

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Christine Kelly a prisoner at HMP Peterborough on 2 January 2016

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

Our Vision

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

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Ms Christine Kelly died on 2 January 2016 of cervical cancer at HMP Peterborough. She was 48 years old. I offer my condolences to Ms Kelly's family and friends.

I visited Peterborough in September 2015 and met Ms Kelly, at her request. She was keen to tell me how well she had been treated, and was very positive about the support and care she was receiving at the prison. This has been confirmed by the investigation.

A prison GP promptly referred Ms Kelly for tests the day after she arrived at the prison in November 2014, but she already had advanced cancer and, sadly, this could not be treated. I am satisfied that Ms Kelly received a good standard of care at the prison. There was good family support and staff showed commendable compassion and care at the end of her life.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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Events

1. On 26 November 2014, Ms Christine Kelly was remanded to HMP Peterborough to await sentencing after being convicted of arson. The next day, a doctor noted that she had not had a recent cervical smear test and a previous test some years earlier had shown pre-cancerous cells. The doctor arranged a test that day.
2. In January 2015, Ms Kelly told a prison doctor that she had lumps in her armpit and groin and the doctor made an urgent referral for suspected cancer. Before this appointment was received, the results of the smear test showed abnormalities. Ms Kelly had further tests in hospital and on 29 January, doctors told her the results indicated she had cervical cancer. On 12 February, the hospital found that the cancer was advanced and, in March, doctors said no active treatment was possible.
3. Ms Kelly had several rounds of palliative chemotherapy and was cared for in the prison's healthcare centre. She was treated in hospital several times for infections caused by the chemotherapy.
4. Ms Kelly's condition deteriorated over time. In October 2015, she was released on compassionate licence to live at a nursing home, but was recalled to prison shortly afterwards, when she breached the residence condition of her licence.
5. Prison healthcare staff continued to look after Ms Kelly in the prison's healthcare centre. After a period in hospital in December, she said she did not want to go to hospital again. She died at the prison on 2 January 2016. Her daughter was with her at the time.

Findings

6. We consider that Ms Kelly received good care at Peterborough, at least equivalent to that she could have expected to receive in the community. The prison offered good mental health support and physical care as her illness progressed. The prison communicated well with the hospital about Ms Kelly's clinical care. Doctors reviewed and adjusted her pain relief when necessary.
7. Ms Kelly's family visited her frequently and the prison's family liaison officers offered comprehensive ongoing support. After April 2015, appropriate risk assessments ensured that Ms Kelly was not restrained for any hospital appointments or admissions.
8. We are satisfied that the prison appropriately helped Ms Kelly obtain compassionate release when her health deteriorated, although sadly she was recalled to prison after breaching a condition of her licence. We make no recommendations.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Peterborough informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator obtained copies of relevant extracts from Ms Kelly's prison and medical records.
11. NHS England commissioned a clinical reviewer to review Ms Kelly's clinical care at the prison.
12. We informed HM Coroner for Peterborough of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
13. One of the Ombudsman's family liaison officers contacted Ms Kelly's mother, to explain the investigation. She had no specific issues for the investigation to consider.
14. The investigation has assessed the main issues involved in Ms Kelly'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.
15. Ms Kelly's family were informed the initial report was available, but did not wish to receive a copy or make any comment.
16. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Peterborough

17. HMP Peterborough is privately operated by Sodexo Justice Services. It holds men and women in separate sides of the prison. The women's side of the prison holds over 300 women. There is 24-hour health care provision.

HM Inspectorate of Prisons

18. 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

19. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to March 2015, the IMB reported that there was a good framework to constantly improve the quality of the health services and a more focussed management of prisoners with complex needs.

Previous deaths at HMP Peterborough

20. Ms Kelly was the fifth prisoner to die of natural causes at Peterborough since January 2014. There were no significant similarities with the circumstances of the other deaths.

Findings

The diagnosis of Ms Kelly's terminal illness and informing her of her condition

21. On 26 November 2014, Ms Christine Kelly was remanded to HMP Peterborough to await sentencing after being convicted of arson. At an initial health screen, a nurse noted that she smoked, suffered from asthma, depression and had back pain from a previous injury. Ms Kelly continued a methadone maintenance programme to treat heroin addiction and was prescribed medication for asthma and depression.
22. On 27 November, Ms Kelly had an appointment with a prison GP, who noted that a cervical smear test eight years previously had shown precancerous cells. Earlier in the year, Ms Kelly had had a scan in hospital after suffering abdominal pains, but had not attended a follow-up appointment. Ms Kelly said she was losing weight. The doctor arranged a cervical smear test that day.
23. On 2 January 2015, Ms Kelly told the prison GP that she had a lump in her armpit, which had been there for over a month. The prison GP requested urgent blood tests and a scan. On 7 January, he reviewed Ms Kelly who now had lumps in her groin. He referred her urgently to a haematologist (blood specialist) at Peterborough City Hospital, under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks.
24. On 15 January, before a specialist appointment was received, the prison received the results of the cervical smear, which showed abnormal cells and a nurse referred Ms Kelly to the gynaecology department at Peterborough City Hospital. On 29 January, Ms Kelly had a colposcopy (a procedure to identify abnormal cells on or in a woman's cervix or vagina). That day, a hospital consultant told Ms Kelly the results indicated advanced cervical cancer. The consultant planned a CT scan and a biopsy, with a review in six weeks to discuss the results. The prison GP saw Ms Kelly the same day and prescribed tramadol for pain relief.
25. On 6 February, Ms Kelly decided to go to court where she was sentenced to four years imprisonment, rather than go for the CT scan. The clinical team manager discussed this with Ms Kelly who signed a disclaimer to say she understood the consequences of not attending the appointment. The hospital rearranged the appointment for the next day, but Ms Kelly decided not to go. On 12 February, hospital doctors confirmed that she had advanced cervical cancer.
26. We are satisfied that prison healthcare staff acted promptly and appropriately in arranging a cervical smear and specialist investigations, which led to Ms Kelly's diagnosis.

Ms Kelly's clinical care

27. On 4 March, an oncology consultant told Ms Kelly that the only treatment option was palliative chemotherapy, and her prognosis was 17 months. The prison GP referred Ms Kelly to a clinical psychologist, for support. The clinical psychologist saw Ms Kelly on 9 March, and weekly after that.

28. On 16 March, Ms Kelly had her first chemotherapy treatment, and moved to the healthcare centre for aftercare. On 26 March, a nurse sent her to hospital as she had a high temperature and felt unwell. On 28 March, the hospital discharged Ms Kelly after antibiotic treatment.
29. Ms Kelly went to hospital several times for chemotherapy. Prison doctors monitored her pain and prescribed appropriate medication. On 3 June, Ms Kelly was admitted to hospital again with a high temperature and was treated with intravenous antibiotics. The hospital confirmed her recent illnesses were kidney infections, caused by the chemotherapy.
30. On 19 August, Ms Kelly was admitted to hospital when she had a cough, low oxygen levels, and a high temperature. Doctors diagnosed pneumonia and told her she now had just a few months to live. She returned to the prison on 25 August.
31. Prison and hospital doctors continued to monitor Ms Kelly. On 5 October, she was admitted to hospital with a urine infection and renal failure. After treatment, Ms Kelly's health improved a little, but oncologists agreed with Ms Kelly that she would not have any more chemotherapy.
32. Ms Kelly had further antibiotic treatment in hospital later in October. On 30 October, Ms Kelly decided that she did not want anyone to resuscitate her if her heart or breathing stopped. In November, Ms Kelly went to hospital again and was treated for a urine infection and a chest infection.
33. Ms Kelly continued to receive pain relief. On 20 December, she was admitted to hospital when her temperature was high and her oxygen levels were low. The hospital diagnosed kidney failure and potassium in her blood. The hospital discharged her back to the prison on 29 December.
34. Ms Kelly developed a chest infection and her health deteriorated but she did not want to be admitted to hospital again. On 2 January 2016, nurses set up a syringe driver to provide continuous pain relief. Ms Kelly died at the prison later that afternoon. Her daughter was with her when she died.
35. The clinical reviewer concluded that Ms Kelly received good care from healthcare staff at the prison, at least equivalent to that she could have expected to receive in the community. Communication between the prison and external agencies was good. Pain relief was monitored and adjusted as necessary. Ms Kelly received good emotional support throughout her illness. We are satisfied that Ms Kelly received a good standard of care at the prison.

Ms Kelly's location

36. After Ms Kelly was diagnosed with cancer, healthcare staff moved Ms Kelly to the prison's healthcare centre to care for her appropriately and to provide a better environment to help prevent infection prevention. On 15 October, Ms Kelly went from hospital to the Angela Grace Care Centre, a nursing home, on compassionate release. Ms Kelly did not stay at the home as agreed, and returned to prison after a stay in hospital.

37. After her diagnosis, Ms Kelly was cared for in the prison's healthcare centre or in hospital. Near the end of her life, Ms Kelly told staff she did not want to go back to hospital and remained in the prison's healthcare centre, where she died.
38. We consider Ms Kelly's location throughout her illness was appropriate.

Restraints, security and escorts

39. When prisoners have to travel outside prison to a hospital or hospice, a risk assessment is conducted to determine the security required, including any restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in the circumstances and based on the risk of escape, the risk to the public and factors such as the prisoner's health and mobility.
40. When Ms Kelly first went to hospital for cancer treatment officers used handcuffs, which were removed for treatment. The risk assessments included appropriate input from security and healthcare staff. On 7 April 2015, a multidisciplinary team meeting agreed that Ms Kelly should no longer be restrained when she went to hospital. We are satisfied that the prison took a proportionate and humane approach to the use of restraints.

Liaison with Ms Kelly's family

41. Ms Kelly had frequent contact and visits from her children but did not initially tell them that she was terminally ill. She told her partner, who was in another prison. In May 2015, the Prison Service moved her partner to Peterborough and they were able to see each other at least once a week.
42. In May 2015, Ms Kelly told her children that she was terminally ill. Two officers were, deployed as the prison's family liaison officers and offered ongoing support. They arranged for Ms Kelly's mother and children to visit her in prison and at the hospital. Ms Kelly's daughter was with her when she died and the family liaison officers spoke to her and other family members that day to offer condolences and support.
43. Ms Kelly's funeral was on 28 January. The prison contributed to the costs in line with national policy.
44. We are satisfied there was good, supportive liaison with Ms Kelly's family.

Compassionate release

45. 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, have a life expectancy of less than three months and satisfy other criteria.
46. The prison successfully applied for compassionate release on licence for Ms Kelly. On 16 October, she was released and required to live at the Angela Grace Care Centre, a nursing home in Northampton. Her licence stated that she had to stay at the centre each night. However, within 30 minutes of arriving, Ms Kelly

left without informing staff where she was going. She stayed away for 24 hours at a friend's house and the staff were concerned that she did not have medication with her. Because she had breached her licence conditions, Ms Kelly's licence was revoked and she was recalled to prison. We consider that the prison appropriately applied for compassionate release at the time. Ms Kelly did not appeal against the recall and made no further application for release.

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