INVESTIGATION INTO THE CIRCUMSTANCES OF THE DEATH OF A MAN IN DECEMBER 2005 AT AN NHS HOSPITAL WHILST IN THE CUSTODY OF HMP NORTH SEA CAMP

Report by the Prisons and Probation Ombudsman for England and Wales

July 2006

This is the report of an investigation into the death of a prisoner at HMP North Sea Camp. The man died in December 2005 at a hospital near to his home. The cause of death was recorded as carcinomatosis and a right renal medullary carcinoma. He was a young man, aged in his early 20s.

The man's death was particularly sad because, having spent two and a half years in prison, he was within six weeks of possible release on licence. I wish to take this opportunity to offer my sincere condolences to his parents and family, and all of those touched by his loss.

The investigation was carried out on my behalf by one of my colleagues. An independent review of the man's medical care in prison was carried out by two professionals on behalf of the East Lincolnshire Primary Care Trust. I am most grateful to them all.

I would also like to thank the Governor and staff of HM Prison North Sea Camp for their full and ready co-operation during the investigation.

The man died from a rare and aggressive type of cancer. I make two recommendations and highlight three examples of good practice.

Stephen Shaw CBE
Prisons and Probation Ombudsman **July 2006**

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Summary

The man was initially remanded into custody on 24 April 2003, before being convicted and sentenced to five and a half years imprisonment on 2 October that year. On 27 April 2005, he transferred to North Sea Camp where he was popular with both staff and fellow prisoners.

On 16 August 2005, he attended the Healthcare Centre at North Sea Camp complaining of passing blood in his urine. He returned the following day, now also complaining of vomiting and severe pain, and was referred to A&E Department at a local hospital. He was admitted to the hospital for three days where he was diagnosed with a stone in the ureter.

The man continued to experience pain and was therefore re-admitted to the local hospital on 25 August. He was discharged on 29 August and, at a follow-up appointment on 5 September, reported that his symptoms had now resolved.

On 14 October, he again complained of pain in the right loin area and was subsequently admitted to the local hospitalospital as an inpatient. A urogram on 17 October found no evidence of a stone, and he was therefore discharged on 18 October to return on 4 November for a renogram.

The results of the renogram were discussed with him on 21 November. By now he was also complaining of coughing up blood, headaches and chest pain. The renogram showed an apparent renal mass in the upper pole of the right kidney, and he was therefore booked for an urgent CT scan.

On the night of 27 November, he complained of breathlessness and an inability to lie down, resulting in a night of insomnia. The following morning, he was again admitted to the hospital, where investigations showed a large mass in the upper right kidney with deposits in the lungs. A biopsy was taken, and on 1 December he was diagnosed with a cancerous growth in the kidney with a very poor prognosis.

The man was transferred to a hospital close to his home on 3 December. His condition deteriorated and he died in his sleep at 7.20am a few days later. The cause of death was recorded as carcinomatosis and a right renal medullary carcinoma. This is a very rare and aggressive form of cancer which is associated with poor prognosis and outcome.

This report includes two recommendations and draws attention to three examples of good practice.

Investigation methodology

The investigation was opened on 13 December 2005 when my investigator issued notices announcing the investigation to staff and prisoners. The notices included an invitation to those who wished to submit information relating to the man's death to make themselves known to my investigator. No prisoners came forward as a result.

My investigator subsequently visited North Sea Camp on 30 January 2006 and met with the Governor and the prison liaison officer. He also toured the prison, and was therefore able to familiarise himself with the Healthcare Centre and the wing on which the man had lived. My investigator was also given access to the deceased's prison files, including the Inmate Medical Record (IMR).

An independent clinical review of the man's health needs whilst he was in custody at North Sea Camp was carried out by East Lincolnshire Primary Care Trust.

One of my family liaison officers contacted the man's mother and nominated next of kin, on 16 January 2006. His mother later wrote to our family liaison officer. Whilst saying that she did not feel that staff at North Sea Camp contributed to her son's death in any way, she noted the following concerns regarding his care whilst at the prison:

- on one occasion in August 2005, when the man was first diagnosed with a kidney stone, he was transported in a bus whilst in severe pain with prisoners being dropped off for work before he was taken to hospital;

- staff appeared to be getting fed up with him frequently visiting healthcare, and this made him paranoid about going there;

- she telephoned healthcare staff on a number of occasions to express her concern at her son's symptoms;

- on one occasion, he was given a prescription by the hospital that was refused by healthcare staff as it was not prescribed by the prison;

- on the night of Sunday 27 November 2006, her son was awake all night having difficulty breathing. He was seen by five officers throughout the night who, when he told them of his problems, answered that they could not sleep either and he would have to wait until the morning for an ambulance.

HMP North Sea Camp

HMP North Sea Camp is located close to the town of Boston in Lincolnshire. The prison was established in 1935 as a Borstal, with the original structure built by staff and trainees from HMP Stafford. In 1988, North Sea Camp became an open prison for adult males and, at the time of the man's death, had an operational capacity of 306.

There are four living units, with multi-occupancy rooms on North and South Units and single rooms on Harrison and Llewellin (the resettlement units). At the time of my investigator's visit, the Healthcare Centre was staffed by a healthcare manager and one nurse. The most recent report from HM Chief Inspector of Prisons, dated April 2004, described healthcare at North Sea Camp as being of a high clinical quality, provided by respectful and very professional staff.

Events prior to the man's death

When the man was first remanded into custody on 24 April 2003, he reported that he suffered from sickle cell trait but spoke of no other outstanding issues at his reception health screen. Over the next two years, he had a couple of minor complaints, including insomnia, but his health was generally good in this period.

On 16 August 2005, he attended the Healthcare Centre at North Sea Camp complaining of haematuria (passing blood in the urine). He was treated with trimethoprim 200mg and referred to the urology clinic at a local hospital. The following day, he again attended the Healthcare Centre, this time complaining of vomiting and saying that he was in a lot of pain. He was seen by the staff nurse who referred him to A&E Department at the local hospital where, after examination, he was admitted as an in-patient to Ward 3A. The man was now complaining of right loin pain and further haematuria, and was diagnosed with ureteric calculi (a stone in the ureter, the tube through which urine passes from the kidneys to the bladder).

A further investigation on 18 August revealed no significant obstruction in the ureter. On 19 August, he underwent a cystoscopy (a visual examination of the urinary tract with a cystoscope) and right ureteroscopy (an examination of the ureter with an endoscope). The procedure revealed no evidence of the stone although, at the end, a miniscule piece of stone was found in a basin which was thought likely to be his. He was discharged the following day to await an out-patient review in six weeks time, and was prescribed a five day course of trimethoprim 200mg.

The man continued to complain of passing blood in his urine and of pain in the ureter, and was subsequently re-admitted to the local hospital on 25 August. He was discharged on 29 August. There is no record of any examinations or treatment provided at the hospital in this period, but the discharge sheet notes that he was prescribed a further seven days supply of trimethoprim 200mg plus seven days supply of diclofenac 50mg on discharge.

A follow-up appointment was made for him at the Department of Urology at the hospital on 5 September. He reported that his symptoms had now resolved, and therefore no further appointment was arranged. However, a letter from the Department of Urology dated 29 September stated that the man failed to attend an appointment on 26 September. There was no evidence of an appointment letter anywhere in his IMR.

In the afternoon of 14 October, he again complained of pain in the right loin area and was subsequently taken to A&E Department at the Pilgrim Hospital. A right renal colic (a severe pain caused by the lodgement or passage of a stone in the ureter) was diagnosed, and he was therefore admitted as an inpatient. An intravenous urogram took place on 17 October, which found no evidence of a stone. He was discharged on 18 October with an appointment to be booked in three weeks time for a renogram. No medication was prescribed on discharge.

An appointment was made for him on 4 November for a renogram. In the two days preceding this, he had complained to the prison's Healthcare Centre of a chest pain. The results of the renogram were discussed at a follow-up appointment on 21 November, by which time the man was also complaining of coughing up blood, and of headaches and sinusitis. The results showed an apparent renal mass in the upper pole of the right kidney, and he was therefore booked in for an urgent CT scan. He was also seen by a chest physician for his symptoms of cough and chest infection, and subsequently prescribed a five day course of codeine linctus on discharge. This medication was subsequently altered to paracetemol brufen at North Sea Camp. At interview, the healthcare manager stated that alternative medication was prescribed as the codeine linctus was not on the prison's prescribing list due to there being no evidence that it is effective.

On the night of 27 November, the man complained of breathlessness to officers on his wing. He was also unable to lie down, which meant that he could not sleep. The night orderly officer was called. He spoke to the man about his medical history and discussed with him whether his condition had deteriorated since he had seen medical staff. The man stated that the only deterioration was his inability to lie down. The officer therefore advised him to report to healthcare in the morning and to contact wing staff if he felt worse during the night. He also arranged for wing staff to make regular checks on him through the night.

In the morning of 28 November, the man reported to healthcare and was seen by the prison doctor. After examination by the doctor, he was again admitted to the Pilgrim Hospital. Investigations showed the presence of a large mass in the upper right kidney, with deposits in the lungs. A biopsy of the right renal mass was taken and, on 1 December, he was provisionally diagnosed with a medullary carcinoma of the kidney (a cancerous growth in the kidney). He was subsequently given a very poor prognosis, with the tumour considered to be so advanced that no effective therapy could be offered.

The man was therefore transferred to a hospital close to his home on 3 December on compassionate licence (a form of temporary release for exceptional personal reasons) so that he could be close to his family. His condition deteriorated further and he died in his sleep at 7.20am a few days later, with his mother and other family members at his side. The cause of death was recorded as carcinomatosis and a right renal medullary carcinoma.

Following his death, the Governor visited the man's mother personally to return his property and offer any help that the prison could provide. A collection was organised amongst the prisoners at North Sea Camp and the proceeds donated to his mother. She used this to buy a monument for her son's grave, engraved 'From the Lads at the Camp', with the remainder used to sponsor a junior football team that would be named after him.

Consideration of issues arising from the investigation

Timeliness of diagnosis

The deceased suffered from an aggressive form of cancer that started in his kidneys and rapidly affected his respiratory system. Medullary carcinoma is an extremely rare form of cancer, practically unknown in the UK, which develops most regularly in young people and has been linked by research to those with sickle cell trait. It normally presents itself in advanced form at diagnosis and is highly aggressive leading to poor prognosis and outcome.

The clinical review, conducted by the East Lincolnshire Primary Care Trust, concludes that the man was referred appropriately to the urology department by the prison and that there was no delay in diagnosing the cancer.

Family concerns

One of my family liaison officers contacted the man's mother on 16 January 2006 to find out whether the family had any concerns that the investigation should take into account. The issues raised by the mother were outlined in section 2 above of this report and given consideration below.

- *The management of the man's transport to hospital*

The man's mother was concerned that, when he was first diagnosed with kidney stones in August 2005, he was taken to hospital in the prison bus whilst in severe pain, with other prisoners being dropped off for work before he was taken to hospital. The man was first diagnosed with kidney stones on 17 August following his admission as an inpatient a local hospital on the same day. The staff nurse who admitted him to hospital that morning, stated that he was offered an ambulance, but refused and therefore travelled in prison transport instead.

The Deputy Head of Operations at North Sea Camp clarified the procedure with regard to transporting prisoners to hospital in non-emergency (ie not requiring a blue light ambulance) situations. He stated at interview that a risk assessment is taken on each case to determine the most appropriate means available. The most important aspect considered is the physical health of the prisoner, with the priority being not to exacerbate the complaint. The second factor is the transport available at the time. If the prison mini-bus is taking other prisoners to work, then it is possible that this would be used to transport another prisoner to hospital. However, he said he was not aware of a situation ever occurring where workers were dropped off before a prisoner who needed to go to hospital.

It is clear that, when he was admitted to hospital on 17 August 2005, the man's condition was not life-threatening and he did not require a blue light ambulance. Despite this, I consider it imperative that a prisoner who is in severe pain and for whom A&E treatment has been deemed necessary should be transported to hospital as quickly as possible. If a prison vehicle is leaving

for other purposes at the time then, as in the man's case, it would be appropriate for this to be used to take the prisoner to hospital. However, I would be very disappointed if it were shown that such a vehicle was diverted to complete other tasks at the expense of a prisoner who was clearly in pain. In respect of the deceased, I have no clear evidence on which to confirm or deny his mother's account of what occurred.

- *The treatment of the man by healthcare staff*

The man was concerned that healthcare staff were getting fed up because he frequently visited the Healthcare Centre, and that this made him paranoid about going there. The healthcare manager at North Sea Camp stated that the man would often come to healthcare around the time of his hospital appointments to check that the appointment was still going ahead and that his licence was ready. The staff nurse also stated that a number of prisoners, including him, would often come to healthcare informally just for a chat.

The man did not make any formal complaints about his treatment by healthcare staff, and there is no evidence of him making any informal complaints. At interview, the healthcare manager stated that he believed that the man had a good relationship with (healthcare) staff. I have found no evidence to support the argument that healthcare staff acted in an unprofessional manner towards the deceased.

- *Telephone conversations between the man's mother and the prison with regard to the man's health*

The man's mother stated that she telephoned North Sea Camp on a number of occasions to express her concern at the symptoms from which her son was suffering and the lack of progress in his recovery from them. The final occasion was on 25 November 2005 when she says that she telephoned the prison and spoke to a wing officer and a member of healthcare staff. The officer allegedly said that they would go and see him; the member of healthcare staff allegedly told her to get her son to come to healthcare. She was concerned that she could not ask her son to come to healthcare as she could not call him back, and she did not know what happened after these two conversations.

The healthcare manager spoke of the procedures that are followed when a prisoner's relative contacts healthcare with concerns. He stated that it would usually be the case that whichever member of staff took the call would find the prisoner in question and check that they are okay. He also said that, whilst medical information is never disclosed over the telephone, he would try to reassure anyone who had concerns.

The staff nurse recalled the mother telephoning on one occasion to express her concern that the man did not feel well and had not been eating. She did not recall the date on which she had spoken to the man's mother. The nurse stated that she subsequently put a message on the tannoy for the man to come to healthcare. On arrival, the nurse explained his mother's concerns to

him who referred to it as being "just my mum fussing". As he had a hospital appointment in two days time, the nurse told him to keep the appointment and to come and see her if he got any worse in the meantime.

I sympathise with a parent's worry and concern for their son's health when he is in prison, and understand the frustration when they are unable to have their concerns answered by healthcare staff. However, staff are bound by the General Medical Council guidelines on patient confidentiality and are not therefore at liberty to discuss a prisoner's health with anyone over the telephone. It is, nonetheless, important that staff follow up such concerns by speaking to and assessing the prisoner in question, and I am pleased that such procedures are in place at North Sea Camp.

The healthcare manager stated that he receives many such calls from concerned relatives every day, and does not therefore keep a record of them. There was no record in the man's Inmate Medical Record (IMR) of his mother's telephone calls or of him being seen by healthcare staff following up those calls. I consider it important that healthcare staff note in the IMR any conversations that they have with concerned relatives and the follow up assessments that take place. (I have a number of other concerns about the standard of record keeping at North Sea Camp which I discuss in more detail below.)

The healthcare manager should remind staff of the importance of maintaining records correctly in accordance with the standards laid down by the General Medical Council and the Nursing and Midwifery Council.

- *The management of the man's hospital prescriptions*

The mother said that her son was once given a prescription by the hospital that was refused him by healthcare staff as it was not one that was prescribed by the prison. The healthcare manager recalled that this related to a prescription issued to the man on 21 November 2005 for a five day course of codeine linctus. This medication was prescribed to him to treat the cough that he had developed.

The healthcare manager stated that the medicine prescribed was not given to him because it is not on the prison's prescribing list. This is because it is an 'off the shelf' medicine and there is no evidence that it is effective. The man was given paracetemol brufen by prison healthcare as an alternative, this being the usual medication prescribed for colds at North Sea Camp.

My investigator discussed this situation with the clinical reviewer who agreed that it was a reasonable course of action to use paracetemol brufen as an alternative to the codeine linctus.

- *The man's care on the night of 27 November 2005*

His mother was also concerned by the events of the night of 27 November. She said in her letter to our family liaison officer that her son was having difficulty breathing and was unable to sleep. She also stated that her son had told her that five officers came to his room through the night, telling him that they could not sleep either and that he would have to wait until the morning for an ambulance.

The night orderly officer said that he was called to Harrison Unit just after midnight on the morning of 28 November, as the man was unable to lie down due to his cough and was having difficulty breathing after going to the toilet. The man told the officer about his hospital appointments and that he was taking medication for a chest infection, and stated that his condition had deteriorated as he was now unable to lie down. The officer said he asked the man if there was anything that he needed, to which he replied that there was not. He therefore advised him to see healthcare in the morning. He agreed to this, but was concerned about his mobility. The officer asked wing staff to keep regular checks on him through the night and advised him to report to staff if he felt worse. He said that the man's condition did not deteriorate through the remainder of the night, other than a brief increase in discomfort following a visit to the toilet. The orderly officer's statement of events is supported by entries made by a wing officer in the Wing Observation Book on the night of 27 November.

Given the available evidence, I consider that night staff at North Sea Camp acted appropriately in dealing with the man's discomfort on the night of 27 November. Questions were asked of his medical history, and the man was advised to see healthcare in the morning and to report to wing staff if his condition deteriorated through the night. (I also note the evidence of the prison doctor who said that, when he saw him on the morning of 28 November, it initially looked like the man had some kind of viral illness. On further examination, however, he noticed him to be profoundly short of breath and in significant discomfort. He therefore arranged for him to be admitted to hospital.)

I consider the night orderly officer's actions in asking staff to keep a regular check on the man's condition through the night to be an example of good practice.

The standard of record keeping at North Sea Camp

I have already noted my concern with regard to the failure of healthcare staff to note in the IMR any conversations that took place with the man's mother or the follow-up assessments with the man. In addition, there were a number of occasions on which the man attended hospital, for both scheduled appointments and for treatment at A&E, for which there is no record in the IMR – either of the attendance, or of any diagnosis made, or of any medication prescribed.

There are also very few records of the visits made by the man to healthcare at North Sea Camp and the subsequent advice, diagnosis and medication that he received. The healthcare manager stated that these absences were partly due to staff keeping records of prisoners visiting healthcare in a daily sick parade diary rather than in individual IMRs. This procedure was reviewed by the healthcare manager and discontinued on 1 November 2005, with staff encouraged to write entries in the IMR instead. Nonetheless, the diary contained no entries whatsoever relating to the man, and there were also several events absent from his IMR following its closure. Most notably, there was no record of him reporting to healthcare on the morning of 28 November and his subsequent admission to hospital.

I repeat my previous recommendation.

The management of prisoners at North Sea Camp on return from outside hospital

As I have discussed, the man's IMR contained very scant details of his hospital appointments. The healthcare manager said that, when a prisoner goes to hospital, it should be recorded in the IMR. However, on discharge from hospital the prisoner would go straight to prison accommodation with no responsibility of reporting to healthcare. If medication is provided on discharge from hospital, then the onus is on the prisoner to bring this to healthcare and let them know what medication he has been prescribed.

He added that healthcare staff receive a discharge note from the hospital which details factors such as medication, follow-up tests and appointments. However, I note that, in the man's case, these summaries were often not written at hospital until over a week after he was discharged, and would therefore have been received at North Sea Camp any time up to two weeks after discharge. This represents a substantial period in which healthcare staff are potentially ignorant of any diagnosis made or medication prescribed to a prisoner.

The healthcare manager should introduce a more proactive system of monitoring the status of prisoners discharged from outside hospital.

Recommendations and Good Practice

Recommendations

The healthcare manager should remind staff of the importance of maintaining records correctly in accordance with the standards laid down by the General Medical Council and the Nursing and Midwifery Council.

The healthcare manager should introduce a more proactive system of monitoring the status of prisoners discharged from outside hospital.

Good Practice

The Governor personally visited the man's mother to deliver to her his property and offer any help that the prison could provide.

A collection was organised by the Governor amongst the man's fellow prisoners and the proceeds donated to his mother, which she used to purchase a monument for his grave and to sponsor a junior football team in his name.

The night orderly officer arranged for wing staff to make regular checks on the man's condition on the night of 27 November when his illness was causing difficulty sleeping.