



A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a woman in July, while
in the custody of HMP Bronzefield**

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 woman, who died of cancer of the pancreas in July 2014, while in the custody of HMP Bronzefield. She was 58 years old. I offer my condolences to her family and friends.

A clinical review of the care the woman received at Bronzefield was undertaken. The prison cooperated fully with the investigation.

The woman first began to complain of abdominal pain on 29 May and doctors prescribed pain relief medication. A doctor requested blood tests in early June, but these were not done. In the early hours of 18 June, she reported severe chest pains and was taken to hospital. An MRI scan revealed she had terminal pancreatic cancer which could not be treated. She remained in hospital and the prison released her on temporary licence. Bronzefield staff supported her family well, before and after her death.

The clinical reviewer considered that the woman's presentation could have prompted some earlier assessment of her combined symptoms, but he did not consider that there was any significant delay in her diagnosis. He noted that it was likely that she was already suffering advanced cancer when she first reported experiencing pain at the end of May. The clinical reviewer was satisfied that her care at Bronzefield was equivalent to that she might have expected to receive in the community. Although the investigation found that there is a need for more focus on assessing symptoms in the round, I agree that she received an appropriate standard of care at Bronzefield. I am, however, concerned that the level of restraints used when she went to hospital was not justified by a fully considered risk assessment.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

February 2015

CONTENTS

Summary

The investigation process

HMP Bronzefield

Issues

Recommendations

Action plan

SUMMARY

1. The woman was sentenced to four and a half years in prison in August 2011 and was moved to HMP Bronzefield in May 2013. She was HIV positive and doctors prescribed medication to manage this condition. At Bronzefield she suffered from an ongoing breast infection for which she received treatment.
2. On 16 April 2014, a prison GP saw the woman and noted that she had lost nine kilograms since November 2012. The GP did not investigate this weight loss further. On 28 May, a GP ordered blood tests, but healthcare staff did not ensure these were done.
3. The woman first complained of abdominal pains on 29 May. A nurse referred her to the GP who saw her on 4 June and prescribed pain relief medication. Her condition did not improve and the GP saw her again on 17 June, when she complained of severe abdominal pain. The GP prescribed medication for excess stomach acid and reflux.
4. In the early hours of 18 June, the woman complained of severe chest pain. She was taken to hospital. Investigations revealed pancreatic cancer which had spread to her liver and lungs. Active treatment was not possible. Until 27 June, she was restrained by an escort chain in hospital, although staff had assessed her as low risk. On 9 July, the prison released her on temporary licence. She died in hospital. Her family were with her at the time.
5. The clinical reviewer considered that the woman's combined symptoms should have led healthcare staff to assess her further, after she reported continuing pain that was not helped by pain relief medication. However, by that stage, it was likely that she already had advanced cancer. He noted that the time between her first symptoms and her diagnosis was less than three weeks, which was similar to what might have been expected in the community. We are concerned that, although she was assessed as a low risk in all areas, prison staff used restraints in hospital without a fully considered risk assessment to justify their use. We make two recommendations about the importance of fully assessing combined symptoms and the risk assessments for the use of restraints.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Bronzefield informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.
7. The investigator obtained copies of the woman's prison medical records and relevant extracts from her prison records. She informed the Director of the preliminary findings of the investigation.
8. NHS England commissioned a clinical reviewer to review the woman's clinical care at the prison.
9. We informed HM Coroner for Surrey of the investigation, who provided the cause of death. We have sent the Coroner a copy of this investigation report.
10. One of the Ombudsman's family liaison officers contacted the woman's husband to explain the investigation. He said that his wife was taken straight to hospital after complaining of stomach pains which suggested her condition was already serious. He asked if she had complained of stomach pains before and whether healthcare staff had thought this was gallstones. He asked if there was any delay in exploring her symptoms and diagnosing her cancer.
11. The investigation has assessed the main issues involved in the woman's care, including her diagnosis and treatment, whether appropriate palliative care was provided, her location, security arrangements for hospital visits, liaison with her family, and whether compassionate release was considered.
12. The woman's husband received a copy of the draft report but did not make any comment. The prison considered our draft report and recommendations and has accepted these. The prison has also submitted an action plan detailing what they have done to address the issues we raised and this is included at the end of the report.

HMP BRONZEFIELD

13. HMP Bronzefield is a modern, privately managed prison for women, run by Sodexo Justice Services. It holds up to 527 women. It is a local prison, which takes prisoners directly from the courts. Most women are on remand or serving short sentences, although it also holds longer-term women prisoners including those serving life sentences. Cimarron UK provide GP services and the Central and North West London NHS Foundation Trust provide mental health services. The prison has a 24 hour inpatient healthcare unit which accommodates up to 18 women.

HM Inspectorate of Prisons

14. The most recent inspection of HMP Bronzefield was in April 2013. The Inspectorate noted that healthcare services had greatly improved since the previous inspection in April 2012. However, long term staff shortages had affected service delivery. Inspectors found that interactions between healthcare staff and prisoners were professional and respectful, but prisoners were dissatisfied with access to and the quality of health care. Inspectors found that there was a very good range of clinics, and waiting times were reasonable. However, access to a female GP was inadequate.

Independent Monitoring Board

15. 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 annual report for the year to July 2014, the IMB commented that healthcare staff demonstrated a very good understanding and knowledge of the women in their care and dealt with them with compassion and sensitivity.

Previous deaths at HMP Bronzefield

16. The woman was the third prisoner to die of natural causes at Bronzefield in the last two years. There were no significant similarities with the circumstances of those cases.

ISSUES

The diagnosis of the woman's terminal illness and informing her of her condition

17. The woman was serving a four and a half year sentence and had been at Bronzefield since May 2013. She was HIV positive for which she took prescribed antiretroviral medication. On 23 September 2013, the HIV team at hospital reviewed her. At the time, blood tests and liver function tests were normal.
18. In December, the woman was treated for an infection in her left breast caused by a ruptured breast implant. On 27 December, doctors at hospital removed her breast implants. She continued to take prescribed antibiotic medication intermittently until May 2014 when the infection healed.
19. On 16 April, a doctor noted that the woman had lost nine kilograms since November 2013. He prescribed vitamins in addition to her usual HIV medication. He did not investigate her weight loss further.
20. On 28 May, the doctor saw the woman about her breast infection. He noted her pulse was raised and her blood pressure was normal. He ordered blood tests.
21. On 29 May, the woman told a nurse that she was suffering from severe stomach pains. He made an appointment for her to see the GP on 4 June.
22. On the morning of 4 June, the woman went to the prison's healthcare centre as she had been asked to attend for blood tests. She told a nurse that her blood had been taken for tests a week earlier. He noted the results were not on her medical record but did not take a sample. He noted that a further blood test would be arranged if her test results were not available within a week. There is no record that this happened.
23. That afternoon, a doctor examined the woman and noted she had pain in the area around the liver. He prescribed dihydrocodeine for pain relief. On 17 June, he examined her again, after she said she had severe pain in her abdomen. He prescribed gaviscon and omeprazole, which is used for the relief of reflux and excess stomach acid
24. At 3.12am on 18 June, the woman rang her cell bell and said she had severe chest pain. A nurse attended and noted that she was having difficulty breathing and was distressed. Her blood pressure reading was 134/103, which is very high. The nurse requested an ambulance, which took her to hospital.
25. At hospital, the woman had an X-ray and CT scan, which showed an abnormality in her liver which needed further investigation. She remained in hospital and, on 25 June, an MRI scan showed she had pancreatic cancer

which had spread to her liver and lungs. Hospital staff informed her of her diagnosis the same day. Her medical record shows that she was fully aware of her condition.

26. The woman's husband asked whether her abdominal pains had been incorrectly diagnosed as gallstones. There is no evidence in the medical record that this was the case.
27. The clinical reviewer considered that had blood tests been taken on 28 May, when a doctor requested them, it is likely that they would have shown abnormalities which could have been investigated. The woman's first reported abdominal pain was on 29 May and the doctor saw her on 4 and 17 June. The clinical reviewer said that, in the context of weight loss, the lack of response to simple pain relief medication and worsening abdominal pain, she should have been referred for further assessment, possibly including a referral to a specialist under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.
28. However, the clinical reviewer noted that it was likely that the woman was already suffering from advanced cancer by 17 June. He did not consider that there was a significant delay in diagnosing her condition, as she first complained of abdominal pain on 29 May and was admitted to hospital on 18 June. He considers that her care was of an equivalent standard to care offered in the community. We are satisfied that she received appropriate and timely care, but note the importance of fully investigating symptoms as early as possible. We make the following recommendation:

The Head of Healthcare should ensure that prisoners who report acute pain have all their symptoms thoroughly examined and investigated to determine their root cause, that GPs refer to specialists appropriately and that actions identified at consultations are followed up

The woman's clinical care

29. Hospital consultants considered that active treatment was not possible for the woman's condition and arranged palliative care (which includes the control of symptoms and pain). She remained in hospital and staff gave her oxygen therapy, intravenous fluids and antibiotics. She received oromorph (liquid morphine) for pain relief. Healthcare staff from the prison kept in contact with the hospital for information about her condition.
30. On 2 July, a hospital consultant discussed with the woman whether she wanted to be resuscitated if she had a cardiac or pulmonary arrest. She did not want to be resuscitated in those circumstances and signed an order to that effect.
31. The woman remained in hospital where staff provided ongoing palliative and end of life care. She died in hospital. Her family were with her at the time.

32. All of the woman's treatment and care after her diagnosis was the responsibility of the hospital, which is outside the scope of this investigation. We noted that the clinical reviewer considered that the hospital provided appropriate palliative and end of life care.

The woman's location

33. On 18 June, the woman was admitted to hospital and remained there until she died. Nurses from the prison liaised regularly with hospital staff and visited her each week day. The clinical reviewer noted that she had to remain in hospital because of the level of nursing care she required. We are satisfied that she was appropriately located throughout her illness.

Restraints, security and escorts

34. The Prison Service has a duty to protect the public when escorting prisoners to hospital 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 the risks posed by the same prisoner when suffering from a serious medical condition. The judgement indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change. It found that handcuffing a prisoner receiving chemotherapy (and, by implication, other life saving treatment) was degrading and also likely to be regarded as inhumane unless justified by other relevant considerations.
35. When the woman was taken to hospital on 18 June, a security risk assessment showed she was considered a low risk of escape and low risk to hospital staff and the public. There was no history of escape or violence recorded. The healthcare section, which was a series of yes/no answers, did not record any objection to the use of restraints and indicated her medical condition did not restrict her ability to escape unaided. There was no further information on her medical condition. Two officers escorted her and used handcuffs for the journey to hospital and then an escort chain in hospital. (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 medical assessments for further risk assessments on 22 June and 25 June were the same as for the original assessment.
36. At 8.00am on 27 June, one of the escorting officers informed the prison's security department of the woman's diagnosis of cancer. This was two days after her diagnosis. At 12.50pm, a nurse visited her in hospital and was concerned that she was still restrained. The nurse informed the prison's security department that he objected to the use of restraints because she had

been diagnosed with a terminal condition and was unable to walk unaided. Her restraints were removed at 2.30pm and were not reapplied.

37. 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. The woman was described as polite and fully compliant. The escort assessments show all her risks as low. She had not been convicted of a violent offence and did not pose any risk of escape. She was extremely unwell, receiving strong pain relief medication and intravenous antibiotics. We are not satisfied that the risk assessment fully justified the use of restraints or was appropriately reviewed as circumstances changed. We do not consider that there was sufficient healthcare input into the original assessment or that yes or no answers amount to a considered opinion of how a prisoner's health impacts on their risk of escape. We make the following recommendation:

The Director and Head of Healthcare should ensure 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 woman's family

38. On 21 June, the prison informed the woman's long term partner that she was in hospital. He visited her the next day. On 26 June, she telephoned him and told him about her diagnosis. On 4 July, the prison appointed family liaison officers. A family liaison officer met the woman's partner to explain his role. Both family liaison officers remained in regular contact with the partner and facilitated visits for him and other family members at the hospital.
39. On 11 July, the woman married her partner at the hospital. A prison chaplain held a service of marriage blessing. Her family were with her when she died.
40. On 28 July, the woman's body was repatriated to Uganda, where her funeral took place. The prison contributed towards the costs, in line with national guidance.
41. We are satisfied that there was appropriate liaison with the woman's family, who were supported and kept up to date throughout her illness and after her death.

Compassionate release

42. 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. Applications for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS) and agreed by Ministers.

43. On 3 July, the Director of Bronzefield started an application for release on compassionate grounds. She requested a letter from the woman's hospital consultant to support the application. The woman agreed to allow her medical information to be shared.
44. On 9 July, the woman was released on temporary licence. Prison staff visited her daily for support. On 10 July, the hospital consultant wrote to the prison with information about her condition and prognosis. Sadly, she died before the application could be considered further.
45. However, we are pleased that the woman was released on temporary licence. This ensured that her family were able to spend time with her, without the presence of prison staff, before she died. We are satisfied that the prison appropriately began the process of compassionate release.

RECOMMENDATIONS

1. The Head of Healthcare should ensure that prisoners who report acute pain have all their symptoms thoroughly examined and investigated to determine their root cause, that GPs refer to specialists appropriately and that actions identified at consultations are followed up.
2. The Director and Head of Healthcare should ensure 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 should ensure that prisoners who report acute pain have all their symptoms thoroughly examined and investigated to determine their root cause, that GPs refer to specialists appropriately and that actions identified at consultations are followed up.	Accepted	The Head of Healthcare has circulated the clinical recommendations to the clinical team and GP providers to help ensure patients have their symptoms appropriately investigated and referral to specialists is timely and followed up.	Head of Healthcare 31 December 2014
2	The Director and Head of Healthcare should ensure 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	The risk assessment has been revised to provide additional space for clinical staff to detail appropriate information to help assess restraint level. HMP Bronzefield has also established a better working relationship with the hospital to ensure timely information is passed between the two sites to aide patient care and supervision.	Director/ Head of Healthcare 31 December 2014