



A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in December
2014, while a prisoner at HMP & YOI Parc**

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 from pancreatic cancer on 4 December 2014, while a prisoner at HMP Parc. He was 61 years old. I offer my condolences to the man's family and friends.

The investigator carried out the investigation. Healthcare Inspectorate Wales reviewed the clinical care the man received at Parc and at HMP Rye Hill, where the man had been for some months before his diagnosis. Both prisons cooperated fully with the investigation.

The man had been in prison since 2009 and had spent most of his time at Parc. He had a number of ongoing health conditions including indigestion, an inflamed oesophagus and an enlarged prostate. In November 2013, doctors discovered a large gallstone and referred him to a consultant to consider surgery. In May 2014, the man transferred to Rye Hill before he had this appointment and was subsequently referred to another hospital. He complained of stomach pains and dizziness for two months, lost a lot of weight and fainted several times. In late July, he was taken to hospital and doctors diagnosed pancreatic cancer. The man was discharged from hospital in September and, in November, he was moved back to Parc for end of life care.

This investigation found that there was an ineffective healthcare assessment when the man moved to Rye Hill and a GP did not review him. When he asked to see a GP, it took too long and healthcare staff did not monitor or respond to his symptoms effectively. His poor care at Rye Hill meant that when he was seen in hospital in July, he was suffering from dehydration and renal failure. The man was restrained in hospital without a fully considered risk assessment to justify this. After doctors diagnosed cancer, Rye Hill began a care plan to manage the man, but did not review it as his condition deteriorated. I agree with Health Inspectorate Wales that the man's care at Rye Hill was not equivalent to that he could have expected to receive in the community.

While it does not appear that the man's death could have been prevented, the investigation identified room for considerable improvement in the standard of care at Rye Hill, which the prison will need to address. By contrast, I am satisfied that the man received excellent palliative care, when he moved back to Parc.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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SUMMARY

1. In May 2009, the man received an indeterminate sentence, with a minimum period to serve of six years. He spent most of his time in prison at HMP Parc. In November 2013, a hospital scan identified a large gallstone and the man had an appointment arranged for June 2014, to discuss possible surgery with a consultant. Doctors prescribed medication for an inflamed oesophagus and an enlarged prostate.
2. In May 2014, the man was moved to Rye Hill, after it became a prison for sex offenders. The man did not have a secondary health screen after he arrived at Rye Hill. His consultant appointment needed to be rearranged and a doctor referred him to hospital but did not see him. On 25 May, the man asked to see a doctor but did not get a reply for over a month, which said there would then be a three-week wait. Before that, on 20 June, a GP saw the man when he was suffering pain. The GP considered the gallstone was the cause. The man continued to suffer stomach pains and dizziness. He lost a lot a weight and collapsed several times. Nurses noted his blood pressure was low and doctors adjusted his medication, which they considered was the cause of him fainting. Doctors did not fully examine him.
3. On 27 July 2014, the man was taken to hospital after complaining again of nausea and abdominal pain. Despite his poor health and immobility, managers authorised that he should be restrained. Tests showed the man had pancreatic cancer and he had a gastric by-pass to relieve some of the symptoms. At the time, hospital doctors appear to have told the man he had a life expectancy of between six and twelve months. On 1 September 2014, the prison reduced the escort to one officer and restraints were removed, except when he moved around the hospital.
4. On 9 September 2014, the hospital discharged the man back to Rye Hill. Healthcare staff implemented a care plan, but did not review this to reflect the man's changing needs as his health deteriorated. In October, a consultant told the man that palliative chemotherapy would not be possible.
5. In November, the man moved to Parc for end of life care and to be closer to his family. Healthcare staff at Parc developed a palliative care plan and the man received a high standard of care, until he died on 4 December 2014.
6. We do not consider that the man received appropriate care at Rye Hill. He had no effective healthcare assessment when he arrived, there were delays seeing a GP, ineffective monitoring of symptoms and no one reviewed his care plan as his condition changed. We are also concerned that managers at Rye Hill authorised the use of restraints without proper justification when the man went to hospital. We make five recommendations to Rye Hill.

THE INVESTIGATION PROCESS

7. The investigator issued notices to staff and prisoners at HMP & YOI Parc and HMP Rye Hill, informing them of the investigation and inviting anyone with relevant information to contact him. Two prisoners responded.
8. The investigator obtained copies of the man's medical records and relevant extracts from his prison record. He interviewed seven members of staff at Rye Hill on 22 and 23 January 2014.
9. Health Inspectorate Wales (HIW) reviewed the man's clinical care at both prisons.
10. We informed HM Coroner for Bridgend and Glamorgan Valleys District of the investigation, who provided the post-mortem report. We have sent the coroner a copy of this investigation report.
11. One of the Ombudsman's family liaison officers contacted the man's wife to explain the investigation process. She had the following questions for the investigation to consider:
 - Were there any delays diagnosing the man with pancreatic cancer?
 - Was Rye Hill a suitable location for the man after his diagnosis?
 - Why was the man moved from Parc to Rye Hill in May 2014?
 - Were there any delays in the man's application for compassionate release?
12. The man's wife received a copy of the draft report. She did not make any comments. Rye Hill and Parc also received a copy of the draft report. They pointed out some factual inaccuracies. This report has been amended accordingly. The action plan has been added to the end of this report.”
13. The investigation has assessed the main issues involved in the man'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.

HMP & YOI PARC

14. HMP & YOI Parc is run by G4S and holds more than 1,400 convicted men and young adults on remand or convicted. It also has a unit for around 60 young people under 18. There is a 14 bed unit (the assisted living wing) for older prisoners with increased health needs.
15. G4S Justice Health provides 24-hour primary general and mental healthcare services at Parc and St John's Medical Practice provides 24-hour GP cover.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Parc was in July 2013. Inspectors found that the prison was safe and, overall, prisoners received good care. Inspectors found that the standard of health services was good, with an impressive new healthcare unit. There was very good care for prisoners with palliative and end-of-life care needs. Inspectors had some concerns about waiting times for hospital appointments.

Independent Monitoring Board

17. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure that prisoners are treated fairly and decently. In its most recently published annual report for the year to February 2014, the IMB commented that the number of missed appointments and length of waiting times to see healthcare staff had reduced. However, the IMB was concerned that it received a disproportionate number of applications about healthcare at the prison.

Previous deaths at HMP Parc

18. The man was the third prisoner to die from natural causes at Parc since 2014. There were no significant similarities with other cases.

HMP RYE HILL

19. HMP Rye Hill is run by G4S and holds more than 600 convicted men. Since 2014, it has been a national resource for sentenced male adults who have been convicted of a current or previous sex offence. G4S Justice Health provides nursing cover 24 hours a day. The prison does not have an inpatient healthcare facility.

HM Inspectorate of Prisons

20. The most recent inspection of HMP Rye Hill was in July 2011. Inspectors found that the healthcare environment was poor. The health consultation room was too small, which compromised the privacy and confidentiality of prisoners. The reception health screen had been shortened to reduce the time spent in the room.

Independent Monitoring Board

21. In its most recently published annual report for the year to March 2014, the IMB found that healthcare was understaffed and the use of agency staff through the year had led to insufficient continuity. GP cover consisted of part-time and locum doctors. The IMB noted that the inpatient unit had closed in December 2013.

Previous deaths at HMP Rye Hill

22. There have been three deaths from natural causes at Rye Hill since the beginning of 2012. We have made recommendations before about the unjustified use of restraints.

ISSUES

The diagnosis of the man's terminal illness and informing him of his condition

23. On 29 May 2009, the man received an indeterminate sentence for sexual offences. In November 2011, the man moved to HMP Parc from HMP Cardiff. He had a number of ongoing physical health conditions, including dyspepsia (indigestion) and mild esophagitis (inflammation of the oesophagus). Doctors prescribed him omeprazole (a medicine to suppress stomach acid).
24. In November 2013, an ultrasound scan showed the man had a large gallstone. The scan did not reveal any other problems, but hospital staff noted they could not see the tail of the pancreas because of bowel gas. A prison GP advised the man to reduce the amount of fat in his diet and referred him to the Princess of Wales Hospital, Bridgend for removal of his gallstone.
25. Over the next six months, healthcare staff saw the man a number of times when he reported symptoms including vomiting after eating, reflux and abdominal pain. Doctors considered the symptoms related to his gallstone and prescribed medication. The man had an appointment scheduled with a consultant to discuss possible gallstone surgery on 19 June.
26. On 20 May, the man transferred to HMP Rye Hill and a nurse saw him for an initial health screen. She inaccurately ticked a form to indicate that he had no outstanding hospital appointments and noted that a doctor had seen the man at Parc because of abdominal pain. The nurse did not refer him to a GP for further assessment. The man was listed to see a nurse the following day but he did not attend and the reason was not recorded. On 25 May, the man asked to see a doctor, using the prison's electronic booking system. He did not receive a response to this request until 26 June, when an administrator told him there would be a further three-week wait. On 28 May, staff at Rye Hill received a letter from Parc indicating that he had an outstanding hospital referral for removal of a gallstone, which needed to be rearranged.
27. On 3 June, a prison GP referred the man to University Hospital Coventry for gallstone surgery, after seeing the letter from Parc. She did not see the man at the time. On 20 June, a doctor saw the man who had reported abdominal pain. The doctor considered that this was caused by the gallstone and prescribed medication. On 26 June, the doctor told the man that she had referred him for gallstone surgery and he would need to wait for a hospital appointment. There is no record that she examined him.
28. Between 21 June and 17 July, the man felt faint or passed out at least five times on the wing where he lived. Each time a nurse assessed him and noted his blood pressure was low. On 7 July, a locum GP considered his medication for abdominal pains and prostrate trouble was the cause and adjusted it, but did not see him. On 17 July, the GP saw the man and noted his blood pressure was still low, with his medication the likely cause. The doctor adjusted his medication again, but there is no record that he examined him any further. He asked nurses to record the man's blood pressure weekly.

29. On 25 July, the nurse recorded that wing staff were concerned about the man's health and that he had lost a lot of weight quickly. The nurse arranged a GP appointment for the man for 29 July.
30. Just after 6.00pm on 27 July, the nurse saw the man in his cell. He complained of nausea and abdominal pain and said he felt weak with no energy. He told her that he was having difficulty eating and had lost a lot of weight. The nurse recorded that his blood pressure was low and that his weight was 52.8kg. (His last recorded weight was 73.8kg on 12 December 2013). She consulted an on-call doctor who advised sending the man to hospital for further assessment. The man was taken to University Hospital Coventry, where he was admitted. Hospital doctors noted that his condition was poor and he was suffering from significant dehydration and renal failure.
31. Tests showed that the man had malignancy in the tail of the pancreas. On 7 August, hospital doctors informed him that he had pancreatic cancer, which had spread. Surgeons performed a palliative gastric by-pass to help relieve his symptoms. On 12 August, one of the escort officers recorded that doctors had told the man that his life expectancy was between six and twelve months. The head of safer custody, and a family liaison officer, visited the man after his diagnosis to offer support. A member of healthcare staff remained in contact with the hospital for updates on his condition.
32. The man went back to Rye Hill on 9 September. A prison GP saw him and discussed his diagnosis with him. She noted that she did not have any information about his prognosis, but that the man was aware that his condition was life limiting. On 3 October, another prison GP recorded that the man appeared to be unaware of the prognosis. There is no record that anyone actively sought to clarify this with the hospital, on the man's behalf.
33. At Parc, doctors had referred the man for gallstone surgery. When he subsequently reported abdominal pains, vomiting and headaches, they considered this was caused by his gallstone and had chased the referral. Healthcare Inspectorate Wales considered that when the man arrived at Rye Hill, there was an inadequate assessment of his ongoing medical condition and that healthcare staff did not accurately record his previous medical history. SystemOne (the computerised prison medical record system) means a prisoner's medical record is accessible from any prison. Healthcare staff at Parc kept the record up to date and had informed Rye Hill about his referral for possible gallstone surgery. However, a doctor did not assess the man when he arrived at Rye Hill and he was not referred for an appointment with a consultant about his gallstone, until over two weeks after he arrived. The GP told us that a large number of new prisoners, many with significant health needs, arrived at Rye Hill at that time, because of the prison's changed role, and there were insufficient clinical staff to assess them.
34. The man asked to see a GP on 25 May. He subsequently saw a GP on 20 June when he reported that he was in pain. This was not in response to his original request, which indicated he would not receive an appointment until

seven weeks after he originally asked for one. This was an unacceptable delay. The practice manager at Rye Hill, told us that staff dealing with such applications aim to respond by the end of each day, and have a target time of three days from receipt of a request. She said that an unusually high demand for clinical care during in May 2014 and the lack of availability of appropriate staff is likely to have caused the delay of over four weeks before the man got a reply. She told us the average waiting time to see a GP at Rye Hill in June 2014 was 25 days. The man continued to report gall bladder pain, stomach cramps, and nausea. From 23 June, he had additional symptoms of dizziness, fainting, low blood pressure and a substantial loss of weight. There is no record of a satisfactory assessment or examination to investigate the cause of these symptoms, which doctors appear to have attributed to his medication.

39. Healthcare Inspectorate Wales considered that prison GPs at Parc investigated and referred the man's original abdominal symptoms appropriately. There was little to indicate at the time, that anything other than his gallstone was the cause of his symptoms and hospital doctors were only able to diagnose pancreatic cancer after a number of tests and scans. However, Healthcare Inspectorate Wales considered that the man's collapses and low blood pressure at Rye Hill during the weeks leading up to his hospital admission should have triggered an immediate medical review and assessment, which might have resulted in an earlier hospital referral and investigation. He also had significant weight loss. While an earlier referral would not have prevented his death, it might have led to an earlier diagnosis. We are also concerned at the delay in responding to the man's original request for a GP appointment and the long time it takes to see at GP at the prison. Healthcare Inspectorate Wales did not consider that the care the man received at Rye Hill was equivalent to that he could have expected to receive in the community. We make the following recommendations:

The Head of Healthcare at Rye Hill should ensure that prisoners reporting symptoms such as significant weight loss, pain and sickness have their symptoms fully examined and investigated to determine their root cause, and are referred urgently for suspected cancer when indicated.

The Head of Healthcare at Rye Hill should ensure that all newly arrived prisoners have an appropriate health screen that reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions.

The Head of Healthcare at HMP Rye Hill should ensure that prisoners have appropriate access to GPs for both routine and urgent appointments.

The man's clinical care

35. After doctors diagnosed the man with pancreatic cancer, healthcare and prison staff at Rye Hill liaised with the hospital and Macmillan cancer care specialists to develop a care plan to treat his symptoms. This included

frequent observations, pain relief and physiotherapy. Hospital doctors prescribed a number of medications, including codeine for pain relief and a nutritional supplement. The man used a wheelchair as his condition and weight loss had affected his mobility. Healthcare and prison staff held eight multi-disciplinary meetings to consider his care needs. However, there is no record that healthcare staff reviewed or updated the care plan as the man's health deteriorated or provided any support or counselling.

36. From mid-September, the man began to refuse to take his codeine or his nutritional supplement drinks. He said the drinks were sickly but did not explain why he would not take the codeine. On 24 October, the man attended an oncology clinic at the Arden Cancer Care Centre in Coventry. A consultant examined him and found that the man had not gained enough weight after his diagnosis to be suitable for palliative chemotherapy. He said treatment should focus on pain relief and keeping him as comfortable as possible. On 28 October, a locum GP at the prison prescribed oramorph (liquid morphine sulphate for pain relief).
37. On 15 November, the man transferred to Parc. Healthcare staff assessed him shortly after he arrived and liaised with Rye Hill to ensure continuity of care. He was admitted to the prison's end of life care suite where nurses monitored him. They created care plans to manage a range of symptoms caused by the cancer, including oxygen therapy to help with his breathing, a weekly risk of falls assessment and regular pain relief. The prison liaised with a local specialist consultant in palliative care.
38. On 18 November, the man saw a consultant at the oncology department of Singleton Hospital, Swansea to review his condition and suitability for palliative chemotherapy, which might help prolong his life. The man said that he did not want any further treatment except pain relief. Doctors prescribed further medication to help improve his appetite and a diuretic medication to treat a build up of fluid in his legs. Healthcare staff regularly discussed his treatment with him and offered support for his physical and emotional needs. On 24 November, the man signed an order stating that he did not want to be resuscitated in an emergency, after discussing this with his family and a prison GP.
39. A GP regularly assessed the man and adjusted his pain relief medication as required. Healthcare staff arranged a syringe driver to ensure he received continuous pain relief. Nurses continued to care for the man as his condition deteriorated and he died on 4 December. His family were able to visit him in his final hours.
40. A post-mortem found that the man died of a metastatic pancreatic adenocarcinoma glioblastoma (pancreatic cancer).
41. We are fully satisfied that healthcare staff at Parc managed the man's condition well. He had appropriate care plans and prison healthcare staff worked well with hospital staff and Macmillan nurses to ensure the man was well cared for in his final weeks of life. However, Healthcare Inspectorate

Wales considered that the man's care at Rye Hill was not equivalent to that he could have expected to receive in the community. There was no evidence of any coordinated effort to meet his needs, and keep him as comfortable as possible. HIW considered that doctors at Rye Hill should have reviewed and offered the man alternative pain relief to codeine earlier. Not doing so, showed a lack of attention to the man's preferences for his care. There is no record that doctors considered a course of steroids, which might have improved the man's appetite. We make the following recommendation:

The Head of Healthcare at HMP Rye Hill should ensure that a palliative care plan is initiated and regularly reviewed for all prisoners who are diagnosed with a terminal illness. This care plan should include all aspects of a patient's care including effective pain relief and psychological and emotional support.

The man's location

42. The man moved to Rye Hill from Parc in May 2014, after Rye Hill changed its function to become a national resource for prisoners convicted of sexual offences. A large number of prisoners moved there at the time. Doctors at Parc had been seeing the man frequently for ongoing stomach problems and he had been referred to a consultant, but surgery had not been scheduled at that stage. We are therefore satisfied it was not unreasonable to transfer the man at that time.
43. When the man returned to prison from hospital on 9 September 2014, with a diagnosis of cancer, he went back to his former cell on his wing at Rye Hill. On 11 September, a GP discussed the man's diagnosis with him and said that he might require hospice care in the future when his condition deteriorated. The man said that he would like to transfer to South Wales as his family were there.
44. In late October, when doctors advised against chemotherapy, Rye Hill contacted Parc to discuss a transfer. On 11 November, the head of safer custody at Parc went to Rye Hill to see the man and discussed the healthcare facilities that were available. The man transferred to Parc four days later and moved to the end of life suite.
45. HIW noted that Rye Hill could not provide the level of palliative care the man required, as there is no inpatient unit at the prison. The move to Parc was appropriate and the level of care there was of a high standard. We agree that Parc was an appropriate location for the man's end of life care.

Restraints, security and escorts

46. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. 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 takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between the prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgement indicated that prison staff must take into account medical opinion about the prisoner's ability to escape and keep this under review as circumstances change.

47. On 27 July, the man, a category B prisoner, went to University Hospital Coventry by ambulance. Two officers escorted him and restrained him with double handcuffs. 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 and are usually used for moving category A or category B prisoners in good health. The nurse assessed the man shortly before he went to hospital and recorded that he was very weak and had no energy, but did not record this in the medical section of the risk assessment. There was only a circled box to indicate that his medical condition did not restrict his ability to escape and that there was no medical objection to the use of restraints. The risk assessment concluded that the man was normal risk to the public, to hospital staff and of escape.
48. After arriving at the hospital, officers reduced the man's level of restraint to an escort chain. (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.) The man was suffering from a serious medical condition and his mobility was poor during his stay at the hospital. The records show that nurses needed to help him get to the bathroom and he used a walking frame to take a shower.
49. On 18 August, the duty director decided that he should no longer be restrained by the escort chain, except when he was moving around the hospital. On 1 September, the head of safer custody at Rye Hill reduced the man's escort to one officer, due to his poor health. However, she also said the officer should use an escort chain when the man was moving around the hospital. Later that day, the escorting officer contacted the duty director for advice, as he needed to take a toilet break and was concerned about leaving the man on his own. The duty director told the officer to put items of furniture in the way of the door to make escape difficult and to carry on with the toilet break.
50. The head of security told us that the reduction in the level of escort to one officer happens when a prisoner is bed ridden and the risk is minimised. We consider that in such circumstances there should be no need for any restraint and a single officer on his or her own should not usually be expected to use them. The duty director's advice to block the door, was wholly inappropriate, could have prevented medical staff from administering treatment in an emergency, and was a general health and safety risk.

51. Public protection is fundamental, but 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. On the day he went to hospital, the man was noted to be weak, with no energy. He remained in poor health during his hospital stay where doctors diagnosed cancer and he underwent surgery, yet he remained restrained for over three weeks. We are not satisfied that the use of restraints was justified by fully considered risk assessments that took into account the man's risk and condition at the time, in line with the 2007 High Court judgement. We are pleased to note that staff did not restrain the man when he transferred to Parc on 15 November or for a hospital visit on 19 November.
52. Ultimately, it is the Director's responsibility to ensure that the risk assessment process is managed properly. However, healthcare staff also need to understand their responsibilities, and have appropriate and considered input into the risk assessment process. We have made recommendations to Rye Hill before about this issue, and the prison undertook to make changes. The use of restraints in the man's case does not suggest that practice has changed. We make the following recommendation:

The Director and the Head of Healthcare at HMP Rye Hill should ensure that hospital escorts follow safe practice, that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

Liaison with the man's family

53. On 6 August, an officer was given responsibility for family liaison. The next day, the head of safer custody telephoned the man's ex-wife, his listed next of kin, to let her know he was ill. The officer arranged for his ex-wife to visit him in hospital, where she introduced herself and offered her support.
54. The family liaison officer remained in contact with the man's family about his condition and helped organise further visits. Rye Hill offered a financial contribution towards the cost of travel for these. On 27 October, the man's ex-wife and sister-in-law attended a meeting with the head of safer custody, the family liaison officer and the nurse to discuss his ongoing care.
55. On 14 November, shortly before the man transferred to Parc, the Reverend a chaplain at Parc, took over responsibility for family liaison. The chaplain telephoned the man's ex-wife to introduce herself and remained in contact with her to offer further support and organise visits. On 26 November, the man and his wife re-married in a civil ceremony at the prison. Prisoners and wing staff attended and the prison allowed photographs of the occasion. The man's wife was able to visit him in the palliative care unit and was with him when he died. .

56. The chaplain stayed in contact with the man's family after his death. The man's funeral was on 18 December and the prison contributed to the costs in line with national guidance.
57. We are satisfied that liaison with the man's family was good and that they were well informed and supported during his illness and after his death.

Compassionate release

58. Prisoners can be released from prison before their sentence has expired 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.
59. When doctors diagnosed the man with pancreatic cancer in August, the records show that his expected prognosis at the time was six to twelve months. Rye Hill started an application for compassionate release on 8 September, but did not progress it at the time as his prognosis was not clear and he did not appear to meet the eligibility criteria.
60. On 19 and 24 November a locum GP at Rye Hill and a GP at Parc, completed the medical sections of the compassionate release application. They both gave the man a very poor prognosis of around 6 weeks. On 2 December 2014, an offender manager completed her section of the compassionate release application form and supported release. Sadly, the man died two days later, before the application was submitted.
61. We are satisfied that both prisons appropriately considered compassionate release. An application would have been unlikely to succeed with a prognosis of more than three months. As soon as it was clear that the man only had a short time left to live, the prison started the application process again, but sadly, did not complete this before the man died.

RECOMMENDATIONS

1. The Head of Healthcare at Rye Hill should ensure that prisoners reporting symptoms such as significant weight loss, pain and sickness have their symptoms fully examined and investigated to determine their root cause, and are referred urgently for suspected cancer when indicated.
2. The Head of Healthcare at Rye Hill should ensure that all newly arrived prisoners have an appropriate health screen that reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions.
3. The Head of Healthcare at HMP Rye Hill should ensure that prisoners have appropriate access to GPs for both routine and urgent appointments.
4. The Head of Healthcare at HMP Rye Hill should ensure that a palliative care plan is initiated and regularly reviewed for all prisoners who are diagnosed with a terminal illness. This care plan should include all aspects of a patient's care including effective pain relief and psychological and emotional support.
5. The Director and the Head of Healthcare at HMP Rye Hill should ensure that hospital escorts follow safe practice, that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

ACTION PLAN

No	Recommendation	Accepted/ Not accepted	Response	Target date for completion and Function Responsible
1	The Head of Healthcare at Rye Hill should ensure that prisoners reporting symptoms such as significant weight loss, pain and sickness have their symptoms fully examined and investigated to determine their root cause, and are referred urgently for suspected cancer when indicated.	Accepted	<p>HMP Rye Hill A meeting will be held with all Doctors from the Dunchurch GP service and healthcare staff to communicate feedback from the PPO report. Any non-attendees will be sent minutes from the meeting.</p> <p>HMP Parc The Director along with Head of Healthcare will send a reminder to all staff of the importance of recognising symptoms and changes in weight loss and the process for referral to healthcare in such matters.</p>	<p>30 June 2015 Head of Healthcare</p> <p>30 June 2015 Head of Healthcare</p>
2	The Head of Healthcare at Rye Hill should ensure that all newly arrived prisoners have an appropriate health screen that reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions.	Accepted	<p>The Head of Healthcare will ensure that all newly arrived prisoners have an appropriate health screen that reviews their medical history and conditions and identifies any outstanding appointments and relevant conditions.</p> <p>An audit process will be put in place by the Clinical Manager to review the quality of initial health screens.</p>	<p>30 June 2015 Head of Healthcare</p>
3	The Head of Healthcare at HMP Rye Hill should ensure that prisoners have appropriate access to GPs for both routine and urgent appointments.	Accepted	<p>As prisoners were not able to access doctors appointments quickly due to the high demand of new patients at the time, HMP Rye Hill have created a new waiting list for urgent doctors' appointments and since January 2015, a block of three appointments per day are now regularly made for emergency appointments.</p> <p>Current practices will be reviewed to ensure HMP Rye</p>	<p>30 June 2015 Head of Healthcare</p>

			Hill are working in line with the PPO recommendation.	
4	The Head of Healthcare at HMP Rye Hill should ensure that a palliative care plan is initiated and regularly reviewed for all prisoners who are diagnosed with a terminal illness. This care plan should include all aspects of a patient's care including effective pain relief and psychological and emotional support.	Accepted	<p>The clinical manager will review the palliative care plan process at HMP Rye Hill and consider best practise from HMP Parc. G4S Justice Health has recently received a NHS clinical review which incorporated feedback regarding the use of care plans.</p> <p>The use and content of care plans will be reviewed in line with both the NHS and PPO reports with learning points for the treatment of terminally ill prisoners will be taken into consideration for future care plans. Care plans will include reference to pain relief and psychological and emotional support.</p>	<p>30 June 2015</p> <p>Head of Healthcare</p>
5	The Director and the Head of Healthcare at HMP Rye Hill should ensure that hospital escorts follow safe practice, that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.	Accepted	<p>A full review will be undertaken to ensure a more holistic approach is adopted. This review will include a meeting which between Director, Healthcare, security and safer custody to review risk assessment processes in place in line with National Security Framework and PPO recommendations.</p> <p>Any actions will be translated into a time bound action plan.</p>	<p>30 June 2015</p> <p>Head of Healthcare</p>