

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man at HMP
Altcourse in September 2010**

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 report of an investigation into the death of a man who died from natural causes in September 2010, in the healthcare centre at HMP Altcourse. The man had been diagnosed with advanced metastatic melanoma (cancer) and his death was expected. He was 46 years old. I extend my condolences to the man's family.

The investigation was undertaken by one of my senior investigators. A review of the man's care and treatment at Altcourse was undertaken on behalf of Liverpool NHS Primary Care Trust, of Central and Eastern Cheshire Primary Care Trust. I would like to thank the clinical reviewer as well as the Director of Altcourse and his staff for their assistance. I apologise for the delay in issuing this report.

The clinical review found that the man's treatment at Altcourse was equivalent to that which he might have expected in the community. The illness was diagnosed quickly once he reported discomfort and appropriate tests, referrals and provision for pain relief were made. Healthcare staff cared for the man well and acted in accordance with his wishes in respect of his location and discontinuing hospital visits. Prison staff also arranged for his relatives to visit him at short notice for lengthy periods in his final days.

Caring for dying prisoners in a busy urban prison presents a particular challenge to staff, but the planned palliative care helped to make the man as comfortable as reasonably possible as he reached the end of his life.

The report does contain two recommendations regarding the need to record the reasons for the cancellation of hospital appointments and early appointment of a family liaison officer in cases sad such as this but, overall, I consider that the man received good care from the prison.

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. The man was born on 11 August 1964, in Wales. He was single and did not have children. He had been in prison three times previously for short sentences before he went into Altcourse in August 2008. When he arrived at prison for the final time, the man told the reception nurse that he used cannabis and alcohol. He exhibited a number of psychotic symptoms and underwent treatment for alcohol detoxification.
2. The man lived on a normal residential unit and worked mostly in the prison kitchen over the next two years. His father died from cancer in February 2010. He applied for release on temporary licence so that he could attend his father's funeral unescorted but his application was not granted due to having breached bail or community punishments on a number of occasions. Nevertheless, he went to the funeral, escorted by staff.
3. In June, the man saw a prison doctor after noticing a lump in his left armpit. After undergoing specialised scans, an initially diagnosis was given in August as widespread metastatic disease (cancer of lymph glands). The diagnosis was later confirmed to be melanoma (skin cancer) which had spread widely throughout his body.
4. On 8 September, one of the Altcourse doctors told the man that his prognosis was poor and they discussed pain control. The man wanted to remain in the main prison rather than the healthcare centre so that he could be with his friends and staff allowed him to do so. He was asked a number of times in the following days by nursing staff whether he would reconsider but he refused.
5. A week later, the man saw a Consultant in palliative care who broke the news to him that his condition was incurable and he had only months to live. The man's clinical record described him as angry and upset. He applied for early release on compassionate grounds as he wanted to spend his last days with his sister and family. His wish was not granted as there was insufficient time for it to be processed before his death but compassionate visits were arranged for family members to spend time with him in the healthcare centre, where he moved three days before his death. The man's health rapidly deteriorated and he died on 25 September.
6. The investigation and clinical review have found that the man's care was appropriate. However, the reasons for a cancelled hospital appointment were not recorded, therefore a recommendation has been made on this issue. The prison appointed a family liaison officer before the man's death, which is regarded as best practice. We believe there may have been scope to do so earlier, when the terminal nature of his condition was discovered.

THE INVESTIGATION PROCESS

7. A senior investigator conducted the investigation into the man's death. She visited HMP Altcourse, including the healthcare centre where the man was cared for until the end of his life as well as Canal Unit, a residential unit for medium to long-term sentenced prisoners, where he had previously spent most of his stay. She spoke to several staff, including Altcourse's family liaison officer, who had maintained close contact with the man's family. The investigator studied all relevant prison records relating to the man, including his clinical records. The delay in issuing the report was due to workload pressures in this office.
8. Liverpool NHS Primary Care Trust commissioned a clinical reviewer of Central and Eastern Cheshire Primary Care Trust, to carry out a clinical review of the healthcare the man received. The report of his review is attached in full as an annex to this report.
9. The investigator contacted HM Coroner to inform him of the nature and scope of the investigation. A post mortem examination was not carried out as the Coroner was satisfied that there were no suspicious circumstances surrounding the man's death. The inquest into the man's death took place on 30 September 2010. The jury returned a verdict of death by natural causes.
10. One of the Ombudsman's family liaison officers spoke to the man's sister to make her aware of the investigation and to learn of any concerns her family might have. The man's sister spoke positively of the healthcare staff who were on duty when he died and felt that she had been treated with compassion. However, she asked a number of questions about the diagnosis and treatment of the man's illness. She was also concerned about the frequency and quality of communication and contact between prison staff and the family.
11. The man's family received a copy of the draft report. The solicitor representing his family wrote to us raising a number of questions that do not impact on the factual accuracy of this report. We have provided clarification by way of separate correspondence to the solicitor.
12. The investigation assesses the following aspects of the man's care and treatment:
 - Whether his diagnosis was made in a timely fashion?
 - Whether the man was told about his condition and the options for treatment?
 - Whether the man's given appropriate pain relief?
 - Whether the liaison with the man's family was appropriate?
 - Whether the man was accommodated in the most appropriate part of the prison?
 - Whether consideration was given to compassionate release from prison?

HMP ALTCOURSE

13. HMP Altcourse was the first prison in the United Kingdom to be designed, financed and managed under a contract by a private company. It is managed by G4S custodial services and has been open since 1997. The prison can hold up to 1,324 adult men and young offenders and covers North Wales, Merseyside and Cheshire. It is a category B prison, for both remand sentenced prisoners. Category B are prisoners for whom the highest security conditions are not necessary but for whom escape must be made very difficult.
14. Healthcare services at Altcourse have been provided in-house by G4S since August 2009. HM Chief Inspector of Prisons (HMCIP) last published an inspection report of Altcourse in March 2010. This described Altcourse as a safe prison with adequate healthcare “but staff shortages and a recent lack of leadership had impacted on services”.
15. Each prison has an Independent Monitoring Board (IMB) which comprises unpaid volunteers from the local community appointed by the Secretary of State for Justice. The Board’s role is to ensure that the prison is properly run and that prisoners are treated decently. Each Board produces an annual report for the Secretary of State for Justice. In its report focussing on the time period June 2009 to June 2010, Altcourse’s IMB said:

“Healthcare now provided ‘in-house’ [by G4S] continues to improve ... whilst there were initially some minor ‘teething’ problems, the change-over was well managed and went relatively smoothly. The board believe overall this change of control has improved the healthcare services being delivered to prisoners.”
16. There have been four previous deaths due to cancer at Altcourse since the Ombudsman was given the responsibility for investigating all deaths in prison custody in 2004. The investigation has found no significant common features between this investigation and those into any of the previous deaths.

ISSUES

17. The man arrived at Altcourse after being remanded in custody in August 2008 and was subsequently sentenced to five years' imprisonment. It was the fourth time he had been to prison. The previous occasions were for relatively short periods.
18. On arrival, the man displayed a number of psychotic symptoms which may have been drug-induced. He told the nurse who undertook the reception health screen that he used cannabis and drank a moderate to heavy amount of alcohol. He underwent an alcohol detoxification programme and spent his first two weeks under observation in the healthcare centre. During his first week, nursing staff noted that he appeared distressed, agitated, disorientated and talked to himself. Gradually, as the detoxification treatment took effect, concerns about his mental health diminished and he was encouraged to move to a non-medical residential area.
19. The man found work in the prison kitchen and fabric workshops and lived on Canal Unit, a normal residential block. His father died of cancer in February 2010. Although the man applied for Release on Temporary Licence so that he could go to the funeral unescorted, his application was refused as he had a history of breaching bail conditions or community sentences in the past. However, he did attend his father's funeral escorted by prison staff.

Diagnosing the man's terminal illness

20. On 8 June 2010, the man showed a nurse a lump in his left armpit which he said was painful. The nurse referred him to the prison doctor. The next day, one of the prison doctors wrote in the man's clinical record that the man had noticed the lump about a week earlier. He described it as, "a large painless smooth rounded lump near the left axillary fold [crease of his armpit] not attached to the skin ... Plan: refer for u/s [ultrasound] scanning".
21. A nurse saw the man on 17 June as the lump was causing pain and discomfort. The nurse placed the man on a list to see the doctor which he did on 23 June. The doctor noted in the man's clinical record that he was awaiting an ultrasound scan. On 4 July, the man was seen by a nurse who wrote "client c/o [complaining of] lump axillary area already s/b [seen by] Dr a/w [awaiting] for u/s scan appointment and c/o of cold sore".
22. Another general practitioner (GP) at Altcourse examined the man on 16 July. The GP recorded that the lump was four to five inches and was possibly a lipoma. (A lipoma is a non cancerous tumour made of soft fatty tissue which does not normally cause symptoms or problems.) The GP made a note in the medical record to "expedite u/s" [ultrasound scan].
23. An ultrasound scan appointment for 23 July, at Aintree University Hospital, was cancelled. It is not clear from the hospital's letter whether this was at the request of the hospital or the prison request and no reason is given. The man asked for a doctor's appointment on 27 July as he wanted to know if he had been referred to

the hospital. The staff nurse checked his records and as he had an appointment booked for the following week did not put him on the doctor's list. The records do not say whether she told the man the date of the hospital appointment. (For reasons of security, prisoners are usually not told in advance of outside appointments.)

24. The rescheduled ultrasound scan took place on 3 August. Altcourse received a hospital report the next day saying that the lump was a suspected lymphoma but a biopsy would have to be carried out to confirm the diagnosis. A lymphoma is a cancer of the lymphatic system. Its most common symptom is a painless swelling usually in the neck, armpit or groin. The lymphatic system helps fight disease in the body. (The biopsy of the lump in his armpit subsequently took place on 2 September.) On his return to Altcourse, the doctor prescribed him dihydrocodeine and paracetamol for pain relief. On 5 August, the doctor explained the contents of the scan report to the man and wrote that the man did not have any queries.
25. The doctor wrote an urgent letter to the hospital the same day, asking for an appointment under the "two week rule" for cancer patients, for further tests to give more information. (The two week rule is used to ensure that patients suspected of having cancer are seen by a specialist within 14 days.) As a result, the man was seen in the Haematology Clinic on 11 August. The specialist registrar in the clinic referred him for a biopsy and further blood tests.
26. On 20 August, the man developed a chest infection and was treated with antibiotics as an in-patient in the healthcare centre. On 22 August, he went to the Accident and Emergency Unit of the local hospital after staff became concerned about his condition. He was x-rayed and returned to the healthcare unit, where a doctor examined him. He remained in healthcare until 26 August, when the GP decided he was well enough to be discharged.
27. The man had a computerised tomography (CT) scan of his chest and abdomen on 24 August. A letter from the hospital in his records shows that the appointment was brought forward by over two weeks; no reason was given. It had originally been scheduled for 8 September. This test uses a scanner which produces more detailed scans than an ordinary x-ray. The CT scan showed that the cancer was extensive and had spread to his lungs, liver and spleen. The man was referred to one doctor and then to another, a consultant oncologist (cancer specialist) at Clatterbridge Hospital, Wirral, for advice on 8 September.
28. We have considered the circumstances leading to the man's diagnosis. He first reported the lump under his arm on 8 June and an ultrasound scan was immediately requested. An initial diagnosis of suspected lymphoma cancer was made around two months later in early August. This was revised to melanoma (skin cancer) in early September. Some people with metastatic cancer do not have symptoms until it is advanced. The appearance of a lump in the man's armpit was a sign of how extensively the cancer had spread rather than a first indication of disease.

29. We are satisfied that prompt steps were taken by prison healthcare staff to seek a diagnosis, including attempts to expedite an ultrasound scan and appropriate use of the fast track procedure for suspected cancer. However, an appointment for the scan was cancelled and no explanation for this is recorded. There is no indication that the cancellation impacted on the eventual outcome in this particular case and there is no evidence to suggest whether the cancellation was made by the hospital or the prison. Nevertheless, the reasons should have been recorded and we therefore make the following recommendation:

The Director and Head of Healthcare should ensure that in the event of the cancellation or postponement of external medical appointments, the reasons are recorded as well as the action taken to reschedule the appointment.

Informing the man about his condition and treatment

30. The man saw the doctor on 7 September as he was very worried about the lump in his left armpit. His clinical notes show that he looked pale, worried, seemed to have lost weight and felt his pain was not being well controlled. The dosage of dihydrocodeine tablets was increased to the maximum and he was prescribed Oramorph, oral liquid morphine to ease the pain.

31. The doctor met the man again the next day and discussed the results of the CT scan and biopsy information received from a doctor at University Hospital. He told the man that he had cancer and that it had spread through his body. The news, very understandably, upset him. The man refused to move to a cell in the healthcare centre but gave permission for the doctor to inform the Director of Altcourse about his condition. The doctor discussed medication to control the pain and then prescribed two pain killers.

32. The man declined to move from his residential unit to the healthcare centre but said he wanted to telephone his sister to give her the news he had received. A senior manager arranged for the man to make the telephone call in a staff office on the healthcare unit to give him some privacy, rather than having to use the communal phone on his residential unit and for his sister to visit him the next day. His sister's name and contact details were recorded in his clinical record "in case of emergency".

33. On 8 September, a member of staff (whose signature is illegible) wrote in the man's Record of Events:

"The man clearly was subdued ... [the man] has been granted a compassionate visit with his sister tomorrow. I explained to the man that if his sister is concerned over his health whilst at [Altcourse] she may contact me for a point of contact. ... The man knows if he requires extra phone credit or wishes to speak to staff, chaplain, H/C he only has to ask."

34. The man was first advised of the preliminary diagnosis of lymphoma the day after prison staff received the ultrasound scan results. Subsequent tests confirmed the

diagnosis and the precise nature of the cancer. One of the doctors at Altcourse discussed his condition with him once the full information from the scan and biopsy were received, including medication for pain control. We are satisfied that the man was appropriately and promptly informed of his condition and medication.

The man's medical appointments and treatment

35. The man did not receive radiotherapy or chemotherapy treatment. He was given palliative care, as described in the next section of the report. The clinical reviewer of Central and Eastern Cheshire Primary Care Trust was asked by Liverpool Primary Care Trust to review the care and treatment provided to the man at Altcourse. The clinical reviewer examined the man's clinical notes and concluded that the man's healthcare needs were appropriately assessed and the plans put in place "were sufficiently comprehensive and robust". The clinical reviewer writes:

"[The man] died due to an advanced malignancy. He suffered from a melanoma which had spread widely in his body. The evidence from the notes indicates that he was treated with appropriate degree of urgency, vigilance and compassion."

36. The clinical reviewer confirms that the treatment the man received in prison was equitable to that he would have received in the community. We agree with him. He was also of the view that communication between the healthcare team and outside clinicians was timely and appropriate and he was satisfied with the record keeping. He makes no recommendations.

The man's pain relief and medication

37. On 13 September, a GP at Altcourse, arranged for staff from Macmillan cancer care to visit the man on 15 September to discuss plans for palliative care. Later that evening, the man asked the nurse for Oromorph. She told him that there was only 5ml left in the bottle in the treatment room on the wing but he could receive the full 10ml dose if he went to the healthcare unit. According to her note in the man's clinical record, the man refused to go, although it was written in the Record of Events that the man was not well enough to go.

38. Also on 14 September, the Consultant in Palliative Care and a Specialist Registrar in Palliative Medicine, came into the prison and discussed the man's prognosis and possible treatments with him. The man asked whether he could be cured and was told that, unfortunately, this was not possible. He asked how long he had left to live and the Specialist said that it was difficult to predict but his lifespan could probably be measured only in months. The man was described in his clinical record as being angry and upset.

39. After the doctors left, the nurse spoke to the man. She asked if he would like to be admitted to the healthcare centre, to which he said no. She also offered him a pressure care mattress and extra pillows but again he said no. The man told her that he had "no appetite" and had not been eating. He said he did not want

soups but would like hot chocolate drinks. The nurse contacted kitchen staff to arrange for these to be given to him.

40. Healthcare staff then saw the man on a daily basis, to dress the wound where he had the biopsy and to give him his medication. On 16 September, the nurse noted that waiting in the queue for medication was a problem for him. The nurse issued an instruction an hour later to all nurses that the man was not to queue to receive his medication. She said that he should be seen separately after the other prisoners had been dealt with.
41. Staff also arranged for the man to have special milky drinks called "Ensure" which are a dietary supplement. They checked frequently as to whether he wanted to move to the healthcare centre but he said he wanted to remain on Canal Unit for as long as he could. On 19 September, he told the nurse that "he would rather be with his mates on the wing". He also said that he felt his pain medication was not effective so she spoke to the doctor who increased it.
42. On 21 September, the man saw a doctor. The man said that his medication was adequate. The doctor told him that the oncologist (cancer specialist) had said that chemotherapy was not suitable for him. He wrote in the medical record that, "the man accepts this and does not wish for further hospital appointments." The doctor also said that the man could move to healthcare if he wished.
43. At 10.00pm that night, the nurse was called to the wing to see the man, who was very short of breath. After speaking to the doctor by telephone, she gave him a nebuliser which eased his breathlessness. She discussed moving to the healthcare unit and the man agreed as he thought it would be unfair on his cellmate if anything should happen at night. He decided he would move in the morning after he had packed.
44. The following day, healthcare staff liaised with the outside palliative care team and the consultant visited the man in the evening. He brought with him syringe drivers that would allow the man to give himself medication as and when he needed it. (A syringe driver is a small, lightweight, battery-operated pump which administers pain relief under the skin.) The doctor reviewed the man's medications when he was admitted to the healthcare unit.
45. We are satisfied that staff gave the man pain relief as required and were responsive to his needs when he indicated it was insufficient. The clinical reviewer judges that the man's assessed healthcare needs were met and we agree.

Contact with the man's family

46. When the man was told that he had cancer and it had spread through his body, he was given the opportunity to break the news to his sister by telephone. A compassionate visit was arranged so that family members could see him the following day.

47. Arrangements were made for the man's family members to visit him in the healthcare centre on 23 September. Also, a family liaison officer was appointed to answer any questions they had, facilitate practical arrangements and support them through a difficult time
48. The man's sister, aunt and nephew spent time with the man and spoke to staff about his condition. A palliative care consultant explained that the man's health had deteriorated. Regarding possible release from prison, he did not think it would be in the man's best interests to be moved and he should remain in the healthcare unit where he would be cared for. More family members visited the man on 24 September and he died on 25 September. The funeral took place on 11 October and the prison contributed towards the expenses.
49. After the man's death, his sister told one of the family liaison officers at this office that, prior to his death, she felt that communication between herself and the prison was inadequate. She had found this distressing as she did not have a full picture of his condition and did not realise his death was imminent until it was too late to ask him if he wanted any specific arrangements for his funeral.
50. Prison managers usually appoint a family liaison officer after a prisoner dies. However, on this occasion, the family liaison officer took on the role on 23 September, when the man's family first visited him in healthcare. Appointing a family liaison officer in the case of an expected death, before it happens, is good practice. However, it would have been even better if the family liaison officer had been appointed earlier, to make contact with the family and answer their questions and concerns. Once the man had been told that he had cancer which was untreatable other than with palliative care, the doctor notified the director. We think that would have been a good point at which to appoint a family liaison officer, if the man had been agreeable and early appointment to the role could assist families in the future. Accordingly, the following recommendation is made:

The Director should ensure that when a prisoner is in the advanced stages of a terminal illness, a family liaison officer is appointed to aid arrangements and communication between clinicians, the prisoner and his family, unless he indicates that he does not wish to have such involvement.

Application for compassionate release

51. After the man had been given the opportunity to discuss his condition with the Macmillan palliative care specialists and learned that his condition was terminal, he asked for compassionate release to be considered so that he could stay with his sister and family.
52. The doctor wrote a letter supporting the man's request and prison managers started the process of applying for compassionate release. This procedure is a formal one and the decision is made by the Secretary of State for Justice, based on information provided by the prison.
53. Chapter 12 of Prison Service Order (PSO) 6000 – Parole, Release and Recall, advises that early release on compassionate grounds may be considered on the

basis of a prisoner's medical condition or as a result of tragic family circumstances. It is only granted in exceptional circumstances. The PSO states:

"The fundamental principles underlying the approach to early release on compassionate grounds are:

- The release of the prisoner will not put the safety of the public at risk.
- A decision to approve release would not normally be made on the basis of facts of which the sentencing or appeal court was aware.
- There is some specific purpose to be served by early release."

54. Early release may be considered on medical grounds when a prisoner has been diagnosed with a terminal illness and is likely to die in a short time. There are no set time limits but three months is considered to be an appropriate period. A clear medical opinion on the likely life expectancy is required. There is also a requirement that the early release of a prisoner will bring some significant benefit to the prisoner or his family. The decision to release a prisoner on compassionate grounds is made by the Secretary of State taking into account information provided by Prison Service staff and medical opinions. The Secretary of State also has to be satisfied that there is no longer a risk of re-offending and that there are adequate arrangements for the prisoner's care and treatment outside prison.

55. Unfortunately, the man's health deteriorated rapidly and he died before a decision was reached. We are satisfied that the application for the man's release was made promptly but would remind managers to begin the process of applying for compassionate release as soon as possible, given the process involved and the time required to obtain a decision.

The man's location

56. The man chose to remain on a normal residential wing until he was close to death. Although offered the opportunity to live in the healthcare centre, he insisted that he wanted to stay with his friends and did not want to move there. He was asked by nursing staff regularly if he would consider going there but he declined to go. On 15 September, the nurse again asked the man to consider moving to the healthcare centre. The nurse wrote in his clinical record that she offered to arrange for him to have a pressure care mattress and more pillows but he declined. He did, however, tell her that he had not been eating because he no longer had the appetite. She arranged for the kitchen to supply him with hot chocolate drinks.

57. On 18 September, the nurse visited the man on Canal wing. He said he was constantly thirsty and had been drinking a lot of fluid. She advised him to keep his feet elevated as they appeared to be swollen (oedema) and ordered extra milk for him to drink as he said he enjoyed it. During 21 September, the man discussed his illness with the doctor and told him he still did not wish to move to the healthcare centre but wanted to be released to spend his time left with his

family. At 10.00pm that evening, however, the man appeared to be having difficulty breathing. He was given pain relief and a nebuliser (a device used to administer medication in the form of mist inhaled into the lungs) to ease his breathing. He asked another nurse whether she thought he should move to the healthcare centre. She responded that she thought he would benefit from being there as he could be nursed more closely but the decision was his to make. He asked to move to healthcare the next morning once he had packed his belongings

58. The nurse spoke twice by telephone to the man's sister on 22 September. His sister was concerned about his condition and wanted to know whether he would be released. A compassionate visit was arranged for the next day for the man's sister, nephew and aunt to see him in the healthcare centre. The man family members stayed for three hours and took the opportunity to meet with a Macmillan nurse, the doctor and a consultant in palliative care to discuss the man's care. The consultant explained to them that the man's condition was declining rapidly and it was not advisable to move him. After the visit, the palliative care team organised for the man to receive constant medication by means of a syringe driver.
59. On 24 September, more family members visited the man and arrangements were made through the family liaison officer for family members to be able to arrange to visit the man at short notice. On 25 September, the man died.
60. The investigation has found that staff at Altcourse were clearly very flexible in acceding to the man's wishes about his location. They allowed him to remain on the residential wing so that he could be with his friends; regularly gave him the opportunity to change his mind; offered specialist bedding and gave him nutritional drinks. The decision as to whether and when to move to the healthcare centre was left to him. We are pleased to note that once he moved, his family was able to visit him at short notice and stay for a substantial period.

Palliative care plans

61. During her visit on 14 September, the specialist advised that the man's condition was rapidly progressing and incurable. She prescribed medication for his symptoms. At that time, it was believed that the man might be released on compassionate grounds and she agreed to write a letter of support and stated the need for referral to the palliative care services in the new location.
62. On 22 September, when it became clear that the man was unlikely to be released, healthcare staff contacted Aintree University Hospital and requested more palliative input. The doctor told them that the prison had no injectable pain relief or syringe drivers. During his visit, later that evening, the specialist brought these with him and they were administered as described above.
63. When a patient with a terminal illness reaches the final stages of their life, healthcare staff at Altcourse use a care plan to ensure that everything possible is done for the patient. The Liverpool Pathway for the Care of the Dying, a nationally recognised plan, is used. Entries by medical staff in the man's medical

record, in the last few days of his life, indicate that the pathway was followed and that medication was given in accordance the agreement.

64. The man's medical records show that there was clear and consistent communication between prison healthcare staff and those at the outside hospital. We are satisfied that timely palliative care was put in place and staff were responsive to the man's needs in accordance with the agreed care plan.

CONCLUSION

65. The man's health was reasonable until the summer of 2010, when he reported a lump under his arm. He quickly became significantly unwell and, following various tests, was diagnosed with very advanced cancer. He was told fairly soon after his diagnosis that he was dying.
66. We are satisfied that overall, the man received good care from the prison, albeit that one of his early hospital appointments was cancelled. We believe that adequate arrangements were made to meet his needs. We also consider that the appointment of a family liaison officer before his death was an example of best practice, although the appointment could have been made once it became clear that the man's illness was terminal.
67. The clinical reviewer has confirmed that the man received treatment and care that was equitable to that he would have received in the community. We generally endorse the view of the clinical reviewer but have made two recommendations concerning record keeping and the timing of the appointment of family liaison officers.

RECOMMENDATIONS

1. The Director and Head of Healthcare should ensure that in the event of the cancellation or postponement of external medical appointments, the reasons are recorded as well as the action taken to reschedule the appointment.

The National Offender Management Service accepted the recommendation and responded as follows:

“The Head of healthcare has introduced a system that records the reasons for any cancelled appointment and records action taken to reschedule cancelled appointments.”

2. The Director should ensure that when a prisoner is in the advanced stages of a terminal illness, a family liaison officer is appointed to aid arrangements and communication between clinicians, the prisoner and his family, unless he indicates that he does not wish to have such involvement.

The National Offender Management Service accepted the recommendation and responded as follows:

A FLO is now appointed immediately on learning of a terminally ill prisoner.