

**Investigation into the circumstances surrounding the
death of a man a prisoner at
HMP Doncaster, in June 2008**

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

March 2009

This is a report into the death of a man at Doncaster Royal Infirmary on 16 June 2008. The man, a prisoner at HMP Doncaster, died from natural causes. He was 49 years old.

I offer my sincere condolences to the man's family and friends for their loss. My Senior Family Liaison Officer, liaised with the man's sisters during the investigation.

I must thank Doncaster PCT for the appointment of the two clinical reviewers. I am also grateful to the Director and staff of HMP Doncaster, especially one male, whose assistance was a great support to my investigator.

As the man died from natural causes, the findings of the clinical review play a critical part in my report. The review shows that the man received generally good care whilst in Doncaster, although there were some shortcomings that should be addressed.

I make five recommendations concerning record keeping, care plans, communication with the local hospital, and to commend two members of staff.

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CONTENTS

Summary	4
The Investigation Process	6
HMP Doncaster	7
Key Findings	9
Issues	16
Recommendations	19

SUMMARY

At the time of his death, the man was 49 years old and serving a 56 day sentence at HMP Doncaster. He had arrived at Doncaster on remand on 13 May 2008. On arrival he was assessed as having pain in the head and back of the left ear, and was taking paracetamol and ear drops. He had been seen by the Ear, Nose and Throat (ENT) department at Doncaster Royal Infirmary. Medical records were requested from the hospital by the doctor, the prison's General Practitioner.

The man was initially allocated on a general houseblock, but on 19 May officers expressed concern that he was not coming out of his cell for meals, and about his general feeling of being unwell. The next day the man was assessed by the doctor who immediately referred him to hospital. The man was returned to Doncaster the same day having had x-rays and blood tests, both showing normal results. On his return the man was allocated a cell on the healthcare unit where he remained until transferring to hospital on 16 June.

During his time on the Upper Healthcare unit, the man had daily medical intervention. This involved assessing the man, seeking to address his unwillingness to take food or fluids, and encouraging and assisting in his personal hygiene. The man always took his medication, specifically ear drops and antibiotics.

There were several occasions where the man had nose bleeds. On 31 May, the man was again referred to hospital as a result of two nose bleeds, but returned the same day following assessment. He had an appointment for an ENT assessment scheduled for 7 July.

The man was released from Doncaster on 9 June but returned the next day as a result of a conviction with an eight week sentence. He was screened by reception and taken to Healthcare. Over the next five days the man remained in his cell, and staff had continually to encourage him to eat and drink and attend to his personal hygiene.

At 7.10pm on 16 June 2008, Prison Custody Officer (PCO) one, first checked on the man and found him on the floor. PCO one called the first Nurse who immediately responded. She found the man to be conscious but not responding, and he was incontinent. She called for further assistance to assess the man, and the third Nurse came from Middle Healthcare. It was decided that that the man required urgent hospital treatment and a 999 ambulance call was made.

The ambulance arrived at 7.31pm, and the paramedics made an initial assessment that the man had suffered a stroke. The ambulance left the prison at 7.51pm, and the man was taken to Doncaster Royal Infirmary. He was escorted by the second PCO and the third PCO. The man was single cuffed (one cuff was attached to him and the other to an officer), but this was removed immediately once at hospital in line with instructions. The man was

placed on a life support machine following a Computed Tomography (CT) scan (three dimensional x-ray) which showed that he was suffering from a brain abscess.

At 9.30pm, doctors at the hospital confirmed that the man was brain dead. At 11.15pm, the life support was switched off.

The man had not informed Doncaster that he had any next of kin. However, the hospital had found details of a relative in his medical record, and they were contacted by hospital staff at 11.20pm. The man's two sisters were with him at his bedside when he died at 5.25am on 17 June.

Following the man's death, Doncaster acted in accordance with Prison Service Order 2710. A Family Liaison Officer was appointed who assisted the family with arranging the funeral and returning the man's property.

This report includes five recommendations. They mainly derive from the clinical review and concern record keeping, care plans, and communication between HMP Doncaster and the local hospital. Reflecting the views of the man's sisters, I have also commended the actions of two members of staff.

THE INVESTIGATION PROCESS

1. My investigator visited Doncaster and spoke to staff who had had contact with the man. The investigator interviewed six members of staff. Notices were also posted to staff and prisoners about the investigation, inviting contributions. No prisoners came forward as a result. In addition, the investigator studied all relevant prison records relating to the man. These included his main prison record, medical records and statements made by staff. My investigator also visited his cell.
2. Doncaster Primary Care Trust asked two clinical reviewers to carry out a review of the man's clinical care. The investigator and the clinical reviewers jointly discussed aspects of the man's treatment with the healthcare staff at Doncaster.
3. My Senior Family Liaison Officer contacted the man's sisters about the investigation. The man's sisters had no specific matters they wished to be considered by my investigator. However, while they had not seen the man for quite some time, they did express concern over the amount of weight he had lost.

HMP DONCASTER

4. HMP Doncaster opened in 1994 and is a purpose-built category B male prison, privately managed under contract by Serco Home Affairs. The prison is made up of three houseblocks, each with four wings and has a maximum capacity of 1,145 prisoners. Its principal function is as a local prison serving the local courts in Merseyside and North Wales.
5. The provision of healthcare within Doncaster is the responsibility of Serco Healthcare. The prison has a healthcare unit with provision for up to 29 in-patients located on the second floor. The lower level is dedicated to the delivery of primary care services. Resuscitation equipment, including the defibrillator, is kept in the pharmacy room. A local doctor provides on site cover 21 hours a week, and the prison employs two other part-time doctors to provide a 24-hour service. Prisoners with more serious conditions or clinical needs are referred to the local hospital. The mental health in-reach team is from the Doncaster and South Humber Mental Health Trust. It provides a service to a cluster of prisons in the area. There are also three Registered Mental Health Nurses and a support worker based in Doncaster. A clinical psychiatrist and a forensic psychiatrist also attend the prison for regular sessions.
6. An unannounced inspection of HMP Doncaster took place in February 2008. Her Majesty's Chief Inspector of Prisons, found that Doncaster "had generally improved since our last inspection." The report made the following comments about healthcare provision:

"... we had significant concerns about healthcare: there was no needs analysis, governance was weak, access to a GP and the dentist was poor, and medicines management and inpatient services were inadequate.

"Responsibility for the provision of health services had recently been transferred to Serco Health. Many of the recommendations in the area of healthcare had not been achieved, and there had been no progress since the previous inspection. Nursing staff were seen by prisoners and observed by inspectors to be helpful, and there were many good entries in clinical records."

7. The report made the following relevant recommendations:

"All health services staff, including allied health professionals, should have annual resuscitation training, including the use of an automated resuscitation defibrillator.

"All entries in clinical records should be written contemporaneously, timed, dated and signed."

8. The prison's Independent Monitoring Board last produced a report in September 2007. The report made the following relevant comments:

“Although all services are not commissioned by the Local Primary Care Trust, a close liaison is maintained with Partnership Boards and Clinical Governance arrangements/support is in place, which is on going.

“All allied services and consultants have access to dedicated consultation rooms within the Healthcare Centre, and wherever possible services are in place to assess and treat within Healthcare Services. If referrals are requiring NHS facilities, prisoners are assessed and referred by the Medical Officer to the appropriate service and an appointment is facilitated upon receipt.

“Services are constantly being reviewed and client need is an essential part of healthcare delivery.”

9. There have been five deaths from apparently natural causes at Doncaster since May 2007. My investigation reports have included recommendations concerning the standard of medical record keeping, and communication with external services.

KEY FINDINGS

10. The man was born in November 1958. He was single and declared to prison staff that he had no family. In fact, he had a son and two sisters. He was homeless but lived in and around the Doncaster area. The man had a medical history of headaches and impetigo (skin sores).
11. The man was remanded into HMP Hull on 24 March 2008. Upon his arrival he underwent a reception health screen (a routine health assessment for all new arrivals into prison). At this assessment the man said that he did smoke but did not use drugs or alcohol and had no allergies. The man also said that he was not taking any medication, but his throat became swollen on occasions when he was breathless. In addition, he said he sometimes had ear wax and deafness but otherwise was physically fit. He was not registered with a General Practitioner.
12. The next day the man was sentenced to 28 days in prison and was transferred to HMP Doncaster following his court appearance. Another first reception health screen was undertaken where no health issues were identified. The man said he had no fixed abode, and no next of kin.
13. On 4 April, the man was released from prison, but returned to Doncaster on remand less than a week later. Again a first reception health screen was undertaken. The man repeated that he had no fixed abode. He said that he occasionally experienced chest pain. There were no other issues raised as a result of the assessment, and no referral was made to the prison doctor. The man signed the consent for medical information form (authorisation from patient giving permission for outside medical information to be provided to the prison).
14. Three days later the man had a Wellman screening (a check on his current state of health and advice on reducing the risk of future illness). He told the nurse he was a smoker, but had no alcohol or drug issues. He was not taking any medication and had no known allergies. He again said he had no next of kin.
15. The man was sentenced to another 28 days in custody on 24 April. However, he was immediately released, presumably due to the time that he had already served on remand.
16. On 13 May, the man was remanded to Doncaster once more. Again a first reception health screen assessment was undertaken. The man said that he had recently been seen at the Doncaster Royal Infirmary for pain to the back of his head and left ear. As a result he had been prescribed ear drops and paracetamol.
17. The next day the man was assessed by the prison doctor, who found that the man had a pus discharge from his left ear. The Doctor identified no other physical or mental health problems. He prescribed Otomise spray

(for pain relief of outer ear infections) for the man's ear, and Amoxicillin (an antibiotic) and paracetamol.

18. Five days later the man was seen on his houseblock during medication rounds. Officers had expressed concern about him not coming out of his cell for meals. When asked why, he said that he did not feel like eating and that he was unwell. He was referred to be seen by the prison doctor.
19. On 20 May, the man was seen by another prison doctor. The doctor's examination highlighted that the man was apathetic and dehydrated. The man was sent to the Emergency Department at Doncaster Royal Infirmary at 12.15pm with a letter from the other prison doctor stating his presenting symptoms and current medication. The man returned from hospital at 3.30pm the same day and was admitted to healthcare. The results of the x-rays and blood tests conducted at the hospital were normal.
20. The man began a three day assessment. The initial assessment, conducted by a Nurse, recorded that the man was difficult to communicate with and remained in bed all of the time. He needed encouragement to eat, drink and attend to his personal hygiene.
21. The next day the man was reviewed by the doctor at 8.40am. The man complained of a headache and sore right eye. The doctor assessed the man as having an infection in his right upper eye lid and impetigo (skin sores) on his lower lip and chin, with his chest being clear. The doctor placed the man on antibiotics to include Flucloxacillin (for treatment of impetigo). He requested that the man be reviewed every six hours and for staff to ensure intake of fluids, specifically Fortisip (a nutritional drink).
22. At 11.20am the man was seen by the Nurse during the medication round. When asked why he had not eaten the man said that he could not swallow. He was offered drinks which he accepted. He was asked to provide a urine sample but said that he could not. A Nurse recorded that the prison custody officers had been asked to complete the fluid input and output chart and to encourage the man to take fluids. The Nurse took and recorded the man's blood pressure as 120/82 and temperature as 36.7C, and gave him Flucloxacillin and Fortisip in accordance with the doctor's instructions. The Nurse recorded that the man looked generally unwell and was not getting out of bed.
23. During the afternoon the man was seen again by the Nurse. He was still unable to give a urine sample and refused to eat food and the Fortisip drink. He did take his medication with 100ml of water, and his blood pressure was recorded as 117/82 and his temperature as 37C. The Nurse encouraged him to eat and drink, and ordered soup from the main kitchen for the man.
24. At some point during 21 May, the man was seen by another Nurse from the Mental Health Team. The exact time was not recorded and a retrospective entry was made in the man's medical record which noted

that he was reluctant to engage and simply wanted to sleep. He was evasive and had pieces of paper in his ears. When questioned why, the man would not respond.

25. Later that evening the man was seen by the Nurse. The man had taken his medication with 150ml of water. He refused more water but did have the Fortisip drink and some yoghurt. The Nurse took the man's blood pressure and temperature which were both within normal range.
26. The following day an overall summary of the man's three day assessment was completed by a Nurse. It recorded that the man was accepting no food and little fluid, had no motivation and was low in mood. The first nurse recommended that the man should be admitted to Upper Healthcare for a longer period of assessment and to have a psychiatric assessment. In addition, the monitoring of the man's food and fluid intake, and of his weight, was recommended. The man was the sole occupant of a cell with twin beds, which was within a very short distance of all facilities.
27. At 4.35pm on 23 May, the man was reviewed by a third Doctor at the request of the first doctor. The third doctor recorded that the man still had discharge from his left ear and that he was in pain. The third doctor prescribed Sofradex ear drops (for outer ear infection). In addition, the third doctor noted that the man was eating very little and requested that his weight be monitored.
28. Later the same afternoon a Nurse contacted Doncaster Royal Infirmary. This was to obtain a faxed report of the blood tests and x-rays taken on the man's admission to the Emergency Department on 20 May. During the same evening, in accordance with the fourth doctor's instructions, the sixth nurse recorded the man's weight as 65kg.
29. On the morning of Saturday 24 May, the first main doctor conducted a review of the man's care in his cell on Upper Healthcare. The doctor found him curled up in a ball, clutching his left ear which was discharging. The doctor noted that the man's condition had deteriorated and that he had not taken fluids for 24 hours. The doctor referred the man to Doncaster Royal Infirmary for assessment. He sent a handwritten letter with the man to the hospital detailing his condition and fluid intake.
30. At 12.00 noon, the man was transferred by ambulance to Doncaster Royal Infirmary. At 3.45pm the man returned to Doncaster from hospital. He had been prescribed Sofradex ear drops and Amoxicillin antibiotics for his ear infection.
31. The following morning at 9.15am, the doctor conducted a review of the man's care. The doctor again found him lying on his bed curled up with his hand over his left ear and temple. The doctor observed that discharge was still apparent from his ear. As well as continuing with the Sofradex and Amoxicillin, the doctor prescribed paracetamol and Tramadol (for treatment of moderate to severe pain).

32. The next day at 9.40am, the doctor saw the man again. He noted that the man was a little better. The doctor was of the opinion that the man might require an Ear, Nose and Throat Outpatients appointment. Later the same afternoon the sixth Nurse saw the man and recorded that he had slept all day, had to be encouraged to take fluids, and continued to decline food. However, he did take his medication.
33. During the following day the sixth nurse made two entries in the man's records. The first, an un-timed entry, says that the man's weight was 65kg (the same as 23 May). The second, at 3.30pm, says that the man still had to be encouraged to take fluids, and that he was still refusing food.
34. During Wednesday 28 May, the man was seen by another nurse from the Mental Health Team. It was noted that he was reluctant to get up or open his eyes, and was evasive when questioned.
35. Later the same day a seventh Nurse was called to Upper Healthcare to attend to the man who appeared to have had a nosebleed. His nose had by then stopped bleeding. His blood pressure was taken and he was helped by staff to shower.
36. At 6.40pm an entry by the first Nurse noted that the man had remained in his bed all day. He had had a nose bleed in the morning and another at lunchtime (no other details were given) and had been assisted in having a shower and changing his clothes. The man had pressure areas on each side of his hip. He continued to refuse to eat and only drank fluids when encouraged.
37. On Thursday 29 May, the man was due to attend Doncaster Magistrates Court but was assessed as unfit to attend. It was arranged that he could appear at court via video link, but the second Nurse noted that the man only attended the video link following encouragement. During the hearing he appeared uninterested and gave little acknowledgment when addressed by the court. On being sentenced to 56 days custody the man said, "At least I'll have a roof over my head." Following his court hearing the man returned to his cell on Upper Healthcare.
38. The next day the man attended a hospital appointment (the nature of the appointment is not in the record). The second nurse made an un-timed entry in the record that the man was to continue with the ear drops for a further week, and that staff were to ensure that his ear remained dry with no use of water. The man was also to be discouraged from poking his ears. A further appointment at the hospital was to be made in two weeks time.
39. On Saturday 31 May at 5.45am, a nurse examined the man as he had a nose bleed. There was blood on the floor and around the room, as well as on the man's face and hands. The man told a nurse that he had always suffered from nose bleeds. He was assisted with his personal hygiene

and his blood pressure was taken and recorded as 137/99. He was also given clean bedding.

40. At 9.10am, another doctor examined the man who was again found lying in his bed in a pool of blood. The doctor found him to be conscious but not responsive. The man had no signs of discharge from his ears and there were no obvious signs of head injury. The man's blood pressure was taken and recorded as 120/79. The doctor referred the man to the Doncaster Royal Infirmary and wrote outlining his recent medical history.
41. During the same afternoon a nurse contacted Doncaster Royal Infirmary for an update on the man. The hospital reported that there had been no active bleeding from his nose and the man was being discharged with a referral for an Ear, Nose, and Throat clinic appointment. At 2.00pm the man arrived back at Doncaster from hospital.
42. On Sunday 1 June, the man was seen in his cell by another doctor. He was responsive and the man said that he had drunk a cup of tea earlier and would eat something later. That doctor requested that his food and fluid intake be monitored. Later the same evening the sixth nurse recorded that the man had to share a cell and he was not happy about that.
43. The next day the first nurse recorded an entry at 6.30pm. This stated that the man had minimal dietary intake and remained lying on his bed for the biggest part of the day. The man was also seen by the local authority housing officer regarding accommodation after his release, but he refused to speak with her.
44. The man had another nose bleed the next morning. He was assisted in having a shower. It was noted that his ear was improving and that he had eaten all his lunch. The man was found to have two pressure sores on his hips and these were dressed
45. In the evening of the following day, the first nurse recorded that the man was feeling much better and that his ear had improved. He had taken more food but needed to be encouraged to attend to his personal hygiene.
46. On Thursday 5 June, the man was seen by a visiting psychiatrist. The psychiatrist recorded that he had seen the man in his cell and that he seemed disoriented as to where he was but not as to the time. It was noted that he was due for release in the immediate future and that a referral to Social Services was required. The man was seen later in the day by the sixth nurse who recorded there was no evidence of pressure sores. The man had eaten a small amount of food but had remained in his bed all day.
47. The next day the sixth nurse recorded that the man had to be prompted to attend to his personal hygiene. He had eaten and drunk sufficient

amounts throughout the day. However, he still remained in bed for most of the time.

48. On 7 June, the first nurse recorded that the man ate and drank throughout the day and his ear infection had improved. He told the first nurse that he felt much better. The following evening the man was more settled and his ear infection had cleared.
49. The man was released from Doncaster on Monday 9 June 2008. However, on Tuesday 10 June he was sentenced to eight weeks in custody by Doncaster Magistrates and returned to the prison. Following initial assessment in reception the man was taken to Upper Healthcare. The sixth nurse saw the man and referred him to be seen by the doctor the following day.
50. The next morning the man was seen by the doctor. The doctor's assessment of the man was that his presenting condition did not necessitate location in Healthcare. However, the first nurse was aware that if the man was sent to a normal houseblock he would quickly be returned to Healthcare. Therefore the decision was taken to allow the man to remain on Upper Healthcare for a short period to allow him to be fit enough for allocation to a normal houseblock.
51. Over the next four days the man remained in his cell all day. He had no interaction with other prisoners. He refused food and drink despite persistent encouragement from staff. He also needed to be encouraged to fulfil all his basic personal hygiene needs.
52. On Monday 16 June, the man was seen in the morning by the local authority housing officer but again he refused to engage. The first nurse recorded this along with the detail that the man had only taken fluids. The first nurse referred the man for a review with the doctor the next day.
53. At approximately 7.10pm, the first Prison Custody Officer (PCO) was escorting the nurse dispensing medication on Upper Healthcare when he went into the man's cell. The first PCO found the man on the floor and there was a strong odour emanating from within the cell. The PCO called for assistance from the first nurse who was very close by. The first nurse was able to assess that the man was conscious but incontinent of faeces. The second nurse also arrived to provide assistance. The first nurse requested the assistance of a Registered General Nurse from Middle Healthcare to assist with the man's assessment. This was done by telephoning Middle Healthcare. The third nurse quickly arrived and, due to the man's position in the cell, it was decided to move him so that a full assessment could take place. The two nurses along with the PCO moved the man from the floor to a chair. After assessing the man, the decision was taken to make a 999 call for an ambulance. The first nurse contacted the gatehouse to make the 999 call. She then informed the on call doctor, in line with prison policy.

54. At 7.31pm the ambulance arrived at Doncaster. The paramedics suggested that the man might have suffered a stroke. The man was escorted to hospital by two PCO's. The order was given for him to be restrained using a single restraint, to be removed as required by hospital staff. The ambulance left Doncaster at 7.51pm.
55. On arrival at Doncaster Royal Infirmary, the man was taken straight to resuscitation area and the restraint was removed by the second PCO at approximately 8.00pm. At approximately 8.15pm, the man was taken for a Computed Tomography (CT) scan (three dimensional x-ray). It was discovered that the man had either a tumour or abscess on the brain. At approximately 8.30pm, the man was placed on a life support machine. The escort officers remained in regular contact at 30 minute intervals with Doncaster providing updates on the man's condition. The hospital doctors made the assessment after two hours that the man was brain dead. At around 11.15pm, hospital doctors turned off the life support machine to allow the man to pass away naturally.
56. By 11.20pm, the hospital staff had located details of the man's next of kin from old records and contacted them to inform them of his condition. The man had consistently said to staff at Doncaster that he had no next of kin. At approximately 12.35am on 17 June, the man's two sisters arrived at the hospital. They told the escorting officer that they had not seen their brother for several years. At approximately 1.50am, the man was moved to a side room. The escorting officers showed great sensitivity by allowing the man's sisters to be at his bedside alone. They remained outside the room with a member of the hospital nursing staff. At approximately 5.25am, hospital staff confirmed the man's death.
57. During the day of 17 June, and in line with standard procedure, a debrief was undertaken by senior management at HMP Doncaster. All staff who had been directly involved with the man had support made available to them. The man's fellow prisoners on Upper Healthcare were told of the man's death by nursing staff.
58. Doncaster acted in accordance with Prison Service Order 2710. A Family Liaison Officer was appointed who assisted the family with arranging the funeral and returning the man's property.

ISSUES

Record keeping

59. Whilst at HMP Doncaster the doctors recommended that the man's fluid and dietary intake, weight, and blood pressure be checked and recorded.
60. There was no evidence found within the medical records that a food and fluid intake chart was maintained, and other checks were not consistently recorded.
61. Some of the records do not contain times of actions taken or have illegible signatures. There are specific guidelines for doctors and nurses to complete medical records. It is essential that all contact is recorded accurately and chronologically to ensure there is an accurate and continuous history of a prisoner's needs and treatments.

The Head of Healthcare should ensure all healthcare staff are trained and kept updated in the requirements of accurate and contemporaneous recordkeeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.

The Head of Healthcare should ensure that, when medical interventions are requested or suggested, they are duly undertaken and recorded in the individual's medical record.

Relations with Doncaster Royal Infirmary

62. There were occasions following the man's admission to hospital for assessment when prison healthcare staff did not receive results or the assessments undertaken. This was despite healthcare staff attempting to obtain feedback from Doncaster Royal Infirmary. One reply was received by Doncaster the day after the man's death.
63. Follow up of treatment has been recognised by the prison doctors as an area of concern. Health professionals at Doncaster are presently considering the best method of addressing the problem. This issue was also identified as part of the clinical review.

The Head of Healthcare, in conjunction with the PCT, should engage with the hospital trust to put into place a robust communication strategy in order that HMP Doncaster receives timely hospital assessment information.

Clinical care

64. The first clinical reviewer, has highlighted a number of issues, in addition to those of record keeping and interface between the prison and Doncaster Royal Infirmary. He writes as follows:

“Despite the man continuing to experience ongoing problems and appearing not to respond to the treatment, the same antibiotic continued to be used.

“No Swab results from hospital appointments were available within the prison records.

“The man was prescribed ear drops that appear to have been given for longer than was originally prescribed. Communication around this, following hospital appointments was not clear.

“There is one recorded blood test that was conducted at Doncaster Royal Infirmary but no other blood tests appear to have been requested in relation to the man’s health needs.

“The man appeared to have significant nursing needs but there are very few documents relating to the assessment of these needs and minimal appropriate plans of care.”

65. In relation to the issue of equivalence of care (that is, that prisoner-patients are entitled to the same treatment as someone in the community), the clinical reviewer makes the following comment:

“This gentleman does not appear to have received a standard of care that would have been equitable with that he would have received within a normal primary care setting when care was being provided by a General Practitioner supported by appropriate colleagues within the hospital. Despite regular contact with healthcare professionals, the man continued to experience problems that for a long time did not seem to be responding to the treatments that were provided. The lack of appropriate response to treatment did not prompt changes in the therapeutic approach.”

66. I therefore endorse the following recommendation made by the clinical reviewer:

It is recommended that healthcare staff review their care planning process and documentation to ensure that all patients receive a full assessment with adequately documented plan of care to meet all their needs.

Actions taken by escorting officers

67. In their conversations with my Senior Family Liaison Officer, the man’s family complimented the two escort officers for their professionalism and sensitivity at such a difficult time.

The Director of HMP Doncaster should recognise the two PCOs for their professionalism and sensitivity whilst escorting the man.

RECOMMENDATIONS

1. The Head of Healthcare should ensure all healthcare staff are trained and kept updated in the requirements of accurate and contemporaneous recordkeeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.
2. The Head of Healthcare should ensure that, when medical interventions are requested or suggested, they are duly undertaken and recorded in the individual's medical record.
3. The Head of Healthcare, in conjunction with the PCT, should engage with the hospital trust to put into place a robust communication strategy in order that HMP Doncaster receives timeous hospital assessment information.
4. It is recommended that healthcare staff review their care planning process and documentation to ensure that all patients receive a full assessment with adequately documented plan of care to meet all their needs.
5. The Director of HMP Doncaster should recognise the two PCOs for their professional and sensitive manner whilst escorting the man.