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 woman on 23 December 2014 at HMP Peterborough

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 into the death of a woman, who died of acute myeloid leukaemia on 23 December 2014, at HMP Peterborough. She was 55 years old. I offer my condolences to those who knew her.

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

On 10 October 2014, the woman was remanded to Peterborough. She had a history of emotionally unstable personality disorder and had periods of homelessness. She had previously been treated for acute myeloid leukaemia, but did not disclose this when she arrived at the prison. She was prescribed antibiotics for mouth infections but would not take them.

On 3 December, the woman appeared abnormally pale and a prison GP requested blood tests. These showed a recurrence of acute myeloid leukaemia. She was admitted to hospital on 5 December, but refused all treatment. The hospital discharged her back to the prison with medication for end of life care and a palliative care plan. Assessments indicate that she had the capacity to take decisions about her medical care and treatment.

Towards the end of December, the woman became very ill and was in acute pain. A nurse was unable to administer morphine as none had been prescribed, so sent her to hospital, on the advice of an out of hours doctor. Officers used handcuffs and an escort chain to restrain her while she was at the hospital. She returned from hospital at 6am, but was still in significant discomfort. A prison GP gave her morphine that morning to make her comfortable. She died later that morning.

I am concerned that the woman did not have appropriate pain relief the night before she died. The clinical reviewer noted that this aspect of her end of life care plan failed and that the care she received was not equivalent to the expected level of palliative care in the community. It is evident that Peterborough needs to develop better end of life care arrangements. It is shocking that she was chained when she went to hospital in acute pain at the end of her life and the Director of Peterborough needs to ensure that all staff understand the legal position for the use of restraints for dying and infirm prisoners.

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 **May 2015**

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SUMMARY

1. On 10 October 2014, the woman was remanded to HMP Peterborough charged with indecent exposure. She was often homeless and had been in prison on remand before. She had a history of acute myeloid leukaemia, type 2 diabetes but did not disclose this when she arrived. She had previously been diagnosed with an emotionally unstable personality disorder. The prison obtained mental health records, which showed she had history of bipolar affective disorder and acute schizophrenia- like psychotic disorders. She would not fully engage with the mental health team at the prison.

2. On 21 October, the woman told staff she had a cough and pains in her arms and legs. A nurse examined her and found she had mucus on her chest and a cough, but no temperature. She did not attend a follow-up appointment the next day and often did not attend medical appointments.

3. Towards the end of November, a dentist prescribed the woman antibiotics three times for infection in her lower teeth, but she did no take them. On 3 December, a GP requested blood tests. The results of the tests on 5 December indicated a recurrence of acute myeloid leukaemia. She was admitted to hospital urgently, but she refused all treatment. A mental health assessment confirmed that she had capacity to understand the implications.

4. On 10 December, the hospital confirmed acute myeloid leukaemia and discharged the woman back to the prison the next day with a palliative care plan and recommended medication for end of life care. She had signed an order to indicate that she did not want to be resuscitated if her heart or breathing stopped.

5. Towards the end of December, the woman became acutely unwell with abdominal pain and vomiting. Nurses were unable to administer morphine pain relief as none had been had been prescribed. An out of hours GP advised the nurse to send her to hospital. She was taken to hospital at 2.10am and returned around 6am. Officers used restraints for the hospital visit. At 9.35am, a nurse found her sitting on the floor of her cell in pain. A prison GP gave her morphine to make her comfortable. She died at around 11.15 am.

6. Although healthcare staff generally gave the woman good care, we are concerned that care plans failed at the end of her life and she suffered unnecessary pain. Restraints should not have been used when she went to hospital just hours before her death. We make two recommendations about these matters.

THE INVESTIGATION PROCESS

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

8. The investigator obtained copies of the woman's prison medical records and relevant extracts from her prison records. She interviewed six members of staff at Peterborough on 19 January 2015.

9. NHS England commissioned a clinical reviewer to review the woman's clinical care at the prison.

10. We informed HM Coroner for Peterborough of the investigation, who provided the cause of death. We have sent the coroner a copy of this investigation report.

11. Despite enquiries, the prison, police and the coroner were unable to locate the woman's son, her nominated next of kin. We have therefore been unable to involve him in the investigation.

12. 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 escorts, liaison with her family, and whether compassionate release was considered.

13. The prison received a copy of the draft report and the response to the recommendations has been added to the end of the report.

HMP PETERBOROUGH

14. HMP Peterborough is a local category prison privately operated by Sodexo Justice Services. It holds both men and women in separate sides of the prison. The prison has 24-hour healthcare provision.

HM Inspectorate of Prisons

15. In its most recent inspection of HMP Peterborough in June 2014, the Inspectorate found that the standard of healthcare services was variable. Well Woman services were very good but reception and secondary health screenings did not adequately assure them that all health risks were identified. However, women could see a GP shortly after arrival. Women prisoners had reasonable access to the nurse triage clinic and GPs, including a female GP and care for women with long-term conditions was developing. Inspectors considered that the purpose of the inpatient unit was unclear. Inspectors noted that the prison had established links with a local hospice and Macmillan nurses, but there was no palliative or end of life policy.

Independent Monitoring Board

16. 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 that prisoners are treated fairly and decently. In its latest published annual report to March 2014, the IMB commented that there was an excellent framework to continuously improve the quality of the health services and for safeguarding high standards of care. The IMB noted that there had been a shortage of nurses over the previous year but increased use of healthcare assistants and ongoing recruitment had helped improve the situation.

Previous deaths at HMP Peterborough

17. The woman's was the fifth of seven deaths from natural causes since January 2012. We have raised the issue of the unjustified use of restraints for hospital escorts before.

ISSUES

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

18. On 10 October 2014, the woman was remanded to HMP Peterborough for indecent exposure. Records show that she was homeless. She had been in prison on remand before at HMP Bronzefield in August 2014.

19. The woman had previously been treated for acute myeloid leukaemia, but she did not disclose this at her initial health screen. Bronzefield had recorded this in her clinical notes, but did not enter it into the summary or past medical history. She also had type 2 diabetes. Community records showed that she had a history of bipolar affective disorder and acute schizophrenia- like psychotic disorders.

20. On 18 November, a prison dentist examined the woman, who had toothache. He noted inflammation and advanced bone loss and prescribed metronidazole, an antibiotic. On 21 November, she told a nurse that she still had pain and had not been taking her antibiotics. She asked to change to amoxicillin, which was agreed, but she did not take that. On 28 November, the dentist reviewed her and noted she now had an infection in her lower teeth and prescribed the original antibiotic.

21. On 3 December, a doctor assessed the woman, who had a mouth abscess. She was abnormally pale in colour and had still not taken any of her antibiotics. He changed her medication and requested blood tests.

22. The blood tests results on 5 December indicated a recurrence of acute myeloid leukaemia. A consultant haematologist at hospital arranged for the woman's urgent admission for treatment that day. The next day, she refused treatment and was abusive to hospital staff. A mental health capacity assessment confirmed that she had capacity to make her own decisions about her care and treatment.

23. On 10 December, the hospital confirmed that the woman had had a relapse of acute myeloid leukaemia. We are satisfied that the prison GP appropriately referred her for tests, which identified that her leukaemia had recurred. Hospital staff informed her of the diagnosis.

The woman's medical treatment

24. As the woman continued to refuse all medication and treatment, the hospital discharged her back to the prison on 11 December 2014, with a palliative care plan and recommended anticipatory medications (to relieve pain and distress at the end of life). She had signed an order in hospital, indicating that she did not want to be resuscitated if her heart or breathing stopped. A hospital Macmillan nurse had immediate involvement and some of the prison nurses were trained to administer the anticipatory medicines via a syringe driver (a small pump used to give medication continuously, under the skin). Prison and

hospital doctors assessed her mental capacity frequently and found she always fully understood the implications of her choice to refuse treatment.

25. Just before midnight on 22 December, the woman became acutely unwell with abdominal pain and vomiting. A nurse gave her cyclizine via an injection to relieve the sickness but was unable to give morphine to relieve the pain, as prison GPs had not prescribed it. The nurse said that she could only administer medication if this was documented onto a prison medicine administration chart and signed by a prison GP.

26. The nurse gave the woman parecetemol and dihyrocodeine - moderate pain relief tablets. However, she was unable to ingest the oral pain relief as she continued to vomit and this did not ease her pain. The nurse contacted an on-call GP. The GP did not go to the prison to examine the woman, but advised that she should be taken to hospital. At 2.10am, she was taken to hospital.

27. There is no record of what happened at the hospital, or when she returned, but healthcare staff said that the woman got back to the prison at about 6.00am. The next entry in her prison medical records was at 9.35am, when a nurse found her sitting on the floor of her cell, in pain. At 9.48am, a doctor gave her an injection of morphine, to make her comfortable. He believed that she had received no pain relief treatment at the hospital, as she was still in a distressed state.

28. A doctor arranged for the woman's cell door to be left open for ease of access and to allow nurses to care for her in a dignified way. Her condition continued to deteriorate and she died at 11.15am. Healthcare staff were with her at the time. At 11.35am, a doctor formally confirmed her death.

29. A nurse told the investigator that even if the morphine had been prescribed and available in the early hours of 23 December, she would not have been able to adminster it, as she was not one of the nurses who had been trained to use a syringe driver. She regretted that she had not been able to control the woman's pain or be able to sit with her to help comfort her, as the decision to allow her cell door to remain open had not been agreed at the time. We are concerned that in these circumstances the on-call GP declined to come to the prison to prescribe and adminster medication to a terminally ill woman at the end of her life. She should not have been subjected to the unecessary discomfort and trauma of a hospital visit in the middle of the night.

30. The clinical reviewer recognised that healthcare staff treated the woman with care and compassion for most of her time at Peterborough. However, the failure to provide adequate pain relief towards the end of her life was not equivalent to the expected level of palliative care in the community. Good planning should always ensure that healthcare staff are available to administer pain relief and other medication for dying patients. We note that the inspection of Peterborough in June 2014, six months before her death, identified a need for a palliative and end of life care policy and this investigation underlines the need. We agree with the clinical reviewer that the

care she received was not equivalent to that she would have expected to receive in the community.

The Director and the Head of Healthcare should develop a multidisciplinary palliative end of life care policy with relevant staff trained to provide appropriate care for terminally ill prisoners, including effective pain management and nursing access at all times for prisoners at the end of their lives.

The woman's location

31. The woman lived on a standard prison wing until she was admitted to hospital. Once the seriousness of her condition had been identified, and she refused all treatment, prison healthcare staff knew that she would deteriorate rapidly. She was then moved to the palliative care suite in the women's inpatient ward.

32. The palliative care suite is a double sized cell with a hospital bed and enough room for healthcare staff to access the patient in order to provide dignified care. As noted above, we consider that an 'open door policy' should have been agreed for the woman at an earlier stage, but we are satisfied that she was located appropriately at the end of her life.

Restraints, security and escorts

33. 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 judgment indicated that prison staff must take into account medical opinion about the prisoner's ability to escape and that restraining prisoners by handcuffs who were receiving chemotherapy and other life saving treatment was degrading. The court found that the use of such restraints would be likely also to be regarded as inhumane unless justified by other relevant considerations.

34. The Head of Security said that when the woman went to hospital on 6 December she was escorted by two officers who used a ratchet handcuff, in line with their standard procedure. He said that she was considered a low risk, but he said that as a remand prisoner she was not eligible to go out uncuffed, in line with the national security framework.

35. On 12 December, a multidiciplinary team meeting agreed that the woman should not to be restrained for future hospital escorts, because of her poor health. On 18 December, she attended a hospital appointment with two officers and no restraints were used.

36. On the day of the woman's death, when she was taken to hospital, staff used a ratchet handcuff, despite the decision of 12 December not to use restraints. The duty manager later changed this 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 Head of Security said that neither he nor night security staff were aware of the decision not to use restraints. However, the Head of Healthcare and a doctor said that healthcare staff had informed security staff that she did not need restraints because of her poor health. They said that she should not have been escorted to hospital in restraints.

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. We are concerned that restraints were used after it had been agreed they were not necessary and that staff at the prison did not appear to have a good understanding of the policy for the use of restraints and the legal position. We have raised this matter with Peterborough before. We make the following recommendation:

The Director 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. The woman's next of kin, her son, could not be traced. The police, coroner, and staff at Peterborough made considerable attempts to trace him, to break the news of his mother's death, but were unsuccessful.

Compassionate release

39. As a remand prisoner, the woman was not eligible for release on compassionate grounds for medical reasons. She could only have been released from prison if the court agreed to bail her. Prison healthcare staff requested an earlier court hearing, but she died before this could happen.

RECOMMENDATIONS

1. The Director and the Head of Healthcare should develop a multidisciplinary palliative end of life care policy with relevant staff trained to provide appropriate care for terminally ill prisoners, including effective pain management and nursing access at all times for prisoners at the end of their lives.

2. The Director should ensure that all staff undertaking risk assessments for prisoners taken to hospital understands 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 Director and the Head of Healthcare should develop a multidisciplinary palliative end of life care policy with relevant staff trained to provide appropriate care for terminally ill prisoners, including effective pain management and nursing access at all times for prisoners at the end of their lives.	Accepted	Local policy will be implemented to link in with the '*One chance to get it right'* document. Multi-disciplinary meetings will be held on a regular basis for patients with palliative care plans (in addition to discussion at weekly complex needs reviews). Nursing staff will be trained in the use of equipment to ensure effective pain management.	June 2015 Head of Healthcare/ Healthcare Operational Manager
2.	The Director should ensure that all staff undertaking risk assessments for prisoners taken to hospital understands 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	Security staff will liaise with the Head of Healthcare to ascertain the medical status and potential risks of all residents who are required to attend hospital under escort conditions, in particular those with serious medical concerns. The risk assessment for each resident will assess their health status and ensure that any risk assessment reflects the actual risk the prisoner presents at the time.	June 2015 Head of Healthcare/ Head of Security