

**Investigation into the circumstances surrounding the
death of a prisoner at HMP Wandsworth, who died at a
hospice, in March 2007**

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

October 2007

This is a report into the death of a 48 year old prisoner at HMP Wandsworth. He died of lung cancer at a hospice, in March 2007.

I would like to offer my sincere condolences to the man's family and friends for their sad loss.

My colleague conducted the investigation. I am grateful to the Governor of Wandsworth, and the prison's liaison officer, for their assistance and co-operation. I am also grateful to Wandsworth Primary Care Trust, for providing the clinical review into the man's care and treatment whilst in custody.

On 1 August 2005, the man had a routine chest x-ray conducted by St George's Hospital to screen for tuberculosis. A shadow was discovered on his lung. This was initially thought to be tuberculosis, but this was ruled out following a series of tests. On the advice of specialists at St George's, the man underwent a biopsy of his lung and squamous cell carcinoma (lung cancer) was diagnosed. He received palliative care at Wandsworth, but in the later stages of his illness, he was transferred to the hospice.

I make three recommendations. I was particularly disappointed by some aspects of the prisons family liaison following the death. However, I have also identified two areas of good practice, notably the prompt action of staff in facilitating a visit by his brother just before he died.

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Prisons and Probation Ombudsman

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SUMMARY

The man was remanded into custody in 1999. Apart from a brief stay at HMP Elmley, he served his subsequent sentence at HMP Wandsworth located in the Onslow Centre, a unit for vulnerable prisoners. Prior to 2005, his only medical concern was migraine, which was treated by the prison healthcare team.

In August 2005, he attended a routine chest x-ray at a mobile clinic from St George's Hospital, stationed within the prison. The results indicated a shadow on his lung. However, these findings were not immediately made available to the prison healthcare team and this led to a slight delay in the start of his initial treatment.

He was first treated for suspected tuberculosis (TB). This included a brief spell in the healthcare centre. Following further x-rays carried out at St George's Hospital, a referral was made to a specialist. Due to an administrative error, there was a delay in arranging this appointment. Further tests, including a bronchoscopy, confirmed that he in fact had squamous cell carcinoma (lung cancer).

The man underwent chemotherapy in an attempt to reduce the cancer and make it operable. This failed, so he then had a course of radiotherapy to slow down the progress of the disease. When he had completed radiotherapy and began to be treated symptomatically, a comprehensive care plan was put in place. The healthcare team in conjunction with hospice staff managed this.

On 10 February 2007, he was transferred to the hospice. During this time, he was escorted by two officers but no restraints were used. The man's family visited daily and he had access to the day room and grounds to spend time with them.

The man's brother, arrived at Wandsworth three weeks before he was admitted to the hospice. His brother is a prisoner at HMP Albany. He had applied for accumulated visits to enable a temporary move to be closer to his brother and the rest of his family. At the request of the man's family, the prison arranged for the brother to visit under escort the day before his death. This meant a great deal to the family.

My investigation found that the prison was not at fault for the delays that had occurred in the man's treatment. However, there is a need for better procedures to monitor outstanding test results from external healthcare providers.

THE INVESTIGATION PROCESS

One of my investigators conducted the investigation on my behalf. After the man's death, he spoke to the appointed liaison officer at Wandsworth. The Governor and the appointed liaison officer produced the man's prison records, including his medical, for examination. Notices were issued to staff and prisoners to inform them of the investigation process and to give them the opportunity to speak with my investigator. No responses were received.

I commissioned Wandsworth Primary Care Trust to conduct a clinical review into the care and treatment of the man whilst at Wandsworth in accordance with any Terms of Reference. An appointed doctor conducted the review, which is attached in full to this report as an annex.

One of my Family Liaison Officers contacted the man's sister. The family declined the offer of a meeting. However, they raised a number of concerns which I have attempted to address in my report. They also mentioned aspects of the man's care that they considered very good.

The investigator wrote to Her Majesty's Coroner to inform them of the nature and scope of the investigation. A copy of the report will be sent to the Coroner to assist with their enquiries.

Following comments by the Prison Service on the first draft of this report, I have made a number of amendments to correct factual inaccuracies and to reflect further information about the man's care and treatment.

HMP WANDSWORTH

Wandsworth is a large category B local and remand prison in South West London, built in 1851. With an operational capacity for 1,416 prisoners, it is the largest prison in the United Kingdom and one of the largest in Western Europe. Although the residential areas remain in the original buildings, there has been extensive refurbishment and modernisation of the wings.

Her Majesty's Chief Inspector of Prisons, Ms Anne Owers, conducted a follow-up inspection of Wandsworth in 2006. She noted that it was an improving prison, but with a significant way to go. The man was a resident in the Onslow Centre, a unit of three wings that holds about 321 vulnerable prisoners. (Vulnerable prisoners are those identified as needing protection from mainstream prisoners. This is often due to the nature of their offence or their risk of being bullied.) During the inspection, the Centre was found to have good staff-prisoner relationships, with 75 per cent of prisoners in the unit saying that most staff treated them with respect.

The local area Primary Care Trust (PCT) took responsibility for the provision of healthcare at Wandsworth from April 2005. All staff working in Wandsworth healthcare are clinically qualified. A full-time doctor is available each weekday and cover is provided during the evening and weekends by two General Practitioners commissioned by the PCT. Prisoners submit an application form to see a doctor, and the waiting time varies between two to ten days, dependent on the urgency of the request.

KEY FINDINGS

Events leading up to the man's death.

The man entered prison in November 1999, when he was remanded into custody and sent to HMP Belmarsh. During the initial health screen, it was noted that he suffered from migraines and these were treated appropriately with medication. The man was sentenced to 12 years imprisonment later that month. Following his conviction, he was transferred to HMP Wandsworth, where he remained apart from a brief period at HMP Elmley. He lived in the Onslow Centre. The centre houses prisoners that are considered to be vulnerable. This can be due to the nature of a prisoner's offence, or because they find it difficult to cope with the normal prison environment. He remained there until his transfer to a hospice in February 2007.

During the first week of August 2005, the man attended a mobile chest-screening clinic. This was conducted by tuberculosis (TB) nurses from St George's Hospital, London, as part of a pan-London screening initiative organised by University College Hospitals, in association with London prisons. The screen highlighted a shadow on the man's lung, but this was not communicated to the prison until September 2005.

On receipt of the initial x-ray results, the man underwent a further series of x-rays. On the advice of St George's Hospital, he spent a period in the healthcare centre from 7 October as a precautionary measure in the event of TB. He returned to the Onslow Centre on 3 November.

A referral was made to a specialist at St George's Hospital for further tests. Owing to an administrative error, there was a delay of a week in arranging the appointment. He was finally seen at St George's on 26 October. The x-rays confirmed the shadow on his lung and further tests were carried out to eliminate TB. A bronchoscopy confirmed the presence of squamous cell carcinoma (lung cancer).

In December 2005, the man began a course of chemotherapy in an attempt to reduce the size of the tumour and make it operable. After four cycles of treatment that finished on 27 February 2006, it was found that the treatment had been unsuccessful in reducing the disease. On 3 April, he was prescribed twelve cycles of high-dose palliative radiotherapy in a further attempt to slow down the disease.

While undergoing his treatment, he remained on the Onslow Centre at his own request. He was reassured by staff that he would not be moved to the healthcare centre against his wishes. Staff supported him and he had daily access to his medication without the need to leave the unit.

On 26 January 2007, the man was seen by a Consultant Medical Oncologist who confirmed that all chemotherapy treatment would cease and that he would be treated "symptomatically". (This meant that his symptoms, rather than the disease itself, would be treated.) The prison healthcare team, staff from the hospice and Onslow Centre staff put in place a comprehensive care plan to ensure that his needs would be fully met on the unit. The care plan covered all areas, including monitoring his ability to attend to his personal hygiene, as well as his intake of food. By this stage, a nutritional supplement had been prescribed as he was experiencing a lack of

appetite. The care plan also monitored the man's medication and staff would be alerted if he failed to collect it.

A doctor from the A hospice visited the man at the beginning of February to review his situation and level of care. It was noted in the care plan that he was content with the existing arrangements with his medication and was sleeping well. During this period, the man remained mobile with the use of a wheelchair, which had been supplied by his family. He also had use of a walking stick and a "Zimmer" frame. He was sleeping well with the use of sedation. Staff noted in the care plan that the man remained mobile and where necessary was pushed in his wheelchair by other prisoners or his brother. They also recorded that his levels of personal hygiene remained good.

In February, the man's brother arrived at Wandsworth. The brother is a serving prisoner at another prison. The man had asked to see his brother and the Offender Management Unit at Wandsworth completed the relevant administrative steps to secure his temporary transfer. Upon his arrival at Wandsworth, the man's brother also lived in the Onslow Centre.

On a particular day in February, he asked staff to contact a doctor as he was experiencing increased pain and discomfort. The following day, he was transferred from Wandsworth to the hospice.

The man's family were notified of his transfer. Throughout his stay they visited daily, usually for between four to six hours. At no time were restraints used, and he and his family had access to all areas of the hospice including the grounds. This afforded the man a degree of dignity, despite being escorted by two officers.

The man continued to receive daily visits and remained mobile, which enabled him to visit the grounds and day room with his visitors. He also conversed with the escorting staff. While staying at the hospice, he received a telephone call from his brother and spent some time speaking with him. During his period at the hospice, the man attended a number of hospital appointments for ultrasound and these were also facilitated without the use of restraints.

In March, the man became increasingly agitated and doctors told the escorting staff that this was due to the deterioration in his condition. Nursing staff were concerned that he would become violent in his current state and enquired as to the remit of the escorting staff if this became the case. Prison managers informed escorting officers that under no circumstances should they restrain him. His immediate family were contacted by other family members to inform them of the deterioration in his condition.

The next day, the man's sister and daughter asked that his brother be allowed to visit before he died. That afternoon, his brother was escorted to the hospice. The man's family expressed their gratitude to the prison for arranging this visit.

On the day the man died, the escort staff were told by a nurse that he had passed away in his sleep at approximately 2.40am. Escorting staff reported this to the

prison and the nursing sister at the hospice contacted his family to let them know of his death.

CLINICAL REVIEW

The clinical review conducted by the appointed doctor concluded that the man had a cancer, which, on diagnosis, had already spread widely. As a consequence, active treatment was unlikely to have been successful.

The doctor found nothing in the medical records of particular concern. There may have been some delay in the initial stages when the man had his screening x-rays. However, this appeared to have been the responsibility of the screening service rather than the prison health partnership.

The doctor judged that the man's case was adequately managed, and his subsequent care was appropriate to meet his needs.

ISSUES CONSIDERED

Care at Wandsworth and delay in treatment

It emerged from the investigation that there had been a gap in the period between the man's initial chest screening on 5 August 2005, Wandsworth being notified of the results and the commencement of any follow up treatment. He was concerned about this delay and instructed his solicitors to look into the reasons. The Clinical Reviewer, also looked into this. He found that there may have been some delay in the initial stages which seemed to be attributable to the screening service, rather than to the prison healthcare team. Nevertheless, the investigator was told that the Prison Service had acknowledged the concerns that the man had raised and settled out of court. These delays are clearly of concern.

In order to assist external healthcare providers to make timely clinical interventions and provide continuity of care, Wandsworth should consider introducing procedures to check the progress of overdue test results.

When the man's treatment became symptomatic, the Prison and the hospice formulated a comprehensive care plan that ensured he was cared for and systems were in place to monitor his well-being. I consider this partnership working to be an example of good practice.

The comprehensive care plan that was drawn up by all the relevant parties involved in the man's care should be highlighted as good practice.

Transfer and collaborative care with the hospice

When the man was transferred to the hospice, he was escorted by two officers. I am pleased that at no time were restraints used. He was allowed to have access to all areas of the hospice, including the garden, and this gave him a degree of dignity.

Family

The transfer of the man's brother from his prison to Wandsworth was entirely appropriate and compassionate. Similarly, following the family's request for him to be allowed to visit the hospice, Wandsworth arranged for an escort the same day. This quick action enabled him to say goodbye and spend time with his brother in the final stages of his life. The prison also offered the man's brother the opportunity to attend the funeral but he declined this offer.

The Governor and his staff should be acknowledged for their sensitive and quick response in facilitating the visit by the man's brother. Other aspects of family liaison were managed less well.

Following the man's death, Wandsworth dealt primarily with his brother who remained resident in Wandsworth. It seems they expected him to pass on information to the remainder of the family. As a consequence, the other members of the family had little contact with the prison and felt forgotten. Wandsworth was fully aware that the man's sister was the contact point, but explained that they had found difficulty in contacting her as she had failed to respond to telephone messages. No attempt was made to contact her by correspondence.

The man's property was returned sometime during the week beginning 2 April. His family subsequently expressed concern that all his property had not been returned, but there are insufficient records to resolve this point. Again, the confusion may have arisen as a result of Wandsworth dealing with the man's brother, rather than the other members of his family.

The family does not seem to have been made aware of a named prison Family Liaison Officer (FLO) as required under Prison Service Order (PSO) 2710.

The family was not offered any financial assistance for funeral expenses. Once more, this is a requirement of PSO 2710 and both of these matters could have been explained by letter.

Following a death in custody, Wandsworth should ensure, where appropriate, that regular contact is made with the nominated family contact and they are informed of the named FLO. In the event that telephone contact is fruitless, essential information should be communicated by correspondence, which should be documented and recorded.

When a prisoner is transferred to a hospice due to a terminal illness. Wandsworth may want to consider appointing an FLO at an early stage. This would enable the family to discuss any concerns and avoid later confusion.

RECOMMENDATIONS

- 1. In order to assist external healthcare providers to make timely clinical interventions and provide continuity of care, Wandsworth should consider introducing procedures to check the progress of overdue test results.**
- 2. Following a death in custody, Wandsworth should ensure, where appropriate, that regular contact is made with the nominated family contact and they are informed of the named FLO. In the event that telephone contact is fruitless, essential information should be communicated by correspondence, which should be documented and recorded.**
- 3. When a prisoner is transferred to a hospice due to a terminal illness, Wandsworth may want to consider appointing an FLO at an early stage. This would enable the family to discuss any concerns and avoid later confusion.**

GOOD PRACTICE

- 1. The comprehensive care plan that was drawn up by all the relevant parties involved in the man's care should be highlighted as good practice.**
- 2. The Governor and his staff should be acknowledged for their sensitive and quick response in facilitating the visit by the man's brother.**

