PRISONS AND PROBATION OMBUDSMAN
for England and Wales
Independent Investigations

Independent investigation report by the Prisons and Probation Ombudsman Nigel Newcomen CBE into the death of Mr Stanley Bethell, a prisoner at HMP Dartmoor, on 1 March 2015

Our Vision

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

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 Stanley Bethell died of pneumonia and leukaemia on 1 March 2015, while a prisoner at HMP Dartmoor. He was 83 years old. I offer my condolences to Mr Bethell's family and friends.

Mr Bethell had several serious medical conditions, including chronic lymphocytic leukaemia, when he was sentenced to prison in July 2014. In January 2015, blood tests showed that his condition had deteriorated and was terminal. On 9 February, Mr Bethell developed an infection and was admitted to hospital, where he remained until he died.

I consider that throughout his time in Dartmoor, Mr Bethell's conditions were managed appropriately and his medical care was of a 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 **August 2015**

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SUMMARY

Events

1. On 21 July 2014, Mr Stanley Bethell was sentenced to four years and ten months in prison and was sent to HMP Bristol. He was transferred to HMP Dartmoor on 30 July.

2. Mr Bethell was 83 and had a number of existing health conditions, including chronic obstructive pulmonary disease, ischaemic heart disease, heart murmur and chronic lymphocytic leukaemia (cancer of the white blood cells). He had a history of epilepsy and strokes.

3. After transferring to Dartmoor, the local hospital became responsible for the treatment of Mr Bethell's leukaemia. Blood tests taken on 13 January 2015, showed that this had developed into acute leukaemia, which meant his condition was progressing aggressively and rapidly. Mr Bethell also had a low white blood cells count, which put him at risk of infection.

4. On 21 January 2015, a consultant at the haematology clinic at the hospital told Mr Bethell his condition was terminal and offered palliative chemotherapy. Healthcare staff at Dartmoor contacted HMP Exeter to discuss a possible transfer there for palliative care.

5. After further advice from Mr Bethell's consultant, healthcare staff decided that Mr Bethell should remain at Dartmoor. The prison implemented a care plan for Mr Bethell, including provision of an appropriate diet and pastoral support.

6. Mr Bethell received his first dose of palliative chemotherapy on 6 February. On 9 February, blood tests showed he had an infection and he was urgently admitted to hospital. He remained in hospital until his death on 1 March.

Findings

7. We agree with the clinical reviewer that Mr Bethell's medical care was appropriate and timely. Dartmoor does not have 24-hour healthcare provision and we had some concerns whether, because of his poor health, Mr Bethell should have been sent there. However, his hospital consultant was satisfied that the arrangements at the prison, were similar to the care he would have received in the community. Overall, we consider that Mr Bethell received a good standard of care at Dartmoor.

THE INVESTIGATION PROCESS

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

9. The investigator obtained copies of Mr Bethell's prison medical records and relevant extracts from his prison records.

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

11. We informed HM Coroner for Plymouth and South West Devon of the investigation, who provided the cause of death. We have sent the coroner a copy of this investigation report.

12. One of the Ombudsman's family liaison officers contacted Mr Bethell's son to explain the investigation. Mr Bethell's son did not have any issues for the investigation to consider and commented that the prison did as much as they could for his father. He commended the support of the Head of Residence Services, the prison's family liaison officer, and the Head of Residence had given.

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

14. The draft report was issued for consultation with the prison service. They pointed out some factual inaccuracies. This report has been amended accordingly.

15. The investigation has assessed the main issues involved in Mr Bethell's care, including his 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 Dartmoor

16. HMP Dartmoor is a medium security prison that holds up to 659 adult men. The healthcare provider is Dorset Healthcare University NHS Foundation Trust. Healthcare staff are on duty from 8.00am until 8.00pm Monday to Thursday, until 5.30pm on Fridays and up to 5.00pm on Saturday and Sunday. An out of hours service provides overnight and weekend cover. There is no inpatient facility.

HM Inspectorate of Prisons

17. The most recent inspection of Dartmoor was in December 2013. The Inspectorate found that the delivery of health services had improved with a new provider and more robust clinical governance arrangements. Access to services and outside hospital appointments had improved. Cancellations were rare and the process was well managed.

Independent Monitoring Board

18. 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 report for the year to September 2014, the IMB noted the continuing challenges presented by the need to provide escorts for prisoners attending hospital appointments and for emergency cases. They found there had been occasions when the prison's regime had been adversely affected. The situation deteriorated as the year progressed, due to further staff reductions and to staff being detailed to work at other prisons.

Previous deaths at HMP Dartmoor

19. Mr Bethell was the third prisoner to die from natural causes at Dartmoor since the start of 2014. There were no significant similarities with the circumstances of the other deaths.

ISSUES

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

20. On 21 July 2014, Mr Stanley Bethell was sentenced to four years and ten months imprisonment. Just over a week later, he was transferred from HMP Bristol to HMP Dartmoor. At an initial reception health screen, a nurse noted that he had been diagnosed with chronic obstructive pulmonary disease (COPD – a term used for a range of serious lung conditions), ischaemic heart disease, a heart murmur and chronic lymphocytic leukaemia (cancer of the white blood cells). He also had a history of epilepsy and strokes. She described him as a "very frail old man".

21. Mr Bethell had arrived with an outstanding appointment to review his leukaemia at hospital. On 31 July, the nurse manager arranged to transfer his care to the haematology department at another hospital.

22. On 6 August, a prison GP reviewed Mr Bethell, who said that he felt lightheaded and under a great deal of stress as he was anxious about his disabled daughter. His blood pressure was normal and his symptoms were the result of his anxiety. She noted that he had lost weight, from 71.2kg at his reception screening to 69.0 kg, and she encouraged him to eat.

23. On 23 September, Mr Bethell attended an appointment at the haematology department at hospital. An examination of his chest was clear. On 23 October, a prison GP prescribed doxycycline (an antibiotic) as Mr Bethell had had a cough for six weeks.

24. On 9 January 2015, a prison GP treated Mr Bethell for a migraine and high blood pressure. She took a blood test and booked a review for the following week, so she could check the results, in advance of a forthcoming haematology appointment at hospital.

25. On 16 January, a member of staff at the haematology department at hospital explained to the nurse manager that the results of blood tests taken on 13 January showed that he has an abnormally low white blood cell count, which put him at risk of infection and his condition had changed to acute leukaemia. The hospital asked the prison to repeat the tests and refer him urgently to the haematology clinic as his condition was deteriorating aggressively and rapidly.

26. On 21 January, the haematology consultant informed Mr Bethell that his condition was terminal. The nurse manager went to see Mr Bethell on his wing later that day to support him and talk about the diagnosis. He was upset and she asked staff to check Mr Bethell regularly overnight and updated his wing care plan. At Mr Bethell's request a member of the chaplaincy team visited him each day from 22 January, to support him.

27. We are satisfied that the deterioration of Mr Bethell's leukaemia to a terminal condition was promptly diagnosed. He was informed appropriately and staff at the prison supported him after the diagnosis.

Mr Bethell's medical treatment

28. On 20 January, the day before his leukaemia was formally diagnosed as terminal, the nurse manager developed a care plan, in consultation with Mr Bethell. This advised prison staff to contact healthcare staff if Mr Bethell showed symptoms such as unusual bleeding or aching joints. If the symptoms occurred outside the healthcare department's working hours, then they needed to telephone the hospital.

29. On 21 January, when the haematology consultant informed Mr Bethell his condition was terminal, he advised him that with palliative treatment, his life expectancy might be a few weeks or possibly months. Curative treatment with chemotherapy might prolong his life for months but would have side effects such as nausea and vomiting.

30. On 23 January, in a discussion with a GP, Mr Bethell said that he wanted chemotherapy. The GP noted this might give him a life expectancy of a maximum of a year. On 30 January, Mr Bethell signed a treatment escalation plan indicating that he did not want to be resuscitated or artificially fed, if his condition deteriorated. Healthcare staff informed custodial managers of his decision and placed a copy of the treatment plan on his wing.

31. Mr Bethell was due to have his first dose of palliative chemotherapy on 6 February. He needed 48 hours of fluid replacement after the treatment but he did not like water and did not have much money to buy squash. The nurse manager therefore asked the GP to prescribe supplements of drinks and puddings, as Mr Bethell would require a neutropenic diet (to protect from bacteria and other harmful organisms found in some food and drinks).

32. Healthcare staff developed new care plans and circulated them to all the prison's operational managers. The catering manager, agreed that he would meet Mr Bethell to discuss his dietary needs and the nurse manager arranged with Mr Bethell's buddies (prisoners who assist with personal care) that they would check him four to five times each day to make sure he was drinking.

33. Mr Bethell was taken to hospital to begin palliative chemotherapy on 6 February. On 9 February, he cancelled his chemotherapy appointment, as he felt too unwell. The nurse manager saw him on the wing and noted that he was very tired and looked unkempt. Officers told her that his buddies (prisoner peer supporters) had given him drinks frequently. Later that day, a hospital doctor telephoned and asked her to send Mr Bethell to hospital, for immediate admission, as tests showed he had an acute infection. He was taken to hospital by ambulance.

34. On 10 February, a senior doctor informed the prison that Mr Bethell was being treated with fluids, medication and supplemental oxygen. The hospital

frequently updated the prison on Mr Bethell's condition and, on 26 February, advised that they had stopped all active treatment. He remained in hospital until his death on 1 March. A post-mortem examination concluded that the cause of Mr Bethell's death was from bronchopneumonia, acute myeloid leukaemia and chronic lymphocytic leukaemia.

35. The clinical reviewer concluded that Mr Bethell's treatment at Dartmoor was of a high standard and as good, if not better, than he might have received in the community. We are satisfied that Mr Bethell received a good standard of care at the prison.

Mr Bethell's location

36. When Mr Bethell was sentenced to prison he had complex health needs and was under the care of a hospital. Despite this, he was sent to Dartmoor, which does not have 24-hour healthcare and is relatively isolated. Mr Bethell lived on a standard wing at the prison and was supported by buddies for day to day tasks.

37. At Mr Bethell's hospital appointment on 21 January, his consultant was concerned that Dartmoor might not be able to manage his condition effectively and suggested he needed to transfer to a prison with 24-hour healthcare. The nurse manager planned to contact HMP Exeter to see if there was a bed available in their palliative care suite. However, on 22 January, the consultant wrote to her, stating that the arrangements for Mr Bethell at Dartmoor were suitable and similar to that he would have had if he was in the community.

38. On 5 February, the prison faxed information from the hospital to the clinical lead GP for the Devon Prison Cluster. The next day, the clinical lead agreed that he would benefit from a transfer to Exeter. Plans for his transfer were in progress when Mr Bethell was admitted to hospital on 9 February. On 12 February, a bed became available for Mr Bethell at Exeter but he was not well enough to be discharged from hospital and he remained in hospital until he died.

39. The clinical reviewer commented that the decision whether to transfer Mr Bethell to Exeter was finely balanced, but he did not consider that the transfer would have improved Mr Bethell's care. We have reservations about whether it was appropriate to transfer Mr Bethell to Dartmoor from Bristol in July 2014, given his multiple and complex needs, his frailty and the lack of 24-hour medical care at Dartmoor. However, we are satisfied that Dartmoor was able to meet his needs. As his condition deteriorated, appropriate plans were made to transfer him to Exeter, but by this time Mr Bethell had been admitted to hospital where he died.

Restraints, security and escorts

40. When prisoners have to travel outside prison a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints. Mr Bethell attended hospital several times before his death, escorted by one prison officer and no restraints were used. We are pleased to note that the prison appropriately considered Mr Bethell's health and mobility and recognised that he was not a risk of escape.

Liaison with Mr Bethell's family

41. On 21 January, Dartmoor assigned a prison family liaison officer, after the hospital had confirmed that Mr Bethell's condition was terminal. The family liaison officer unsuccessfully tried to contact Mr Bethell's son the same day, but eventually got in touch with him on 26 January.

42. The family liaison officer kept Mr Bethell's family informed of his condition and frequently went to see him in his cell to support him. Mr Bethell's family commented favourably on the quality of the support they received from the family liaison officer and the Head of Residence.

43. Members of Mr Bethell's family were with him when he died. In line with national guidance, the prison contributed to the costs of the funeral.

Compassionate release

44. Exceptionally, 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 and fulfil other criteria. One of the principles is that a decision to approve release would not normally be made on the basis of facts of which the sentencing court was aware.

45. An application for compassionate release was in process at the time of Mr Bethell's death. This did not begin until February, as when Mr Bethell was given his terminal diagnosis on 21 January, he had a life expectancy of up to a year. The application was not completed before Mr Bethell died. We are satisfied that the prison gave this appropriate consideration but note it was unlikely to succeed as the court was fully aware of Mr Bethell's life-limiting conditions when he was sentenced in July 2014.