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 at University Hospital of North Tees, in July 2013, while in the custody of HMP Holme House

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 prisoner at HMP Holme House. The man died at University Hospital of North Tees on 24 July 2013 from multiple cancers. He was 54 years old. I offer my condolences to the man's family and friends.

The investigation was carried out by an investigator. A Clinical Reviewer reviewed the man's clinical care in prison. HMP Holme House and HMP Northumberland, where the man had spent most of his sentence, cooperated fully with the investigation.

The man had been in prison since September 2009. In May 2013, he was admitted to hospital when he appeared to be jaundiced. In hospital it was discovered that he had a growth in his genital area which he had had for about two years but had told no one about. He had dressed the affected area with tissue and plastic bags. The man was subsequently diagnosed with penile cancer which had spread to other areas.

When his cancer was discovered, it had progressed to a stage where the only treatment option available was an operation to remove his penis. However, the man also had heart problems and needed to rest and recuperate before he was fit enough for an operation. The man's health deteriorated further and he died in hospital before surgery could take place.

The man often did not attend medical appointments while he was in prison and it is a concern that healthcare staff did little to follow these up and encourage attendance. Nevertheless, apart from one occasion when pain relief was below standard at HMP Northumberland, the clinical reviewer concludes that, once the man's cancer was diagnosed, his health care was timely and of an equivalent standard to that which he could have expected in the community.

While I am concerned that the use of restraints on the man when at HMP Northumberland was not always fully justified by a properly considered risk assessment, I am satisfied that he received a generally good standard of care at both prisons.

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

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SUMMARY

1. The man was charged with assault and remanded into custody at Holme House on 28 September 2009. He received an indeterminate sentence for public protection on 12 March 2010 with a minimum time to serve of 4 years.

2. The man transferred to HMP Northumberland in July 2011. On 2 May 2012, he saw the prison doctor and reported that he had been suffering with chest pain and feeling generally unwell. Tests indicated that the man was anaemic but he refused any further assessment or treatment. The man was moved back to Holme House for a short time at the end of May 2012 and returned to HMP Northumberland in April 2013.

3. On 16 May 2013, a prison doctor was concerned that the man, who had reported chest pain, sickness and diarrhoea, appeared jaundiced. The doctor arranged an emergency admission to hospital for further investigations.

4. Hospital staff discovered a large growth on the man's penis, which he explained he had concealed for two years. He had not sought any medical help and had dressed the wound himself with tissue and plastic bags. He was diagnosed with penile cancer and further tests revealed that the cancer had spread to other parts of his body.

5. On 4 July, a consultant urologist told the man that the only treatment possible would be a surgical procedure to remove his penis. However the man also had heart problems and was not well enough to undergo surgery at that time.

6. On 12 July, the man was discharged to Holme House to rest. On 14 July he reported feeling unwell. His blood pressure was low and he was admitted to hospital as an emergency. In hospital, the man's condition deteriorated. He was moved to the high dependency unit and put onto a ventilator to assist his breathing.

7. On 24 July, hospital staff and his family discussed the situation and agreed that the ventilator should be removed. The man died the following day, with his family present.

8. The clinical reviewer concludes that the man received appropriate treatment in prison and we are satisfied that he received a good standard of medical care equivalent to that he might have expected to receive in the community. It appears that the man had a fear he would die in hospital and often refused to attend booked healthcare appointments. While the man, like anyone in the community, had the right to choose not to attend appointments, it is regrettable that little was done follow up with him the reasons he did not attend. It is possible that with further encouragement his condition might have been discovered at an earlier stage. We make recommendations about following up missed appointments, access to effective pain relief and the use of restraints.

THE INVESTIGATION PROCESS

9. The investigator issued notices to staff and prisoners at HMP Holme House, informing them of the investigation and inviting anyone who had relevant information to contact him. No one came forward.

10. The investigator visited Holme House on 7 August 2013 and met the Head of Healthcare and spoke to staff and prisoners. He obtained copies of the man's prison records, including his prison medical record. The investigator interviewed three members of staff at HMP Northumberland on 25 September. He gave initial feedback about the preliminary findings of the investigation and followed this up in writing.

11. NHS England commissioned Spectrum CIC to review the man's medical care in prison.

12. HM Coroner for Teeside was informed of the investigation and provided the investigator with the post-mortem result. The Coroner has been sent this report.

13. One of the Ombudsman's family liaison officers contacted the man's mother, his nominated next of kin, to explain the investigation. His family did not identify any specific issues for the investigation to consider.

HMP/YOI HOLME HOUSE

14. Holme House is a local prison for up to 1,212 male adult prisoners. The majority of its prisoners are remanded into custody or recently convicted by courts in the local area. The prison also holds a small number of young adults, aged 18 to 21.

15. Care UK provide health services at Holme House. Nurses are on duty 24 hours a day. There are GP clinics six days a week plus out of hours cover. There is a 28 bed inpatient unit.

HM Inspectorate of Prisons

16. At their most inspection of Holme House in July 2010, HM Inspectorate of Prisons (HMIP) found that health services were undergoing substantial change. Inspectors noted that primary care services were of a good standard. However, prisoners were unable to see a doctor without being accompanied by a member of staff. HMIP found that admissions to the inpatient unit were clinically appropriate. The unit itself was described as adequate but stark.

Independent Monitoring Board

17. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure prisoners are treated fairly and decently. In their latest published annual report for 2011/12 the IMB noted that in the second year of its contract Care UK had made positive advances on the previous year. The IMB considered that healthcare services were delivered to a high standard because of the hard work of the individuals who managed the department.

Previous deaths at HMP Holme House

18. The man was the fifth prisoner to die from natural causes at Holme House since January 2012. In other investigations we found that there was a generally good standard of care at Holme House.

HMP NORTHUMBERLAND

19. HMP Northumberland is an amalgamation of the former Acklington and Castington prisons and holds up to 1,348 sentenced adult male prisoners.

20. Care UK provides healthcare services at the prison. There are nurses on duty during the day, seven days a week. An out of hours service is available at all other times. There are no inpatient facilities.

HM Inspectorate of Prisons

21. Her Majesty's Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Northumberland in June 2012. In their report, inspectors said that the amalgamation of the two prisons had gone well and were impressed with the energetic and committed management team. The report said that healthcare provision was reasonable and the care of patients with lifelong conditions such as asthma, diabetes and heart disease was good. Prisoners had good access to secondary care via a number of hospitals in the local area.

Independent Monitoring Board

22. In its 2012 annual report, the IMB noted that prisoners had long waits before and after medical appointments, and that waiting rooms were crowded.

Previous deaths at HMP Northumberland

23. Six prisoners have died at HMP Northumberland since the prison was formed in 2011, two from natural causes. We found that those men received a good standard of medical care for the life-long conditions with which they had been diagnosed.

KEY EVENTS

24. On 28 September 2009, the man was remanded into custody charged with grievous bodily harm and assault. He went to HMP Holme House in Stockton-on-Tees. On 12 March 2010, he received an indeterminate sentence for public protection with a minimum time to serve of 4 years. He was 50 years old and this was not his first time in prison.

25. A Nurse had carried out an initial reception health screen when the man first arrived at Holme House in 2009. She noted that he had a family history of heart disease and had previously missed an appointment for a heart scan. The Nurse told the man she would rearrange the appointment, but he refused and signed a disclaimer to that effect. She told the man to raise any issues about his health with healthcare staff immediately.

26. On 27 December 2009, the man had an electrocardiogram test (ECG – which is used to monitor the electrical output of the heart) at the prison, which indicated the possibility of a previous infarct (an area that has been subject to damage due to lack of blood supply). The man refused admission to the healthcare inpatient unit for further investigation.

27. In January 2010, the man did not attend a doctor's appointment (it is not clear from the records what this was for) and had limited contact with healthcare staff at the prison after that.

HMP Northumberland

28. On 26 July 2011, the man transferred to HMP Northumberland. A Nurse carried out an initial health screen and recorded no specific issues.

29. On 1 August, during a routine examination by another Nurse, it was noted that the man's blood pressure was slightly higher than expected. He was advised that he would require regular blood pressure checks and a review by the prison doctor. However, the man only attended for a check on one occasion. The GP did not review him and there is no evidence of healthcare staff taking any follow up action.

30. On 26 October, the man requested an appointment with a GP after feeling dizzy and faint but did not attend the appointment. No reason was given in his medical record and no follow up action was recorded.

31. The man had no further significant contact with healthcare staff until 20 April 2012, when a doctor saw him when he complained that he had had chest pain over the previous two days. The results of an ECG were normal. He had a series of blood tests with a planned follow up appointment five days later but did not attend.

32. The man eventually saw the doctor on 2 May to discuss the earlier blood tests. The results indicated he was anaemic and the doctor advised the man that further hospital tests would be needed to establish the cause. The man was adamant he would not attend and told the doctor if he went to hospital he was afraid that he might die. The doctor arranged follow up appointments to

discuss his refusal to undergo treatment. However, he failed to attend. There was no recorded further follow up action.

HMP Holme House

33. On 31 May 2012, the man transferred to HMP Holme House to complete an offending behaviour course in line with his sentence plan. The Nurse reported no specific issues from his reception health screen.

34. The man was seen on 11 December suffering with a chest infection, he was prescribed antibiotics and pain relief. Between December 2012 and April 2013, records show that the man complained of headaches on six occasions and was provided with a box of paracetamol (16 tablets per box) five times. He was allowed to keep this medication in possession. (During this investigation the clinical reviewer formed the opinion that the man was using this medication to relieve the pain caused by the growth on his genitals).

HMP Northumberland

35. The man transferred back to Northumberland on 17 April 2013, in line with his sentence planning requirements. During the journey he was given ibuprofen for a headache. A Nurse saw him in reception and again no health concerns were noted.

36. On 14 May, the man told a prison GP that he had been suffering with chest pain which had become progressively worse over nine weeks. The GP made an immediate referral to the cardiology department at Wansbeck General Hospital, in Ashington. Two days later, the man suffered with diarrhoea and vomiting. A Nurse referred him to another prison GP for further examination.

37. The GP noted that the man appeared jaundiced. The doctor was concerned at his condition and arranged an emergency admission to Wansbeck General Hospital. In hospital it was discovered that the man had a very large growth on his penis. He told hospital staff that he had concealed his condition from prison staff for two years and had dressed the growth himself with tissue and plastic bags. The man was transferred to the urology department of Freeman Hospital, Newcastle upon Tyne, for specialist care.

38. The man remained in hospital. On 22 May a biopsy and CT scan were carried out. The results revealed the man was suffering from a fungating, extensive penile carcinoma (cancer) with areas of secondary cancer in his groin. He was referred to Professor Greene, a consultant urologist at Sunderland Royal Infirmary.

39. On 23 May, the man was discharged from hospital and returned to HMP Northumberland. He was prescribed morphine sulphate (a long lasting opiate based medication). The next day he was prescribed codeine, ibuprofen and paracetamol for additional pain relief.

40. On 29 May, the man was seen in the rapid access chest pain clinic at Wansbeck General Hospital in relation to the GP's cardiology referral on 14 May. He was diagnosed with non-cardiac chest pain, likely to have been caused by anaemia.

41. On 31 May a Macmillan nurse discussed his condition with him and ensured his careplan was appropriate. The nurse continued to have regular contact with the man until his death and involved the man's family in meetings to discuss his care.

42. Later that day, two nurses went to the man's cell to clean and dress his wound. They found that the man had dressed the wound himself using toilet tissue and a plastic bag. Despite warnings about infection, he said he would continue to dress the wound himself. A nurse went to see the man each day and offered him clean dressings but he always refused them. He was advised to let healthcare staff know if his condition changed.

43. On 3 June, the man told a doctor that his prescribed painkillers were no longer effective. The doctor changed the prescription from codeine to tramadol (an opoid painkiller used to treat moderate to severe pain), in addition to the morphine sulphate he had been prescribed at hospital. On Friday 7 June, the man complained to healthcare staff that his medication was ineffective in managing his pain. He was told he would be unable to see a doctor until Monday morning. The man requested additional pain relief on Monday morning but did not see a doctor until lunchtime when his prescription was increased.

44. On 1 July, prison staff reported that the man was unwell. A Nurse found him conscious but unresponsive and disorientated. He was admitted to Wansbeck General Hospital by emergency ambulance. The man was escorted by two officers and restrained by a handcuff attached to one of the officers. He was restrained throughout his stay in hospital by an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). Despite his medical condition and limited mobility, he was assessed by prison staff as still able to escape unaided. However, he was not considered a risk to prison or hospital staff and it was noted that there was no likelihood of outside assistance to facilitate an escape.

45. The man was diagnosed with acute coronary syndrome (reduction of blood flow to heart). A family liaison officer from the prison contacted the man's mother to inform her of his condition. The man received a blood transfusion, which stabilised his anaemia and improved his condition.

46. On 4 July, the man was transferred to Sunderland Royal Infirmary and told he would need a penectomy (a surgical procedure to remove the penis). Initially, the man refused the operation and asked to be taken back to the prison. After further discussions with his consultant he agreed not to discharge himself.

47. The man remained in hospital. On 8 July the Head of Healthcare at Northumberland visited him and they discussed his proposed surgery which the man agreed to have. The man's heart was weak and he needed at least six weeks rest before surgery, so he was discharged to the healthcare unit at Holme House on 12 July.

HMP Holme House

48. On 14 July, a Nurse examined the man after he reported feeling unwell. She noted that he appeared very pale and his blood pressure was low and arranged for him to be admitted immediately to University Hospital of North Tees. He was escorted by prison staff but restraints were not used.

49. On 17 July, an Officer from Holme House, was appointed as he man's family liaison officer. She telephoned the man's mother and arranged to visit her at her home the next day. During the visit they discussed the man's illness and his possible return to Holme House when his condition allowed.

50. In hospital, the man's condition continued to deteriorate and, at 2.20am on 22 July, he was moved to the high dependency unit of the hospital where he was placed on a ventilator (a medical ventilator is a machine used as life support and breathes for patients who cannot breathe for themselves). The man's family were informed and attended the hospital.

51. On 24 July, after discussions with his family it was agreed to remove the ventilator. The man was placed on an end of life care pathway and died at 4.22 pm with his family present.

Events after the man's death

52. The man's family were supported by the prison family liaison officer and financial assistance was offered towards funeral costs in line with national guidance.

53. Prison staff held a debrief on 24 July, the date after the man's death and were offered appropriate support.

Post-mortem report

54. A post-mortem was carried out on 26 July and concluded that the man died from carcinomatosis and carcinoma of the penis.

ISSUES

Clinical care

55. The clinical reviewer makes a number recommendations and good practice points in her report. We do not repeat them all here, but healthcare managers at Holme House and Northumberland will wish to consider them.

56. The clinical reviewer draws particular attention to the Macmillan Adopted Prison Standards introduced in the North East. This means that when a prisoner is diagnosed with a condition which might require palliative care, they are entered onto a palliative care register which initiates the care interventions to be considered. We agree with the clinical reviewer that this had a positive impact on the man's care and deserves praise.

57. The man actively concealed his condition and pain for two years. He declined to attend arranged medical appointments and appeared to be self- medicating through pain relief obtained when he claimed to have headaches. He dressed the growth himself with tissue paper and plastic bags.

58. The clinical reviewer commented that after the man was diagnosed with cancer, his healthcare needs were addressed in a timely manner. She noted that liaison between healthcare staff and hospital staff was of a good standard. Healthcare staff visited the man in hospital and care and sensitivity was shown towards him and his family. It is particularly encouraging to note the man's family were involved in multi-disciplinary team meetings and discussed his prognosis and ongoing care.

59. After his diagnosis there was clear and accurate communication between the hospital and prison staff. The palliative care nurse remained in frequent contact with the man and with secondary care providers and ensured that the man's careplan was updated regularly. We are satisfied that the man's treatment and the handling of his medical care at HMP Northumberland and HMP Holme House was prompt and appropriate.

The man's medication

60. The man's pain relief was generally good. However, on one occasion at HMP Northumberland on Friday 7 June, the man complained that his pain relief medication was not working effectively. He was informed he would have to wait until Monday to see a GP for a review of his prescription. On Monday morning the man again raised the issue of his pain relief and was told he would see a doctor at lunchtime.

61. The clinical reviewer states that is was unacceptable that the man had to wait all weekend and until the Monday lunchtime before his pain relief was reviewed. This could, and should have been done on the Friday. We make the following recommendation:

The Head of Healthcare at Northumberland should ensure that prisoners diagnosed with cancer and other serious illnesses have immediate access to effective pain relief medication when required.

Missed appointments

62. There were many entries in the man's medical records that indicated he had not attended appointments. Sometimes it was because he had refused to attend but the reasons for his refusal were not always recorded. We were told that the man was very afraid of hospitals and tended to think that any healthcare appointment would end up with him going to hospital where he might die. There is no evidence to suggest that staff at either prison took any action to assist him with his fears, or encouraged him to attend any of his medical appointments.

63. The man had the right not to attend appointments and we cannot know if he had been encouraged to attend healthcare appointments, whether the outcome would have been different. However, if he had done so it is possible that his condition might have been discovered sooner. We make the following recommendation:

The Heads of Healthcare at Northumberland and Holme House should ensure that reasons for missed appointments are recorded in prisoners' clinical records and that staff actively encourage reluctant prisoners to attend appointments.

Restraints and security escorts

64. The Prison Service has a duty to protect the public when escorting prisoners outside the prison such as for hospital visits 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.

65. The man was admitted to hospital from Northumberland on 1 July and remained there until 12 July. During this time he was assessed as able to escape unaided, despite his poor medical condition and mobility which meant he was unable to use the toilet unaided. He had received a blood transfusion

and needed hourly pain relief (oramorph). However, he remained restrained throughout this time using an escort chain.

66. The man was assessed as posing no known risk to hospital staff with no likelihood of outside assistance to escape. However, it appears that little consideration was given to these factors or his physical condition when considering the use of restraints. While some medical opinion about the man's condition was taken into account as part of a risk assessment, there is limited information about his physical condition or mobility and the impact this had on his actual risk when he was outside the prison. We consider that an objective assessment would have concluded that a man who needed to be assisted to use the toilet would be unlikely to be able to escape from two escort officers.

67. Security measures must be proportionate to a prisoner's individual circumstances which must be fully considered, taken into account and balanced against the security risks. However, we are concerned that, despite the man's poor physical health and reduced mobility, he continued to be restrained.

68. We consider there is a need for all those involved in making decisions to ensure that a prisoner's health and mobility are given sufficient weight in risk assessments for hospital escorts and that staff follow the guidance in the High Court judgment. We make the following recommendation:

The Governor and the Head of Healthcare at HMP Northumberland should ensure that risk assessments for prisoners taken to hospital fully take into account individual circumstances and are based on the actual risk the prisoner presents at the time.

69. We are pleased to note that when the man was re-admitted to hospital on 17 July, from Holme House, prison staff considered his serious medical and physical condition. They appropriately concluded that restraints were unnecessary which meant that he was not restrained at any time during his final days in hospital before his death.

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 at Northumberland should ensure that prisoners diagnosed with cancer and other serious illnesses have immediate access to effective pain relief medication when required	Accepted	An initiative from Palliative Care Development has now been put in place, which ensures maintenance of a small stock of palliative care drugs to avoid any delays in treatment availability. A GP is scheduled to work Friday afternoon and nursing staff have access to out of hours GP service in the event of requiring revision to analgesia prescription.	Completed Head of Healthcare (Care UK)	
2	The Heads of Healthcare at Northumberland and Holme House should ensure that reasons for missed appointments are recorded in prisoners' clinical records and that staff actively encourage reluctant prisoners to attend appointments	Accepted	Attempts are now made to establish reasons for non attendance and this is documented using recognised read codes. Patients who are known to have particular healthcare needs who do not attend are followed up and encouraged to engage and attend healthcare appointments. Did not attend and non attendance rates are discussed at prisoner forums and IMB meetings.	Completed Heads of Healthcare at HMP Northumberland and HMP Holme House	
3	The Governor and the Head of Healthcare at HMP Northumberland should ensure that risk assessments for prisoners taken to hospital fully take into account individual circumstances and are based on the actual risk the prisoner presents at the time	Accepted	The Head of Healthcare at HMP Northumberland will now provide medical information for patient escort records (PER) and all escort risk assessments. The decision whether to the use of restraints remains a prison management decision and the Security Manager or Duty Manager will base their decision on the risk and intelligence available at the time. Upon review of the escort risk assessment, all risk factors will be considered	Completed Head of Healthcare (Care UK) / Head of Residence/ Head of Security & Operations	

			including the risk posed to the public or the risk the public poses to the prisoner. Healthcare professionals will be consulted when deemed necessary especially when consideration is given to the level of restraint or supervision required. The Head of Security and Operations has been consulted and assures that future considerations will be made according to the level of risk.		