

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in May 2013 at
HMP Whatton**

Our Vision

*'To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision'*

This is the investigation report into the death of a man in May 2013, at HMP Whatton. He had been suffering from cancer. He was 71 years old. I offer my condolences to his family and friends.

A clinical reviewer was appointed to review the man's clinical care. Staff at Whatton cooperated fully with this investigation.

The man was diagnosed with advanced bladder cancer in March 2013. The clinical reviewer notes that a more prompt referral might have led to an earlier diagnosis but does not consider that this would have affected the outcome in his case. Further tests indicated that the cancer was incurable. His treatment options were fully explained to him and appropriate palliative care was arranged. I am satisfied that he was very well looked after at Whatton. He and his family were treated with compassion and he received a standard of care at the prison that was at least equivalent to that he could have expected to receive in the community.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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CONTENTS

Summary

The investigation process

HMP Whatton

Issues

Recommendations

SUMMARY

1. The man was recalled to custody on 14 April 2009 for breach of his licence conditions. He went to HMP Nottingham and on 5 June 2009, he transferred to HMP Whatton.
2. The man saw a prison doctor on 24 December 2012, and reported blood in his urine. He was prescribed antibiotics for a urine infection. On 14 January 2013, there had been no improvement in his condition so the prison doctor made an urgent referral for an assessment by a consultant urologist. An appointment was not received and a second urgent referral for suspected cancer was made on 11 February. On 20 February, he had an ultrasound scan at hospital which showed a mass present in his bladder. A cystoscopy (an examination of the bladder using a camera inserted through the urethra) was performed on 25 February followed by further examination under general anaesthetic on 26 February. These tests indicated that he had cancer, about which he was informed in March. On 26 April, a consultant urologist confirmed that his cancer was incurable.
3. After his diagnosis, the man was monitored by healthcare staff at the prison and a cancer nursing specialist and he received ongoing support and advice about his treatment and care.
4. The man was fully involved in discussions about his end of life care and treatment. On 29 April, he moved to a palliative care cell on A wing. On 10 May, 24 hour care was arranged for him. On 13 May, he was transferred to 'The Retreat', a purpose built palliative care suite in the healthcare centre where he died.
5. Whatton liaised well with the man's family throughout his illness and informed them appropriately of his death.
6. We are satisfied that the care and attention the man received at Whatton was equivalent to that he could have expected to receive in the community and that he was looked after well. Although it does not appear that it would have affected the outcome in his case we make one recommendation to encourage earlier referral to hospital when there are signs of blood in the urine requiring further investigation.

THE INVESTIGATION PROCESS

7. The investigator visited Whatton on 28 May 2013 and met the Governor and obtained copies of all relevant documentation. Notices were issued to staff and prisoners inviting anyone with information to contact the investigator. No one responded.
8. The local PCT appointed a clinical reviewer to review the man's clinical care.
9. The investigator contacted the local Coroner to inform him of the investigation and request a copy of the post-mortem report. A copy of this report has been sent to the Coroner.
10. One of our family liaison officers wrote to the man's family to inform them about the investigation. They did not identify any issues they wished the investigation to take into account.
11. The investigation has assessed the main issues involved in the man's care including his diagnosis and treatment, liaison with his family, his location and security arrangements, whether compassionate release was considered and whether appropriate palliative care was provided.

HMP WHATTON

12. HMP Whatton in Nottinghamshire is a medium security category prison holding up to 841 prisoners. All the prisoners are sex offenders.
13. Healthcare services are commissioned by the NHS and provided by a Foundation Trust. The healthcare centre is open daily from 8.00am to 7.30pm, with a local out of hours service providing cover at night and at weekends. Specialist clinics are provided for older prisoners and those with life long conditions. There are no inpatient beds at Whatton. Prisoners with terminal illnesses are able to spend their last days in a purpose built palliative care suite funded by the King's Fund, known as The Retreat.

HM Inspectorate of Prisons

14. HM Inspectorate of Prisons (HMIP) last inspected Whatton during January and February 2012. The prison was found to be safe and decent. Health services were judged to be generally good with staff who were polite and responsive to prisoners' needs. Primary care was well organised and access to nurse-led, GP and dental services was good. There was a wide range of chronic disease clinics and enablement therapies to meet the needs of the population. Medication administration was found to be compromised by the lack of appropriate supervision of some medication. Palliative care arrangements were described as particularly good.

Independent Monitoring Board

15. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure that prisoners are treated fairly and humanely. In its most recent annual report for the year to May 2012, the IMB reported favourably on healthcare services. The IMB was satisfied that the clinical needs of all the prisoners were met and noted there was a high quality of care for prisoners with terminal illness in the palliative care suite in the healthcare unit.

Previous deaths at Whatton

16. The man's death was the third from natural causes at Whatton since January 2013. The previous two prisoners also died from cancer, but otherwise there were no similar issues.

ISSUES

The diagnosis of the man's terminal illness

17. On 24 December 2012 a prison doctor saw the man, who was passing blood in his urine. The doctor diagnosed a urine infection and prescribed antibiotics. His condition did not improve and on 14 January the doctor made an urgent referral for an assessment by a consultant urologist at the hospital. No appointment was received and a further urgent referral was made on 11 February specifying the NHS target for patients with suspected cancer to be seen within two weeks.
18. On 20 February, the man had an ultrasound scan at hospital which showed a mass in his bladder. A cystoscopy (a procedure in which a camera is inserted through the urethra into the bladder) was performed on 25 February followed by further examination under general anaesthetic on 26 February which indicated that the mass was cancerous. He had a partial resection (removal) of a lesion in his bladder on 27 March. When he returned to Whatton, he confirmed that he had been told at hospital that he had bladder cancer. On 26 April, the consultant urologist confirmed that he had aggressive, widespread and incurable cancer.
19. The clinical reviewer notes that in June 2012, the man had reported urinary symptoms and weight loss which was a possible opportunity for referral at that stage. A urine test at the time revealed pus cells which, combined with the weight loss, he believes should have triggered some further investigation, taking into account the man's age. However, at the next GP review, his weight has started to increase and he said that he felt much better which the clinical reviewer accepts would have reassured the doctor and explained why no further investigations were completed.
20. The clinical reviewer considers that an urgent two week referral for suspected cancer should have been made on 24 December 2012, when the man reported passing frank red blood in his urine (haematuria). There was a further delay as the referral on 14 January 2013 was not followed up until 11 February. He does not consider that these delays made any difference to the outcome for the man, but considers a hospital referral should have been made when he reported haematuria at the end of December. It is important that appropriate referrals are made as early as possible and we make the following recommendation:

The Head of Healthcare should ensure that doctors refer prisoners urgently to hospital when there are concerning signs of haematuria and follow up such referrals appropriately.

Communication with the man about his condition and treatment

21. Hospital and healthcare staff ensured that the man was fully informed at all times about his condition, from the initial diagnosis and throughout his ongoing treatment and care. He was alerted before the formal diagnosis that

the possibility of bladder cancer was being explored and was informed that he has bladder cancer when he was in hospital in March.

22. On 26 April, a consultant urologist informed the man that further tests had shown he had aggressive widespread and incurable cancer. In the days that followed he was reviewed frequently and monitored by prison doctors and nurses.
23. In his report, the clinical reviewer comments:

“A small group of regular GPs attended to [the man’s] care throughout his time at HMP Whatton and they liaised appropriately, keeping contemporaneous notes and making relevant action plans.”
24. We are satisfied the man was kept appropriately informed about his condition and treatment options.

The man’s medical appointments and treatment

25. After being diagnosed with cancer, the man was under the care of the consultant urologist at the hospital. The prison palliative nursing care specialist ensured he received appropriate treatment. After his hospital appointment on 26 April, he had no further hospital treatment but continued to receive treatment from prison doctors and other healthcare staff at the prison. From 10 May individual 24 hour care was arranged for him until he died several days later.
26. The clinical reviewer noted that there were 96 planned appointments recorded in the man’s medical record in the last 12 months of his life, and that in fact there had probably been many more. A care plan for his health and social needs was always in place. He concludes that the standard of the man’s care was comparable to that he would have received in the community.

Restraints, security and bed watch

27. The man was accompanied to his hospital appointments by prison officers. No restraints were used. Whatton also arranged for him to visit his elderly father at home on 7 May, when again no restraints were used as he was accompanied by prison family liaison officers. We consider that this was appropriate and compassionate and allowed him and his family to be treated with dignity and respect.

The man’s pain relief and medication

28. The man was prescribed medication as directed by doctors and a palliative care nursing specialist. The clinical reviewer noted that pain relief and control of his constipation and nausea (side-effects of the pain relief medication) were appropriately managed. He was given a dosette box to help him manage his medication, and healthcare staff checked him regularly to make sure he had

taken his medication. We are satisfied that he was given appropriate pain relief.

Palliative care plans

29. A palliative care plan was put in place on 29 April, shortly after the man's terminal diagnosis. He had regular reviews, including with the specialist palliative care nurse. On 2 May, he agreed that he should not be resuscitated in the event of him becoming unconscious and signed a 'do not resuscitate' medical request form.
30. On 10 May, the man's condition deteriorated and 24 hour care was put in place. On 13 May, he was moved to the palliative care suite in the healthcare centre at Whatton, known as The Retreat. The Liverpool care pathway, aimed at providing the best quality of care for dying patients in the last hours and days of life, was implemented.
31. The clinical reviewer notes that palliative care plans, discussions about resuscitation and an end of life pathway were started at an appropriate stage. We are satisfied that Whatton provided him with a good standard of palliative care at the end of his life.

Liaison with the man's family

32. A family liaison officer was appointed on 29 April, shortly after the man had been diagnosed with terminal cancer. He kept in contact with his brother throughout his time in prison and had kept his brother informed about his diagnosis. Whatton ensured that his brother could visit whenever he wished. On 7 May, the prison's family liaison officer took him to visit his 94 year old father at his home which was a commendably caring act.
33. When the man died, his family were due to visit later that day. In order to ensure that his family (including his elderly father) did not travel unnecessarily, the prison's family liaison officer contacted the man's nephew by telephone to inform him of his death. We agree that this was appropriate in the circumstances. The prison offered an appropriate contribution to the costs of the funeral and arranged a memorial service in the prison which his brother attended. The funeral was held on 30 May 2013.

The man's living arrangements

34. The man wanted to remain on his wing with his friends for as long as possible. Healthcare staff advised him on 29 January that he would benefit from being moved to a specially adapted cell on A Wing and he agreed. He then remained on A wing, where healthcare staff maintained regular contact with him to monitor his condition and health needs
35. When the man's condition deteriorated rapidly on 13 May and it was clear he was coming to the end of his life, he moved to The Retreat. He remained there until he died.

36. We are satisfied that Whatton responded appropriately and sympathetically to the man's wish to continue to live on his wing, where he had the support and company of friends, as long as possible.

Compassionate release

37. Early release on compassionate grounds is a means by which prisoners who are seriously ill can be permanently released from custody before their sentence has expired, subject to fulfilling a range of criteria. On 4 May, the man was asked if he wished to apply for compassionate release but he said he wished to remain at Whatton to receive his end of life care. We are satisfied that Whatton acted appropriately in relation to the consideration of compassionate release.

RECOMMENDATION

The Head of Healthcare should ensure that doctors refer prisoners urgently to hospital when there are concerning signs of haematuria and follow up such referrals appropriately.

The Prison Service accepted the recommendation and made the following comment:

The Head of Healthcare has reviewed procedures and a robust system has been established for the management of referrals. Patients deemed as potentially having an undiagnosed cancer are given a generic "fast track cancer referral" code on SystmOne. The administration team retrieve a report from the system on a weekly basis and check that appointments have been confirmed for the listed patients. If no appointment has been booked then the administration team contacts the relevant department at the hospital and arranges an appointment. GPs review all results and take appropriate action.