

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Investigation into the death of Mr Derrick Gamble a prisoner at HMP Norwich on 20 August 2015

**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.

Mr Derrick Gamble died of pneumonia and metastatic prostate cancer at HMP Norwich on 20 August 2015. He was 71 years old. I offer my condolences to Mr Gamble's family and friends.

Although there was a slight delay in Mr Gamble's diagnosis when he transferred between prisons, I am satisfied that Mr Gamble received a good standard of palliative and end of life care in prison, at least equivalent to that he could have expected to receive in the community. However, I do not consider that the use of handcuffs when Mr Gamble was taken to hospital appointments from Bure, in the final weeks of his life, was justified by fully considered risk assessments, which took into account his health and mobility.

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**

**February 2016**

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# Summary

## Events

1. In December 2012, a doctor at HMP Shepton Mallet referred Mr Gamble for tests for suspected cancer, after he lost weight and reported pain. On 10 January 2013, tests showed Mr Gamble had an enlarged prostate and asked for a CT scan. On 17 January, before he had had the scan, Mr Gamble was transferred to HMP Bure, as Shepton Mallet was due to close.
2. Mr Gamble did not see a doctor at Bure until 8 February, when a GP referred him to a specialist for suspected cancer. Two days later, Mr Gamble was taken to hospital with chest pains and tests showed Mr Gamble had cancer in his prostate and his ribs. Hospital doctors told him of the diagnosis.
3. For the next eight months, Mr Gamble's condition was treated with hormone therapy, radiotherapy and pain relief medication. His condition appeared to improve, but, in November, doctors found that the cancer had spread to his pelvis and lower lumbar spine. In December, specialists changed Mr Gamble's medication and between January 2014 and March 2015, Mr Gamble's condition improved again.
4. In May 2015, a specialist noted Mr Gamble was deteriorating. In July, Mr Gamble's condition began to deteriorate further. A CT scan on 31 July, found that the cancer had spread to the lining of the brain.
5. On 7 August, Mr Gamble's moved to HMP Norwich for 24-hour nursing care. He died at the prison on 20 August.

## Findings

6. Mr Gamble transferred to Bure before he had had a CT scan and it was over two weeks after he arrived at Bure before a GP referred him to hospital. This delayed his diagnosis of cancer slightly. While the clinical reviewer was satisfied that this did not affect the outcome for Mr Gamble, we do not consider that he received appropriate continuity of care.
7. Mr Gamble received good quality palliative and end of life care, at least equivalent to that he could have expected to receive in the community. However, we are concerned that prison managers at Bure decided that Mr Gamble should be restrained by handcuffs for hospital appointments in the final weeks of his life, without taking into account his condition and limited mobility at the time.

## Recommendations

- The Head of Healthcare at HMP Bure should ensure that prisoners arriving at the prison with ongoing investigations for cancer or other serious conditions have an urgent GP review and are referred promptly for specialist tests.
- The Governor of HMP Bure 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.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Norwich informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Gamble's prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Gamble's clinical care at the prison.
11. We informed HM Coroner for the Greater Norfolk District of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Gamble's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Gamble's sister said that her brother seemed quite content with the care he had received from the prison and had considered HMP Bure his home.
13. The investigation has assessed the main issues involved in Mr Gamble 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.
14. The initial report was shared with the Prison Service. The Prison Service pointed out some factual inaccuracies and this report has been amended accordingly. The action plan has been annexed to this report.
15. Mr Gamble's sister received a copy of the initial report and indicated that she was satisfied with the findings.

# Background Information

## HMP Norwich

16. HMP Norwich is a multi-function prison, which serves the courts of Norfolk and Suffolk. The prison holds up to 769 men. Virgin Care provides healthcare services. There is 24-hour nursing cover and a dedicated unit for older prisoners.

## HM Inspectorate of Prisons

17. The last inspection of Norwich in August 2013 reported that primary and secondary mental health services had improved. Inspectors found that the inpatient and older prisoner units provided very good care. There were plans to develop palliative care provision.

## Independent Monitoring Board

18. 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 2015, the IMB said healthcare provision had improved but the IMB was concerned about the lack of permanent GP cover and that there too many agency healthcare staff.

## Previous deaths at HMP Norwich

19. Mr Gamble was the ninth person to die of natural causes at HMP Norwich since January 2014. We have previously found good end of life care at the prison.

## HMP Bure

20. HMP Bure is a medium security prison near Norwich, which holds approximately 520 men. Virgin Care provides healthcare services with healthcare staff on duty between 8.00am and 6.30pm, Monday to Friday and between 8.00am and 5.30pm at weekends. There are five GP clinics each week and an out of hours service.

## HM Inspectorate of Prisons

21. The most recent inspection of Bure was in May 2013. The inspection took place before Virgin Care took over the healthcare contract. Inspectors found prisoners were very positive about the standard of healthcare and treatment they received, particularly from nurses.

## Independent Monitoring Board

22. In its latest annual report, for the year to July 2014, the IMB for Bure reported that since Virgin Care had taken over, there had been a number of problems with the provision of healthcare, including a lack of GP cover, a considerable shortage of nursing staff, irregular pharmacy supply and a further change in provider for mental health team. Existing staff worked hard to provide a healthcare service, but the IMB was concerned about the ability of the contract to provide adequate services.

## Findings

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

23. In 1969, Mr Derrick Gamble was sentenced to life imprisonment for murder. On 19 December 2012, while at HMP Shepton Mallet, a prison GP referred Mr Gamble to a gastroenterology specialist with suspected cancer, as he had lost 17kg and had pain in his right loin.
24. On 31 December, a gastroenterology specialist found nothing of note, but referred Mr Gamble for a colonoscopy and endoscopy to investigate his colon and upper gastrointestinal tract, and a CT scan of his abdomen and pelvis.
25. On 10 January 2013, Mr Gamble went to hospital for the colonoscopy and endoscopy, which showed he had an enlarged prostate. Shepton Mallet was closing and Mr Gamble transferred to HMP Bure on 17 January. Shepton Mallet cancelled the planned CT scan, before a date was received. His medical record indicated that healthcare staff at Shepton Mallet briefed Bure about his recent medical investigations.
26. On 21 January, at Bure, Nurse A, a nurse practitioner, reviewed Mr Gamble and noted that he had had investigations for weight loss. She referred him for a repeat blood test and review by a prison GP. On 7 February, the nurse reviewed Mr Gamble and referred him to the GP again, noting that he needed an urgent CT scan.
27. On 8 February, a prison GP, Dr A, examined Mr Gamble and made an urgent referral under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks.
28. On 10 February, officers called an out of hours GP because Mr Gamble had chest pains. The doctor arranged for Mr Gamble to go to Norfolk and Norwich University Hospital by emergency ambulance. In hospital, a chest X-ray and other tests, including a CT scan, indicated Mr Gamble had widespread prostate cancer with cancerous deposits in his ribs. On 13 February, hospital staff told Mr Gamble of the diagnosis.
29. Usually we would not expect a prisoner to be transferred while there are going investigations for suspected cancer. In this case, we understand that this would have been difficult as Shepton Mallet was closing. However, we would have expected Mr Gamble to have had an immediate GP review when he arrived at Bure, but a GP did not see him for over two weeks. While the clinical reviewer noted that the delay in diagnosis was unlikely to have impacted upon the outcome for Mr Gamble, we consider this was too long and Mr Gamble did not have appropriate continuity of care after his transfer. We make the following recommendation:

**The Head of Healthcare at HMP Bure should ensure that prisoners arriving at the prison with ongoing investigations for cancer or other serious conditions have an urgent GP review and are referred promptly for specialist tests.**

## Mr Gamble's clinical care

30. Mr Gamble's condition was not suitable for surgery and hospital doctors prescribed hormone therapy medication and radiotherapy. The hospital's palliative care team prescribed fentanyl patches and oramorph for pain relief. On 23 February, the hospital discharged Mr Gamble back to Bure.
31. Prison healthcare staff regularly reviewed Mr Gamble, who said that he felt better and gained some weight. For the next eight months, prison healthcare and hospital specialists saw Mr Gamble and continued his treatment. His pain relief medication was regularly reviewed.
32. On 13 November, Nurse B and Nurse C reviewed Mr Gamble, as he had pain in his left hip that prevented him from getting out of bed. The nurses referred him to hospital. A pelvis and hip X-ray revealed that the cancer had spread to Mr Gamble's pelvis and lower lumbar spine.
33. On 19 November, a palliative medicine consultant reviewed Mr Gamble and recommended an increase in his pain relief. She also referred him to the hospital oncology and haematology department. On 2 December, a doctor from that department reviewed Mr Gamble and suspected he was developing hormone refractory disease (where cancer spreads despite hormone treatment). The doctor prescribed alternative medication for his prostate cancer and a medication infusion for osteoporosis. Mr Gamble received his first medication infusion on 30 December, and six further monthly infusions.
34. On 23 January 2014, Mr Gamble agreed with a prison GP, Dr B that he did not want to be resuscitated if his heart or breathing stopped. In March, Mr Gamble said that he was pain free and his fentanyl prescription was reduced.
35. On 28 May, Mr Gamble moved to HMP Norwich, which has 24-hour nursing care. For the next five months, Mr Gamble remained under the care of the oncology department of Norfolk and Norwich University Hospital and began oral chemotherapy.
36. On 28 October, Mr Gamble moved back to Bure. On 24 November, the palliative specialist saw Mr Gamble and noted that Mr Gamble's condition had improved. As he was under the care of the oncology department, the doctor discharged him from specialist palliative care. On 2 December, the oncology consultant noted the improvement in Mr Gamble's condition, as a result of chemotherapy. In March 2015, Mr Gamble completed his final course of chemotherapy.
37. On 1 May, the oncology consultant saw Mr Gamble, who said that he felt unwell and had increased pain, especially at the top of his spine. The consultant noted that his prostate specific antigen (PSA) level had risen, and prescribed a hormone treatment and suggested a single course of radiotherapy. Mr Gamble received his first cycle of hormone treatment on 22 May and initially responded well.
38. However, by July, Mr Gamble's condition had begun to deteriorate; he vomited frequently, had double vision and headaches. On 25 July, an out of hours GP,

Dr C, referred Mr Gamble for a CT scan of his head, which showed he had cancer in the lining of his brain. Mr Gamble was referred for radiotherapy at the base of his skull.

39. On 3 August, Nurse A referred Mr Gamble back to the palliative care specialist. Between 3 and 7 August, Mr Gamble attended hospital four times for treatment and to see the palliative specialist. On 5 August, the specialist saw Mr Gamble, who said that he felt tired and that his mobility had worsened. The specialist recommended that he should use a walking stick and continue radiotherapy. Because his condition had declined significantly, Mr Gamble moved back to Norwich on 7 August.
40. Mr Gamble visited hospital on 10, 11 and 14 August to receive radiotherapy and medication. Nurses continued to see Mr Gamble daily. He became very weak and, on 14 August, a GP prescribed morphine sulphate to relieve his pain. Over the next two days Mr Gamble's condition continued to deteriorate. Nurses reviewed him frequently each day, checking on his condition and offering him emotional support. He died at 2.35pm on 20 August.
41. A post-mortem examination showed that Mr Gamble had died from hypostatic pneumonia (due to being immobile) and metastatic prostatic cancer (where the cancer had spread to other parts of the body from the original site in the prostate).
42. The clinical reviewer considered that Mr Gamble received appropriate treatment for his aggressive cancer, which included good quality palliative and end of life care. We are satisfied that Mr Gamble received a good standard of care in prison at least equivalent to that he could have expected to receive in the community.

### **Mr Gamble's location**

43. When doctors first diagnosed Mr Gamble with prostate cancer, he was at Bure which does not have full time healthcare provision. As he became more ill, healthcare staff suggested he move to Norwich, which had better healthcare facilities and 24-hour nursing care. In January and March 2014, Mr Gamble insisted that he preferred to stay at Bure, which he considered his home.
44. On 21 May 2014, Nurse D told Mr Gamble that he had to move to Norwich, as Bure did not have the facilities he needed for his care. They could not provide 24-hour nursing care and there was little space for specialist equipment, such as a pressure relieving mattress in his cell. Reluctantly, Mr Gamble agreed and, on 28 May, he moved to the wing for elderly prisoners at Norwich. He moved back to Bure on 28 October, when his condition improved, as he preferred to be there.
45. Mr Gamble moved back to Norwich on 7 August 2015, when he became frailer and at risk of falling. On 15 August, healthcare staff gave Mr Gamble a portable call bell so that he could contact staff and his door was left at open at all times so nurses could attend to him easily.
46. We are satisfied that prison staff respected Mr Gamble's preference to stay at Bure for as long as possible and that he was appropriately located throughout his illness.

## Restraints, security and escorts

47. 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.
48. In the final weeks of his life, while he was still at Bure, Mr Gamble visited hospital four times between 3 and 7 August. For each of these appointments, healthcare staff indicated that there were no medical objections to the use of restraints, but said they might need to be removed for medical treatment. The risk assessment noted that Mr Gamble presented a high risk to the public. A prison manager, Mr A, decided that officers should use handcuffs to restrain Mr Gamble.
49. After Mr Gamble transferred to Norwich on 7 August, prison manager, Ms B, reviewed Mr Gamble's risk assessment. Because of his poor condition, restraints were not used again.
50. At the beginning of August when Mr Gamble was attending appointments from Bure, his condition had deteriorated significantly, he was frail and needed a walking stick, yet was handcuffed. Healthcare staff indicated no objection to the use of restraints but did not comment on how his condition and mobility affected his risk of escape as the High Court judgment requires. The prison appears to have relied on historical assessments of his risk, rather than how his level of risk was affected by his condition at the time. We make the following recommendation:

**The Governor of HMP Bure 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 Mr Gamble's family

51. On 28 January 2014, Mr Gamble told Nurse C that he did not want his family to be told about his condition or involved with decisions about his funeral, because he had not seen them for over 40 years.
52. On 6 August 2015, Bure appointed Officer A as his family liaison officer and after Mr Gamble transferred to Norwich, the officer continued in this role. On 7 August, Mr Gamble agreed that the officer could contact his sister, to inform her about his condition. However, Mr Gamble telephoned her himself, before the officer had attempted to call her.
53. On 19 August, Officer A spoke to Mr Gamble's sister to let her know that his condition had seriously deteriorated. She visited him at Norwich and the officer

met her there. They agreed that the officer would telephone Mr Gamble's sister when he died.

54. At 3.35pm on 20 August, Officer A contacted Mr Gamble's sister to tell her that he had died and offered his condolences and support. Officer A, and his colleague prison manager, Mr C, remained in contact with Mr Gamble's sister. Mr Gamble's funeral was on 17 September. The prison arranged and paid for the funeral in line with national policy.

### **Compassionate release**

55. Prisoners can be released 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.
56. Mr Gamble had been in prison 46 years at the time of his death. He said that he was happy at Bure, considered it his home, and did not want to be released. He did not change his mind when he went to Norwich. The prisons respected Mr Gamble's wishes and did not make an application for compassionate release.

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