Investigation into the circumstances surrounding the death of a man in December 2010, whilst in the custody of HMP Frankland

Report by the Prisons and Probation Ombudsman for England and Wales

June 2011

This is a report into the death of a man in December 2010, whilst in the custody of HMP Frankland. He was 73 years old when he died. A post mortem showed that he died from leukaemia.

I offer my sincere condolences to his family and friends for their loss. One of my Family Liaison Team contacted his niece to inform her about the investigation and to provide her with an opportunity to raise any issues about the care he received in custody.

The investigation was carried out by one of my colleagues. Both he and I would like to thank the Governor and his staff for their co-operation during the course of our enquiries.

I also thank the local Primary Care Trust for appointing the clinical reviewer to review the clinical care.

As the man died from natural causes, the findings of the clinical review play an essential part in my report. The review shows that he received a high standard of care whilst in custody that was equitable to that which he could have expected in the community. I make no recommendations but do recognise the best practice of the early appointment of family liaison officers, the compassionate family visiting arrangements and the quality of care and engagement between healthcare staff at Frankland and the man.

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

Thea Walton
Acting Deputy Prisons and Probation Ombudsman **June 2011**

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SUMMARY

1. The man was remanded into custody at HMP Durham on 18 October 1999 for sex offences. He was convicted and sentenced to life imprisonment on 17 May 2000. He had a history of high blood pressure, asthma, was fitted with a cardiac pacemaker and was prescribed multiple medications.

2. In 2001, he was diagnosed as having leukaemia and was placed under the care of a consultant at hospital. Healthcare staff at Durham liaised with the hospital to ensure he received the appropriate treatment and attended outpatient appointments.

3. On 17 September 2004, he was transferred to HMP Frankland. Whilst at Frankland the healthcare staff maintained close liaison with the hospital regarding his treatment.

4. His health deteriorated in August 2008 and, following assessment by the consultant at hospital, he commenced chemotherapy treatment on 22 September. Healthcare staff maintained close and regular contact with the staff at the hospital and ensured that he attended all his hospital appointments.

5. In the months that followed, he was monitored daily by healthcare staff and he attended hospital for reviews with the consultant. Healthcare staff also ensured that he was seen by the Macmillan cancer nursing specialist who provided ongoing support and advice regarding his treatment and care.

6. He was admitted to healthcare as an inpatient on 10 September 2010 as his condition had deteriorated. He was fully involved in discussions about his end of life care and treatment. The Governor authorised exceptional visiting arrangements which allowed his family to visit him in healthcare as and when they wished by contacting the prison family liaison officer.

7. On 23 December his condition deteriorated rapidly and the prison family liaison officer contacted his family to arrange for them to visit later that day. His sister and niece were at his bedside when he died at 7.40pm.

8. In the days that followed the prison family liaison officer maintained contact with his family and offered support and financial assistance towards the funeral expenses.

9. I am satisfied that the care and attention he received at Frankland was equitable, if not greater than, he could have expected to receive in the community. I make no recommendations but recognise the best practice of the early appointment and intervention prison family liaison officers and the compassionate family visiting arrangements.

THE INVESTIGATION PROCESS

10. The investigation was opened on 29 December 2010 when my investigator issued notices announcing the investigation to staff and prisoners and inviting anyone with any information relevant to the investigation to contact him. No one came forward as a result.

11. The investigator visited HMP Frankland on 5 January 2011. During his visit he was given copies of all documentation relating to the man and visited where he had lived on the elderly prisoner's wing and in healthcare.

12. The local Primary Care Trust appointed a clinical reviewer to review the clinical care. The investigator and the clinical reviewer discussed aspects of his treatment at Frankland. I am grateful to the clinical reviewer for his timely and considered report.

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

14. A member of the Family Liaison Team contacted the man's niece to inform her about the investigation and to invite her and her mother to ask any questions or raise any concerns about the care he received in prison. She said she believed that he was well cared for. The prison staff always made arrangements to allow her and her mother to visit him and were "brilliant" at keeping them informed at all stages. They were grateful for the support they had received following his death. She was very complimentary about the care the prison provided to her uncle.

HMP FRANKLAND

15. HMP Frankland is one of eight high security establishments in England and Wales. Frankland holds convicted category A and B adult male prisoners, and also holds high risk remand prisoners. The operational capacity of the prison is 859.

16. Healthcare services at Frankland are provided by the local Primary Care Trust. The healthcare centre provides 24 hour inpatient care, consisting of two wards with capacity for three and four prisoners respectively and ten single rooms. Two of these single rooms are equipped to infection control standard (UPVC clad walls, anti-slip flooring, hospital bed with specialised mattress and pillows) and the man lived in one of these rooms for the last months of his life.

17. The most recent full inspection of Frankland by HM Chief Inspector of Prisons was conducted in February 2008, and describes Frankland as “drifting” in some key areas, notably in relation to safety with a lack of evidence of a robust violence reduction strategy and effective staff-prisoner relationships.

18. The report found that health services were good and the in-patient unit was a positive environment and patients were well cared for. There was excellent collaborative work between the local Primary Care Trust and the prison with prisoners able to access equitable NHS services while in prison.

19. All prisons in England and Wales have an Independent Monitoring Board (IMB). IMB members are volunteers who monitor day-to-day life in the prison to help ensure proper standards of care and decency are maintained. The Board’s report for the year from 2008 to 2009 does not raise any issues that are relevant to the circumstances of the man’s death.

20. Since my office took over responsibility for investigating all deaths in prison custody in 2004, there have been 42 deaths attributed to natural causes at Frankland up to and including the man’s death. None of the issues arising in any of those cases are directly relevant to the circumstances surrounding his death.

ISSUES

The diagnosis of the man's terminal illness

21. The man was referred to the consultant at the hospital by the doctor at HMP Durham in 2001. Following tests at the hospital the consultant haematologist confirmed the diagnosis that he had chronic myeloid leukaemia. He remained under the consultant's care throughout the remainder of his time in custody and was reviewed on a frequent basis.

22. The clinical reviewer states in his report:

> "Available documentary evidence in his clinical record indicates that the diagnosis of terminal illness (Chronic Myeloid Leukaemia) was made appropriately. He was under the care of a Consultant Haematologist at hospital. He had been under the consultant's care for several years."

23. In light of the clinical reviewer's comments, I conclude that the diagnosis of his terminal illness was appropriately handled.

Communication with the man about his condition and treatment

24. Hospital and healthcare staff ensured that he was fully informed at all times about his condition, from the initial diagnosis and throughout his ongoing treatment and care. He saw the consultant every four months to review and monitor his condition and make any changes deemed appropriate to his prescribed medication.

25. In addition in January 2002, he had been admitted to hospital and had a cardiac pacemaker fitted. He received regular follow up treatment and assessment at the hospital under the care of a consultant cardiologist.

26. By August 2008 his condition had deteriorated and, following assessment by the consultant at hospital, he agreed to start chemotherapy. Following a review with the consultant haematologist on 4 November 2008, he recommended a change to the man's medication and this was appropriately followed by the doctors at Frankland.

27. The prison medical records show that from the 1 January 2008 until the day of his death there were 842 healthcare interventions recorded relating to the care and treatment of him.

28. In his report the clinical reviewer comments as follows:

> "There are several instances recorded in the clinical record that clearly illustrate how he was given full information about his condition and the treatment which he received. This seems to have been conveyed to him in a sensitive and timely fashion by the staff involved in his care. It is clear from reviewing the clinical record that he was very much involved and consulted with in all aspects of his care. This included his medication, his

chemotherapy, his blood tests and other diagnostic tests, and his general nursing care. Difficult issues such as Do Not Attempt Resuscitation, Advanced Care Planning and witnessing of his will, were all managed with great fortitude and sensitivity by the prison team."

29. The sensitive and professional approach of the staff at Frankland ensured that he was kept informed about his condition and was treated with respect and dignity at all times.

The man's medical appointments and treatment

30. Following his diagnosis of leukaemia, he saw the consultant haematologist at the hospital and healthcare staff liaised very closely with the hospital to ensure he received all the appropriate treatment and never failed to attend any hospital appointments.

31. Healthcare staff at Frankland referred him to the Macmillan palliative nursing care specialist on 10 February 2010. The nurse provided support to him regarding his ongoing care and prognosis.

32. The opinion of the clinical reviewer is:

> "He had numerous appointments with his consultant haematologist at the local hospital where his care was prescribed and monitored with due diligence. In addition to his specialist palliative care, he also received care form a number of other healthcare specialists, which included respiratory and asthma care and care from the prison's in reach mental health team. He benefited generally from a multi disciplinary approach to provide holistic care which was delivered from within and across the prison and community healthcare systems.
>
> "The review of the clinical record and associated documents indicate that he received care of a high quality during his time in custody and right up to his death."

33. I concur with the clinical reviewer's comments and I believe that the standard of care that he received was equal to, if not greater than, he could have expected in the community.

Restraints, security and bed watch

34. On each occasion a prisoner is escorted outside of the prison to hospital a risk assessment is completed which considers the risk to the public, potential for escape and likelihood of outside assistance. The assessment informs the decision about the number of escorting officers and the type of restraint to be used (single cuffs or two metre long escort chain with cuff at either end). It also determines the circumstances and the authority required for the restraints to be removed. The risk assessment is reviewed each day that a prisoner is in hospital and amended where necessary.

35. Every time that he attended hospital a risk assessment was completed and authorised two officers to escort him with the use of an escort chain, which was removed for treatment purposes.

36. I consider that the level of escort and the restraints used were appropriate and did not interfere with his access to treatment.

The man's pain relief and medication

37. He received all medication as directed by the hospital consultant and Macmillan nursing specialist. At the time of his death he was prescribed the following medication:

    allopurinol (for excessive levels of uric acid in the blood)
    hydroxycarbamide (for treatment of leukaemia)
    salbutamol inhaler (for treatment of asthma)
    codeine (pain relief)
    furosemide (for high blood pressure and excessive fluid in the body)
    lorazepam (for anxiety)
    cyclizine (for migraine and recurring head pain)
    fenofibrate (for high cholesterol)
    omeprazole (for gastric conditions)
    ramipril (for high blood pressure and heart disease)
    haloperidol (to control nervous shaking and involuntary body movement)

38. When considering his pain relief and medication the clinical reviewer said:

    "He was provided with the appropriate pain relief and other medication. The appropriate clinical risk assessment processes were fully utilized, e.g. Waterlow Score risk assessment tool used to assess the risk of pressure sores, and the universal malnutrition risk assessment."

39. In light of the clinical reviewer's comments, I find that management of his medication and pain relief was appropriate to meet the needs of his various medical conditions.

Palliative care plans

40. Palliative care and end of life plans had been put in place with the full involvement of the man, the nurse and the healthcare team at Frankland and ensured that his wishes were complied with.

41. In his report the clinical reviewer assesses that:

    "Appropriate palliative care plans and end of life pathways were put in place by the prison healthcare team working in collaboration with the palliative care specialist nurse; a multi-disciplinary team approach was adopted and seems to have been effective in its implementation. At every stage of the delivery of care, there is clear evidence in the clinical record that he was consulted and agreement reached in determining his care and treatment

plan. He was closely involved in the development of his 'advanced care plan' and the mutually agreed decisions by him and his care team pertaining to Do Not Attempt Resuscitation in the event of his collapse. The prison also assisted him to make arrangements to have his will witnessed."

42. I agree with the comments made by the clinical reviewer, and wish to recognise the best practice adopted by Frankland in the sensitive handling of his end of life care.

Liaison with the man's family

43. The man had been regularly visited by his sister and niece throughout his time in custody. When his condition deteriorated and he was admitted to healthcare the prison family liaison officer contacted his sister to inform her that he had moved. In addition the Governor authorised exceptional visiting arrangements whereby his family could visit him in healthcare at any time by contacting the prison family liaison officer.

44. On the 23 December 2010, the prison family liaison officer contacted his family to tell them that there had been a rapid deterioration in his condition and made arrangements for them to visit later that day. His sister and niece were with him when he died.

45. In the days that followed the prison family liaison officer visited and maintained telephone contact with his sister to offer support and financial assistance towards funeral expenses.

46. I wish to recognise the best practice adopted by Frankland in the early appointment and intervention of the prison family liaison officers.

47. I wish to recognise the compassionate and sensitive approach taken by the staff at Frankland in ensuring he was informed of his condition and care and for allowing them to visit him in healthcare. This is even more commendable as Frankland is a maximum security establishment.

The man's living arrangements

48. It was his wish that he wanted to remain on his wing with his friends for as long as possible and that he wished to end his days at Frankland. Whilst on the wing healthcare staff maintained regular contact with him to monitor his condition and health needs.

49. He lived on the elderly persons' wing of the prison which had an open door policy. This allowed prisoners to have open access to their cells during the day and were encouraged by staff to participate in educational and recreational courses. In addition he was given a personal alarm so that he could summon assistance from staff at any time. I wish to recognise this good practice adopted by the Governor and his staff.

50. When his condition deteriorated he was admitted to healthcare as an inpatient on 10 September 2010 and lived in one of the specially adapted cells which contained a hospital bed with specialised mattress and pillows. He received daily interaction from healthcare staff and doctors and visits were arranged for friends from his wing to come to see him.

51. The clinical reviewer states that:

> "The man was consulted about his location in the prison; mostly he wanted to remain on ordinary location in his cell, and this was facilitated by staff. It seems he made it quite clear that he did not want to leave prison but wanted to die in prison. The nursing notes describe how he enjoyed being visited from his friends from E wing and that he was upset when he could not remember their names when his health started to really deteriorate."

52. I find that Frankland responded both appropriately and sympathetically to his needs in the management of where he lived throughout his time at the prison.

Compassionate release

53. Frankland had not considered making an application for compassionate release for him as he formally stated on 1 September 2010 that he did not wish to be considered for release. He said that he considered Frankland his "home" and wished to end his days there. Frankland acted appropriately in abiding by his wishes.

CONCLUSION

54. During his time at Frankland, he had well documented regular interventions with doctors and other healthcare staff. There was excellent liaison between healthcare, the hospital and Macmillan cancer nursing specialist to ensure that he received appropriate treatment and medication. I am satisfied that the care that he received at Frankland was of a high standard and that his continuity of care between the hospital and Frankland healthcare was well managed.

55. He was actively involved in the discussions regarding his care and staff at Frankland abided by his wishes. Frankland also ensured that his family were kept informed of his condition and I wish to recognise the action of the Governor in authorising special visiting arrangements for them.

56. I believe that he was treated with a great deal of care, dignity and respect during the time he was at Frankland. Following his death Frankland appropriately followed the guidance given in Prison Service Order 2710, “Follow up to death in custody”.