Independent Monitoring Board (IMB - volunteers drawn from the community who monitor the day to day life of the prison, its staff and prisoners), or the Prison Officers' Association (the trade union for prison officers) asked to meet my investigator.
10. A clinical review was commissioned with West Kent PCT. A qualified senior nurse carried out the review of the man's medical treatment in custody on behalf of the PCT. The clinical review was delayed and I therefore apologise for the subsequent wait in issuing this report.
11. On 11 October, my investigator received a letter, written in Russian, from a prisoner at Maidstone. Following a translation, my investigator interviewed the author of that letter.
12. As no next of kin could be traced by the Lithuanian Embassy, a copy of this report will be retained should a member of the man's family make contact with us in future.
13. My investigator, the clinical reviewer and another colleague from this office, met healthcare staff at Swaleside on 13 January 2011, to discuss and clarify aspects of the man's medical care. The following day, my investigator and the clinical reviewer interviewed two members of the healthcare staff at Maidstone.
14. On 24 January, my investigator wrote to the Governor to feedback her initial findings from her investigation.
15. My investigator spoke to Maidstone's clinical nurse manager on 27 June 2011.

MR RUMANTUS BALCIUNAS

16. The man was born in Lithuania in 1963. He had served in the Soviet Army and worked as an electrician in his home country. The man's wife died in 2002. Following her death, he made his way to the United Kingdom to work in a chicken factory. Both his parents were dead though it was thought that he had one brother living in Lithuania. Despite extensive enquiries by the Lithuanian Embassy, The man's brother has not been traced.
17. In January 2009, the man was arrested and remanded into custody at HMP Highdown on a charge of importation of drugs. He was sentenced to eight years imprisonment on 7 May. On his release from prison, the man would have been deported by to Lithuania under the remit of the United Kingdom Boarder Agency (UKBA).
18. The man spoke very little English. Russian-speaking prisoners from Maidstone and Swaleside supported and interpreted for him. A locum doctor at Maidstone, spoke Russian and treated the man throughout his illness.

HMP MAIDSTONE

19. HMP Maidstone was built in 1819 and is a category C prison, which accommodates male prisoners. In May 2009, the prison held 600 prisoners in four residential houses and a segregation unit. Of the 600 prisoners, around 200 are foreign nationals (FNP).

20. The prison does not have a 24 hour healthcare unit. The healthcare unit is staffed from 8.00am to 5.00pm by medical staff and uses an on-call locum doctor service. There is no inpatient facility at the prison.

21. The former Chief Inspector of Prisons completed an unannounced inspection of Maidstone in September 2009. In her report she said of the healthcare services:

“Health services met the needs of the current population, and the range of primary care services compared well with those available in the community. There was good access to GPs and nurse-led and specialist clinics. Waiting times to see the dentist had grown. The re-role of the population had increased the proportion of prisoners requiring chronic disease services.

22. An extract from the IMB annual report 2010 commented about healthcare services at Maidstone:

“The staffing level is still below full complement and bank staff are often called upon to cover shifts. The new prisoner electronic records ‘System 1’ has been introduced but, regrettably, it is not interactive with the new P-Nomis system which is also in use. Clinical Governance meetings were better supported for a while by the PCT but this has since tailed off again. The Board has been advised that HMPs East Sutton Park, Blantyre House and Maidstone prisons which are clustered for Healthcare provision by the PCT is to be put out to tender during 2010. The Board receives few legitimate complaints from prisoners about healthcare provision.”

23. This was the third death at Maidstone this year. All the deaths were from natural causes, one of which from cancer. In that report it is noted that there were no serious shortcomings of note, as is reflected in the care of the man.

KEY EVENTS

24. The man was remanded to HMP Highdown in January 2009 for allegedly importing drugs. During his first reception health screen document, he was recorded as being in good health. His blood pressure was slightly raised at 134/92, (an average normal reading would be 130/80) and he weighed 66 kilograms (kgs). The man was assessed as being mentally well and a smoker who suffered from bouts of bronchitis (an inflammation of the lungs).
25. Following his conviction at Crown Court, the man was transferred to Maidstone on 7 June. His medical record showed that at the time of his transfer he was well, his weight was 79kgs and his history of bronchitis was noted. The man could not speak English and his level of understanding of the language was poor.
26. On 13 November, he was seen by a locum doctor, a Russian speaker. He told the doctor that he was finding swallowing painful. After examination of his throat, the doctor referred him to the Ear, Nose and Throat (ENT) department at a hospital and prescribed an antibiotic. The man failed to attend a dental appointment on 30 November, or the re-arranged appointment on 8 December.
27. An outpatient appointment was arranged at the hospital for 14 December and the man was escorted to the ENT department by two officers. Following an examination by a doctor, a lump was found in the lower part of his neck and he was urgently referred for a CT scan. The scan procedure was carried out on 21 December.
28. A further appointment at the hospital was made and the man was escorted there on 12 January 2010. The results of the CT scan indicated an irregular narrowing of the throat. The man was referred for a biopsy and panendoscopy (an operation that examines the throat). Following two dental appointments, the man had dentures fitted in February.
29. On 3 February, the man was admitted to hospital, as a day patient, for his panendoscopy and later returned to Maidstone. Three weeks later, a locum doctor saw the man and noted that he was unable to keep any solid food down and had lost 10kgs of weight. The doctor prescribed Ensure, a nutritional drink, along with extra soup and milk.
30. One month later, the man was escorted to hospital for an out patient appointment. From his medical records, a letter from the ENT doctor noted that the result of his panendoscopy had shown that the man had cancer of the oesophagus. The doctor was unable to satisfactorily inform him of his diagnosis as an interpreter was not present. The doctor wrote to the healthcare unit at Maidstone to ask them to speak to the man, with an interpreter, so he could fully understand the seriousness of his condition. Later, a Russian prisoner acted as an interpreter and told the man that he had cancer. The prisoner told my investigator that his friend found this news distressing.

31. The man was seen in the healthcare unit by a nurse on 12 March, again with a prisoner acting as an interpreter. The interpreter told the nurse that the man had not been able to swallow for two days and needed to see a doctor immediately. The nurse explained during interview for this investigation that he “did not have confidence” in the interpreter. He said that he did not trust that he was being effectively translated and therefore arranged for the man to return later that day with a different interpreter.
32. At 2.55pm, the nurse wrote that he saw the man with another prisoner acting as an interpreter. The nurse explained that due to the serious nature of his illness there would be pain and he gave him some soluble disprin which the nurse noted the man swallowed without difficulty.
33. The healthcare practice manager wrote to the Deputy Head of Primary Health Services that same day. (This letter was in response to the fact an interpreter was not present at the hospital when the man was told he had cancer.) The letter noted that it was the responsibility of the National Health Service to provide translation services for prisoners attending medical appointments at hospital. The practice manager said the hospital had been informed in advance, of the man’s out patient appointment, and the need for an interpreter.
34. A locum doctor saw the man on 15 March, and wrote that the man was unable to swallow and he was in great discomfort when lying down. The doctor arranged for him to be taken to the accident and emergency department (A&E) at a hospital. The man was escorted by two officers on an escort chain. (An escort chain is 1.8 metres in length with one cuff attached to the prisoner and the other to an officer.)
35. Following an assessment in the A&E department, the man was admitted for further tests and observations. Later, he was transferred to the intensive care unit and placed on a ventilator. His medical record noted that his oesophagus had ruptured and his prognosis was poor, that he had approximately four months left to live. A stent (tube) had been inserted in his oesophageal to aid breathing and an external feeding tube into his stomach for his nutritional needs. The prison’s family liaison officer was told of this and started making enquiries with the Lithuanian embassy so the man’s next of kin could be traced.
36. On 24 March, a locum doctor visited the man in hospital. As the doctor could speak Russian, he was able to explain to the man the full extent of his terminal illness. The man asked that he not be resuscitated or see a member of the chaplaincy. The doctor then discussed his ongoing medical care with a hospital consultant. It was agreed that when the man was well enough to be discharged from hospital, then a transfer to HMP Swaleside would be appropriate given that they have a 24 hour healthcare unit, unlike Maidstone.
37. Later that day, the doctor made contact with the Lithuanian Embassy to find out if the man’s next of kin had been traced. At that point, the embassy had

established that his brother was no longer living at an address given to them by the man. The embassy agreed to make further enquiries and offered to help in any arrangements for the man. He was visited by his offender manager on 30 March, after she received information that he was seriously ill. The offender manager made enquiries in the local community to find any Russian speaking Lithuanians that might be able to visit him.

38. The offender manager supported an application for the man to be released on temporary licence (ROTL) on 1 April, which was approved by the Governor and his restraints were removed.
39. Maidstone's healthcare staff maintained contact with the hospital for updates on the man's progress and arrangements for his ongoing healthcare. On 8 April, he was discharged from hospital and escorted to Swaleside's healthcare unit. A nursing care plan was opened and the man's medication was prescribed as per the hospital discharge letter. It was noted that he was receiving his nutrition through the feeding tube, which the man was able to self administer.
40. The following day, the offender manager visited the hospital to give the man some pyjamas and toiletries. She was aware that the man did not have any family or friends to offer any comfort to him whilst he was in hospital. On being told of his discharge the previous day, the offender manager posted the items with a greetings card to him at Swaleside.
41. In the man's medical record, it was noted that he was self-caring, pain free and cheerful on 10 April. He was able to communicate through signs but a prisoner who could act as an interpreter was available should it be needed. On 15 April, he was visited by a palliative care nurse to ensure he was coping with his illness and his pain was under control.
42. An interpreter visited the man on 24 April, his medical record notes that he was taking some solid food however, he had not taken his antibiotic. His weight was noted to be 64kgs. Four days later, he was seen by a dietician who advised him on maintaining his nutritional input and the use of his feeding tube. It was also noted that the man continued to smoke despite advice from healthcare staff.
43. The ward manager noted in his medical record on 29 April that the man was having pain when eating. He was advised that he could have increased morphine to control his pain, which he agreed to. Later that day, he was visited by two Russian-speaking prisoners, for company and to converse in his own language. They agreed with the healthcare staff that the prisoners would try to get him a PlayStation and DVDs in Russian.
44. The following day, two palliative care nurses visited the man with an interpreter. He told the nurses he was experiencing colic pain, caused by cramping stomach ache. Buscopan and Lansoprazole were prescribed to help this. The nurses arranged for an assessment with a speech therapist. A member of the healthcare staff researched the internet and made flash cards

to help the man communicate with healthcare staff. Those cards would also indicate his pain levels so staff could control his medication. (The flash cards had words translated from Lithuanian to English. The man could hold the appropriate card up to let staff know what he wanted to tell them.)

45. The man was visited again by Russian-speaking prisoners on 3 May. He remained settled in the healthcare unit and was using the flash cards to express his pain and personal needs to staff. His condition and medication was reviewed regularly by the doctor, including morphine for pain relief. He continued to receive visits from friends which seemed to make him feel less isolated.
46. The hospital wrote to healthcare staff to inform them that the man's cancer was in an advanced stage and palliative care was the best form of treatment. No further surgical procedures would be undertaken.
47. A request was made by Swaleside healthcare staff to Maidstone, for the man's personal property to be sent to him, which included his dentures and spectacles. However, this property was retained at Maidstone, as the man was still a Maidstone prisoner. The Deputy Governor told my investigator that he did not know that these items were still at Maidstone, but would have agreed to the transfer of property had he been aware of the situation.
48. A nurse manager wrote in the medical record, on 4 June that an interpreter, a Russian speaking prisoner, had assisted in explaining to the man the importance of taking his medication via his feeding tube, as opposed to orally, as he was having problems swallowing.
49. The following day, the man was escorted to the A&E department at hospital, as he was dehydrated. He was accompanied by officers who escorted him and applied an escort chain. Officers from Maidstone arrived to take over the escort duties from the Swaleside officers. On 15 June, following a Governor's assessment, the man was released on temporary licence.
50. The man returned to the healthcare unit at Swaleside on 28 June. He was assigned to the care of a consultant oncologist (a specialist in treating cancer). The following day, he was visited by his friends from the main prison. However, on 2 July, the man was admitted to hospital as his condition deteriorated. He was coughing, breathless and in obvious distress. Officers from Maidstone went to Swaleside to escort him to the hospital. After receiving antibiotic medication, the man returned to Swaleside healthcare unit at 2.40pm on 10 July. However, four hours later he was escorted back to the A&E department by emergency ambulance after becoming breathless with a fast pulse rate.
51. The man was again released on temporary licence, as he was now an in patient at the hospital. He was treated with antibiotic medication. On 15 July, he was transferred to a London hospital for further treatment and a surgical procedure.

52. The man returned to the healthcare unit at Swaleside on 22 July, a new stent was fitted into his throat and chemotherapy was being considered. (Chemotherapy is a form of treatment for cancer.) The following day, a nurse made contact with the hospice to inform the palliative care nurse that the man was back in Swaleside. The hospice advised that they were available for any assistance that the healthcare staff may need.
53. The following day, healthcare staff saw that the man's external feeding tube had stopped working. Enquiries were made with the hospital and a new pump for the appliance was sent the following morning.
54. On 29 July, the man was not escorted to hospital for his chemotherapy following some confusion with the dates. Maidstone re-arranged the appointment, in liaison with the hospital. Six days later, he was escorted to hospital for his chemotherapy treatment. On return to Swaleside, it was recorded that the man was experiencing pain and seemed frail.
55. Friends from the main prison visited the man on 9 August, he was in bed complaining of pain and an oral solution of morphine was given. He attended the hospital for his chemotherapy on 10 and 11 August.
56. A nurse wrote that the man became agitated and angry at 5.00am on 13 August, he refused some of his medication but took his morphine. He was breathless and coughing. A plan to complete a compassionate release application was discussed between the practice manager and a doctor. On 19 August, the offender manager received this application. However, in discussion with a senior manager she was unable to support a compassionate release. The man was a foreign national prisoner and would be subject of a deportation order should he be released. Furthermore, he had only served 18 months of an eight year sentence.
57. Following a chemotherapy appointment on 16 August, the hospital made the decision to discontinue the treatment. The man's advanced stage of cancer meant the chemotherapy was no longer benefiting him. Ten days later, a doctor assessed the man's medical condition. His weight was now 50kgs, and he was extremely frail and in need of higher levels of morphine to control his pain. His friends in the main prison continued to visit him in his cell.
58. On 30 August, the man's condition was deteriorating so a nurse made contact with the hospice for a possible admission. The hospice agreed to consult with the palliative nurse when she returned to duty. The following day, the man was released on temporary licence and transferred to the hospice for palliative care. The man died there on 6 September at 4.30am.
59. Following his death, the family liaison officer renewed her contact with the Lithuanian Embassy in an effort to trace his next of kin. Sadly, no family could be found. At the permission of the embassy, the Roman Catholic chaplain and the family liaison officer arranged funeral service for the man. The funeral was attended by prison staff and his offender manager who laid

flowers on his coffin. A memorial service was held in the prison chapel for his friends to pay their last respects.

ISSUES

Clinical care

60. A review of the man's healthcare was commissioned with NHS West Kent PCT. A clinical quality review nurse undertook that review on behalf of the PCT. The comprehensive review was received by my office on 23 May 2011. The review contains a full chronology of the man's care throughout his time in custody, references to national health standards, policies and procedures. Evidence for this review was taken from the man's medical records, interviews with healthcare staff and a meeting with healthcare staff at Swaleside. The clinical reviewer visited the healthcare unit at Swaleside and toured their inpatient facilities.

The clinical review

61. In her clinical review, the clinical reviewer looks at eight areas of practice. Those areas includes codes of practice and guidelines, accurate record keeping, multi disciplinary care planning, continuity of care and the assessments of the individual needs on a diagnosis of a terminal illness. (Multi disciplinary care involves all the professionals that work in a team to respond to the patient's needs. Continuity of care ensures that there are no gaps in the service provided to patients.)
62. The clinical review is very wide-ranging and some of the findings are not specific to the man's care. For the purpose of this report I have concentrated on the clinical reviewer's conclusions. The extensive review holds many recommendations for healthcare staff and NHS West Kent PCT. I will not repeat, endorse or note all of the recommendations held in this review. However, I acknowledge the clinical reviewer's findings should be considered by the healthcare managers at Maidstone and Swaleside and NHS West Kent PCT. The complete clinical review is annexed to this report.

Diagnosis of The man's cancer

63. A prisoner and friend of the man, told my investigator that the man was having problems swallowing and was seen by a doctor who referred him to a dentist. However, after receiving dental treatment he still had a sore throat, pain when swallowing and a general feeling of being unwell. A doctor urgently referred the man to see an ENT consultant in November 2008 and one month later he was had an appointment at the hospital. A diagnosis of oesophageal cancer was made in March 2010. The clinical reviewer said:

"It is not possible to say that if the swallowing problem had been investigated earlier, that the outcome for the man would have been any different. It would appear that it was thought that the problem with the man's swallowing was due to the poor condition of his teeth and related to his persistent sore throat."

Medicines Management

64. The clinical reviewer examines the management of medication at Maidstone and Swaleside. She makes four points for consideration by the heads of healthcare, which includes the assessment of in possession medication, pain charts, documentation of prescribed medications and the professional standards for medicines management. I agree with the clinical reviewer that there is a need to improve medicine managements at both healthcare units.
65. I therefore endorse this recommendation for the attention of the heads of healthcare at Maidstone and Swaleside.

The heads of healthcare at Maidstone and Swaleside should review the management of medication and that healthcare staff are following their professional standards.

66. The man struggled to use his external feeding tube effectively. The clinical reviewer considers that staff should have followed a care plan to ensure that the man was able to manage this. Seemingly, he was not always able to cope with feeding apparatus and sometimes took his medications orally as opposed to using the external feeding tube. Further advice and monitoring by staff could have helped the man to understand how using this equipment effectively would enable him to not only receive his nutrition but also to administer medication. I therefore endorse the following recommendation for the head of healthcare at Swaleside:

The head of healthcare at Swaleside should have an up to date policy and procedure for patients being fed via a percutaneous endoscopic gastrostomy or jejunostomy endoscopic gastroscopy (external feeding tubes).

Palliative Care

67. The approach to the man's palliative care was multidisciplinary. Healthcare staff at Swaleside linked into the specialist services of the local hospice and their staff visited the man to offer advice and support. Following a deterioration in his health, he was transferred to a hospice for the final days of his life, to be cared for in an appropriate and sensitive setting. A release on temporary licence was granted so that the man was able to maintain his dignity while a patient at the hospice. I note this as good practice.
68. As part of the review, the clinical reviewer considers five areas of the end of life care provided by Maidstone and Swaleside. I acknowledge four of the areas which the clinical reviewer advises as improvements to service delivery. I endorse one recommendation for the heads of healthcare at Maidstone and Swaleside.

The heads of healthcare at Maidstone and Swaleside should implement the Department of Health End of life Care Pathway, the Gold Standards

Framework, the Liverpool Care Pathway, Advance Planning and a Do Not Attempt Cardio-Pulmonary Resuscitation.

Record-Keeping

69. The man care needs were met however, the clinical reviewer says, “there were times when this approach was not consistent.” His records were not as thorough as they could have been and the man’s care plan did not initially include a full assessment of his care needs and this should have been the case to make adequate plans.
70. I note those issues raised by the clinical reviewer which are an, “integral part of the care process and is a tool of professional practice.” While I do not repeat those issues as part of a recommendation, I do acknowledge the points noted by the clinical reviewer and would ask the heads of healthcare at Maidstone and Swaleside to consider them.
71. Overall, the clinical reviewer concludes her review and comments:
- “By assessing the clinical care and examining the relevant healthcare issues, the clinical review undertaken shows the majority of the treatment that the man received whilst imprison, was equitable to the care of the wider community. However, as discussed in this report [clinical review] there were some key issues in the healthcare delivery and the clinical reviewer has made a number of recommendations to improve healthcare services.”

Property

72. The man left Maidstone to be admitted to hospital as an emergency, he did not return to the prison and was transferred to Swaleside’s healthcare unit. His personal property remained at Maidstone because his transfer was only meant to be temporary. Healthcare staff at Swaleside requested that the man’s property be forwarded to him as his spectacles and dentures were in his personal property.
73. Maidstone’s Deputy Governor told staff at Swaleside that the man’s property would remain at Maidstone while he was still their responsibility and they would be responsible for the contingency plans when the man died. However, the Deputy Governor did not know that the property contained the man’s spectacles and dentures. He contacted my investigator during the course of the investigation, who explained that withholding such items could have compromised the man’s dignity. The Deputy Governor agreed and assured my investigator that he would have allowed such items to be transferred.
74. It was unfortunate that the man was unable to have his spectacles and dentures at Swaleside. However, it was the result of a miscommunication between the prisons. I trust that the Governor will take steps to ensure that a prisoner’s property of this type is transferred with them to another establishment in future.

Translation and communication services

75. A translator was not present at the hospital when the consultant told the man of his diagnosis of cancer. On return to the prison a Russian-speaking prisoner told his friend that he had cancer. This was a distressing experience for both men.
76. When he learned of the manner in which the man had been told his diagnosis, the healthcare manager wrote to the ENT consultant. He was concerned that no translator was available despite the prison's efforts to tell the hospital of the need for a translator prior to this appointment. It was the hospital's responsibility to ensure a translator was present to assist the man and I am satisfied that the prison took the necessary steps to facilitate this.
77. The clinical reviewer considers all the aspects of access to translation and communication services as part of her review. From those issues the clinical reviewer makes six recommendations which include effective communication for foreign national prisoners, improving access for translation services, support for prisoners used as translators, training of healthcare staff in advanced communication skills and improvement of communication between hospitals, hospices, the community and prison healthcare units. The reviewer said:
- “There is a need to improve access to translation services at HMP Maidstone and HMP Swaleside. The prisons need to provide a service that is both equitable and sensitive to the individual's requirements. Staff need to have an understanding of the distinct needs, preferences and choices of the populations they serve.”
78. The Big Word is a translation service that is available to all prisons. A telephone line is used to arrange a translator to act as an interpreter. The Clinical Nurse Manager at Maidstone told my investigator that the Russian speaking prisoners are able to converse in Russian with their doctor. Additionally most prisoners would prefer one of their friends, who have language skills to interpret for them during a medical consultation.
79. It is distressing to convey bad news to a friend however, foreign national prisoners would seemingly rather have a friend to act as a translator rather than use a stranger on the end of a telephone. I acknowledge that Maidstone use the professional skills of the doctor for Russian speaking prisoners and the use of friends acting as translators. However, it is not always ideal to use prisoners for translators, especially where confidentiality may be an issue.
80. I endorse one of those recommendations held in the clinical review to the heads of healthcare at Maidstone and Swaleside.

The heads of healthcare at Maidstone and Swaleside should ensure that effective communication takes place for foreign national prisoners who

do not speak English, there should be 24 hour access to interpreter services..

81. It was noted that a member of the healthcare staff at Swaleside, researched the internet and made flash cards from Lithuanian into English. This assisted the man to communicate with some basic words and phrases, especially around his level of pain. This was a piece of resourceful work by the member of staff and I note this as good practice.

The Role of the Offender Manager

82. An offender manager, for Sussex and Surrey Probation Trust was the man's supervisor. On being told of his terminal illness, she visited him in Maidstone Hospital on 30 March and attempted to find any Russian speakers from the local community who could visit him in hospital. Despite her efforts, she was unsuccessful.
83. The offender manager supported the Governor's decision to release The man on temporary licence on 1 April. However, when she returned to the hospital on 9 March, The man had been discharged from hospital and returned to Swaleside. The offender manager had bought some pyjamas and toiletries for him, so she posted them to Swaleside with a card. The offender manager told my investigator that she was concerned that the man was very much alone in this country with no one to provide items of comfort or visit him.
84. During the months before the man was taken to the hospice she kept in contact with the healthcare unit for updates on his condition and was pleased that he was receiving support from Russian-speaking prisoners. On returning from leave in early September, the offender manager was told of the man's death. She attended his funeral on 30 September and placed flowers, from herself and on behalf of those who would have mourned his death.
85. The offender manager showed compassion and sensitivity in her supervision of the man. She went beyond her professional duties to comfort a dying man alone in a foreign country.

I commend the offender manager for the care and compassion shown to the man.

Support for the man

86. Healthcare staff at Swaleside, arranged for Russian speaking prisoners to visit the man to prevent his isolation and provide him with some comfort. For an individual in the man's situation, it is difficult to overestimate the importance of company and being able to communicate in his own language. I am pleased to note this area of good practice.
87. A doctor at Maidstone is a Russian speaker. The doctor used his language skills to discuss health issues with the man and visited him in hospital to ensure he was fully aware of his diagnosis and prognosis. Furthermore

through his links with Lithuania, the doctor made his own enquiries to trace any of the man's next of kin.

88. A senior officer (SO) was appointed as family liaison officer when the man was diagnosis with cancer. The SO made enquiries with the Lithuanian Embassy to trace any family members. Following the man's death, the SO discussed funeral arrangements with embassy staff and a final attempt was made to see if any family could be traced. Unfortunately no family could be found, therefore the SO arranged a funeral service for the man with the Roman Catholic chaplain.
89. The man was apparently on his own in the United Kingdom and no contact was made with anyone who knew him in Lithuania. In this context, the personal support given to him by the doctor and the links made by the SO with the Lithuanian Embassy were important and good practice.

CONCLUSION

90. The man was diagnosed with cancer of the oesophagus in March 2010 whilst a prisoner at Maidstone. As a Lithuanian with very poor English, he was reliant on other prisoners to interpret for him. The man's health deteriorated rapidly and he was admitted to hospital for a surgical procedure. Despite the seriousness of his condition, the man made medical progress and was transferred to Swaleside's healthcare unit in April for inpatient care.
91. Palliative nurses from a local hospice visited the man, they assisted and advised healthcare staff on his care and ongoing pain relief. Healthcare staff arranged for Russian-speaking prisoners to visit the man to offer him some support and companionship. He was transferred to a hospice, on a ROTL and died one week later.
92. The extensive clinical review holds numerous recommendations relating not only to the healthcare of the man, but also an overview of palliative care of prisoners. The clinical reviewer concludes that the care the man received was equitable to that in the community however, the clinical reviewer says that medicine management, record keeping and care planning, translation and communication and palliative care should be reviewed. I am unable to repeat or endorse all of her recommendations. Nevertheless, I acknowledge the points raised and ask that the heads of healthcare at Maidstone and Swaleside, and NHS West Kent PCT, consider the clinical reviewer's observations.
93. This investigation identified several areas of good practice. I am particularly pleased to note the support offered to the man by prisoners and staff, especially his offender manager.

RECOMMENDATIONS

For the attention of the Heads of Healthcare HMP Maidstone and HMP Swaleside

1. The heads of healthcare at Maidstone and Swaleside should review the management of medication and that healthcare staff are following their professional standards.

Accepted – “Notice to healthcare staff reminding them of NMC standards for medicines management reinforced at group meeting. Copy of booklet to all Registered Nurses.”

2. The heads of healthcare at Maidstone and Swaleside should implement the Department of Health End of life Care Pathway, the Gold Standards Framework, the Liverpool Care Pathway, Advance Planning and a Do Not Attempt Cardio-Pulmonary Resuscitation.

Accepted – “Clinical reviewer recognises that End of Life, Advance Planning and DNAR already provided by joint working all caring for this man. Link nurse working with Palliative Care specialist nurse to develop policies/procedures.”

3. The heads of healthcare at Maidstone and Swaleside should ensure that effective communication takes place for foreign national prisoners who do not speak English, there should be 24 hour access to interpreter services, with interpreters trained to Diploma in Public Services Interpreting (DPSI) standards.

Accepted – “The Big word is available to offenders in both establishments. This is the preferred supplier of language solutions to the UK Government.”

For the attention of the Head of Healthcare HMP Swaleside

4. The head of healthcare at Swaleside should have an up to date policy and procedure for patients being fed via a percutaneous endoscopic gastrostomy or jejunostomy endoscopic gastroscopy (feeding tubes).

Accepted – “Liaise with local PCT to adopt policy and endorse via Cluster Policy Planning Group.”

For the attention of Sussex and Surrey Probation Trust

I commend the offender manager for the care and compassion shown to the man.