

**Investigation into the circumstances surrounding  
the death of a man who died in February 2012,  
at hospital while in the custody of HMP Nottingham**

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

**November 2012**

This is the report of the investigation into the death of a man in February 2012, at Haywood House, while in the custody of HMP Nottingham. He had been diagnosed with inoperable terminal cancer on 21 December 2011. He was remanded to Nottingham on 28 December, having been charged with murder, and transferred to hospital during the early hours of 29 December. He was 60 years old. I extend my condolences to his wife and family.

An investigator was appointed to carry out the investigation. A review of his medical care was commissioned by the local PCT, and was carried out by a clinical reviewer. I am grateful for the assistance from the Governor and his staff at Nottingham.

Her Majesty's Coroner for Nottingham did not carry out a post mortem examination. The man's death was of natural causes due to stomach cancer.

There are no recommendations in this report. The man was only in prison for one day before he was transferred to hospital. He received appropriate healthcare in prison, and support and respect from the officers on bed watch duty at the palliative unit where he died. There was also sensitive liaison with his family, which was greatly appreciated by them.

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.

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**November 2012**

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## SUMMARY

1. The man was told that he had inoperable stomach cancer on 21 December 2011. He was remanded to Nottingham by Magistrates Court on 28 December, charged with murder. On his arrival at Nottingham, he was medically assessed by nurses and a doctor. His medication was reviewed and his medical observations taken before he was escorted to a cell in the enhanced care area (ECA). (The ECA has cells for prisoners receiving medical and nursing attention on a 24 hour basis. These cells are solely set aside for this use.)
2. At 4.11am the following day, a nurse arranged an emergency transfer for the man after he was found unwell, with blood on the floor of his cell. He was taken to hospital and later admitted to a ward for assessment. He was escorted by two officers under restraint. On 30 December, he transferred to a specialist palliative unit in the grounds of hospital. (Palliative care is nursing and medical treatment for those dying of a terminal illness.)
3. Following a risk assessment, the restraints were removed on 7 January 2012 and arrangements were made for the man's wife, family and friends to visit him on a daily basis. He died the following month. A few hours after his death, the prison's family liaison officer accompanied his wife to the palliative unit so she could spend some private time with her husband.

## THE INVESTIGATION PROCESS

4. The investigation into the man's death was opened on 8 February 2012, when the investigator visited Nottingham. She spoke to the Head of Healthcare and was given a copy of the man's medical record. She asked for copies of his bedwatch notes and prison file to be forwarded to her.
5. The Ombudsman's terms of reference and notices to staff were sent to the prison following the investigator's visit. The Independent Monitoring Board (IMB) and the Prison Officer's Association (POA) were notified of the investigation and the investigator's details passed to them should they wish to contact her. (The IMB are volunteers drawn from the community who monitor the day to day life of the prison, its staff and prisoners. The POA is the prison officer's trade union.)
6. A review of the man's medical care during his short stay at Nottingham was commissioned by the local PCT. A clinical reviewer carried out that review on their behalf. It was received into the Ombudsman's office on 23 February 2012.
7. On 27 February, the investigator wrote to the Governor to provide feedback on the initial findings of the investigation. No immediate issues were noted for his attention.
8. One of the Ombudsman's family liaison officers telephoned the man's wife on 13 March, to explain the process of the investigation and invite her to raise any issues she would like to the report to consider. She said that she was very happy with the role played by the prison, in particular that of the family liaison officer and the Governor. She also explained that her husband had commented on how well the prison looked after him, and said that she would appreciate if this was reflected in the report.
9. The man's wife received a copy of the draft report. Having considered the investigation findings, she suggested two amendments, which have been addressed in this report. National Offender Management Service also received the draft report and responded with some factual inaccuracies, which have been corrected in this final report.
10. The office has recently begun publishing reports of terminally ill prisoners in an issues-led structure. This report has not been completed in that format because of the short length of time the man was in custody.

## HMP NOTTINGHAM

11. HMP Nottingham is a local prison serving the courts in Nottinghamshire and Derbyshire holding 1,060 prisoners. The prison expanded in February 2010 to include a new offender management unit, reception, visits suite, health centre and workshops.
12. There is no inpatient healthcare unit and prisoners who need nursing care are located in one of the ten cells in the enhanced care area (ECA) on A wing. Nurses are on duty 24 hours a day and provide a nursing service for prisoners on the ECA.
13. Her Majesty's Chief Inspector of Prisons (HMCIP) conducted an announced inspection of Nottingham in February 2010. The Chief Inspector's report made the following comments:

“Health services were commissioned by the local Primary Care Trust. A NHS company provided primary care services and the NHS Mental Health Trust provided a mental health in-reach service.

“The health care centre provided GP and specialist clinics. The mental health in-reach team was based in the same building that housed pharmacy and dental services. Medicine administration and, on occasion, some minor treatments were carried out in treatment rooms on each of the wings. All areas used for the treatment and care of patients were appropriately equipped, clean and well decorated.

“Health services provided 24-hour cover. A range of clinics was available, including some provided by visiting specialists. Good arrangements with the PCT facilitated the acquisition of specialist equipment when required.

14. The IMB's 2010 report commented on the healthcare service as follows:

“The Partnership Board has been reinstated and is now meeting regularly, attended by the Governor, Head of Prison Health, senior managers from the PCT and a representative of the IMB.”

15. There were no deaths from natural causes at Nottingham in 2011 although, there was one January 2012. Initial enquires into that death indicate that there are no direct similarities to the man's death.

## ISSUES

16. The man was told that he had inoperable stomach cancer on 21 December 2011. He was remanded to Nottingham by Magistrates Court on 28 December, charged with murder. On his arrival at the prison, he underwent a full medical healthscreen, undertaken by a nurse. The nurse recorded that he had been diagnosed with terminal stomach cancer the week before. He was under the care of doctors at hospital and had in his possession medication including pain relief, an anti depressant and nutritional drinks.
17. At 3.21pm, while being assessed by a nurse, the man vomited and told the nurse he felt extremely unwell. His blood pressure was noted as low (116/72, an average reading is 130/80) and a normal temperature of 36.4 degrees.
18. Forty minutes later, a nurse carried out a further assessment to ascertain any medical risks associated to the man's present medical condition, given his limited mobility. He was able to walk short distances with a stick, climb onto his bed and use a toilet independently. There were additional no pressure sores or evidence of skin damage as a result of his deteriorated condition.
19. A nurse arranged for him to be taken to the enhanced care area (ECA) on A wing. (The ECA has cells for prisoners receiving medical and nursing attention on a 24 hour basis. These cells are solely set aside for this use.) She assured him that he would be able to have his pain relief and nutritional drinks, as prescribed by his doctor.
20. A doctor saw him at 7.39pm and noted he had inoperable stomach cancer. The doctor reviewed his medication and renewed his prescription, which included tramadol, a strong opiate based pain killer. He arranged for a fax to be sent the oncology (cancer) unit at hospital, to inform them of the man's remand to Nottingham.
21. At 4.11am on 29 December, a nurse was called to see the man in his cell on the ECA. She found him on the floor where there was a large amount of blood. Although he was conscious, he was in obvious pain in his chest and stomach. His blood pressure was noted to be very low (90/60). The nurse telephoned a doctor, who advised her to call an emergency ambulance.
22. The man was transferred to the Accident and Emergency Department at 4.44am and a risk assessment was carried out to consider what restraints should be applied. (A risk assessment considers the threat that the prisoner poses to the public and what, if any, level of restraint should be used. Prisons have a responsibility to prevent escapes and ensure the safety of the public.) He was escorted by two officers and restrained on an escort chain. (An escort chain is 1.8 metres in length with one cuff attached to the prisoner and the other cuff attached to an officer.) Later that day, he was admitted to a ward for assessment and his wife was told by prison staff that her husband was in hospital. The security department arranged for her and her husband's family to visit him.

23. On 30 December, the man was moved to the palliative care unit in the grounds of the hospital for palliative care. (Palliative care is nursing and medical treatment for those dying of a terminal illness.) The escort of two officers remained. His wife and mother visited him on 31 December and further arrangements were made for her, and designated family and friends, to visit him daily.
24. On 3 January 2012, the prison's clinical team manager spoke to a doctor at the palliative care unit. She was told that the man's condition remained poor although there may be some improvement in the future. She asked to be kept informed if there was any plan to discharge him so that appropriate care plans could be made for him.
25. Three days later, the clinical team manager and the prison's family liaison officer visited the man at the palliative care unit. He was very frail, and experienced pain and nausea. The prison staff confirmed that he was able to have visits from his family and friends and there were no immediate plans to discharge him.
26. On 7 January, a senior officer visited him and carried out a risk assessment. The senior officer assessed him as low risk due to his failing health and frailty. The escort chain was removed although the escort of two officers remained at his bedside.
27. Over the next four weeks, the man's condition gradually deteriorated. The bedwatch notes show that officers were supportive of him and showed respect to him and his visitors by appropriately offering them privacy and assistance. In February, he was visited by his wife one afternoon. During this visit, hospital staff advised her that her husband was seriously ill and in the last stages of his life.
28. At 11.25pm, it was confirmed that he had died. (His wife had left the palliative care unit at this point.) The officers on escort duty notified the prison of his death. The prison's family liaison officer visited the man's wife to inform her of her husband's death and drove her to the palliative care unit. At 1.37am the next morning, they arrived at the unit and she spent some time with her husband. The officers left the room to allow her privacy.
29. The family liaison officer continued to support the man's wife following her husband's death and offered to pay the full costs of his funeral. The Governor attended the funeral and the prison has continued liaison with her.

### **Clinical care**

30. The clinical reviewer reviewed the man's medical record and said:

"He was seen by appropriately trained staff who met his needs while in HMP Nottingham. His reception screening was timely and appropriate. His existing serious medical condition was recognised and treated appropriately. Serious gastric haemorrhage is a known but

unpredictable risk of gastric cancer. Once this had occurred, staff responded accordingly and there is no evidence of any delay in his transfer to hospital. “

31. He also noted that the man's medical notes comprehensively recorded the actions taken by healthcare staff during his short stay at Nottingham.

## **CONCLUSION**

32. The man was already a very ill man when he was remanded to Nottingham on 28 December, and he was appropriately transferred to hospital during the early hours of 29 December. He did not return to Nottingham and was cared for at a specialist palliative care unit with an escort of two officers at his bedside. Restraints were appropriately removed a month before he died and arrangements were made for his wife and family to visit him.
33. It is pleasing to reflect the gratitude of the man's wife and family, for the support and assistance offered by the prison's family liaison officer and the prison.