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 July 2010, at Hinchingbrooke Hospital, while a prisoner at HMP Littlehey

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 report of an investigation into the circumstances of the death of the man, a prisoner at HMP Littlehey. The man was diagnosed with myeloma, cancer of the bone marrow, some months before his death. I would like to offer my sincere condolences to all those who knew the man and were affected by his death.

One of my investigators conducted the investigation. A review of the man's medical care was undertaken by the clinical reviewer, Associate Medical Director, NHS Cambridgeshire. I am very grateful to the clinical reviewer for his valuable contribution.

I would also like to thank the Governor of Littlehey and his staff. I am particularly grateful to the Deputy Governor and the Performance Manager, for providing helpful liaison with my office.

In mid-March 2010, two months after the man went into prison, he began to experience symptoms of illness. His condition deteriorated over the following weeks. After arranging various tests, the prison doctor referred him to an external hospital where he was subsequently diagnosed with cancer. The man was admitted to hospital on 20 May, where he remained until his death.

I am satisfied that the man's death, although expected, could not have been prevented and that his clinical care at Littlehey was timely and appropriate. The matter of release on temporary licence or compassionate grounds was considered at an appropriate stage by prison managers and I acknowledge the sympathetic reasons behind their decision not to make an application for release on the man's behalf.
The National Offender Management Service (NOMS) can be proud of the sensitivity with which he was treated by the prison. I am pleased that I make no recommendations on this occasion.

The 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.

Thea Walton
Acting Deputy Ombudsman **October 2011**

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SUMMARY

1. The man had served just over six months of a seven year sentence imposed at Luton Crown Court on 29 January 2010. He arrived at HMP Bedford the same day to begin his sentence.

2. At the prison, he underwent a first reception healthcare screen where he told healthcare staff that he did not have any outstanding hospital appointments in the community. However he had concerns relating to varicose veins and leg ulcers in the past. Healthcare staff felt that he was not as well as he said he was. He suffered a bout of diarrhoea and sickness while at the prison shortly before his transfer to HMP Littlehey but staff were not concerned at this point.

3. On 8 March, the man transferred to Littlehey. Just over a week later, on 16 March, he was examined by the first prison doctor because he was experiencing heaviness in his legs. The doctor saw that he had wasting of the thigh muscles and weakness in his feet. Suspecting a serious underlying cause, he arranged for him to have blood tests. The man continued to complain of weakness in his muscles and an increasing lack of mobility. At the end of April, the prison doctor referred him to a consultant neurologist at Hinchingbrooke Hospital.

4. Wing staff noticed the man was becoming mentally confused and saw him talking to an imaginary friend. A referral was made to the Mental Health Inreach Team. The man underwent an assessment on 4 May and was found to be orientated in time, place and person and no further action was taken.

5. Later that day, healthcare staff arranged for the man to be admitted to hospital as he was unsteady on his feet, short of breath, his stomach was distended and his legs were swollen and pitted with fluid. The man underwent a series of tests at the hospital and was diagnosed with bone cancer.

6. The man was discharged back to the prison on 15 May but became unwell and returned to hospital on 20 May. While he was initially admitted under restraints, these were removed to preserve his dignity and because he was a low risk of harm to the public and of absconding due to his frailty.

7. Prison managers considered release on temporary licence or compassionate release. They decided against this as they were aware that grant of release on either forms of licence would have left the man alone and they felt it would be better for him to have company during this difficult time. This was a sensitive and

compassionate decision on the part of prison staff and his family were pleased that somebody was with him throughout this time.

8. The man's family friend arranged for a hospice placement against medical advice and the prison carried out the risk assessments for this. While the prison agreed in principle, it is evident that the Offender Management Unit was not aware of this decision. The prison has agreed to review their policies and procedures and to create a protocol setting out pathways so that all agencies involved in his care are kept informed of events and decisions.

9. The man underwent a course of chemotherapy, but gradually deteriorated and died on 27 July 2010. His next of kin, a family friend who visited him frequently, was offered help and support by the prison, including payment of funeral expenses.

10. The clinical reviewer has judged that, overall, the medical care the man received at the prison and at the hospital was equal to that which he would have received in the community. I am pleased there are no recommendations arising from the investigation.

INVESTIGATION PROCESS

13. The man died in July 2010. I was notified of his death the following day. Notices were issued to staff and prisoners at Littlehey telling them that an investigation would be taking place, and inviting those who wished to see the investigator, to make themselves known. My investigator requested copies of the man's prison records and other records relevant to his time in custody and his death.

14. My investigator also contacted HM Coroner to inform him of the nature and scope of my investigation. The Coroner wrote to my investigator on 24 November 2010, saying that a post mortem was not carried out because the man's death was due to natural causes and was expected.

15. The clinical reviewer, Associate Medical Director, NHS Cambridgeshire, conducted a clinical review. The clinical reviewer focussed on the clinical care given to the man at Littlehey. He also visited Hinchingbrook hospital and spoke with medical staff and reviewed the man's hospital notes. His review appears as annex to my report.

16. My investigator visited Littlehey shortly after the man's death. She met the Governor and the Deputy Governor. The prison family liaison officer and the Healthcare Manager also spoke with the investigator.

17. One of my family liaison officers wrote to the man's nominated next of kin, a family friend, to explain the investigation process and invite her to contact my office with any concerns or issues regarding the man's care. There was no response at the time of writing this report. However, during the course of the investigation, his next of kin raised a number of issues relating to his medical care in hospital. While this is outside the terms of reference of the investigation, the clinical reviewer explored this in his clinical review but was unable to obtain any relevant information as no formal complaint had been made to the hospital. The family received the draft report as part of the consultation period, but chose not to raise any further issues.

HMP LITTLEHEY

18. HMP Littlehey is a category C[1] male prison located outside the village of Perry in rural Cambridgeshire. It has a maximum capacity of 726 adult male prisoners with 480 young offenders accommodated in the new young offender unit opened early in 2010.

19. Healthcare at Littlehey is provided by NHS Cambridgeshire. The prison does not have 24-hour healthcare facilities. There is a GP service and a local out of hours medical service is available for medical emergencies when doctors are not on duty.

20. The Independent Monitoring Board (IMB) is a voluntary body comprised of individuals drawn from the community. They monitor all aspects of prison life and produce an annual report. The IMB report for 2009/2011 is positive in a number of areas and acknowledges the challenges and upheaval to the prison during the construction of the young offender unit. The Board noted that the prison rose from a grade 3 earlier in the year to grade 4, indicating that it was a high performing prison in the National Offender Management Service (NOMS) quarterly performance ratings.

21. The most recent inspection by HM Inspectorate of Prisons, was carried out in 2007. The resulting report described Littlehey as a well-performing prison.

22. There have been 15 deaths at Littlehey since my office began investigating all deaths in prison custody in 2004. While there are some similarities between the circumstances of the man's death and that of other natural cause deaths at Littlehey, I have not considered it necessary to make any recommendations on this occasion.

[1] When they enter prison, prisoners are risk assessed and given a category based on their offence and the risk that they pose to the public should they escape. There are four categories: A, B, C and D, with category A being the most dangerous. Category C are those who cannot be trusted in open prison conditions, but would not have the ability or resources to make a determined escape.

KEY EVENTS

23. The man was convicted of sexual offences on 5 January 2010 and sentenced to seven years imprisonment at Luton Crown Court on 29 January 2010. He was sent to HMP Bedford on the same day and had served nearly six months of his sentence when he died in July 2010.

24. An entry in the clinical record shows that shortly after arrival at HMP Bedford, The man underwent a healthcare screening assessment conducted by the first staff nurse. The staff nurse assessed his mental state as stable and he engaged well in interview. However, he saw that the man was not as physically well as he said he was. The man told the staff nurse that he had not seen a doctor recently and had no outstanding hospital appointments. However, he was concerned about problems in the past with varicose veins (veins that have become enlarged) and leg ulcers. The nurse assessed him as fit to be accommodated in a normal cell. He was seen later that evening by a prison doctor where he had the opportunity to discuss any health concerns as part of the routine healthcare reception screening process.

25. In early February, the staff nurse was called to F wing by staff concerned about the man because he was suffering from vomiting and stomach cramps. The man was advised to drink fluids and to take small portions of food the next day. No further problems were reported and on 5 March, the man was assessed as fit for transfer to HMP Littlehey to progress in his sentence.

26. The man underwent a further health screening assessment when he arrived at Littlehey on 8 March 2010. He was assessed as not fit enough to use the prison gymnasium. He also signed a form to say that he had been told how to make an application to the healthcare department for an appointment if he needed one. A Prisoners with Disabilities & Older Prisoner referral form was also completed and submitted to the prison disabilities liaison officer (DLO) that day. This form is used to identify what additional needs disabled and/older prisoner may have and, following an interview, set out an action plan addressing these needs. Extra clothing and additional incontinence pads were requested. The man identified his disability as being unable to walk far, unable to use the stairs and the need to be accommodated on the ground floor of a wing.

27. On 16 March, the first prison doctor who examined the man who was complaining of heaviness in his legs. While the cause was not apparent, the doctor noted that the man had wasting of the thigh muscles and weakness in his feet. The prison doctor commented that the man thought it was somehow related to circulation problems, however he questioned whether there may be a more sinister underlying cause and he arranged for the man to have blood tests.

28. In his clinical review, the clinical reviewer has said that the results of the blood tests showed minor abnormalities. At an appointment with a second prison doctor, the man said that he had suffered from leg cramps since his teens and although mildly

anaemic,[2] he felt well. He mentioned to the doctor that he had lost around a stone in weight over the past six months. He also said that he was not keen to be referred to the local hospital and would prefer to "wait and see".

29. At a follow up interview with the DLO on 15 April, it was noted that there had been a rapid deterioration in the man's physical health. Additional help such as a toilet rail and increasing the bunk space between the man's lower bunk and the one above was identified as being the wing's responsibility. However, the form showed that the man's "cell location needs addressed".

30. The man continued to have blood tests and on 27 April, he spoke again with the first prison doctor. He said that he thought the weakness in his legs was because he was not exercising enough, and despite taking vitamin D tablets to address the deficiency identified by an earlier blood test, he was gradually becoming less mobile around the wing. He said he was wheelchair bound and was becoming incontinent of urine. The doctor was still unable to diagnose the cause of the weakness in the man's lower limbs and planned an urgent referral to a neurologist. He also prescribed oxybutynin tablets to relieve the bladder problems. However, the man made it clear to the doctor that he was not happy to go to hospital, especially in handcuffs. The doctor referred him to the mental health services as he appeared to be depressed.

31. The first prison doctor wrote a referral letter to the neurological consultant at Hinchingbrooke Hospital on 29 April. He explained the man's condition and asked the neurologist to see him and advise on how his condition could be managed. The investigator noted that the prison doctor asked for any hospital appointment to be made between 9.00am and 10.30am or 2.00pm and 3.30pm as this would help the prison to put suitable arrangements in place to ensure that the man attended. He also asked that, for security reasons, the appointment be sent directly to the healthcare department and not addressed to the man.

32. On the morning of 30 April, the man made an emergency appointment with the healthcare department but subsequently cancelled it. The clinical record shows that healthcare staff on the wing told a healthcare assistant, that the man had been unwell on the wing earlier, but had gone to work saying he felt better and did not want the appointment.

33. On 2 May, the man suffered a fall on the stairs injuring the base of his spine. Paracetamol and ibroprofen (both painkillers) were prescribed. This was the first of three recorded falls on the wing because of his poor mobility.

34. Wing staff were aware of the man's failing health. An entry dated 3 May, in the wing observation book, asked staff to be vigilant and check on him to see how he was when his cellmate was out of the cell. A response was recorded the same day

[2] Anaemia is a lack of red blood cells, which can lead to a lack of oxygen-carrying ability, causing unusual tiredness

saying that the recent comments regarding the man were noted, he had been reviewed on the wing by healthcare staff and all was quiet.

35. The first prison nursing sister, was called to the wing by discipline staff on the following day, 4 May. They were concerned because the man was unsteady on his feet and had suffered another fall. The nursing sister examined him and noted that he was suffering from shortness of breath on even minor exertion. The clinical record shows she noted that his legs were swollen and pitted with fluid and his stomach was bloated. She discussed the symptoms with the on-call doctor service who advised that he was happy for the man to remain at the prison and see the prison doctor in the morning. The nursing sister told wing staff to call for assistance if necessary and the prison doctor would be told of the man's condition first thing in the morning.

36. On the same day (4 May), a mental health nurse, undertook a mental health assessment following a referral to the Mental Health Inreach Team by the senior officer of E wing where the man was accommodated. The man insisted that his cellmate, who was also his carer, be present during the assessment. Issues of confidentiality were explained to him, however, he insisted that the carer remain. In response to the nurse's questions, he denied that he had been hallucinating or speaking to an imaginary friend, but had been thinking aloud. There was no history of mental health problems in his family. He was assessed as orientated in time, place and person. During the assessment, the man repeated his fear and anxiety of going to hospital because he feared cancer and contracting an infection while there. He also repeated his unwillingness to go to hospital in handcuffs. The clinical record shows that the man agreed to go to hospital for treatment following discussion with the mental health nurse.

37. The mental health nurse concluded that no further input from the mental health team was necessary as there was no evidence of depression or any psychotic features in the man's behaviour. It was noted that he had neurological problems that were being dealt with by the prison doctor and his inreach file was closed.

38. A third prison doctor referred the man to Hinchingbrooke hospital later that day. The discharge letter from the hospital explained that the man underwent a number of investigations and procedures including a magnetic resonance imaging (MRI) scan[3], intravenous (IV)[4] fluids and a bone marrow test which led to a diagnosis of myeloma (a cancer that affects cells in the bone marrow). The man was to undergo chemotherapy for the condition.

39. On 13 May, the prison nursing sister visited the man in hospital to assess his nursing needs in preparation for his return to the prison. The clinical record shows that she told hospital staff that the man had to be able to "negotiate at least 3 steps"

[3] MRI scans use strong magnetic fields and radio waves to produce a detailed image of the inside of the body.
[4] Intravenously means a drug, nutrient or other substance administered directly into a vein.

otherwise he would not be able to move around the areas of the prison he needed to.

40. The man was discharged back to the prison on 15 May and returned to his cell. Healthcare staff visited him daily and additionally when asked to do so by wing staff. Incontinence remained a constant problem with healthcare staff trying a variety of methods to deal with the condition.

41. It is shown in the clinical record that the first prison nursing sister spoke with the man about the cancer diagnosis and his future. She noted that he seemed to accept his diagnosis and the hospital's treatment plan. She liaised with wing staff (Senior Officer) regarding an extension to the man's bunk increasing the restricted space between upper and lower bunk, making it easier for him to move on and off the bed.

42. The man's solicitors wrote to the prison healthcare department on 17 May. They requested information on his state of health because his appeal against his sentence was due to be heard at the Court of Appeal. The investigator spoke with the healthcare manager, who said that the solicitors did not send the man's consent to share his medical information with them. As the healthcare manager was unable to give them any information, he replied suggesting they contact the hospital directly.

43. A psychological assistant assessed the man's suitability for the Sex Offender Treatment Programme (SOTP). The successful completion of the offending behaviour programme would be essential in reducing his risk of reoffending and harm to others. In her Risk Assessment & Status Report dated 18 May 2010, she concluded that although the man was willing to undertake the course, he currently faced serious health concerns. She recommended that his sentence plan should be reviewed as his wellbeing was a priority. The SOTP team were willing to work with him when he felt ready to do so.

44. On 19 May, the man injured his back during a fall in his cell. The wing observation book shows that at 9.40pm the same evening, his cellmate told wing staff that the man had been sick with traces of blood. The orderly officer[5] was told, and said that the man was to be monitored and would see healthcare in the morning. A later entry by the night orderly officer said that the doctor had been consulted regarding the man's condition and nothing could be done at this time. Healthcare staff were to monitor his condition.

45. The following day, a second nursing sister, reviewed him and noted that the man had suffered a bout of diarrhoea, had a swollen stomach, was sick with traces of blood, dehydrated, and breathless on exertion. The man's cellmate described him as moving in and out of consciousness. The second prison doctor examined the man and diagnosed an acute intestinal obstruction. The clinical record shows that

[5] The orderly officer is the officer in charge of the day to day running of prison wings. The night orderly officer undertakes the same function overnight.

the second prison doctor spoke with the surgical doctor on call at the hospital and arranged for the man to be admitted immediately.

46. The bed watch booklet completed by prison escort staff on 20 May shows that the man was admitted to hospital. (The booklet provides a history, recorded by escort officers, of time and events which take place while a prisoner is out of the prison as an inpatient at hospital.) The escort officers had initially applied restraints but on 21 May, they were removed out of decency and because the man was a low risk of absconding from the hospital because of his medical condition. The man's behaviour was described by escort staff as exemplary throughout his time in hospital.

47. A family friend visited the man regularly. Following permission from the prison and liaison with the Offender Management Unit, permission was given for visits from his godson. The prison made arrangements for him to have access to money from his private account held at the prison to buy items at the hospital. He was regularly reviewed by doctors and the consultant.

48. Following another MRI scan and further tests, the hospital planned to discharge the man on 1 June. An entry made in the clinical record at the prison by the healthcare manager, shows that the Macmillan nursing team contacted the prison to discuss his needs on release. The prison agreed to fax their assessment of his needs to the prison for their action.

49. On 26 May, the man was told by a doctor that, the following day, he would undergo an anal biopsy followed by a blood transfusion. Entries in the bed watch booklet and the hospital records seen by the clinical reviewer suggest that this was to be done because it was suspected that the cancer was causing a bowel obstruction.

50. Around mid morning on 28 May, a hospital doctor spoke with the man about a visit from the Macmillan nurses and chemotherapy[6]. The bowel biopsy was carried out and, although escort staff saw that he was becoming mentally confused generally, they noted that he was looking better than he had the day before. The man's family friend visited that evening and he told her that he would remain in hospital for a while longer.

51. On 1 June, an escort officer, recorded that the man told nurses that he did not want to go back to the prison because he had concerns about falling out of bed. However, in any case, he was not considered well enough to return to the prison at this time.

52. The man underwent chemotherapy treatment which made him feel unwell. The prison had not received the needs assessment from the hospital and on 6 June, the healthcare manager telephoned the ward to ask about the man's condition and the assessment. The healthcare manager recorded in the clinical record that the

[6] Chemotherapy is the treatment of killing cancerous cells by chemicals

hospital were awaiting physiotherapy and occupational therapy assessments. The healthcare manager replied to the man's solicitors on 2 June, saying that the man was currently in Hinchingbrooke hospital and advising them that they should contact the hospital direct for any information.

53. The man continued to suffer bouts of sickness in which blood was present and an oesophagoscopy (a procedure to look at the inside of the oesophagus using a long flexible tube with a light and lens) was used to find the cause. He continued to deteriorate and on 15 June, the Macmillan nursing staff visited him to discuss his prognosis. His appetite was variable and he was encouraged to eat and to drink more water. The same day, an entry in the bed watch booklet says that escort staff received a telephone call from the man's family friend to say that she was contacting his barrister on his behalf regarding release from prison on medical grounds.

54. Overall, officers completing the bed watch booklets give good information in their entries and show that doctors regularly reviewed the man's care. On 10 June, nursing staff told escort officers that he needed a high protein diet and a little later, a doctor visited the man and said that he could see an improvement from the week before, but he needed to eat and drink more. Blood tests were regularly taken and he continued to receive regular personal care from nursing staff. He expressed anxieties about returning to prison because he was uncertain that he would receive the same level of care. Escort staff reassured him that healthcare staff would make sure that he would get the right medication and he would be able to walk for short periods. However, it was recorded that his level of nursing need was such that hospital nursing staff helped him manoeuvre in and out of bed when necessary.

55. On 15 June, Macmillan nursing staff visited the man to discuss his prognosis. Escort officers said he became upset when speaking about the time he had left to live. The following day, he was visited by a doctor who said that he may need to be moved to a healthcare unit specialising in a higher level of care, but this could be a very lengthy process.

56. The clinical record shows that the man did not return to the prison before his death. The bed watch booklet entries suggest that the chemotherapy made him feel unwell. His appetite deteriorated, he found it hard to find a comfortable position to sleep at night and his health continued to decline. Escort staff witnessed nursing staff continuing to give the man personal care.

57. The clinical reviewer said that on 22 June, The man was advised by a consultant haematologist[7], that it would not be appropriate for him to be resuscitated if he had a heart attack. The hospital notes confirm that the man signed a Do Not Attempt Resuscitation form showing that he understood and agreed with this. He continued to receive blood tests and transfusions and he spoke with a doctor on 23 June about treatment for severe stomach pains.

[7] A consultant haematologist is a specialist doctor in the diagnosis and treatment of blood related diseased. They interpret blood test results to diagnose blood based abnormalities.

58. The clinical reviewer noted an entry in the hospital notes dated 28 June, by a consultant in palliative care. He said that the possibility of the man transferring to HMP Bedford or HMP Norwich was discussed with an un-named prison officer and the officer said he would speak with the governor. However, this is not recorded in the bed watch booklet or the prison clinical record for that date. The healthcare manager told the investigator that the man was bedbound, catherised and in his view, NOMS would have been unable to manage his condition in a prison setting.

59. The man continued to receive pain relief for increasingly severe stomach pains. In early July, tests showed that his oxygen level was too low and he was given oxygen to increase it. Doctors were concerned about his failing health and escort officers relayed that information back to prison managers. The man's family friend rang the hospital to say that the prison had allowed her to visit him with her children. The officer confirmed this with the prison. Meanwhile, the man had x-rays on his chest and stomach.

60. The family liaison log completed by a senior officer (SO) and prison family liaison officer, shows that he contacted the man's family friend on 2 July and offered an explanation of his role and what would happen in future.

61. The clinical reviewer noted in the hospital records that their medical staff considered whether the man could be moved to either Norwich or Lincoln prison but it was felt that his condition could not be managed by either. On 5 July, the man's family friend visited him and met with the prison family liaison officer, the prison family liaison officer and the deputy family liaison officer. They explained their role and service they offered. They also explained the role of my office and that reasonable funeral expenses would be paid. The man's appeal against his sentence was due to be heard on 9 July and the family friend feared that he would give up if it was bad news. An information booklet about death in prison and the support organisations that were available was offered.

62. On 6 July, the man was moved to Spruce Ward, which the clinical reviewer describes as a medical ward. Escort officers told the prison of the move. The hospital continued to give pain relief for the stomach pains although the man was seen to be distressed about his prognosis.

63. The bed watch booklet and the clinical reviewer's clinical review show that the man continued to deteriorate. The nursing staff continued to give pain relieving medication and blood transfusions. A return to Juniper ward was considered on 9 July because the man was depressed since his move to Spruce Ward. Next of kin continued to visit. There was evidence in the hospital notes that a move to a hospice was discussed with the man and his next of kin wanted to have him at home.

64. The man's family friend told the prison family liaison officer that the man's appeal had been heard on 9 July and his sentence had been reduced to four years. She said that this meant he had 18 months left to serve and she would give him this news. However, the prison family liaison officer made an entry in the family liaison log on 15 July to say that the man's friend had decided not to tell him. She said that full details of the appeal had been reported in the local newspaper.

65. The healthcare manager rang the hospital in mid July to ask for an update on the man's condition. He was told that the man was suffering from a chest infection and was being treated with antibiotics intravenously.

66. An entry in the family liaison log on 22 July says that the man's family friend had discussed the possibility of the man being moved to a hospice. The prison family liaison officer responded to her later that day and said that the prison would consent to this.

67. The clinical reviewer's clinical review noted that the man's family friend (his next of kin), told hospital staff that she was unhappy that he was still being given medication as she felt this was not helping but prolonging his suffering. She considered a palliative approach (to relieve his symptoms) should be pursued. A meeting between the family friend and a doctor was held.

68. The prison family liaison officer had discussed the return of the man's property with family friend on 23 July. As she did not want to visit the prison to collect this, the prison family liaison officer said he would take the property to them on a date to be agreed.

69. The man's family friend wanted him to be moved to a hospice in Moggerhanger, Bedfordshire, near her home, to make it easier for her to visit. It was agreed that chemotherapy would stop and the Liverpool Palliative Care Pathway was started because he was in the end stage of his illness. (The Liverpool Care Pathway for Care of the Dying is designed to manage the care of a person in the last days or hours of life. It addresses physical, spiritual and psychological needs of patients and families whilst facilitating communication and coordination of care.) The man's next of kin arranged a place at St John's Hospice at Moggerhanger. However, he died before he was moved. An entry in the family liaison log confirmed she had arranged a move to the hospice through a friend who was a Macmillan nurse. The prison family liaison officer attempted to speak with the man's community offender manager but without success.

70. My investigator spoke with the Deputy Governor about whether prison managers considered release on temporary licence or compassionate release. My investigator was told that this was not progressed because they were aware that grant of release on either forms of licence would have left the man alone and they considered it

would be better for him to have company during such a difficult time. This was a sensitive and compassionate decision.

71. The man died at 9.20 pm on 27 July. The duty governor went to the hospital to speak to the SO shortly after the man's death. The SO said she had got to know the man and had seen his health deteriorate. The duty governor offered her the services of the staff care team. He spoke with her again the following day to discuss any issues and to remind her that the staff care team and prison management were available to her if she needed them.

72. The Governor of Littlehey wrote a letter of condolence to the man's next of kin which was hand delivered by the prison's family liaison officer during a visit on 30 July. He invited them to visit the prison and gave his contact details and those of the family liaison officer and the deputy governor. Finally, the Governor of Littlehey offered financial assistance with funeral expenses.

73. At a meeting before the man's death, the family friend told the prison family liaison officer that the prison escort staff were always courteous, polite and helpful on each occasion she visited. However, I am aware that she has raised issues with the Coroner's office regarding the care the man received in hospital. (The prison family liaison officer had made an entry in the family liaison log indicating that the family friend had threatened to remove the man from the hospital because of her concerns regarding his care. The prison family liaison officer had made it clear that this would be illegal as the man was a serving prisoner.) The prison family liaison officer remained in contact with the man's family friend. He and the deputy family liaison officer visited on 30 July.

74. Although outside the remit of this investigation, the clinical reviewer spoke to a consultant, about the concerns the man's next of kin raised regarding his lack of personal care. The consultant said that he was aware of the concerns but was not aware of any formal complaint.

ISSUES

Clinical care

75. The clinical review was undertaken by the clinical reviewer, Associate Medical Director, NHS Cambridgeshire. The clinical reviewer reviewed the man's prison clinical record as well as hospital records from Hinchingbrooke Hospital. He also spoke with hospital staff and the head of healthcare at Littlehey. A report written by a consultant on the man's healthcare for the Clinical Risk and Audit Manager of Hinchingbrooke Health Care NHS Trust was made available to the clinical reviewer.

76. The clinical reviewer has acknowledged that the man's illness demonstrated the complexities of how best to look after a prisoner whose health is rapidly deteriorating and the need to quickly find the best place in which to deliver the appropriate care. He has judged that the care the man received at the prison was equitable to that which would have been expected for any patient in the community. The man had two emergency admissions to hospital at the request of the prison doctor and his illness was fully investigated. The clinical reviewer's review has concluded that the treatment options available to the man were limited due to the extent of his disease. He was given supportive management on the ward, including that of the specialist palliative care team. On this occasion, the clinical reviewer does not make any recommendations regarding improvements to procedures or practices.

Release on compassionate or temporary licence

77. The man had been convicted of sexual offences and was in the early stages of his sentence when he was diagnosed with cancer. He underwent a psychological assessment for the Sex Offender Treatment Programme (SOTP) and was judged a suitable candidate. However, between the initial interview for the SOTP and obtaining the man's consent to take the course, he was diagnosed with cancer. On 18 May, the assessor recommended that his sentence plan be reviewed in order to prioritise his wellbeing. Therefore, while he was willing to undertake the work to lower his risk of reoffending and harm to others, he did not have the opportunity to do so due to ill health. When my investigator met with the Governor and deputy governor, it was evident to her that the prison was mindful of this when considering release although he was considered low risk on escort risk assessments.

78. My investigator spoke with the Deputy Governor, who said that the hospital had told the prison that the man's next of kin had arranged a hospice place despite the hospital's opinion that he was not well enough to be moved. The healthcare manager also told the investigator that the hospital nursing staff were adamant that the man could not be moved despite insistence from the man's family friends. The Deputy Governor said the prison had carried out risk assessments on the hospice and had spoken with the offender manager in the community. She agreed that communication between the prison and the prison Offender Management Unit needed to be reviewed to ensure that the Offender Management Unit was kept

informed and updated on events. As a result, the offender supervisor was aware that the man was in hospital in a serious condition, but was not told that Macmillan nursing staff were involved in end of life care. He told the investigator that he did not send any updating information to the Offender Manager in the community as he did not receive any himself. Neither was he aware of any impending transfer from the hospital to a hospice, nor did he carry out any risk assessments regarding the hospice as he was not aware of the proposed move. However, there is also an onus upon the offender supervisor to be pro-active and make enquiries of the prison and healthcare regarding an offender's condition and give regular updates to the community offender manager.

79. In speaking with my investigator, the Deputy Governor has agreed to create a protocol giving a pathway and clear guidelines for sharing information between the offender manager, the Offender Management Unit, healthcare department and the prison when a prisoner is seriously ill. This would ensure that relevant parties such as the Offender Management Unit and healthcare department are kept informed of arrangements. In light of this, I make no recommendation on this occasion.

CONCLUSION

66. The man was a 67 year old prisoner who had served over seven months of a seven year prison sentence when he died of cancer in July 2010. Once diagnosed, his life expectancy was significantly reduced and his death, although sudden, was expected. Prison managers took a sympathetic stance and decided that temporary release on licence or release on compassionate licence was not in the man's best interests on this occasion. However, they have undertaken to create a pathway and clear guidelines for sharing information between relevant parties when a prisoner is seriously ill.

67. The clinical reviewer has concluded that the care the man received in the prison and at Hinchingbrook Hospital was equal to that which he would expect to have received in the community. I concur with his view and make no recommendations.