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 HMP Leyhill in March 2014

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, who died of lung cancer in March 2014 at HMP Leyhill. He was 76 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 clinical care the man received at Leyhill. The prison cooperated fully with the investigation.

The man was sentenced to life imprisonment in March 2001 and moved to HMP Leyhill in June 2008. He had a number of pre-existing medical conditions when he arrived at Leyhill, including chronic pulmonary obstructive disease, cirrhosis and chronic liver disease. Healthcare staff saw him frequently to manage these conditions.

Between January and February 2014, the man reported chest pains and shortness of breath and doctors referred him to hospital. A CT scan revealed he had terminal lung cancer.

The man was referred appropriately to hospital when he reported his symptoms and was kept well informed about his condition. The prison appropriately sought advice from community palliative care specialists and the man's pain relief was well managed. Healthcare and other prison staff discussed and agreed an end of life care plan with him to ensure his needs and preferences were met. His family were involved and well supported. I agree with the clinical reviewer that the man received very good medical care at Leyhill and I am fully satisfied that he received commendable and compassionate support from all the staff involved with his care.

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 **October 2014**

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SUMMARY

1. The man was sentenced to life imprisonment on 1 March 2001. He had been at several prisons before he moved to HMP Leyhill in June 2008.

2. The man had a number of pre-existing medical conditions when he arrived at Leyhill including chronic obstructive pulmonary disease (COPD), cirrhosis and chronic liver disease. Healthcare staff reviewed his conditions frequently and offered him help to stop smoking, which he refused.

3. On 9 January 2014, the man reported pains in his chest and abdomen and a prison GP referred him to the respiratory clinic at Southmead Hospital, Bristol. A CT scan showed he had excess fluid in his right lung. Doctors prescribed antibiotics and discharged him to Leyhill on 10 January. A further CT scan was arranged for 11 February.

4. The man was admitted to hospital again on 3 February with chest pains and shortness of breath. The results of a chest X-ray showed an increased amount of fluid in the man's lung. A member of the hospital's pleural team told him that this could be due to a malignancy in his lung. The hospital discharged him on 6 February.

5. On 9 February, the man was admitted to hospital again, suffering from shortness of breath and chest pains. The next day, he had another CT scan. He returned to Leyhill on 13 February. On 16 February, Leyhill received the results of the CT scan which showed he had terminal lung cancer. After taking advice from a specialist lung cancer nurse at the hospital, a healthcare assistant and a prison GP informed the man of the diagnosis on 18 February.

6. The man's condition was not suitable for active treatment. Healthcare staff at Leyhill sought advice from a community palliative care team to ensure he received appropriate pain relief and support. He moved to a larger room in the prison to make treatment easier. On 6 March, when his condition deteriorated further, he moved to the prison's palliative care suite, where he died on 19 March.

7. The clinical reviewer concluded that the man received a high standard of care at Leyhill. We agree and commend the caring approach of staff at the prison. We make no recommendations.

THE INVESTIGATION PROCESS

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

9. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison records. She gave the Governor written feedback about the preliminary findings of the investigation.

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

11. We informed HM Coroner for Avon 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 the man's friend, his nominated next of kin, and his sister to explain the investigation. They did not have any concerns about the man's care at the prison and both were very positive about the care and support Leyhill had given him, which they regarded as exceptionally good.

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 visits, liaison with his family, and whether compassionate release was considered.

14. The man's next of kin received a copy of the draft report. They did not make any comments.

HMP LEYHILL

15. Leyhill is an open prison in South Gloucestershire, holding up 527 category D prisoners who require only minimum security. Some are life-sentenced prisoners preparing for release.

16. Health services are provided at the prison from 7.30am to 4.30pm on Monday to Friday, with an out of hours service at other times. Primary care services at Leyhill are provided by Bristol Community Health and a local NHS centre, Hanham Health, provide GP and out of hours service. The prison has a palliative care unit based on the design of a hospice in Bristol. It consists of two en-suite patient rooms and a family room for visiting relatives, plus a nurses' office. When occupied, the unit is staffed by prison healthcare staff during the working week and by local agency staff overnight and at weekends. Officers also work on the unit throughout the day and night when it is occupied.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Leyhill was in April 2012. The Inspectorate noted there was a high standard of care at the prison, although there was some concern about the staffing mix and the disproportionate responsibility carried by healthcare support workers. Inspectors found good provision of chronic disease management and an excellent palliative care service.

Independent Monitoring Board

18. Each prison 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 its most recent annual report, the IMB commented on the good service provided by healthcare staff. They were concerned, however, about where responsibility lay for the provision of social care for the growing number of older prisoners.

Previous deaths at HMP Leyhill

19. The man was the fifth prisoner to die of natural causes at Leyhill in the last two years. Three of the previous deaths were due to terminal cancer. Our investigations into these deaths found that the men received a good standard of care at the prison.

ISSUES

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

20. The man already suffered from a number of medical conditions when he arrived at Leyhill, including chronic obstructive pulmonary disease (COPD), cirrhosis and chronic liver disease. Healthcare staff frequently reviewed the man for all of his conditions. Doctors prescribed inhalers and medication to help relieve the symptoms of his COPD.

21. On 22 March 2013, a prison GP saw the man who reported a shortness of breath. The doctor arranged a chest X-ray which showed no abnormalities.

22. On 6 January 2014, another prison GP reviewed the man who said he had not experienced any difficulties with his chest and had stopped his medication six weeks earlier. The GP advised the man to continue with his COPD medication. Three days later, the man complained of pains in his chest and abdomen and the GP referred him to the respiratory clinic at Southmead Hospital, Bristol. He had a CT scan, which showed excess fluid in his right lung. The clinic prescribed antibiotics and arranged a further CT scan for 11 February.

23. On 3 February, the man told the GP that he had further chest pains and shortness of breath. He was admitted to Southmead hospital, where a chest X-ray showed an increased amount of fluid in his right lung. The fluid was drained and the man returned to Leyhill on 6 February. He told a prison nurse that a member of the hospital's pleural team had said that the fluid could be due to a malignancy in his lung.

24. Three days later, the man was re-admitted to hospital with worsening chest pain and shortness of breath. The next day, 10 February, he had another CT scan. The hospital discharged the man on 13 February. The results of the CT scan, received at Leyhill on 16 February, showed that the man had lung cancer.

25. On 17 February, a healthcare assistant at the prison contacted a hospital lung cancer specialist nurse for advice about how to tell the man about his condition. On 18 February, the nurse and GP explained the diagnosis to the man.

26. We agree with the clinical reviewer that doctors referred the man rapidly to hospital for assessment and received good support from the prison. He was fully informed and understood his condition.

The man's medical treatment

27. The man's condition was terminal and the hospital consultants considered that no active treatment was possible. On 17 February, healthcare staff, in liaison with the community palliative care team, implemented a care plan to manage the man's pain relief and palliative care.

28. From 20 February, the prison held a weekly meeting between healthcare and prison staff to discuss and plan the man's care. Healthcare staff and the prison chaplain also discussed and agreed an end of life plan with the man.

29. On 24 February, a prison GP and the man discussed his views about cardiopulmonary resuscitation if he had a cardiac or pulmonary arrest. The man said that he did not want to be resuscitated in those circumstances and signed an order to this effect.

30. Doctors prescribed morphine tablets and oramorph (liquid morphine) for pain relief. On 26 February, the GP prescribed a fentanyl patch (an opioid analgesic which is used to control for severe pain) as the man had difficulty taking the oral pain relief. The GP arranged for the man to receive oxygen to help his breathing.

31. On 18 March, a community palliative care nurse contacted healthcare staff at the prison to discuss the man's deteriorating condition and to ensure that an end of life care plan was in place. As the man was having difficulty taking medication orally, community nurses fitted a syringe driver which administers medication continuously under the skin. The man died at 4.25am on 19 March. A nurse was with him at the time.

32. We agree with the clinical reviewer that the man's medical care was of a high standard and equivalent to that available in the community. The man was actively involved in the planning of his care, and there was good input from the community palliative care team.

The man's location

33. The man lived in a single cell on his houseblock. On 28 February, he moved to a larger cell where it was easier to care for him and administer his medication. It is apparent from entries in his prison record that the man was content to live on the houseblock among his friends. Other prisoners helped him with daily tasks.

34. As the man's condition deteriorated he could no longer administer medication himself. On 6 March, the GP suggested he should move to the prison's palliative care unit. The man agreed and moved the next day. This enabled the prison to provide 24 hour nursing care. We are satisfied that the man was appropriately located throughout his illness.

Restraints, security and escorts

35. As a category D prisoner, the man was released on temporary licence to attend hospital appointments. A prison officer accompanied him for support and restraints were not used.

Liaison with the man's family

36. On 25 February, the prison appointed two officers as family liaison officers. One of the officers met the man's sister and niece when they were visiting him at the prison to explain his role. On 8 March, the officer met the man's friend (his nominated next of kin), his sister and other family members. They told the officer that they wanted the prison to telephone them when the man died, but asked not to be contacted during the night.

37. The two officers remained in regular contact with the man's friend and family and facilitated visits for them at the prison.

38. At 7.45am on 19 March, the officer telephoned the man's friend and told him of his death. He telephoned the man's sister at 8.00am and offered advice and support. In line with his wishes, the prison arranged a Buddhist funeral for the man, held on 10 April 2014. The prison contributed towards the costs, in line with national guidance. His sister commended the efforts the prison had made in arranging his funeral.

39. We are pleased to note that the prison appointed family liaison officers when the man became seriously ill. This ensured both the man and his family were well supported before and after his death.

Compassionate release

40. Prisoners can be released from custody 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.

41. On 25 February, the man told a prison manager that he did not want to apply for early release on compassionate grounds but preferred to spend the end of his life in the prison's palliative care suite.