A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man in February 2014 while in the custody of 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 February 2014, while in the custody of HMP Whatton. He had been in remission from cancer and his death was caused by a complication of chemotherapy treatment. He was 66 years old. I offer my condolences to his family and friends.

A clinical reviewer was appointed to assess the clinical care the man received at HMP Whatton. The prison cooperated fully with this investigation.

The man was sentenced to nine years in prison in 2008 and had been at Whatton since May 2010. In January 2013, he was diagnosed with Hodgkin lymphoma and had five months of chemotherapy treatment which ended in September. From that point he was considered to be in remission.

In January 2014, the man became increasingly short of breath and was taken to hospital where he was diagnosed with a terminal lung condition caused by the chemotherapy treatment. His health deteriorated quickly and, on 1 February, he was admitted to hospital, where he died the following day.

The clinical reviewer concluded that the standard of care the man received in prison was equal to that he could have expected in the community. I am satisfied that he received appropriate care at the prison and that staff could not have anticipated the late side effect of the chemotherapy treatment.

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 **August 2014**

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SUMMARY

1. The man was serving a nine year prison sentence and had been at HMP Whatton since 12 May 2010. He had a medical history of arthritis and stomach ulcers.

2. The man was admitted to hospital on 27 January 2013, with abdominal pain. Tests showed that he had Hodgkin lymphoma. He began chemotherapy in April 2013, which continued until September. The treatment appeared to be successful and he was considered in remission from the cancer.

3. The man was due to be deported to Pakistan as part of a conditional release from prison and, on 9 December, he transferred to Colnbrook Immigration Removal Centre. A doctor then considered that he was not fit to fly and he returned to Whatton on 12 December.

4. On 2 January 2014, the man was admitted to hospital because he had breathing difficulties. Doctors diagnosed a chest infection, caused by a terminal lung condition, bleomycin toxicity, a side effect of his chemotherapy treatment. On 10 January, he was discharged from hospital and returned to Whatton.

5. On 17 January, the man collapsed and was taken to hospital as an emergency. He was diagnosed with another chest infection and discharged back to Whatton the same day after being prescribed antibiotics. After this, his condition steadily deteriorated. During the early morning of 31 January, he pressed his cell bell as he was having difficulty breathing. Night staff helped him into bed and referred him to see the doctor later that day.

6. A prison GP saw the man the next morning and prescribed an oxygen concentrator to keep in his cell for constant oxygen therapy. Despite this, his condition continued to decline and he was admitted to hospital on 1 February. After tests, hospital staff told him that his prognosis was poor and there was little that could be done. He remained in hospital. His family was informed and visited him the next day before he died.

7. The clinical reviewer concluded that the standard of care the man received at Whatton was equal to that he could have expected in the community and there was effective liaison between primary and secondary services. The referral and treatment were timely and appropriate and healthcare staff kept him well informed at all times. We consider that he received a high standard of care at the prison, particularly from healthcare staff during a difficult chemotherapy regime. We make no recommendations.

THE INVESTIGATION PROCESS

8. The investigator issued notices to staff and prisoners at HMP Whatton informing them of the investigation and inviting anyone who had relevant information to contact her. No one responded.

9. The investigator obtained copies of the man's prison medical record and relevant extracts from his prison records. She interviewed six members of staff on 20 March at Whatton and one member of staff by telephone. She gave the Governor written feedback.

10. NHS East Midlands commissioned a clinical reviewer to assess the man's clinical care at the prison.

11. We informed HM Coroner for Nottinghamshire and Nottingham City of the investigation and have sent the Coroner a copy of this report.

12. One of the Ombudsman's family liaison officers wrote to the man's family to inform them about the investigation. They had not responded at the time of issuing this report.

HMP WHATTON

13. HMP Whatton in Nottinghamshire is a medium security category prison holding up to 841 men convicted of sex offences.

14. NHS Nottinghamshire commissions healthcare services which are provided by Nottinghamshire Healthcare Foundation Trust. The healthcare centre is open seven days a week from 8.00am to 7.30pm Monday to Friday and 8.00am to 12.30pm at weekends, with other cover provided by an out of hours service. There are specialist clinics for older prisoners and those with life long conditions. There are no inpatient beds but 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

15. The most recent inspection of Whatton was in February 2012. The Inspectorate found the prison was 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.

Independent Monitoring Board

16. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure that prisoners are treated fairly and decently. In its latest published report for the year to May 2012, the IMB reported favourably on healthcare services. The Board 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

17. The man's death was the fourth from natural causes at Whatton since January 2013. There are no similarities between these deaths and that of his.

KEY EVENTS

18. In November 2008, the man was remanded to custody charged with rape. In December, he was convicted and sentenced to nine years in prison. He spent time at HMP Holme House, HMP Leeds and HMP Hull before transferring to HMP Whatton on 12 May 2010.

19. Records show the man had suffered with poor health since 2008 including irritable bowel syndrome, a stomach ulcer, multiple joint pain and dry eyes. Healthcare staff saw him frequently for treatment throughout his time in prison.

20. On 13 August 2012, a prison GP examined the man who reported that he felt faint and dizzy. His blood pressure was high and his right leg appeared swollen, but there was no evidence of an infection, inflammation or a skin condition. His blood pressure was checked again fifteen days later and recorded as normal. He continued to complain of pain to his right side, which was initially thought to be due to arthritis. He also felt dizzy at night when he lay down. In November, he experienced pain in his left leg and a physiotherapist gave him some exercises.

21. On 27 January 2013, the man complained of pain in his abdomen and was taken to hospital. A computerised tomography CT scan (where a detailed image is created using x-rays and a computer) was booked and he was prescribed antibiotics as a precaution. He was discharged back to Whatton the same day.

22. The man had a CT scan on 1 February. A doctor from the hospital telephoned a nurse at the prison and told her that the scan had showed possible advanced lymphoma. The report was faxed to the healthcare centre and a prison GP referred him urgently to a haematology specialist under the NHS pathway which requires patients with suspected cancer to be seen within two weeks.

23. On 5 February, a doctor told the man that he had multiple enlarged glands in his chest, abdomen and groin and needed further tests. On 8 February, a hospital haematology consultant saw him, who said that he had experienced intermittent pain on the left side of his abdomen between August and December 2012. The doctor noted he had not lost weight and had no obvious respiratory or cardiac problems. The doctor told him it was likely from the CT scan that he had lymphoma (a type of blood cancer). He referred him for an immediate more detailed scan, a biopsy and blood tests.

24. On 12 February, a doctor prescribed the man co-codamol for pain relief and omeprazole for heartburn. His temperature and blood pressure were normal.

25. The man attended an appointment at the haematology clinic on 2 April and was told his results from the scan showed he had Hodgkin lymphoma. A nurse saw him the next day for a cancer care review. She noted that he had been prescribed lansoprazole (to reduce excess production of stomach acid), prednisolone (a steroid) and allopurinol (used to prevent gout, a type of arthritis).

26. The man began chemotherapy on 12 April and had subsequent treatments every two weeks. Healthcare staff at the prison monitored his temperature daily and gave him his medication. On 20 April, a prison GP noted he was anaemic and referred him to the hospital consultant, who said that he did not need any gastric investigations, as his anaemia was a result of the chemotherapy.

27. The man had many hospital appointments between January to April 2013 and, based on risk assessments he was restrained with an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer), which was removed for treatment. At the time he was fully mobile, but his ongoing chemotherapy treatment began to impact on his physical health. On 8 May, his risk was reviewed taking into account his medical condition and restraints were not used for any further hospital appointments.

28. The consultant saw the man on 8 May and told him there was a dramatic reduction of the mass in his abdomen. He informed him of the possible side effects of the chemotherapy, which included a risk of bleomycin toxicity. (Bleomycin was one of the medications used for his chemotherapy regime. It can cause a lung injury which is usually fatal.) He monitored his lung function throughout his treatment and noted there were no signs of deterioration.

29. On 29 May, the man reported feeling dizzy and his blood pressure was low. The consultant requested an urgent blood test which showed nothing abnormal. Two days later, he said he felt sick and dizzy again. His blood pressure had dropped and a nurse contacted the hospital haematology department, who reviewed him on 31 May. Healthcare staff then monitored his blood pressure each day and it remained within the normal range.

30. On 10 June, at the man's request a nurse tried to contact his nephew to explain his diagnosis and treatment. Despite a number of attempts, she was unable to get in touch with his nephew and explained this to the man. She told us that she understood that he had later contacted his nephew himself.

31. The man completed his chemotherapy in September 2013. A scan on 28 October indicated that the chemotherapy treatment had been successful and he was considered to be in remission.

32. It was planned that the man should be deported to Pakistan. While in remission he signed a disclaimer to say that he did not want a follow up scan as this would delay proceedings and he wanted to return to be with his family. He was transferred to Colnbrook Immigration Removal Centre on 9 December. A doctor at the centre examined him before his flight and concluded that he was not fit to fly. He returned to Whatton on 12 December. An alternative flight in January 2014 was considered however, as his condition worsened, a doctor concluded that he was not well enough to travel.

33. On 2 January 2014, a nurse noted that the man looked unwell and was short of breath, but did not have any chest pain. She referred him to see the doctor. A doctor saw him later that day, who said he had been gasping for breath in the

night. His left leg was slightly swollen and red. The doctor thought it might be a blood clot and sent him to hospital for tests.

34. The man remained in hospital for eight days and was diagnosed with and treated for a chest infection, caused by bleomycin toxicity. He returned to the prison on 10 January, on a low dose of steroid tablets. It was noted that he was still short of breath on exertion. On 14 January, a doctor reviewed him and noted that he had improved, but still experienced some shortness of breath. She arranged an appointment with his consultant.

35. On 16 January, a nurse referred the man to a doctor as he said he was struggling to breathe at night and had a pain in the left side of his chest. The doctor increased his steroid dose and noted she would review him in a few days. He was given extra pillows to prop him up at night to try and help his breathing. The next day, he collapsed on his wing. His pulse and blood pressure were raised and the doctor sent him to hospital for further assessment. The hospital diagnosed a chest infection and discharged him later that evening.

36. A doctor reviewed the man on 30 January. She noted his condition had not changed and she did not think the steroids had improved his breathing. As his appointment with his consultant was due, the doctor decided to wait for his opinion on whether further investigations were needed.

37. At 5.45am on 31 January, the man pressed his cell bell and told an operational support grade (OSG) that he could not breathe very well. She contacted the night manager, but did not wait with him as we would have expected and in line with the prison's night protocol. The night manager arrived within a few minutes and helped him into bed. The manager said that his breathing then improved. He asked the OSG to tell the day staff that he should see healthcare staff in the morning. At 3.54pm that day, a nurse reviewed him and noted he was short of breath and gave him oxygen. A doctor assessed him and noted that his oxygen saturations improved while he received oxygen, but worsened when the oxygen was removed and gave him an oxygen concentrator (portable oxygen cylinder and mask) to keep in his cell for continuous oxygen. At 8.51pm that evening, he pressed his cell bell and the OSG found him collapsed on the floor of his cell. Again she requested the night manager to attend, but did not stay with him till he arrived. The manager attended and again helped him into bed and put his oxygen mask on. His breathing improved and he said he was fine so the manager left.

38. At about 10.00am on Saturday 1 February, a nurse saw the man in his cell and noted he was still short of breath and advised him to keep the oxygen mask on. She returned about an hour later and found he had removed the oxygen mask and his condition had worsened. She replaced the mask and stayed with him for about 20 minutes to see if his condition improved. At about 11.30am she contacted the out of hours doctor who advised her to send him to hospital. The control room requested an ambulance at 11.58am. She noted he was calm and stable.

39. Ambulance staff arrived at 12.41pm and the man arrived at the hospital at 1.20pm. He was admitted as an inpatient and taken for a CT scan later that night. At about 10.45pm, hospital staff informed the prison that his condition was poor and they should let his family know. The manager contacted his nephew and arranged for him to visit. At 11.30pm, a hospital doctor told him that his lungs had been damaged by the chemotherapy and subsequent bleomycin toxicity. The doctor said that his prognosis was not good and he would not recover.

40. The next day, at 6.30am, records show that the man was agitated and finding it difficult to breathe. He was given morphine pain relief and fluids intravenously and it was noted that he could deteriorate at any time. His family arrived at the hospital at 11.50am and stayed with him until 2.15pm. The escorting officers stayed outside his room to allow his family private time with him. At 2.25pm, the prison Imam visited him.

41. At 5.10pm, records show the man was very distressed and found it difficult to breathe. The hospital contacted the prison to say that his death was imminent and his family were informed. He died at 6.00pm, before his family could get back to the hospital.

42. A prison family liaison officer contacted the man's family on 3 February. His family said they wanted to repatriate his body to Pakistan for the funeral and the coroner released his body for this purpose. The family liaison officer tried to contact his family three further times but was unsuccessful. The prison was not therefore able to offer a financial contribution to the funeral, in line with national guidance.

Cause of death

43. The cause of death as stated on the man's death certificate was interstitial lung disease, Hodgkin's Lymphoma and pulmonary embolism.

ISSUES

Clinical care

44. The clinical reviewer concluded that the man's clinical care in prison was good. Input from healthcare staff was appropriate with lifestyle advice and regular health checks. When he became ill, he was promptly referred to a specialist. After he was diagnosed with Hodgkin lymphoma, liaison between him and primary and secondary services was good. The clinical reviewer noted that he required a substantial amount of nursing care during his last 12 months at Whatton and the level of care nurses gave him encouraged him to comply with a difficult chemotherapy regime. His pain relief and medication management was appropriate throughout.

45. The clinical reviewer was satisfied that healthcare staff at Whatton could not have anticipated the side effect of bleomycin induced lung injury, which became apparent after he had completed his chemotherapy. While we note that it would have been preferable for a member of staff to have stayed with him when he reported breathing difficulties at night, overall we agree with the clinical reviewer, that the standard of healthcare he received at the prison was equal to that he could have expected in the community.