Investigation into the circumstances surrounding the death of a man, who was a prisoner at HMP Norwich, in September 2006

Report by the Prisons and Probation Ombudsman for England and Wales

March 2007

This is the report of an investigation into the death of a man who was a prisoner at HMP Norwich. The man died at a local specialist palliative care centre in September 2006. His friends and family were at his side.

I offer my sincere sympathy and condolences to all those touched by the man's death for their loss. A post mortem recorded the cause of death as metastatic oesophagael cancer.

The investigation was carried out on my behalf by one of my investigators. An independent review of the man's medical care in prison was carried out by the Norfolk Primary Care Trust. I am most grateful to the clinical reviewer for her assistance.

I would also like to thank the Governor and staff of Norwich for their full and ready co-operation during the course of the investigation.

I make two recommendations and highlight two examples of good practice.

Stephen Shaw CBE
Prisons and Probation Ombudsman **March 2007**

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SUMMARY

The man who is subject of this report was initially received into HMP Peterborough as a remand prisoner on 16 November 2005. Two weeks later, he was sentenced to six years imprisonment. The man had a history of offending and imprisonment stretching back to his teenage years. He raised no medical problems at his first reception health screening.

In April 2006, after transfer to HMP Littlehey, the man began to complain of pain in his abdomen, particularly when he coughed. He was given pain relief, but returned to see the prison GP on a number of occasions over the coming weeks. At a review on 28 April, the prison GP decided that an ultrasound at a local hospital should be arranged. By the time of his next review, on 23 May, the man had not yet had the ultrasound. The prison GP therefore asked for the appointment to be re-booked as urgent. The scan subsequently went ahead on 13 June.

At a review on 10 July, the man said that he had been "gagging" on his food and bringing up bile over the last few days. An urgent request was subsequently made to the local hospital for the ultrasound results. The results showed a "small renal calculus" and, on account of this and his new symptoms, the man was admitted to the hospital on 11 July.

The man underwent a number of clinical investigations whilst in hospital. These led to the conclusion that he had cancer of the oesophagus which had spread to the liver. In a letter of 28 July, the Specialist Registrar estimated that he had between four weeks and four months to live.

The man was transferred to HMP Norwich on 4 August, so that he could be held on the specialist older prisoner unit at the prison and receive an increased level of nursing care. At Norwich, he received additional care from the MacMillan team at a local specialist palliative care centre.

On 25 August, the man was admitted to a hospital in the city following a bout of vomiting and dehydration. He was then transferred to the local specialist palliative care centre on 31 August, for palliative care. The man's health deteriorated whilst at the specialist palliative care centre and, by 11 September, his breathing had become laboured. He died at 6.45pm on 14 September with friends and his ex-wife at his side. The cause of death was recorded as metastatic oesophagael cancer.

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

THE INVESTIGATION PROCESS

The investigation was opened on 19 September 2006 when my investigator issued notices announcing the investigation to staff and to 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 interviewed one member of staff during the course of the investigation.

My investigator visited Norwich on 12 December 2006. He was given full access to the man's prison files, including his medical record.

An independent clinical review of the man's health needs whilst he was in custody was carried out by the Assistant Director of Quality and Nursing at the Norfolk Primary Care Trust.

One of my family liaison officers contacted a friend of the man, whom he had nominated as his next of kin, on 26 September 2006. This gentleman said that he felt that the man would have benefited from more medical attention whilst he was at Littlehey.

HMP NORWICH

HMP Norwich is located within the city boundaries and holds convicted and remand prisoners, including adults and young offenders. It is designated as a local prison and serves the courts of East Anglia. The certified normal accommodation is 591 and the prison has an operational capacity (maximum crowded capacity) of 823.

A car park and road divides the prison into two distinct sections. One section of the prison accommodates the young offenders and the healthcare centre, which also includes a specialist older prisoner unit (L Wing). The remainder of the population is accommodated in the main prison complex.

L wing opened in 2004, and provides specialist nursing home style care for elderly and infirm prisoners. The unit has been specially designed and equipped to enable older and less able prisoners to live a relatively normal life within the confines of the custodial environment. It is managed by a dedicated team of healthcare workers with support from prison officers. A positive partnership approach has been adopted, enabling local specialist secondary care providers to attend and support the full time staff in delivering care appropriate to the needs of the individual.

KEY EVENTS

The man was received at HMP Peterborough on 16 November 2005, as a convicted but unsentenced prisoner. No concerns were raised during his reception health screening (a routine health screen for new arrivals), and the man reported only minor problems with his health during his time at Peterborough.

On 9 January 2006, the man transferred to HMP Littlehey as a sentenced prisoner. On reception, it was noted that he had high blood pressure and he was given advice with regard to this. Over the course of the next three months, the man reported a couple of minor problems each of which was dealt with at the time.

On 7 April, the man saw the prison GP at Littlehey, and said that his abdomen hurt when he coughed violently. The prison GP prescribed doxazosin mesylate 1mg (for the control of his elevated blood pressure). The man returned to healthcare the following day and again complained of acute pain when coughing. He was given pain relief by a nurse, and advised to see the doctor again if he continued to experience pain.

The man saw the prison GP again on 18 April, and complained of getting cramp in the abdomen. The prison GP thought this to be a side effect of the doxazosin, and therefore prescribed buscopan instead (buscopan is a medication used to treat bladder or intestinal spasms). The man again returned to the prison GP on 24 April, and was given a stronger painkiller.

At a review on 28 April, the man once more complained of abdominal pain, saying that it “feels like somebody punched (me) in the abdomen”. The prison GP noted that an ultrasound of the abdomen should be arranged.

The man was not seen again until a review with the prison GP on 23 May. It was noted that he was still in pain, but that ibuprofen helped. The prison GP recorded that an ultrasound had been booked “ages ago”, but had not taken place. He asked for the appointment to be re-booked as urgent.

On 30 May, the man wrote to the Head of Healthcare at Littlehey to say that he had been in constant pain for over a month and that further medical examination should take place. He was subsequently seen in healthcare by the Head of Healthcare on 5 June, and reassured that an appointment had been received for a scan. The man was reviewed by the prison GP on the following day, and was prescribed co-codomol as pain relief because ibuprofen was no longer effective.

On 7 June, the man lost consciousness on the wing and collapsed. Healthcare staff were called, and a nurse attended. The nurse recorded that the man was conscious on her arrival and was experiencing no difficulty breathing. The man complained of a pain in the neck area. His blood pressure was high (184/115). An ambulance crew attended, and the nurse spoke to a doctor. It was jointly decided that the man did not need to go to hospital, and that he should remain in prison for a review the following day.

The man finally attended a local hospital on 13 June for the ultrasound scan. He was reviewed the following day and again on 21 June. On both occasions he said that the pain was ongoing, but that co-codomol helped. On 26 June, however, the man reported that the pain had got worse. On account of his ongoing pain, and as the ultrasound results had not yet been received, the prison GP referred him to the surgical outpatients department at the local hospital on 5 July.

On 10 July, the man was reviewed by a GP in healthcare at Littlehey. He now reported that he had been "gagging" on his food over the weekend, and that he had been bringing up some bile over the last two days. An urgent request was therefore made to the local hospital for the ultrasound results. They were faxed over on 11 July. The results showed a "small renal calculus on the right side". On account of his new presenting symptoms, and following receipt of the ultrasound results, the man was immediately referred and admitted to the hospital.

The man remained as an inpatient at the hospital until 4 August. He underwent a CT scan on 17 July, the results of which showed "widespread liver metastases most probably from a colonic primary". As a result, the man underwent a colonoscopy (an internal examination of the colon) on 20 July, the results of which were normal.

A gastroscopy (an internal examination of the upper digestive tract) on 25 July showed a "malignant appearing lesion in the oesophagus, extending into the stomach". The conclusion drawn by the Specialist Registrar was that the man appeared to have "oesophago-gastric carcinoma with extensive liver metastases" (cancer of the oesophagus which has spread to the liver). The Specialist Registrar's estimated prognosis, in a letter faxed to Littlehey on 28 July, was that the man had between four weeks and four months to live.

Following receipt of this fax, an application for early release on compassionate grounds was initiated. Section four of the form, regarding the man's medical condition, was completed by a member of the Palliative Care team at the local hospital, and was based on the Specialist Registrar's diagnosis and prognosis. Section five, regarding resettlement and the risk of reoffending, was completed by the Probation Officer at Littlehey. The Probation Officer noted that the man had a long history of offending and that he denied the current offence. He concluded that the man would re-offend were he given the opportunity. The application was not therefore taken any further.

On 2 August, the man was commenced on a pain relieving syringe driver (a plastic syringe that delivers small amounts of a drug continuously through a battery operated pump) so that more effective pain relief could be offered to him. On the same day it was agreed with the Head of Healthcare at HMP Norwich to transfer him there. Norwich has an elderly prisoner unit (L-wing) that can provide specialist care for older and seriously ill patients. The man also had a number of friends in the Norwich area, which would make maintaining social ties easier.

The man transferred to Norwich on 4 August. On 8 August, the Head of Healthcare, along with a locum GP and the Clinical Manager, discussed his diagnosis and the prognosis with him. The Head of Healthcare noted in his medical record that the man understood his diagnosis and that chemotherapy would not help him. She also

noted that his condition had deteriorated in the last few days. Resuscitation was discussed with the man and he agreed that, in the event of cardiac arrest, he did not wish to be resuscitated. The appropriate forms were signed and completed. The man also expressed the wish to see his friends (including his nominated next of kin), and it was agreed that they would be allowed to visit him in Healthcare.

A referral to the Central Norfolk Specialist Palliative Care Service was made on 8 August. The man was visited on 10 August by a Consultant in Palliative Medicine from a local palliative care centre. The Consultant assessed the man and reviewed his care plan. The man was visited by members of the MacMillan team at the local palliative care centre around every three days until 25 August.

On 25 August, the man was admitted to a hospital in the city. This followed a period of around one week in which he had been vomiting and suffering from dehydration. The man was accompanied by two officers. He was cuffed to one of these officers by means of an escort chain at all times, following a security risk assessment.

Over the following days the man's pain increased and, on 31 August, he was transferred to the local palliative care centre for terminal care. The security arrangements were reviewed and a decision was made by the governing Governor and Security Manager to continue with the escort chain.

The man continued to deteriorate following his arrival at the palliative care centre, and he was in a lot of pain. Following his visit on 5 September, the governing Governor gave the order for the removal of restraints, with the condition that they be re-applied if the man were to leave the room. Two officers remained on escort duty.

The man was visited regularly by friends during this time. His ex-wife was also a regular visitor, as was the Head of Healthcare. Sadly, his health continued to deteriorate and, by 11 September, his breathing had become laboured. The man died peacefully at 6.45pm on 14 September, with friends and his ex-wife at his side. The cause of death was recorded as metastatic oesophagael cancer.

The man was cremated on 29 September, following a service conducted by a Salvation Army Minister. The service was attended by the Head of Healthcare and chaplaincy staff, and all of the costs were met by the prison.

ISSUES

The clinical review, conducted by the Norfolk Primary Care Trust, concludes that "the man's treatment and continuing care needs were met at all stages by the healthcare teams in Norwich prison and Specialist Palliative Care Services." The clinical reviewer goes on to note that the man's choice of his preferred place of care, the local palliative care centre, was respected. She records this as an example of good practice.

The clinical reviewer also considers the timeliness of the man's hospital appointments whilst at Littlehey. The prison GP first referred him for an ultrasound on 28 April 2006. This referral was escalated to "urgent" on 23 May when it became clear that no ultrasound had yet taken place. An appointment was subsequently received for 7 June. The appointment was then rearranged for 13 June, the reasons for which are unclear. The clinical reviewer therefore makes the following recommendation:

The Head of Healthcare at Littlehey should ensure that, where there is a need to prioritise a prisoner's external hospital appointments, clear protocols are in place to ensure they are prioritised effectively with the rationale documented.

The results of the ultrasound taken on 13 June were not received in the prison until 11 July. The clinical reviewer notes that the results of the ultrasound "did not indicate any problems with the liver or other sites where the cancer was later found". Whilst acknowledging that the delay "would not have changed the outcome for the man", the clinical reviewer considers that the results "should have been sent to the Prison GP service in a timelier manner". I agree.

The Head of Healthcare at Littlehey should discuss the establishment of formal procedures with the local hospital to ensure that notification of the results of investigations is received in a timely manner.

RECOMMENDATIONS

The Head of Healthcare at Littlehey should ensure that, where there is a need to prioritise a prisoner's external hospital appointments, clear protocols are in place to ensure they are prioritised effectively with the rationale documented.

Accepted – the Clinical Nurse Manager will develop a formalised policy for the prioritisation of outpatient appointments.

The Head of Healthcare at Littlehey should discuss the establishment of formal procedures with the local hospital to ensure that notification of the results of investigations is received in a timely manner.

Accepted – the Head of Healthcare will discuss the process of receiving results following investigations/appointments with Cambridgeshire PCT.

GOOD PRACTICE

The man's choice on his preferred place of care was respected. The prison, Healthcare team and local palliative care centre worked collaboratively to respect his wishes, meet his care needs and allow him to die with dignity.

An award (Governor's Commendation) will be made, by HMP & YOI Norwich, in recognition of the care and professionalism shown by staff at the local palliative care centre.

An award (Governor's Commendation) will be made in recognition of the care and professionalism shown by Health Care Staff from HMP & YOI Norwich.

Head of Personnel to organise commendations.

The Head of Healthcare at Norwich regularly visited the man at the local palliative care centre in the final days of his illness.

1. An award (Governor's Commendation) will be made in recognition of the care and professionalism shown by the Healthcare Manager from HMP & YOI Norwich.