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 Mr Steven Hodgkinson on 5 March 2015, while a prisoner at HMP Manchester

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 Mr Steven Hodgkinson from liver cancer on 5 March 2015, while a prisoner at HMP Manchester. He was 44 years old. I offer my condolences to Mr Hodgkinson's family and friends.

One of my investigators carried out the investigation. A clinical reviewer reviewed the clinical care Mr Hodgkinson received at Manchester. The prison cooperated fully with the investigation.

Mr Hodgkinson was in prison for drugs offences at HMP Forest Bank from October 2013 until September 2014, when he was released on licence. He had a number of medical conditions, including hepatitis C and during this period he was diagnosed with terminal liver cancer.

In November 2014, Mr Hodgkinson was recalled to prison for breaching the conditions of his licence and was sent to HMP Manchester. Prison healthcare staff monitored Mr Hodgkinson's condition and pain daily. He was admitted to hospital twice for care and pain management. In February 2015, a consultant told him the cancer had spread. A palliative care consultant admitted him to hospital on 26 February, and he moved to a hospice the next day. He died at the hospice a week later.

I agree with the clinical reviewer that the standard of healthcare Mr Hodgkinson received at Manchester was at least equivalent to that he could have expected to receive in the community and I am satisfied that healthcare staff at the prison treated him with care and compassion.

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

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Nigel Newcomen CBE
Prisons and Probation Ombudsman **August 2015**

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SUMMARY

1. In October 2013, Mr Steven Hodgkinson was remanded to HMP Forest Bank. In December he was sentenced to 22 months in prison for drugs offences and remained at Forest Bank. Mr Hodgkinson had a number of ongoing health conditions, including hepatitis C and had a history of drug and alcohol misuse. Prison clinicians managed his conditions with medication and reviewed him frequently.

2. In December, Mr Hodgkinson complained of abdominal pain and again in early January 2014. A doctor diagnosed irritable bowel syndrome and prescribed medication.

3. In late January, a prison GP referred Mr Hodgkinson to a specialist to investigate his continued abdominal pain. The same day, a specialist in infectious diseases saw Mr Hodgkinson as part of the management of his hepatitis C and informed him he had cirrhosis of the liver. He needed tests to find out if treatment was possible for his hepatitis C.

4. Over the next few months, healthcare staff saw Mr Hodgkinson frequently. He had various tests, including a scan in March, which showed a number of lesions in his liver. Doctors suspected these were cancerous. Healthcare staff at the prison told Mr Hodgkinson that it was possible he had cancer.

5. Further scan results, received in early May, confirmed liver cancer. A prison doctor informed Mr Hodgkinson the same day. A hospital consultant told him the condition was terminal and chemotherapy might prolong his life but not cure the cancer. He had two sessions of chemotherapy in July and September.

6. On 26 September 2014, Mr Hodgkinson was released on licence. On 20 November, he breached the conditions of his licence and was recalled to prison at HMP Manchester. When he arrived, nurses noted his medical history and ongoing cancer.

7. Over the next three months, healthcare staff saw Mr Hodgkinson daily to monitor his condition and manage his pain. As his cancer got worse, he had two hospital admissions in January and February, to help manage his pain and ongoing care. On 26 February 2015, a consultant in palliative care admitted Mr Hodgkinson to hospital again. He transferred to a hospice the next day and remained there until he died on 5 March.

8. We agree with the clinical reviewer that Mr Hodgkinson's care in prison was equivalent to that he could have expected to receive in the community.

THE INVESTIGATION PROCESS

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

10. The investigator obtained copies of Mr Hodgkinson's prison medical records and relevant extracts from his prison record.

11. NHS England commissioned a clinical reviewer to review Mr Hodgkinson's clinical care at the prison.

12. We informed HM Coroner City of Manchester District, who provided the cause of death. We have sent the coroner a copy of this investigation report.

13. One of the Ombudsman's family liaison officers contacted Mr Hodgkinson's friend, his nominated next of kin, to explain the investigation. Mr Hodgkinson's friend received a copy of the draft report. They did not make any comments.

14. The investigation has assessed the main issues involved in Mr Hodgkinson's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

HMP MANCHESTER

15. HMP Manchester operates as both a high security prison and as a local prison serving the courts of the Greater Manchester area. It can hold more than 1,200 men. Manchester Mental Health and Social Care Trust provide 24 hour nursing care and the healthcare centre includes an inpatient unit

HM Inspectorate of Prisons

16. The most recent inspection of HMP Manchester was in May 2015. Inspectors reported that health services were reasonably good, and most prisoners were satisfied with the quality of healthcare. They further commented that staff on the inpatients unit provided compassionate care for patients with complex needs.

Independent Monitoring Board

17. 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 February 2014, the IMB noted that the health and welfare of prisoners was given high priority.

Previous deaths at HMP Manchester

18. Mr Hodgkinson was the fourth person to die of natural causes at Manchester since the beginning of 2013. We have raised the issue of the unjustified use of restraints before.

ISSUES

The diagnosis of Mr Hodgkinson's terminal illness and informing him of his condition

19. On 27 October 2013, Mr Hodgkinson was remanded to HMP Forest Bank. On 20 December, he was sentenced to 22 months in prison for drugs offences and remained at Forest Bank. Mr Hodgkinson had a history of hypertension, arthritis, multiple deep vein thrombosis, hepatitis C and sciatica. He had previously suffered two heart attacks and a stroke. In 2013, he had his spleen removed after a stabbing. He was dependent on drugs and alcohol. Prison clinicians managed his conditions with medication and regular reviews. He received appropriate substance misuse treatment.

20. Mr Hodgkinson first complained of abdominal pain on 23 December 2013. A prison GP, Dr A, examined him and found nothing significant. Mr Hodgkinson said he had been in pain since the removal of his spleen in 2013. The doctor arranged for enquires to be made with Mr Hodgkinson's surgeon to ensure no follow up was needed.

21. On 8 January 2014, Mr Hodgkinson reported continued abdominal pains. Another prison GP, Dr B examined him and diagnosed irritable bowel syndrome. He prescribed medication.

22. Mr Hodgkinson continued to experience abdominal pain and on 27 January, a prison GP, Dr C, referred him to a gastroenterology specialist at North Manchester General Hospital. The same day Dr D, a specialist in infectious diseases saw Mr Hodgkinson as part of the management of his hepatitis C. She informed him he had cirrhosis of the liver and needed tests to find out if treatment was possible for his hepatitis C.

23. On 24 February, a gastroenterology specialist, examined him and arranged an MRI scan of his liver. On 31 March, the MRI scan showed that there were a number of lesions in his liver, which doctors suspected were cancerous. Healthcare staff at the prison told Mr Hodgkinson of the scan results and that it was possible he had cancer.

24. On 24 April, Mr Hodgkinson had a CT scan. On 28 April, Nurse A, a specialist hepatitis nurse, discussed the possibility of a liver biopsy with him and offered support. Because of the risk of bleeding, doctors decided against carrying out a liver biopsy.

25. On 12 May, Dr C told Mr Hodgkinson that the results of the CT scan received that day, confirmed he had liver cancer. A hospital consultant saw Mr Hodgkinson on 22 May and told him his condition was terminal. He told him that chemotherapy might prolong his life but would not cure the cancer.

26. The clinical reviewer noted that if left untreated, hepatitis C can lead to liver cirrhosis and liver cancer. However, Mr Hodgkinson was never stable enough to commit to hepatitis C treatment because of his previous drug use. The

clinical reviewer was satisfied that doctors referred Mr Hodgkinson to specialists appropriately. Healthcare staff kept Mr Hodgkinson informed about his condition and supported him well.

Mr Hodgkinson's clinical care

27. On 20 May 2014, Dr C prescribed oramorph (liquid morphine) to help relieve Mr Hodgkinson's pain. Another prison GP, Dr E reviewed Mr Hodgkinson's pain relief on 11 June. Mr Hodgkinson said he felt quite stable and his pain relief was sufficient.

28. On 19 June, a hospital specialist discussed treatment plans for chemotherapy with Mr Hodgkinson and he had his first session in July 2014. On 5 September, Mr Hodgkinson had his second chemotherapy treatment. Mr Hodgkinson was released on licence from Forest Bank on 26 September 2014 and we do not know whether he had further chemotherapy in the community.

29. Mr Hodgkinson breached the conditions of his licence and was recalled to prison, at HMP Manchester, on 20 November. Healthcare staff at Manchester noted his health conditions, including his cancer, and implemented a care plan. They monitored Mr Hodgkinson daily.

30. On 1 December, a prison GP, Dr F noted that Mr Hodgkinson had an uncertain prognosis as letters from his consultant said his lifespan was difficult to predict.

31. On 4 December, a locum GP, Dr G, discussed pain relief with Mr Hodgkinson. The doctor was concerned that Mr Hodgkinson was taking methadone (as part of a treatment programme for drug addiction) along with opioid pain relief. He arranged for Mr Hodgkinson to see the prison's substance misuse doctor to consider a change in prescription. On 8 December, Dr H prescribed a reducing dose of methadone and increasing dose of opioid pain relief. Healthcare staff continued to monitor Mr Hodgkinson daily.

32. In January 2015, Mr Hodgkinson visited the healthcare unit on five occasions because he had increased pain. On 27 January, a prison GP, Dr I reviewed Mr Hodgkinson, who was in severe pain. Dr I sent him to hospital as an emergency. The hospital treated his pain and Mr Hodgkinson returned to prison the next day.

33. On 5 February, Mr Hodgkinson's specialist told him the cancer had spread and his condition deteriorated. Nurse B updated his care plan. As Mr Hodgkinson said he would prefer to die in a hospice, she faxed his details to St Anne's Hospice in preparation for a possible admission.

34. Mr Hodgkinson was admitted to hospital again on 6 February, as healthcare staff considered he needed a clear, hospital driven care plan for them to meet his needs. On 18 February, Mr Hodgkinson returned to the prison's healthcare unit with a comprehensive discharge letter, which set out clear

plans for his treatment and care.

35. On 25 February, a Macmillan Nurse, Nurse C, visited Mr Hodgkinson and planned to follow up the referral to St Anne's Hospice. Mr Hodgkinson was in a lot of pain and Dr J prescribed oramorph (liquid morphine) for breakthrough pain.

36. Dr F saw Mr Hodgkinson on 26 February, and noted he was very unwell and needed to be in hospital. Dr F rang Dr K, a palliative care consultant at hospital and he admitted Mr Hodgkinson the same day. He transferred to St Anne's Hospice the next day and died at the hospice on 5 March.

37. The clinical reviewer considered that Mr Hodgkinson's symptoms were managed well by healthcare staff at the prison. Doctors reviewed him appropriately, when his condition fluctuated. He had appropriate palliative care plans, which were reviewed when required. Mr Hodgkinson's records indicate he received a high standard of daily nursing care. The clinical reviewer considered his ongoing pain management was good and responsive to his needs. We are satisfied that Mr Hodgkinson received good treatment and care at the prison.

Mr Hodgkinson's location

38. After he was diagnosed with cancer, Mr Hodgkinson spent much of his time as an inpatient in the prison's healthcare centre, to help ensure the effective management of his illness,. At times, for short periods when his health was more stable, he returned to a standard wing, which he preferred. On these occasions the prison allowed an open door arrangement, so that staff could monitor him easily.

39. On 27 February, when Mr Hodgkinson was in the last stage of his life, in line with his wishes, he moved to a hospice.

40. We are satisfied that Mr Hodgkinson was appropriately located throughout his illness. Where possible his preferences were met.

Restraints, security and escorts

41. 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 a 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 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 restraining a prisoner receiving life

saving treatment for cancer was degrading and would also be likely to be regarded as inhumane, unless it was justified by other relevant considerations.

42. When Mr Hodgkinson went into hospital on 27 January 2015, the risk assessment authorised the use of double handcuffs. (This is when the prisoner's hands are handcuffed in front of him and one wrist is attached to a prison officer by an additional set of handcuffs.) Double handcuffing is usually required for moving category A or category B prisoners in good health. When, exceptionally, double cuffs are used for a category C prisoner like Mr Hodgkinson, the Prison Service requires that reasons should be recorded in writing. There was no healthcare input into the risk assessment, which lacked any reason to place him in double handcuffs. On 5 February, the prison security manager recorded that the prison should apply the 2007 High Court judgment, and Mr Hodgkinson was not restrained for any further hospital visits. We are satisfied that the prison recognised that the use of double handcuffs on 27 January was an error and therefore do not make a recommendation.

Liaison with Mr Hodgkinson's family

43. On 5 February 2015, Nurse B discussed with Mr Hodgkinson the possibility of contacting his family and checked that they had up to date next of kin details. Mr Hodgkinson nominated a friend as his next of kin.

44. The prison appointed Officer A as the family liaison officer on 8 February. She also discussed with Mr Hodgkinson whether he wanted to contact his family. Mr Hodgkinson said that he wanted his family and friends to know about his illness, but had not been in contact with his family for some time. On 10 February, the officer telephoned Mr Hodgkinson's friend, who he had nominated as his next of kin, and his friend visited Mr Hodgkinson on 12 February. Mr Hodgkinson's friend spoke to his family, who said they did not wish to have any contact with Mr Hodgkinson. The officer informed Mr Hodgkinson.

45. Mr Hodgkinson's funeral was 26 March 2015. The prison helped arrange and paid for the funeral in line with national guidance. We are satisfied that family liaison arrangements were appropriate.

Compassionate release

46. 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.

47. Throughout Mr Hodgkinson's illness, his prognosis was not clear and it is unlikely that a compassionate release application would have been successful.

48. On 27 February, after Mr Hodgkinson went to St Anne's Hospice, the prison started an application for compassionate release. Doctors agreed at this time, that Mr Hodgkinson was not likely to live for very much longer. Mr Hodgkinson died before any decision was made, but was able to die in the hospice, his preferred place of death.