Prisons & Probation Ombudsman
Independent Investigations

Investigation into the death of Mr Geoffrey Norton, a prisoner at HMP Wakefield, on 3 June 2015

A report by the Prisons and Probation Ombudsman
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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Geoffrey Norton died of bowel cancer, which had spread to his brain, liver and lungs, at HMP Wakefield on 3 June 2015. He was 72 years old. I offer my condolences to Mr Norton's family and friends.

When Mr Norton's symptoms of cancer became obvious, his condition was too advanced for any treatment other than palliative care. I am satisfied that his end of life care at Wakefield was of a very high standard.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman **December 2015**

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Summary

Events

1. Mr Geoffrey Norton was remanded to prison in January 2010 and in November 2010 was sentenced to life imprisonment. He had been at HMP Wakefield since 24 May 2011. He had a history of high cholesterol, high blood pressure and reactive depression. Mr Norton received medication for his conditions but otherwise had little contact with healthcare staff.

2. Between January and March 2015, Mr Norton reported having pain, indigestion, a loss of balance and an intermittent cough. A prison GP requested diagnostic tests and prescribed medication for suspected acid reflux and vertigo. On 1 April, Mr Norton was admitted to hospital with slurred speech and poor mobility. Prison healthcare staff had suspected a stroke, but a scan showed that he had colon (bowel) cancer, which had spread to his brain, liver and lungs. Active treatment was not possible.

3. The hospital discharged Mr Norton on 3 April and he was admitted to the prison's inpatient unit for end of life care. On 27 April, he moved into Wakefield's palliative care suite. In the early hours of 3 June, Mr Norton's condition worsened and he became unconscious. A nurse stayed with him and at 6.14am he stopped breathing. At 6.57am, a paramedic confirmed his death.

Findings

4. Healthcare staff looked after Mr Norton under the Gold Standards Framework, a systematic, evidence-based approach to supportive and palliative care. We are satisfied that Mr Norton received a high standard of care at Wakefield that was at least equivalent to that he could have expected to receive in the community.

The Investigation Process

5. The investigator issued notices to staff and prisoners at HMP Wakefield informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

6. The investigator obtained copies of relevant extracts from Mr Norton's prison and medical records.

7. NHS England commissioned a clinical reviewer to review Mr Norton's clinical care at the prison.

8. We informed HM Coroner for West Yorkshire (Eastern) of the investigation, who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

9. One of the Ombudsman's family liaison officers contacted Mr Norton's brother to explain the investigation. He had no specific matters he wanted the investigation to consider.

10. The investigation has assessed the main issues involved in Mr Norton's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

11. Mr Norton's family were informed the initial report was available, but did not wish to receive a copy or make any comment.

Background Information

HMP Wakefield

12. HMP Wakefield is one of eight high security prisons in England and Wales. It holds 750 men. There are four main residential wings, a healthcare centre, segregation unit and close supervision centre for exceptionally high-risk prisoners.

13. Spectrum CIC (Community Interest Company) provides primary healthcare services during normal working hours. A local GP surgery provides an out-of-hours service. Humber NHS Foundation Trust employs the nurses in the inpatient unit, for overnight and weekend care for prisoners with physical health problems. There is a dedicated palliative care suite in the healthcare unit.

HM Inspectorate of Prisons

14. The most recent inspection of HMP Wakefield was in July 2014. Inspectors found that health services were good overall but some parts of the healthcare environment, including the inpatient unit, were poor. Primary care services were very good and had an appropriate emphasis on the care of patients with long-term conditions. Inspectors noted that the Macmillan Gold Standard Framework was used to assist patients with palliative care needs.

Independent Monitoring Board

15. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to April 2014, the IMB reported that Wakefield had a significant number of older prisoners, and this brought its own problems and challenges for the provision of healthcare. There was a monthly healthcare forum, including representatives from each wing.

Previous deaths at HMP Wakefield

16. Mr Norton was the seventh prisoner to die from natural causes at Wakefield since the start of 2014. We have made previous recommendations about the use of restraints on seriously ill prisoners without comprehensive risk assessments to justify their use.

Findings

The diagnosis of Mr Norton's terminal illness and informing him of his condition

17. On 27 January 2010, Mr Geoffrey Norton was remanded to prison. He was convicted of murder on 10 November and received a life sentence. On 24 May 2011, he transferred to HMP Wakefield. Mr Norton had high cholesterol, high blood pressure and depression. Healthcare staff monitored these health problems and prescribed medication, but Mr Norton had little further contact with healthcare staff.

18. On 13 January 2015, Mr Norton told a doctor that he had low back pain, frequent urination and indigestion. The doctor examined him and noted he had tenderness in his right spinal area and his abdomen. He prescribed lansoprazole for indigestion and ordered a blood test to check his prostate-specific antigen (PSA) levels, which can be an indicator of prostrate cancer. The test results showed no abnormalities.

19. On 16 March, Mr Norton told a doctor that over the last nine months he had had an intermittent cough, which was getting progressively worse. He said the cough gave him a burning feeling and he felt imbalanced when walking. The doctor thought his cough might be due to acid reflux and re-prescribed lansoprazole, as well as prochlorperazine for vertigo. He ordered a routine chest X-ray.

20. Mr Norton was due to have his chest X-ray on 24 March but he did not go, as he was unwell. Healthcare staff admitted him to the inpatient unit with slurred speech and unsteadiness. The next day, a doctor reviewed Mr Norton, who still had problems with his balance. His clinical observations were within normal range. Mr Norton remained in the inpatient unit, where staff monitored him closely for the next few days.

21. On 30 March, a doctor noted Mr Norton had a chesty cough, but his chest was clear. A physiotherapist noted that his speech was slurred, with a slight droop to the left of his mouth and that he was unsteady when walking. He asked staff to monitor him.

22. Shortly before 9.00am on 31 March, a nurse found Mr Norton on the floor of his cell. She thought his slurred speech and facial droop were more prominent and telephoned the stroke assessment nurse at the hospital for advice. The specialist nurse did not think that Mr Norton's symptoms indicated a stroke, and advised her to discuss it with a consultant neurologist.

23. The nurse called the out-of-hours GP service to assess Mr Norton. At 9.37am, a doctor examined him and found some evidence of deterioration in his eyesight, respiratory disease, a high weight loss (around 7kg in recent weeks) and a possible neurological disorder. She thought this might be due to a 'mini stroke' or a brain tumour. She asked the nurse to ask the hospital for an inpatient assessment, but there were no beds available at the time.

24. At 5.17pm, the hospital rang the healthcare unit to offer a bed. However, due to an outbreak of flu at the prison, they had already sent several prisoners to hospital and had insufficient staff to take Mr Norton. It was agreed with the hospital that to contain any further infection, he should be monitored in the prison's inpatient unit overnight. Mr Norton's condition was stable and the clinical reviewer was satisfied that this did not disadvantage Mr Norton. The next afternoon, Mr Norton was admitted to hospital for assessment and observation.

25. On 2 April, a nurse and a manager visited Mr Norton. Hospital staff told them that scans had shown that Mr Norton had primary colon cancer, with secondary cancer that had spread to his lungs, brain and liver. His prognosis was poor and no active treatment was possible. The oncology department would consider his palliative care and views about resuscitation before they discharged him.

26. A nurse spoke to Mr Norton, who was tearful and said he was not yet ready to discuss his diagnosis with anyone at the prison, or with his family. The next day, the hospital discharged him and he returned to the prison's inpatient unit. He told a nurse that he understood his diagnosis.

27. The clinical reviewer noted that Mr Norton had not complained of symptoms typical of colon cancer, such as a change in bowel habits or rectal bleeding and there had been nothing to indicate an urgent referral for suspected cancer. She noted that early bowel cancers might not cause any symptoms. His only symptom appears to have been upper abdominal pain and the prison doctor had taken steps to diagnose and treat this. His rapid weight loss was at a late stage. We are satisfied that there is no evidence of a delay in diagnosing Mr Norton's cancer.

Mr Norton's medical treatment

30. Before he was discharged from hospital on 3 April, Mr Norton had told his oncologist that he did not want any invasive or aggressive procedures, such as chemotherapy. When Mr Norton returned to Wakefield, healthcare staff followed the Gold Standard Palliative Care Pathway. A palliative care link nurse led Mr Norton's care.

31. On 8 April, Mr Norton told a Macmillan nurse that he was anxious about his future. The nurse reassured him and said the oncologist and his team and the palliative care link nurse would review him frequently. On 10 April, Mr Norton told a doctor and the palliative care link nurse that he did not want staff to attempt resuscitation if his heart or breathing stopped and they completed an order to confirm this.

32. On 11 April, an entry in Mr Norton's medical record by a nurse noted that he had been given another patient's medication by mistake. The clinical reviewer found that the nurse handled the error appropriately, with openness and honesty and in line with the Nurses and Midwives Council's guidelines. Mr Norton suffered no ill affect.

33. Towards the end of May, there was a marked deterioration in Mr Norton's condition. In early June, he complained of back pain and doctors prescribed fentanyl patches and oxycodone, both opiate medications for pain relief.

34. At 3.25am, on 3 June, a nurse noted that Mr Norton was agitated and unsettled. The nurse telephoned a palliative consultant at the hospital, who advised additional pain relief. As it was controlled medication, an out-of-hours doctor, visited the prison to prescribe it. At 5.50am, a doctor examined Mr Norton and reviewed his medication. The doctor noted that Mr Norton was nearing the end of his life. The nurse stayed with Mr Norton and at 6.14am, he stopped breathing. She asked the control room to call for a paramedic. At 6.57am, a paramedic first responder examined Mr Norton and confirmed his death.

35. A post-mortem examination showed Mr Norton's cause of death was due to metastatic colorectal carcinoma.

36. By the time Mr Norton began to show symptoms of cancer, it was too late for any treatment, other than palliative care. The clinical reviewer noted that staff involved him in creating his palliative care plan and that there was a multidisciplinary approach, including close liaison with the community palliative care services. Mr Norton's pain was well controlled and his medication was reviewed and adjusted to meet his needs. The clinical reviewer concluded that the standard of Mr Norton's healthcare was exemplary and we are satisfied that Wakefield provided a good standard of care equivalent to that he could have expected to receive in the community.

Mr Norton's location

37. Mr Norton spent short periods in the inpatient unit in the early months of 2015. On 3 April, after his diagnosis and discharge from hospital, he was admitted to the inpatient unit again. He moved into the designated palliative suite on 27 April, where he stayed until his death. Friends from his wing and his personal officer visited him there. We are satisfied that Mr Norton had suitable accommodation to meet his needs.

Restraints, security and escorts

38. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.

39. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity and maintain their dignity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes account of factors such as the prisoner's health and mobility.

40. On 31 March, in preparation for Mr Norton's transfer to hospital, the security department completed a risk assessment. The risk assessment concluded that Mr Norton was a high risk to the public due to the nature of his offences and

medium risk to hospital staff and of hostage taking. A prison manager decided that two officers should escort Mr Norton and use an escort chain to restrain him when he went to hospital on 1 April. (An escort chain has a handcuff at each end, one attached to an officer and the other to the prisoner.)

41. The medical section of the risk assessment noted Mr Norton's previous heart problems and depression, but did not comment on whether his current medical condition or mobility affected his risk of escape, as should have happened. We do not make a recommendation about this, as the next day, 2 April, a prison manager decided that the restraints should be removed as soon as he learnt of Mr Norton's diagnosis. We consider that this was an appropriate and humane decision.

Liaison with Mr Norton's family

42. When he was first diagnosed, Mr Norton said he did not want the support of a family liaison officer, but a Supervising Officer (SO) took on the role of family liaison officer and went to see Mr Norton. He offered support and arranged for Mr Norton's brother to visit him in the palliative care suite.

43. On the morning of 3 June, the SO and another family liaison officer, visited Mr Norton's brother to tell him of his brother's death and offered their support and assistance. The family liaison officers and a prison manager attended Mr Norton's funeral on 19 June. In line with national policy, the prison contributed to funeral costs.

Compassionate release

44. Prisoners can be released on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.

45. On 20 May, a nurse discussed compassionate release with Mr Norton. He said he would prefer to stay at the prison. We are satisfied that the prison appropriately considered the possibility of compassionate release.

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