PRISONS AND PROBATION
OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

Investigation into the death of a man in August 2013 while in the custody of HMP Long Lartin.

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 who died at Alexandra Hospital, Worcester in August, 2014 while in the custody of HMP Long Lartin. The man was 34 years old. A post-mortem examination concluded that he died from a rare cancerous tumour. I offer my condolences to the man's family and friends.

An investigator was appointed and a clinical reviewer reviewed the man's clinical care at the prison. Long Lartin cooperated fully with the investigation.

The man reported back pain not long after his arrival at Long Lartin in June 2013. Although the intensity of his pain and lack of mobility increased over subsequent weeks, such that he was often unable to collect food or look after himself properly, there was no effective further investigation into the underlying cause. It was not until the man was taken to hospital on 29 August that it was recognised that the man had an advanced and aggressive cancer and had only days left to live.

The man's case is one of worst examples of poor care that I have reported on. The clinical reviewer concludes that the quality of care he received from medical and nursing staff at Long Lartin fell far below standards in the community. His complaints of pain were not taken sufficiently seriously and the deterioration in his condition appears to have gone unnoticed. In one shocking example of the failure to temper security with humanity, staff adhered unnecessarily to restrictive security procedures rather than allow night time relief to given to the man for his extreme pain.

Although it is unlikely that an earlier diagnosis would have saved the man's life, with adequate and appropriate pain relief and care the last few weeks of his life would have been more dignified and comfortable. I am also concerned that the man's family was not informed immediately when it was apparent he was seriously ill, as they should have been. I am also not satisfied that the use of restraints in hospital was justified by a considered assessment which took fully into account the impact of the man's health and condition when assessing his level of risk.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **April 2014**

CONTENTS

Summary

The investigation process

HMP Long Lartin

Key events

Issues

Recommendations

SUMMARY

1. The man was transferred to HMP Long Lartin from Cardiff prison on 29 April 2013. He was serving a life sentence for murder.

2. When he arrived at Long Lartin, The man told healthcare staff that he had no history of physical or mental health problems. However, from June 2013 onwards, the man repeatedly complained of back pain. Healthcare staff, including three doctors and a physiotherapist, examined him and concluded that the pain was "mechanical" - musculoskeletal back pain – and prescribed paracetamol.

3. The man made an official complaint to the prison about his medical care. This was handled badly and the prison never provided a substantive response to his concerns.

4. Despite the man's continuing pain and deterioration in mobility and general health, his diagnosis was not reviewed. The man was admitted to the prison's inpatient unit on 11 August, but no further investigations were made. The clinical reviewer noted that the man's pain was treated inadequately throughout the last weeks of his life.

5. The post-mortem report concluded that the man died from a very rare form of cancer known as a Primitive Neuroectodermal Tumour (a cancerous tumour that develops in the brain or spinal cord). The clinical reviewer notes that even if diagnosed early, it has a very poor prognosis and it is unlikely that the man would have survived. However, with the correct level of investigation and treatment when his medical condition deteriorated, the man's pain would have been better managed and his care more appropriate to his needs.

6. When the man was admitted to hospital two days before his death, handcuffs were used to restrain him although he could not move and was gravely ill. The prison did not inform the man's family about his admission to hospital and there was a delay of 12 hours contacting them after hospital staff informed the prison escort staff that the man's family should be contacted because his death was imminent.

7. This report includes six recommendations about healthcare, the use of restraints, notifying families and the handling of complaints.

THE INVESTIGATION PROCESS

8. The investigator issued notices about the investigation to staff and prisoners at Long Lartin asking anyone with relevant information to contact her. The investigator spoke to one prisoner who wrote to her in response.

9. The investigator visited HMP Long Lartin on 11 October. NHS England - Shropshire and Staffordshire Area Team - appointed a clinical reviewer to review the man's healthcare at the prison. The investigator and the clinical reviewer interviewed two members of staff and three prisoners. The clinical reviewer subsequently interviewed a further four nurses and a doctor. The investigator fed back preliminary findings to the Governor during the investigation.

10. The investigator informed the local Coroner of the investigation and the Coroner provided the preliminary cause of death. We have sent the Coroner a copy of this investigation report.

11. One of the Ombudsman's family liaison officers wrote to the man's sister to explain the purpose of the investigation and to invite her to outline any issues she wished the investigation to consider. The man's sister was concerned about the medical care he received at Long Lartin and had a number or concerns and questions including about his medication, a delay in diagnosis and treatment, healthcare staff failing to request or follow up test results and not referring the man to see a specialist.

12. The man's sister also provided correspondence between the man and his family that included information about complaints about healthcare and his medication.

13. The man's family received a copy of the draft report. They raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

14. The prison raised six factual inaccuracies which have been amended in this report, including the time The man's restraints were removed. The bedwatch observation log notes that the decision to remove the man's restraints was made at 3.50pm on 30 August, although the man's family believe he was still restrained when they visited him at 8.40pm that evening.

HMP LONG LARTIN

15. HMP Long Lartin is a high security prison holding category A and B adult men who have been sentenced to at least four years imprisonment. NHS Worcestershire provides healthcare services. There is a small acute admissions unit for prisoners needing more intensive care.

HM Inspectorate of Prisons

16. HM Inspectorate of Prisons' (HMIP) most recent inspection of Long Lartin was an unannounced full follow-up inspection in August 2011. HMIP concluded that staff and prisoner relationships appeared mixed and that some staff seemed to be distant and unapproachable.

17. HMIP noted, in regard to prison healthcare services that the inpatient unit provided a good standard of care and that uniformed officers in the unit knew the patients well, were caring and conscientious and involved in their care. They concluded that the healthcare department in general was a busy and challenging environment and that prisoners spent an excessively long time waiting to see members of healthcare staff.

18. HMIP were not assured that all prisoner complaints were responded to in a timely fashion, nor that there replied were monitored effectively for consistency.

Independent Monitoring Board report

19. Each prison has an Independent Monitoring Board (IMB), of unpaid volunteers from the local community who monitor all aspects of prison life to help ensure proper standards of care and decency. The IMB annual report for 2012/13 noted that the healthcare department was coming to an end of an extensive programme of updating and refurbishment. The report also noted that there was a high attendance of prisoners at the doctor's daily surgeries and that certain prescribed drugs were highly sought after.

Previous deaths at Long Lartin

20. Since 2012, there have been six deaths at Long Lartin. In another case in 2012, we made recommendations about risk assessments for the use of restraints and about family liaison.

KEY EVENTS

Previous medical history

21. The man was remanded to HMP Swansea in May 2012. He told staff that he had a history of depression and excessive alcohol consumption but was not taking any medication. He began an alcohol detoxification programme, but was released from prison before completing it.

22. The man was remanded to Swansea again in July 2012. He completed an alcohol detoxification programme and was prescribed anti-depressants. He was convicted of murder later that month and sentenced to life imprisonment. He transferred to HMP Cardiff on 4 March 2013 where he told a reception nurse that he was no longer suffering from depression and did not need medication. His only health issues were about ear wax and skin irritation.

HMP Long Lartin

23. The man transferred to Long Lartin on 29 April 2013. A nurse examined the man when he arrived and the man mentioned that he had a problem with earache and a rash on his groin. He said that he had previously experienced fits twice – once after drinking heavily and the other after a long shift at work. He thought that both had been brought on by flashing lights. He told the nurse that there was a history of cancer in his family and that both his mother and maternal grandmother had died from the disease.

24. The nurse noted that the man needed his left ear examined as he had had an infection. On 8 May he had his ear syringed but he continued to have problems with his ear and attended two further healthcare appointments about this in May.

June 2013

25. On 4 June another nurse referred the man to the doctor about a birth mark on the right side of his back which he said he would like removed. In the meantime the man visited the healthcare centre twice more because of ear problems.

26. A doctor examined the man on 24 June and removed his birthmark under a local anaesthetic and stitched the wound. The doctor prescribed the man 16 paracetamol tablets, to be dispensed as a maximum every two days.

27. The next day, 25 June, another nurse checked the man's wound and noted there were no problems. She gave the man two paracetamol tablets. When she was examining him, the man told her that he had some discomfort in his lower back which he had had for some time and said that it had got progressively worse. The nurse gave him some ibuprofen and arranged for him to be prescribed pain relieving gel which he received the next day.

July 2013

28. On 1 July the man's stitches were removed and it was noted that the wound had healed well. Two days later the man visited the healthcare centre to have both ears syringed.

29. The next day, the man wrote to his father and said that he had been given a job in the woodcraft workshop, which had been going well until he had started to have back pain. The man said he was waiting to see a doctor and a physiotherapist and that he spent most of the time lying on his bed because of the pain, which had been treated with paracetamol and ibuprofen.

30. A nurse examined the man on 4 July as his wound had opened up. He was given a sick certificate and advised to remain off work for a week to allow the wound time to heal. (The man had not attended his job in the woodcraft workshop since 3 June.) It was noted that the man should be reviewed every two days, but he was not seen again until 9 July when a nurse changed his dressing.

31. When interviewed, the nurse said that the man had seemed physically well with no 'red flag' symptoms to indicate a serious condition and she had had no concerns about his mental health. She had noticed that the man had become "quite scruffy" but did not notice any deterioration in his physical condition.

32. On 11 July, the nurse cleaned and dressed the man's wound and referred him to the doctor's next clinic as she thought his wound might need to be stitched again. She gave him a sick certificate for another week.

33. The doctor saw the man the next day and noted that the man's stitches had split and the wound was painful. He prescribed him naproxen (an anti-inflammatory) as well as paracetamol. The man told him that he had had lower back pain for years which was usually muscular and eased but that this time it felt very tender and ached. He said he was unable to get comfortable. The man said he was also experiencing pain in his right leg. The doctor examined him and noted no spinal tenderness, but that the man's right lumber muscles appeared tender. The doctor wrote a care plan which involved the man being aware of his posture and attending physiotherapy. If the pain persisted the doctor recommended that the man should have an MRI scan. (This was never done.)

34. On 20 July, the man wrote to his father and said that he had not been able to work for five weeks and was still waiting for an X-ray and to see a physiotherapist.

35. The doctor saw the man again on 25 July when the man said he still had back pain. He also asked for a small mole on his upper back to be removed. The doctor noted that he would freeze the mole off. The doctor examined him and noted that the man walked well and sat and stood with ease. They discussed the back pain and the doctor signed the man off from work for a further two

weeks. He noted that the man had already had a month off work and might need to consider changing jobs if working in the woodcraft shop affected his back. The doctor did not request an MRI scan which he had recommended on 12 July.

36. On 28 July, the man submitted a healthcare application form requesting to see the Head of Healthcare. The man wrote that he wanted to see her about his problems with his back and did not want to speak to anyone else about this.

37. On 29 July, the man submitted a formal, internal complaint about his health care. He wrote that he had extreme lower back pain and that he had been diagnosed with a trapped nerve without any investigation. He added that he had been absent from work for six weeks and had only been given paracetamol for the pain. The man asked to be treated properly and have his back X-rayed to determine the problem and to receive suitable medication afterwards. The complaint was acknowledged by the complaints clerk on 31 July.

August 2013

38. On 2 August, an officer on E wing called a nurse to see the man at 4.00am as he had said his back felt much worse and he was unable to move. The nurse noted that she was unable to give him any additional pain relief as he had collected two days supply of paracetamol and ibuprofen at 5.00pm on 31 July. She wrote that he should be seen the next morning.

39. No nurse went to see the man on the morning of 3 August. At 9.41am, an officer telephoned the healthcare centre and reported that the man was in a lot of pain and had difficulty moving. The officer spoke to a mental health nurse who said she would liaise with a general nurse about this. Fifteen minutes later the nurse received a call from the wing about the man. She said that the man had seen a doctor and was on the waiting list to see a physiotherapist. The man did not receive any pain relief medication that morning.

40. At 3.35pm on 3 August, while she was on E wing, the nurse was asked to see the man. She went to his cell where he was lying on the bed. She advised him to remain mobile as staying in one position in bed would make his back seize up even more. The nurse explained to him that he was on the waiting list to see the physiotherapist and that the doctor had advised he should improve his posture and perhaps consider a different job. The man said that he was under the impression that the doctor had advised him to stay in bed, but the nurse said this was unlikely and that he should try to move. She noted no urinary incontinence or numbness of fingers or toes and 20 minutes later returned with a pack of 16 paracetamol.

41. An administrative assistant replied to the man’s complaint (submitted on 29 July) on 6 August. The response said that “healthcare have advised that the GP is currently on leave and that they will be in contact with you when he

returns to provide a full response." The man received no further reply to his complaint.

42. On the morning of 7 August, the man was unable to get out of bed. Later that afternoon a physiotherapist consultant examined him in his cell. The man told him that he had had lower back pain for eight weeks. The physiotherapist noted that he was able to move from lying to sitting, and from sitting to standing. He advised that the man should be more mobile and treat the site with heat. He noted that the man displayed mechanical lower back pain through poor posture and inactivity and that pain control was 'low level' using only paracetamol. The physiotherapist advised the man to see a doctor to discuss pain control.

43. The next day, 8 August, the man requested more medication. A doctor dealt with this and saw that the man was taking only paracetamol. The doctor prescribed the man a two week course of tramadol 50mg (a strong painkiller which he was not allowed to keep in his cell). The man was unable to visit the treatment hatch on E wing to collect the tramadol so a nurse agreed to deliver it to his cell for two days, after which time the painkillers should have started to work. The man was given another two days' supply of paracetamol.

44. On 10 August, the nurse took the man's medication to his cell as he was still immobile. She noted he had missed a dose as the prison had been in patrol state (which meant that all prisoners were locked in their cells and a reduced number of staff were on duty). The man was lying on the bed with unused packs of tea bags on the table and an unopened baguette in the bin. The man said he had not eaten because he was in too much pain and could only just manage to use the toilet. The nurse arranged for the man's cell to be unlocked during patrol state to ensure he received his medication and for an out of hours doctor to prepare a 24 hour preparation for future use. Later that afternoon, the nurse arranged for the man to receive 100mg of tramadol for the next two days to ensure he had the appropriate analgesia.

45. On 11 August, the nurse noted in the man's medical record that a senior officer on E wing was concerned about the man remaining on the wing. A Senior Officer (SO) told her that he was not coping and another prisoner had to collect his meals and carry out other tasks for him. The man had declined a bed in the healthcare centre the day before, but now agreed to be admitted. He had not been attending to his personal hygiene and although his meals were being collected for him, he was not eating. He had told the SO that he had not eaten for two weeks and vomited at least once a week. He was admitted as an inpatient to the healthcare centre that afternoon.

46. On 12 August, another doctor saw the man who complained of central/lower back pain but had no pain radiating to limbs and no numbness or tingling sensations. He had been seen sitting up in bed earlier that day. The doctor noted that the man seemed to have difficulty moving and that she would check his notes and his medication. She referred the man to a physiotherapist again. The doctor stopped the man's prescription of tramadol as healthcare staff had been unable to administer the required dose twice a

day as required. The doctor then prescribed five tramadol tablets, to be taken once a day. This was the last occasion that the man was prescribed tramadol.

47. Later that day a nurse noted that the man appeared lucid and amiable although still in pain. The man wanted to return to the wing, as smoking was not permitted in the healthcare centre. The man signed a disclaimer and he was discharged back to E wing on 13 August.

48. On 13 August, the man received a reply to the healthcare application he submitted on 28 July requesting to see the Head of Healthcare. The reply said that the Head of Healthcare was on annual leave and that if he could be more specific about what he wanted to see her about, then someone else might be able to help. Nothing further was done about the application.

49. On 14 August, two nurses carried out a three monthly medication review. They noted the man appeared to be in a great deal of pain and was unable to move from the bed. The nurses did not take any further action such as making a referral for a further investigation or recommend a change in medication to relieve his pain.

50. The next day, the man complained of pain to a nurse who helped him take the tramadol medication with a drink of squash. The nurse asked the man if he wanted to be admitted to the healthcare centre, but he declined as he was not able to smoke there.

51. On 17 August, the Security Department received confidential security information from another prisoner and a member of healthcare staff suggesting that the man was exaggerating the severity of his back pain so he would be taken to hospital and had refused to be admitted to the healthcare centre.

52. The nurse saw the man again on 18 August, who complained that he had not received the tramadol medication the day before. The nurse liaised with another nurse and updated her about the man's condition. He had not been moving around at all, remained in his cell, was not taking food from the servery and appeared to have missed the last two doses of tramadol due to prescription issues. (There is no record of what these issues were but a doctor re-prescribed the medication.)

53. It was decided that it would be better for the man to be admitted to the healthcare centre so that he could get food more easily and have more nursing care. He was admitted that afternoon and the nurse noticed that he appeared unkempt and distressed because of the pain. The man was given his medication and advised to try to move around once the painkillers had taken effect. The nurse advised the man of some exercises he could do in bed.

54. That evening, a nurse noted in the man's medical record that officers were concerned that he was in considerable pain and had intended to go into his

cell and put some water near his bed where he could reach it. The nurse asked them not to do this as he needed to be encouraged to move. The man said that he had tried but was still in a lot of pain. The nurse noted that later on she saw that the man had moved onto his back and had his legs crossed over each other, without showing any signs of discomfort.

55. On 19 August, a doctor saw the man who explained that the pain went across his pelvis and any movement made it worse so he was unable to walk. The doctor noted that the pain had not radiated to his legs or abdomen but recorded that the man winced while being examined. The doctor said that the man's pain was not 'organic in origin', that staff said he slept fairly well during the night, seemed to be using the toilet and had not asked for any more pain relief. The doctor told the clinical reviewer that she thought the man had a low pain threshold and she was not concerned about his general health. She said she had requested a full blood count to be carried out as the man had appeared pale, but this was not done. It was later recorded that the man did not attend for a blood test on 21 August. No reason was recorded in the medical record but at that time the man was virtually immobile and would not have been able to attend by himself.

56. On 20 August at 4.40am, the man pressed his cell bell. A nurse attended and asked him what he needed, but she said the man just grunted in response. She said she asked twice more but still just got a grunt in reply. The man was lying on his right side with his knees pulled up close to his chest, with his head at the foot of the bed. The nurse asked again and the man told her he could not move. She advised him to stretch out slowly and to sit up, but he said he could not as it hurt too much. He requested some paracetamol.

57. The nurse brought some medication to his cell but the man was unable to get to the door to take it. He tried to get off the bed several times, but eventually gave up and sat on the edge of the bed. He then got down on his knees on the floor. The nurse advised him not to do that in case he had difficulty getting up again. The man then got back onto the bed and lay stretched out on his back. The nurse said she would seek permission for the cell door to be opened so she could give him the medication and contacted the night orderly officer in charge of the prison at that time.

58. An operational manager at the prison was carrying out a night visit to check procedures at that time and came with three officers, including a manager who was responsible for the prison that night, to the man's cell. The prison's local instructions about opening cells at night say this must only be done when it is absolutely necessary, including when a prisoner requests urgent medical attention. The instructions say that if a prisoner needs to take medication during the night it should be issued in-possession. If this is not possible then a risk assessment should be undertaken to enable to staff to give it during the night but only in exceptional circumstances.

59. The nurse explained to the night manager that this was a 'one off' and that the man had not requested medication on the three previous nights she had

worked in the healthcare centre. Nevertheless, the manager decided that the cell should not be opened and the man did not receive any pain relief.

60. Later that morning, a nurse examined the man. Initially he was sitting on the edge of the bed, but later he was lying down. He said he was still in a lot of pain. The nurse noted that the man still appeared unkempt and encouraged him to maintain his personal hygiene and move about. Shortly afterwards, the nurse gave the man two 200mg ibuprofen tablets and two 500mg paracetamol tablets. The nurse noted in the man's medical records that she replenished his water and encouraged him to drink plenty as he appeared dry. He was given two more paracetamol tablets at 6.38pm.

61. During the early hours of 21 August, the man requested more pain relief. Staff told him that he would have to go to the cell door to collect it as they were not allowed to open the door. With some difficulty, the man managed to get to the door and collect two paracetamol and two ibuprofen tablets. The man was given more paracetamol at 10.07am. That day it was noted that the man did not attend an appointment at the blood clinic. There is no evidence that anyone tried to help him get there.

62. A nurse saw the man in his cell at 12.22pm. She noted that he looked very unkempt, was reluctant to move and said he was in a lot of pain. He mentioned that he had not been to the toilet for days and he was given a laxative that evening. The nurse told the man that he needed to move around more and take a shower but he said that would never happen. The nurse told the clinical reviewer that that although the man had seemed in pain, otherwise he appeared generally well. She did not notice any deterioration in his physical condition.

63. The next morning, a nurse noted that the man had slept well, but had requested paracetamol and ibuprofen. The man continued to take paracetamol, ibuprofen and a laxative on 21 and 22 August.

64. A nurse examined the man on 23 August at 11.53am. He was lying on his side on the bed and said he was unable to move. The nurse told him that he was required to leave the cell to complete prison security checks but the man refused. She tried to encourage him to take a shower and brush his teeth, and later two nurses assisted him to shower. There were no other entries in the medical records that day. The nurse told the clinical reviewer that she had been told that the man had mechanical back pain and that he should keep mobile. She had no concerns about him other than he appeared to be in pain. She said that she had noticed no deterioration in him.

65. On 24 August, the nurse visited the man in his cell. He said that he could not move and was paralysed from the waist down, although he was able to cross and uncross his legs. The man wanted to leave the healthcare centre and asked for a wheelchair but the nurse said that he would have to walk back to the wing which he was unable to do. Later that day the nurse noted that the man had not wanted to engage with staff.

66. On 25 August, the nurse reviewed the man's medication and noted that his prescription for tramadol was no longer valid but that he could have paracetamol or ibuprofen. However, the man was unable to walk to the treatment room to get the tablets and there is no record that the man received any medication that day. The out of hours emergency doctor does not appear to have been contacted for an emergency prescription of Tramadol.

67. The nurse examined the man in his cell the next morning. He was lying in bed and his toilet bowl was full of faeces because the toilet was broken and he had been unable to flush it. The nurse noted that staff helped him to shower and cleaned his teeth. He was given clean clothes and moved to another cell.

68. The next day, 27 August, a nurse noted that officers had raised concerns about the man's mental health. A nurse told the clinical reviewer that she examined the man in his cell and he appeared reluctant to remain mobile and continued to complain of pain. The nurse did not record this in the man's medical record. She said that she had not noticed deterioration in his health.

69. The man reported being in significant pain throughout the day. That evening he told the nurse that he was having difficulty urinating and was in pain. He was unable to provide a urine sample but a urine pot was left in his cell for when he was able. At 22.15pm, the man pressed his cell bell to let staff know that he had managed to provide a urine sample. However, he was unable to bend down to pass the pot to a nurse so he was told it would be collected the next day.

70. On 28 August, a nurse noted that the man's urine sample had tested positive for blood and protein and requested an MSU (a midstream specimen of urine). He was given more paracetamol and ibuprofen. At lunchtime mental health nurse, examined the man. He noted that he was articulate with no evidence of any cognitive impairment, but appeared very dehydrated, although he was drinking from a bottle. The mental health nurse gave the man two more paracetamol tablets. He was given more medication throughout the rest of the day.

The man's transfer to hospital

71. On the morning of 29 August, the doctor examined the man. He was unable to hear any bowel sounds and noted that the man's lower abdomen appeared distended. The doctor was also concerned that the man's eyes did not follow his finger when tested and he appeared to have a slight yellow tint. The doctor inserted a saline drip and began 15 minute observations. He asked that the man be given an intravenous drip of morphine for the pain, but there was none available at the prison. When interviewed, the doctor said that he had not seen the man for five weeks and that his physical condition was so poor that he almost did not recognise him.

72. The doctor asked another doctor to take over the man's care as he had to leave the prison. The doctor examined the man and found him weak, pale, in

pain and distressed. His blood pressure and oxygen levels were low and he appeared wheezy. Before he left the prison, the doctor had called an ambulance to take the man to hospital and it arrived at 1.00pm.

73. A risk assessment for a hospital escort was prepared by the prison before the man could be transferred to hospital to assess the level of risk the man posed to the public. The document noted that the man was a high risk to the public, that there were no medical objections to restraints being used and that his medical condition would not restrict his ability to escape. It was agreed that restraints would be removed for treatment or consultation. Information from the Security Department suggested that the man was exaggerating his back pain to manipulate a move to hospital. The man was double cuffed and escorted by a supervising officer and three officers. (Double cuffing entails the prisoner having his hands cuffed in front of him and then having one wrist attached to a prison officer by an additional set of handcuffs.) It was noted that an escort chain was to be used while the man was on a ward or in bed. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.) These arrangements were approved and endorsed by an operational manager.

74. A Supervising Officer (SO) was in charge of the escort which took the man to hospital. When interviewed he said that he had been told that the man had been complaining of back pain but that this was an attempt to move to an outside location. The SO said that he was shocked when he first saw the man because he looked in pain, appeared jaundiced and was unable to follow simple instructions. He was unable to move or sit up and appeared in extreme distress.

75. At 9.46pm, while at the hospital, the man became very unwell and was moved to the intensive care unit. He remained restrained by an escort chain. At 10.33pm staff were informed that the man's health had deteriorated and that his next of kin should be informed.

76. At 11.27pm, an officer who was at the hospital with the man telephoned the prison healthcare centre and told a nurse that the man had a very large tumour around his liver and intestines which extended into his lungs, one of which had collapsed. The hospital had said that the man only had days to live.

77. The prison doctor wrote in the man's medical record the next day that he was saddened by the news of the man's illness and although it was an aggressive tumour he felt that he could have had more nursing input and better symptomatic relief. The doctor spoke to the consultant at the hospital who said that scans indicated that the man had a massive liver tumour which had also affected his lungs and brain. A nurse at the hospital told the doctor that they intended to arrange for the man to return to the prison as a palliative care patient. However, the prison doctor said this was not appropriate because of the level of care the man would need. They agreed that the man would remain in hospital and that the situation would be reviewed after the weekend.

78. At 12.12am on 30 August, the man was transferred to a ward. He remained in pain and was given pain relief by hospital staff. His risk assessment was reviewed that morning and it was noted that the man had terminal cancer and less than a week to live. Although the man's risk was now assessed as low, the deputy governor decided that he should continue to be restrained by an escort chain. He was to be allowed visits from his family at any time.

79. Earlier that morning, at 10.35am, a hospital doctor, had told the man that he had terminal cancer. A prison manager asked the escort officers to find out whether the man wanted his family to be told, whether he wanted them to visit and whether he wanted to be considered for compassionate release. The man said that he wanted all of these things to happen. The manager said there was a delay in notifying the man's next of kin as he gave muddled information about who he wanted to be contacted, although the manager accepted that this might have been because of his medical condition.

80. The prison's family liaison officer telephoned the man's father at 12.20pm and explained the situation. The man's father said he would go to the hospital immediately. A manager from HMP Cardiff visited the man's step-father but got no reply, so posted a letter through his door. His step-father later telephoned the manager for further information about the man's condition.

81. Once the prison had been advised that the man was terminally ill staff began an application for early release on compassionate grounds. As part of the application the prison asked the doctor to write a letter to the Governor to say that the man would not pose an escape risk and that he had only had days to live.

82. At 1.20pm, the deputy governor reviewed the escort arrangements. He noted that it was clear that the man was terminally ill, had limited mobility and a short life expectancy. The deputy governor considered the previous risk assessment and decided that all restraints were to be removed immediately. The escort strength was to remain comprised of a supervising officer and three officers, apparently because he was permitted visits at any time. In the meantime the prison began an application for the man's release from prison on compassionate grounds.

83. The man's father arrived at the hospital at 3.50pm and at 8.40pm his step-father and sister arrived. The man died early the next morning at 5.53am, 31 August. The cause of death was cancer. The man's funeral was held on 26 September and the prison contributed towards the cost in line with Prison Service policy. A memorial service was held at the prison.

84. On 2 September the doctor wrote to the prison's Governor and Head of Healthcare to "express my deep dissatisfaction at the circumstances surrounding [the man's] death". The doctor said that he felt that the prison's healthcare team had let the man down and that he could have, and should have, been diagnosed earlier and given proper palliative care and pain relief.

ISSUES

The man's clinical care

85. When the man was admitted to hospital on 29 August, a scan of his chest and abdomen showed extensive and inoperable cancer, possibly arising from his right lung and extending through his liver, abdomen brain and spine. The post-mortem examination showed a rare form of cancer known as a Primitive Neuroectodermal Tumour. The man died two days later.

86. During his time at Long Lartin, the man repeatedly complained of back pain. He was examined by three doctors and a physiotherapist and was seen by a number of nurses. The doctor originally diagnosed mechanical back pain and, despite the man's continuing complaints of severe pain, this diagnosis was not revised. The doctor did not arrange an MRI scan and neither did anyone else, although the doctor had noted on 12 July, that one should be requested should the pain continue. The doctor saw the man on 25 July when the man was still in pain. After that, he did not see him until 29 August, when he was shocked by the man's appearance and referred him to hospital. Although the man had been admitted to the prison's inpatient unit, no tests were requested or further investigations made. HMP Long Lartin has in-house X-ray facilities which, had they been used, would probably have highlighted problems indicating the need for further investigations.

87. The man's admission to the healthcare inpatient unit would have given healthcare staff the opportunity to re-assess him and revise their diagnosis, but this was not done. The doctors did not review the diagnosis of mechanical back pain or carry out any tests, despite the man's continued complaints of severe pain. No one followed up the doctor's recommendation that the man should have an MRI scan. Neither did they explore the causes of the man's physical deterioration and his apparent withdrawal.

88. The doctor's examination on 19 August failed to diagnose that the man had anything other than simple back pain. The clinical reviewer considers that a more thorough examination might have revealed the extent of his illness.

89. The clinical reviewer concludes that the man's care fell short of good practice because doctors and nurses failed to address the significant pain he was experiencing, or carry out further investigations. We are concerned that there was an apparent readiness, among both healthcare and prison staff, to regard the man's symptoms as exaggerated rather than a genuine manifestation of severe illness. We make the following recommendation:

    The Head of Healthcare should ensure that prisoners reporting severe pain have their symptoms thoroughly examined and investigated to determine the root cause. Follow up actions should be carried out by named staff and prisoners admitted to the inpatient unit should have comprehensive care plans.

The deterioration in the man's condition

90. The clinical reviewer interviewed four nurses. A registered general nurse, (RGN) said she had noticed the man had become quite scruffy but did not notice any deterioration in his physical condition. She had had no concerns about his general or mental health.

91. An RGN, said that when she saw the man he had seemed generally well and she had no concerns about his mental health, although she agreed that he seemed to be in pain. Another nurse said she was shocked at the man's appearance on the day he went to hospital. She had not seen him for several days and was shocked to see how much his condition had deteriorated and that he had obviously lost weight. It is concerning that this was not identified by healthcare staff while he was in the inpatient unit.

92. A registered mental nurse, (RMN) said she had had no concerns about the man, other than he seemed to be in pain. She said that a question about whether the man might have been depressed was raised and that the depression might have contributed to his lack of motivation to move around. The nurse commented that she was not concerned that the man appeared unkempt, as that can be a lifestyle choice in prison. The nurse had helped the man take a shower but he had remained with his back towards her and she did not notice any significant weight loss.

93. Some nurses believed that the man's deterioration could have been attributed to depression. The man was examined by a mental health nurse a number of times and found to be mentally well. The clinical reviewer concludes that self-neglect, to the extent of not eating, showering or cleaning teeth, is usually found in people with a severe mental illness or who are deeply depressed. The fact that these were occurring in a previously well nourished and mentally competent man should have led staff to explore urgently what might have been prompting such uncharacteristic behaviour. There was an apparent unwillingness to accept that the extent of the man's pain meant that he was genuinely unable to look after himself properly.

94. Another RMN also had no concerns about the man's physical or mental health and did not notice any deterioration in his condition. She discussed his mental health with a colleague, but no action was taken. The nurse said she regrets not discussing his mental health with a doctor or a prison psychiatrist. The nurse added that the man was reluctant to comply with advice to keep mobile. However, it does not appear that the man had mental health problems or that he was "reluctant" to comply with advice. His physical condition and the pain he suffered mean that it was genuinely difficult for him to move.

95. The clinical reviewer notes that the standard of care the man received in the last few weeks of his life was much lower than he should have expected. The nurses who treated him repeatedly failed to carry out basic nursing care or ensure that the man's care was more frequently reviewed.

96. The SO who was in charge of the man's transfer to hospital, said that he was evidently in a lot of pain at the time and appeared very confused and unable to comply with the simplest of instructions. Once at hospital, the man appeared to be in extreme pain and was unable to move. By the time he was admitted to hospital the man had lost 12 kgs in weight since arriving at Long Lartin and was jaundiced with a swollen abdomen. The clinical reviewer and the investigator find it very difficult to understand how nurses who saw him every day failed to notice this and how ill he appeared to be.

97. The clinical reviewer concludes that the man's poor care could have been a result, in part, from a lack of medical leadership at that time. Although he did not find healthcare staff to be uncaring, they displayed a lack of diligence and appeared oblivious to the man's deterioration, even though wing staff and other officers commented that this was quite extreme. This was a serious failing.

98. There was also a failure by doctors to fulfil their obligations under the inpatient unit's admission policy to review the man at least three times a week. This might have helped alert them to the man's deteriorating condition. The doctors said they were unaware of this policy and the nurses caring for the man did not request regular reviews. We make the following recommendation:

The Head of Healthcare should ensure that the quality of nursing in the inpatient unit at Long Lartin meets the standards required by the Nursing and Midwifery Council and that doctors visit patients at least three times a week in line with the unit's admissions policy.

Pain relief

99. The clinical reviewer understands the difficulties prescribing pain relief for prisoners, as some prisoners might exaggerate the extent of their pain to acquire medication which they can trade. The intelligence about the man exaggerating the extent of his pain came from another unnamed prisoner and a member of healthcare staff who was suspicious about why the man did not want to stay in the inpatient unit. This information was uncorroborated and assessed as low security impact. Regardless of this information, it is important that prisoners are treated on an individual basis and that their medication is timely and appropriate.

100. It is particularly reprehensible that a prison manager should have refused to allow the man's cell door to be opened so that he could get relief for extreme pain during the early hours of 20 August. An unnecessary and unjustifiably strict adherence to the letter of security procedures seems to have outweighed basic humanity on this occasion. It is difficult to see what the security objections could have been to opening the cell of an immobile man in pain when there were at least four members of prison staff and a nurse present. The incident should also have prompted healthcare staff to review the arrangements for administering the man's pain relief at night.

101. The man's pain relief should have been continually reviewed and improved to keep him free from pain. Aside from the numerous missed opportunities to review whether alternative pain relief was needed, there was a particular problem with the repeat prescribing of tramadol, so the man was instead given only paracetamol and ibuprofen.

102. On the day the man was admitted to hospital, the prison doctor instructed another doctor to give him intravenous morphine to relieve his acute pain. This was not available. We make the following recommendation:

The Governor and Head of Healthcare should ensure that prisoners who need it are able to get pain relief appropriate to their individual needs, including morphine or similar powerful analgesia, and that all healthcare and prison staff are aware of their responsibilities to facilitate this.

Restraints

103. The man was a Category B prisoner, regarded as a medium risk of escape and danger to the public.

104. The Prison Service has a duty to protect the public when escorting prisoners to hospital and a responsibility to balance this by treating prisoners with humanity and maintaining their dignity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account factors such as the prisoner's health and mobility. A judgement in the High Court in 2007 made it clear that a distinction needs to be made between the risk of escape (and the risk to the public in the event of an escape) posed by a prisoner when fit and those risks posed by the same prisoner when suffering from a serious medical condition. The judgement indicated that medical opinion regarding the prisoner's ability to escape must be considered as part of the assessment process. It deemed that handcuffing a prisoner receiving chemotherapy (and, by implication, other life saving treatment) was degrading and that such restraint would be likely also to be regarded as inhumane unless justified by other relevant considerations.

105. The SO told the investigator that the man looked distressed and in a lot of pain when he was preparing to transfer him to hospital. He said that the man was very confused, appeared thin and jaundiced and appeared unable to move. Despite this, the man was assessed as a medium security risk and it appears that the prison took into account some low grade uncorroborated intelligence that he was exaggerating his symptoms to be taken to hospital.

106. The escort chain was not removed until after 17.20pm (although the prison say this happened earlier and the man's family say that the restraints were still applied at 8.40pm) on 30 August, once it was confirmed that the man had only days left to live and after the doctor had written outlining the seriousness of his illness. The man died shortly after.

107. The original risk assessment did not include an appropriate indication of how the man's risk of escape was affected by his health condition and mobility – only that there was no medical objection to the use of restraints which is not what the court judgement requires. As we was not able to move at the time, we are not satisfied that an objective assessment of the man's risk could justify the use of double cuffing to take him to hospital, particularly taking into account the size of the escort.

108. While the man's risk assessments were reviewed during his time in hospital it is apparent that his clinical condition was not given sufficient weight. In his condition, it is difficult to see why any form of restraint was considered necessary at any time in hospital, but the fact that they remained in place after 29 August when the extent of his illness became fully apparent and he was given just days left to live, appears inhumane. This is particularly difficult to justify when the man was escorted by four officers. Restraints were not removed until the afternoon of the next day when the man was very near death, despite the fact that it was clear that he had little time left to live and was unable to move. A distorted emphasis on security appears to have led to what must surely amount to inhumane and degrading treatment. We make the following recommendation:

The Governor should ensure that risk assessments for prisoners in hospital fully take into account individual circumstances, including how their health and mobility impacts on their risk of escape, and are based on the actual risk the prisoner presents at the time.

Family Liaison

109. The man was admitted to hospital on 29 August as he was regarded as seriously ill. Later that night tests established that he had terminal cancer and had only a very short time to live. At 10.33pm, the hospital indicated his family needed to be informed.

110. PSI 64/2011 Safer Custody requires:

> "Where prisoners have a terminal illness or suffer an unpredicted and/or rapid deterioration in their physical health, prisons must have in place procedures for supporting the prisoner, engaging with their next of kin or nominated person and providing support for staff."

111. As well as the procedures in PSI 64/2011 – Prison Rule 22(1) states:

> 'Notification of illness or death
>
> '22 – (1) If a prisoner dies, becomes seriously ill, sustains any severe injury or is removed to hospital on account of mental disorder, the governor shall, if he knows his or her address, at once inform the prisoner's spouse or next of kin, and also any person who the prisoner may reasonably have asked should be informed.'

112. We consider that when the man was first taken to hospital at 1.00pm on 29 August he was regarded as seriously ill and his family should have been informed at that stage, in line with the requirement of Prison Rules. At the very latest the prison should have informed his family when he was diagnosed with terminal cancer on the night of 29 August. It was not until the afternoon of 30 August that the man's father was informed. We consider this should have been done earlier. We make the following recommendation:

The Governor should ensure, in line with Prison Rule 22, that the next of kin of seriously ill prisoners are informed as soon as possible.

Prisoner complaints

113. The man made an application to discuss his treatment with the Head of Healthcare on 28 July and submitted a formal complaint on 29 July about the standard of health care he had received, access to a physiotherapist and the need for further investigation. An administrative assistant sent a holding reply to his complaint on 6 August to say that the doctor was on leave and the man's request would be passed on to him on his return. No further action was taken. On 13 August, in response to his application, he was told the Head of Healthcare was on leave.

114. PSI 2/2012 Prisoner Complaints instructs prisons about the process and timescale for complaints. Paragraph 1.5 says:

> "Prisoners must receive a response within a maximum of five working days, but an interim reply can be regarded as meeting this target. Nevertheless, a full reply must be given in the shortest period possible."

115. Paragraph 2.3.3 says that a holding reply should be used sparingly and only when it is genuinely impossible to give a full reply because, for example, somebody is away from the prison. However, holding replies must be informative and prisoners must be kept informed about the progress of their complaint. No further action was taken about the man's complaint and this was never followed up. The man had written a number of letters complaining about the care he was receiving and his family have raised this with the Coroner. It is apparent from this investigation that the man had justified complaints about the standard of care he received.

116. The clinical reviewer concludes that the Head of Healthcare should liaise with the Governor to ensure that NHS complaints procedures are followed and that all prison staff are reminded about how to respond to complaints. We make the following recommendation:

The Governor and Head of Healthcare should ensure that there is an appropriate system for prisoners to complain about health services consistent with Prison Service and NHS procedures and that prisoners receive prompt and appropriate replies covering the points they have raised.

RECOMMENDATIONS

1. The Head of Healthcare should ensure that prisoners reporting severe pain have their symptoms thoroughly examined and investigated to determine the root cause. Follow up actions should be carried out by named staff and prisoners admitted to the inpatient unit should have comprehensive care plans.

2. The Head of Healthcare should ensure that the quality of nursing in the inpatient unit at Long Lartin meets the standards required by the Nursing and Midwifery Council and that doctors visit patients at least three times a week in line with the unit's admissions policy.

3. The Governor and Head of Healthcare should ensure that prisoners who need it are able to get pain relief appropriate to their individual needs, including morphine or similar powerful analgesia, and that all healthcare and prison staff are aware of their responsibilities to facilitate this.

4. The Governor should ensure that risk assessments for prisoners in hospital fully take into account individual circumstances, including how their health and mobility impacts on their risk of escape, and are based on the actual risk the prisoner presents at the time.

5. The Governor should ensure, in line with Prison Rule 22, that the next of kin of seriously ill prisoners are informed as soon as possible.

6. The Governor and Head of Healthcare should ensure that there is an appropriate system for prisoners to complain about health services consistent with Prison Service and NHS procedures and that prisoners receive prompt and appropriate replies covering the points they have raised.

ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	The Head of Healthcare should ensure that prisoners reporting severe pain have their symptoms thoroughly examined and investigated to determine the root cause. Follow up actions should be carried out by named staff and prisoners admitted to the inpatient unit should have comprehensive care plans.	Accepted	An Offender Health Medicines review is currently underway by the Worcestershire Health and Care Trust (WHCT) and incorporates a review of prescribing by individual doctors. The Clinical Director will take arising recommendations to individual GPs in a supervisory capacity, to explore concordance with professional responsibilities. The Offender Health Pain Management Guidelines will be reviewed, to ensure that they fully accord with the Trust's pain management policy; then guidelines will be ratified and all staff will be asked to sign and confirm they have read them and understood.	31 March 2014 Head of Healthcare	
2	The Head of Healthcare should ensure that the quality of nursing in the inpatient unit at Long Lartin meets the standards required by the Nursing and Midwifery Council and that doctors visit patients at least three times a week in line with the unit's admissions policy.	Accepted	The establishment will do the following: • Ensure a multidisciplinary approach to the management of patients on the in-patient unit, supported by appropriate policies and procedures. • Ensure compliance with the existing in-patient policy including the requirement for doctors to visit patients three times per week, through audit. • Ensure appropriate admissions and discharge template (S1) is completed on admission to the unit and available on all clinical trees. • Through a Professional Conduct Study Event ensure that all staff understand	31 March 2014 Head of Healthcare	

			expectations, and these will be reinforced with performance management action.		
3	The Governor and Head of Healthcare should ensure that prisoners who need it are able to get pain relief appropriate to their individual needs, including morphine or similar powerful analgesia, and that all healthcare and prison staff are aware of their responsibilities to facilitate this.	Accepted	Effective management plans have now been developed that integrate the needs of the prisoner population; and ensures that patient management care plans are in place for a multi-disciplinary approach to the care of prisoners whilst in inpatients. The establishment will not restrict any access to medication and now routinely holds morphine and similar powerful medication.	Completed Governor/ Head of Healthcare	
4	The Governor should ensure that risk assessments for prisoners in hospital fully take into account individual circumstances, including how their health and mobility impacts on their risk of escape, and are based on the actual risk the prisoner presents at the time.	Accepted	The risk assessment now includes a review every 24 hours to confirm appropriate cuffing arrangements or an immediate review if there is deterioration in the prisoner's health. All escort staff have been briefed and there is a specific section on the escort risk assessment and bedwatch paperwork for this purpose. The bedwatch paperwork has to be signed daily.	Completed Head of Operations	
5	The Governor should ensure, in line with Prison Rule 22, that the next of kin of seriously ill prisoners are informed as soon as possible.	Accepted	The prison's current policy states that a prisoner's family is informed after 72 hours if a prisoner remains out at hospital. This is subject to a risk assessment. This will be changed to reflect the need for expediency in cases where a prisoner is seriously ill or diagnosed with a terminal illness to ensure that the family is informed immediately subject to risk assessment. A Notice to Staff has been issued	31 March 2014 Head of Safer Custody	

			and the death in custody policy will be re-written to include this.		
6	The Governor and Head of Healthcare should ensure that there is an appropriate system for prisoners to complain about health services consistent with Prison Service and NHS procedures and that prisoners receive prompt and appropriate replies covering the points they have raised.	Accepted	A temporary Quality Manager is currently in post who will oversee many aspects of quality assurance including the quality, professionalism and appropriateness of responses to complaints; until a full appointment is made. Assurance will be provided monthly by the Quality Manager to the Governor that the system meets the needs of the prisoner population. Furthermore, WHCT has carried out a review of their complaints procedures and have made improvements to the process.	31 March 2014 Governor/ Head of Healthcare	