

**Investigation into the death of a man
at a hospice in Leicester, whilst on temporary release
from HMP Stocken**

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

November 2006

This is the report of an investigation into the death of a man. He died at a hospice in Leicester whilst on temporary release from HMP Stocken.

The man had been estranged from his family for some time. However, prior to his death he re-established contact with a former partner and their daughter. My colleagues and I would like to extend our condolences to them and to all those touched by his passing.

The post mortem shows that the man died as a result of bronchopneumonia and lung carcinoma. He had been diagnosed with lung and bone cancer in December 2005, and was transferred from prison to hospice on 15 April 2006 and remained there until he died.

This investigation was carried out by a member of my team. She and I would like to thank Principal Officer of G Wing for his assistance as Liaison Officer.

I have made four recommendations, all of which are consistent with the findings of the independent clinical reviewer. However, I have also highlighted eight areas of good practice. The overall treatment of the man at the centre of this investigation, by both staff and prisoners at Stocken, was characterised by dignity and respect. Although as with everything in life one or two things could have been handled better, taken as a whole this is a report that reflects very well upon the Prison Service and Stocken prison. I would be grateful if the Governor would share that judgement with his staff.

Stephen Shaw CBE
Prisons and Probation Ombudsman

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SUMMARY

This man was remanded into HMP Nottingham on 15 November 2002. He was sentenced on 19 December 2002, and transferred to HMP Stocken on 23 January 2003.

In February 2003 he complained of back pain and was treated with ibuprofen and physiotherapy which continued for four months. Between August and November 2005, he had a recurrence of his back pain and also complained of pains in his chest. He received painkillers and physiotherapy again. However, in the middle of November 2005, a doctor noted that he might have secondary bone cancer and coincidental Bell's palsy. The man had a chest x-ray, the results of which suggested pulmonary disease.

Several multi-disciplinary meetings were held to discuss concerns over the man's deteriorating health. Issues such as how to cater for his diet, how to store his strong medication, and where he should be located, were taken into account.

The man was diagnosed with cancer on 6 December 2005; it was found in his lungs and in his ribs. A meeting was held to discuss appropriate treatment. The cancer was incurable, but he could be treated to slow the process. Over the next few months, the man had radiotherapy and chemotherapy. He lost his hair and his peers in the workshop made him a hat. There was good communication between prison healthcare and outside hospital and the man was visited by Macmillan nurses.

Applications for early compassionate release and parole were refused in March 2006. When the man became seriously ill in April, a referral was made to the hospice. A place became available on 15 April and he was released there on temporary licence.

Although this transfer was made on a temporary basis, the hospice had space available and was able to keep the man for a longer period. He was still at the hospice when he passed away.

THE INVESTIGATION

1. My investigator requested all the relevant prison records relating to the man. These included his medical records and core prison record. She also visited the prison and interviewed several members of staff.
2. Melton, Rutland and Harborough Primary Care Trust (PCT) was asked to carry out a clinical review. Due a change of roles however, the clinical reviewer was changed in the course of the review. This inevitably caused some delay in its being received by my investigator. Both reviewers made themselves readily available to my investigator to answer any queries, and their assistance is much appreciated.
3. HM Coroner for Rutland and North Leicestershire was informed of my office's investigation. He kindly provided my investigator with the post mortem report. The Coroner will receive a copy of this report to assist him with his enquiries.
4. Notices to staff and prisoners were supplied and displayed by the prison. These invited anybody with information to talk to my investigator. In this instance, only those staff already identified by my investigator made contributions.
5. One of my Family Liaison Officers spoke to the man's former partner to ask if she had any particular comments or worries. She did not raise any concerns although she did wish to pass on her thanks to the prison and the hospice. She wanted to thank the prison's Family Liaison Officer, in particular. The family have asked to see a copy of this report when completed.
6. A draft copy of this report was issued to the man's family and to HMP Stocken for them to make any comment. The man's family have not made any comments. HMP Stocken have commented on the recommendations and their response is included in the recommendation section.

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HMP STOCKEN

6. Stocken prison was built in 1985 and has been expanded on four occasions. It now accommodates over 600 convicted adult men. The emphasis is on training and resettlement. The accommodation consists of single cells. Cell sharing is limited.
7. G wing is an enhanced status wing. This is for prisoners who comply with the prison rules and participate in the regimes. The rooms are not locked and have en-suite bathroom facilities.
8. There is no inpatient healthcare facility at Stocken. Prisoners can be transferred to nearby prisons with this facility or to outside hospital, if necessary.

KEY FINDINGS

14. The man started complaining of back pain in February 2003, and was initially prescribed ibuprofen. This has not been entered in his medical record but is noted on his prescription chart. On 12 March, he was seen by a physiotherapist, because the pain had worsened. He continued to see the physiotherapist for four months. Over the following two years, his contact with healthcare was primarily for skin and earwax problems.
15. Between August 2005 and November 2005 the man experienced chest pain and recurring back pain. He received painkillers and physiotherapy. He had an electrocardiogram (ECG) in August, which came back as normal. On 17 November, he saw the doctor who noted that he had a right facial palsy. It was also noted that he might have had bone metastases (secondary bone cancer) and coincidental Bell's palsy. The man was referred for blood tests and a chest x-ray. The results of the chest x-ray were reviewed and showed lung markings throughout both lungs, suggesting chronic longstanding pulmonary disease. As a result of this the man was referred to the 'two week wait' clinic. (This is a clinic where urgent referrals will be seen by a specialist within two weeks in accordance with the government guidelines/targets for cancer referrals.)
16. The following day, the x-ray findings were explained to the man by his doctor. The clinical reviewer has noted that, the day after, the man was seen again and given stronger medication and treatment for constipation. However, the prison pharmacy was unable to provide the later medication and so a private prescription was written and staff collected it from a local pharmacy in the community.
17. Concerns over the man's failing health were discussed at a meeting between healthcare and wing managers. Whilst there was no proper diagnosis of the man's condition at this stage, he was being prescribed strong opiate-based painkillers. The meeting considered which wing would be most suitable for him, and also the security and personal safety implications of having such medication in possession.
18. The man had expressed a wish to stay on G Wing. He did not have any particular friends on the wing, having been described as a bit of a loner. However, he was very comfortable with his peers and surroundings. Staff were willing to support this wish, and obtained a secure, lockable cabinet for the safe storage of his medication. Prisoners were also supporting the man, for example by cleaning his clothes. It was agreed that his condition would be monitored by healthcare on a daily basis, and interventions would be put in place as necessary.
19. The man was diagnosed with lung cancer and bone cancer in his ribs on 6 December 2005 (the cancer was found to be in both lungs, but the primary cancer had not been identified). He was told that it was not curable, but there were treatments available to slow the process. A case conference was scheduled for 9 December to determine appropriate care and management plans.

20. Over the following two days meetings between healthcare, wing managers and internal probation took place to discuss the man's health plan and needs. Thought was given to transferring him to a prison with 24 hour healthcare cover. The healthcare manager tried to facilitate a place at HMP Leicester, but there was no space at the time. It was again noted that the man felt happy on G Wing, although he said he did not want to die in prison. At one of the meetings, compassionate release was discussed. However, with no friends or family with whom he could stay, the only option was a hospice. It was agreed that this was not currently necessary but would be considered later if appropriate. It was also agreed that staff would make regular checks on the man through the night to monitor his condition.
21. A planned admission to outside hospital was arranged for 13 – 16 December, for further tests and investigations. The day before this, the healthcare manager suggested that a resuscitation policy be discussed with the man when he returned from hospital. Nothing seems to have happened with this until the new year. The day he was due to be discharged from hospital, the man was in pain and so remained in hospital. The records show there was good contact during this admission between the prison and hospital staff.
22. Biopsy results on 21 December showed that the man had had a good response to radiotherapy, and was awaiting admission to the oncology ward at Leicester Royal Infirmary to decide on further treatment. He returned to Stocken late on 24 December at short notice, which caused healthcare staff concerns about his medication regime. As a result, he missed a dose of his opiate analgesia on 25 December because there was only one member of nursing staff who could not administer a controlled drug on her own. Procedures were put in place to ensure that over the holiday period two trained nurses could administer these drugs to him.
23. Over the next four months, the man regularly attended the Leicester Royal Infirmary for treatment. He also had contact with MacMillan nurses. During this time, the Governor supported an application for compassionate release and the man applied for parole. A letter dated 8 March refused early release. The man had been given a 12 month life expectancy, which is longer than is considered appropriate for early release given the seriousness of his offences and the fact that he had not completed any offending behaviour work in relation to them.
24. A letter dated 10 March also refused the man parole for the same reason of not addressing his offending behaviour; he was understandably distressed by this. As noted, wing staff, knowing he had previously attempted suicide, felt it was appropriate to open a F2052SH so that he could be monitored more closely. This was closed three days later when the man's mood had improved.
25. Usually, if a prisoner is on an F2052SH, he will not remain on G Wing because there are no emergency cell bells. However, staff were again sensitive to the man's health and desire to remain on the wing and put in place extra monitoring systems to ensure he was safe.

26. There was confusion about the man attending an appointment on 21 March 2006. No healthcare or discipline staff knew that he was due to attend an appointment until he alerted them on the day. An escort was arranged and the man attended the appointment accompanied by a member of healthcare, although he arrived late. The clinical reviewer has looked into this error and it would appear that the hospital had relied on the man telling the prison, rather than informing them themselves.
27. The man began experiencing difficulty and pain when eating the standard meals prepared by the prison. A nurse liaised with the kitchen staff to organise a soft diet for him, but this request was met with some resistance. Eventually, a Principal Officer, who is in charge of G Wing, intervened and the man was given meals such as omelettes which were easier for him to eat. Due to the treatment the man was receiving, his appetite was also affected and he would not necessarily want to eat at the set mealtimes. Staff on the wing took the initiative to keep his meals back and microwave them when he was ready to eat. The staff would also keep porridge and some soft foods in their kitchen, so that the man would always have something available, and to ensure he kept his strength up. This shows treatment of the man that was caring, compassionate and decent – and went well beyond the norm.
28. Wing staff called healthcare on 12 April because they were concerned that the man was in pain. The following day, officers reported that during the night he had been in pain and vomiting. A doctor went to see him and felt that he needed to be transferred out of the prison. He then made a referral to the hospice. It was agreed that the man would be transferred to the hospice on 15 April, when a space would be available.
29. The doctor and the man discussed resuscitation in the event of cardiopulmonary arrest. This was witnessed by the nurse and it was recorded that the man was not to be resuscitated. At the time, however, Stocken did not have a formal resuscitation policy and the Governor's view was that staff would have been expected to attempt to resuscitate. A policy has now been drafted but has not yet been implemented.
30. The man was released on temporary licence (ROTL) to the hospice on 15 April (ROTL meant that he did not need to be restrained or escorted by prison officers). However, this man was the first prisoner that the hospice had admitted and they were initially uncertain as to the procedure and risk that a prisoner might bring. An agreement was made that two officers in civilian clothes would stay with the man but he would not be restrained. After two weeks the staff at the hospice had a better understanding about caring for a prisoner, and were comfortable with the man, so the officers were withdrawn.
31. Several staff visited the man whilst he was at the hospice. There was no formal requirement for some of them to do so and this is another example of the care and decency afforded to him by staff at Stocken.
32. The man expressed a wish to see one of his children, a daughter whom he had not seen for several years. One of the prison's probation officers contacted his

external probation office to ask them to check the last known address for his daughter. They said they did not believe it was in their remit and so the prison staff asked the prison chaplain if he could help. He contacted an external chaplain who went to the address and spoke to the man's former partner. She visited him with their daughter and he was able to spend time with them before he died.

33. Originally the man was to stay at the hospice for two weeks and contingency plans had been agreed with nearby HMP Gartree that, should he need 24 hour healthcare which Stocken could not provide, he could be transferred there. However, the hospice had a space available and was able to let the man stay. He remained there until he passed away.
34. On 5 June the Governor wrote to the staff on G Wing following a Reward and Recognition Committee meeting in May. The man had nominated the staff on G Wing for a recognition award for their "compassionate support beyond duty". The nomination was agreed by the Governor and the staff received a hamper for their tea bar.

ISSUES CONSIDERED

Early release on compassionate grounds.

35. Appropriate consideration was given to early release on compassionate grounds, a referral in conjunction with Prison Service Order 6000 having been made. This application was refused for the reasons stated earlier. Sadly, the man's health deteriorated rapidly over the next two months. Stocken granted release on temporary licence to enable him to go to a hospice, where he was able eventually to reside unescorted. In this way, his request not to die in prison was met.

Stocken's healthcare provision

36. Stocken does not have an in-patient facility. Consideration was given to transferring the man to Leicester prison although, at the time, there was no space available. There is no evidence that any other prison was considered then, for instance Gartree (who were subsequently willing to take him from the hospice if necessary). This said, there is also no evidence to suggest that at that time it was essential for the man to have 24 hour healthcare.
37. The man could have been moved to a wing closer to the healthcare centre. However, the general perception is that G wing is a calmer wing with more mature prisoners. The man had already expressed a wish to stay on this wing, where he knew people and they were aware and supportive of his needs. With a few minor exceptions, the good multi-disciplinary working approach ensured that the man still had appropriate medical intervention whilst he was on G wing.
38. The clinical review reports on the man's medical care in more detail. Overall, it concludes that a good quality of care was delivered by the healthcare team. However, there were some areas of confusion regarding appointments, resuscitation and dispensing medication. The clinical reviewer has made several recommendations which I endorse:

The Prison and PCT should develop a joint communication plan, including the identification of prison-hospital link managers in both establishments.

The PCT, in conjunction with the prison, should develop and implement a controlled drugs policy and consider including guidance in relation to the care of patients requiring palliative care including high doses of opiate analgesia.

The Governor and Healthcare Manager should agree and implement the draft resuscitation policy.

G Wing

39. It would appear that the man had very good care and decent treatment whilst on G wing at Stocken. Wing staff were aware of his poor health and monitored him well, and ensured his medication could be kept safe on the wing - thereby also keeping him safe. They kept food back for him, as he did not necessarily want to

eat at the same time everyday. Staff also brought in porridge and other soft foods so that he would always have something available. Several staff visited the man whilst he was in the hospice. Prisoners on G wing were also sympathetic to him, cleaning his clothes, changing his bedlinen and pushing his wheelchair if he needed it.

40. The man was also allowed to continue going to the workshops when he felt able. Sometimes, he would just go to have a chat with people but he was still getting paid. He had a good rapport with those in the workshop and they made him a hat to cover his loss of hair caused by the chemotherapy.

Meals

41. Due to his poor health and the medical treatment, the man was finding it difficult to eat solid foods. A nurse tried to arrange a soft diet through the kitchen, but was met with resistance. In the end it took a Principal Officer and a letter to a Governor before anything was sorted. I appreciate that the kitchens are busy, but the duty of care to a prisoner is everybody's responsibility and I recommend that they are reminded of this.

The Governor should remind kitchen staff of their role in meeting the non-clinical needs of prisoners who have chronic illness or who are terminally ill.

Multi-disciplinary working

42. There are some very good examples of multi-disciplinary working. This encompasses communication between wing, healthcare and probation staff and liaison with the hospitals and the hospice. There were a few occasions when this broke down but overall the approach worked very well in caring for this man.

Family contact

43. The man had not remained in contact with his family. However, before he died he wished to see one of his children again. The probation department were trying to deal with this with the assistance of the external probation office. However, it would appear that it was not straightforward in terms of getting written permissions and risk assessments. The prison chaplain became involved and, through a priest in the community, was able to contact the man's former partner and mother of his daughter. This enabled him to see his former partner and his daughter before he died.

RECOMMENDATIONS

1. **The Prison and PCT should develop a joint communication plan, including the identification of prison-hospital link managers in both establishments.**

HMP Stocken have accepted this recommendation and will meet with the PCT to develop a joint communication plan. The first meeting is scheduled to take place on 15 December 2006.

2. **The PCT, in conjunction with the prison, should develop and implement a controlled drugs policy and consider including guidance in relation to the care of patients requiring palliative care including high doses of opiate analgesia.**

The prison have accepted this recommendation and it will be progressed in consultation with the PCT. As above the first meeting is scheduled for the 15 December 2006.

3. **The Governor and Healthcare Manager should agree and implement the draft resuscitation policy.**

This recommendation was accepted and the draft policy is currently being circulated for consultation and will be published by January 2007.

4. **The Governor should remind kitchen staff of their role in meeting the non-clinical needs of prisoners who have chronic illness or who are terminally ill.**

This has been actioned.

GOOD PRACTICE

- 1 **There was good evidence of a multi-disciplinary approach to the man's care.**
- 2 **Early compassionate release was applied for and when this was refused ROTL was granted so that the man went to a hospice and therefore did not die in the prison.**
- 3 **Wing staff took the man's depression history into account when he was refused parole and compassionate release and opened a F2052SH so that he was monitored closely until his mood lifted.**
- 4 **Once arranged, the man was able to have a soft diet at times which suited his appetite.**
- 5 **Staff were commended by the Governor for their supportive treatment of the man, at the man's own request.**

6. **Healthcare staff saw the man regularly and ensured his needs were met as much as possible, despite the difficulties of providing good palliative care within a prison environment. On one occasion when he needed medication that was not available, healthcare staff wrote a private prescription and went to collect it for him.**
7. **Medical record keeping displayed good practices, particularly after the man had been diagnosed with cancer.**
8. **Good work to try and find one of the man's children led to him being able to see her before he died.**