



A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a woman in June 2014,
while in the custody of HMP Styal**

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 a woman, who died of lung cancer in June 2014, while in the custody of HMP Styal. She was 45 years old. I offer my condolences to her family and friends.

A clinical review of the care the woman received in prison was undertaken. HMP Low Newton, where she had been previously, and HMP Styal, cooperated fully with the investigation.

The woman was sentenced to life imprisonment in 2011. In September 2013, a GP at Low Newton examined her, who had pains in her chest, and referred her to a specialist. In October, doctors diagnosed her with inoperable lung cancer. Chemotherapy failed to reduce the size of the tumour and she did not continue with palliative radiotherapy for long. She moved to Styal in March 2014, to be closer to her family. In May, she moved to a hospice and stayed there until she died.

The clinical reviewer found that the woman's care at both Low Newton and Styal was of a good standard and equivalent to that she might have expected to receive in the community. I agree that she received good care. A doctor referred her quickly to a specialist when she presented with concerning symptoms, which enabled a quick diagnosis. I am satisfied she had appropriate end of life care. I do not make any recommendations.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

February 2015

CONTENTS

Summary

The investigation process

HMP Styal

HMP Low Newton

Issues

SUMMARY

1. In August 2011, a court sentenced the woman to life imprisonment for murder. She transferred from HMP Foston Hall to HMP Low Newton in June 2013.
2. The woman smoked cigarettes and had asthma, epilepsy and coeliac disease (intolerance to gluten). On 5 September 2013, she reported chest pains. A prison GP referred her urgently to a lung specialist. On 13 September, she saw the specialist and had an X-ray. The specialist strongly suspected that she had a malignant tumour and referred her to a chest physician for further tests.
3. The woman had a number of tests in September and October, and, on 1 November, a doctor told her that she had an inoperable tumour on her right lung. She agreed to begin a course of chemotherapy in December but, by January, it had not reduced the tumour. Healthcare staff and Macmillan nurses met soon after to organise palliative care. In January, she started to have radiotherapy to relieve her symptoms, but decided to stop the treatment shortly afterwards.
4. In March, the woman moved to HMP Styal to be closer to her family. She had an adapted room on the ground floor with a special bed and mattress to help make her comfortable. When her condition got worse, she moved to a hospice in May 2014, and died there in June.
5. The woman received good care in prison. A prison doctor referred her appropriately to a specialist who diagnosed her condition quickly. Prison staff supported her and arranged for her to move nearer to her family. At Styal, she had appropriate accommodation. The Governor did not support an application for early release on compassionate grounds because of risk factors, but she moved to a hospice for her final weeks. We make no recommendations.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Styal informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.
7. The investigator obtained copies of the woman's prison medical records and relevant extracts from her prison records. She gave the Governor initial feedback about the investigation.
8. NHS England commissioned a clinical reviewer to review the woman's clinical care at the prison.
9. We informed HM Coroner for Cheshire of the investigation, who informed us of the cause of death. We have sent the Coroner a copy of this investigation report.
10. One of the Ombudsman's family liaison officers spoke to the woman's daughter to explain the investigation. She raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
11. The prison also considered our draft report and did not raise any inaccuracies.
12. The investigation has assessed the main issues involved in the woman's care, including her diagnosis and treatment, whether appropriate palliative care was provided, her location, security arrangements for hospital escorts, liaison with her family, and whether compassionate release was considered.

HMP STYAL

13. HMP Styal is a closed prison in Wilmslow, Cheshire for up to 460 women. There are a variety of residential units, with 16 separate houses holding about 20 women and a mother and baby unit. There is also a wing holding up to 134 women.
14. Spectrum Community Health runs healthcare services at the prison. There are nurses on duty at all times with a minimum of two registered nurses and a health support worker at night. There are daily GP sessions except Sundays when there is an out of hours service. There are specialist clinics for sexual health, long term conditions, dental and medical health. There is no in-patient facility.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Styal was in July 2011. Inspectors found that there were daily GP clinics, but routine appointments took too long. A high proportion of women received medication, which made it difficult to administer it safely. Chronic disease management was largely ad hoc. General health promotion was good and pharmacy arrangements had improved.

Independent Monitoring Board

16. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure that prisoners are treated fairly and decently. In its most recently published report for the year to March 2013, the IMB noted that all new prisoners had a health screen within 24 hours of arrival and all new admissions with medical needs had a treatment and care plan. The Board said that the appointment process worked well and compared favourably with community provision.

Previous deaths at HMP Styal

17. The woman was the fourth prisoner at Styal to die from natural causes since the start of 2011. There are no significant similarities with the previous cases.

HMP LOW NEWTON

18. HMP Low Newton is a women's prison near Durham. Care UK provides healthcare services at the prison. The healthcare unit has inpatient facilities with 24-hour nursing cover, and GP services are available during the week, with on-call cover at night and at weekends.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Low Newton was in November 2011. Inspectors found that health services at the prison were well established. Most women rated the overall quality of services as good or very good. There was some lack of clarity about management of the inpatient unit.

Independent Monitoring Board

20. In its most recent published report for the year to February 2012, the IMB reported that staff were genuinely concerned for the welfare of women and that the healthcare staff coped admirably for prolonged periods with mentally ill and volatile women.

ISSUES

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

21. A court remanded the woman to HMP Foston Hall on 20 January 2011, charged with murder and a judge sentenced her to life imprisonment in August 2011. She transferred to HMP Low Newton on 7 June 2013. She had a number of health conditions, including asthma, epilepsy and coeliac disease. She smoked cigarettes, but did not want help in giving up smoking
22. On 5 September 2013, the woman told a nurse that she had chest pains. The nurse discussed her family history of heart problems, took her vital signs and spoke to a GP about her symptoms. The nurse reviewed her the next day and referred her to a GP.
23. On 10 September, a GP examined the woman, who reported recent chest pains, some flecks of blood in her sputum when she coughed and that she had lost weight. The GP noted she had lost 3kg in three months. She discussed her smoking habit of 20 a day and examined her shoulder joint. The GP concluded that the problems were probably musculoskeletal but she requested tests for tuberculosis and cancer. She referred her to a specialist under the NHS pathway which requires specialists to see patients with suspected cancer within two weeks.
24. On Friday 13 September, a specialist at the hospital examined the woman. A chest X-ray showed a mass on the right hand side, and the hospital doctor suspected this was malignant (cancerous). The doctor made an urgent referral to a chest physician.
25. On 17 September, a GP told the woman that her X-ray was abnormal and needed further investigation, but there was a possibility she had cancer. The GP made sure she had a friend to support her and had access to nurses and other support services. The GP arranged a healthcare support worker to check her during the evening.
26. On 30 September, a specialist registrar in respiratory medicine and a lung cancer specialist saw the woman at the hospital. A doctor told her that the X-ray results were strongly suggestive of cancer and she needed further investigation including a bronchoscopy and a scan of her thorax.
27. A GP and a nurse spoke to the woman when she returned from the appointment to see how she was coping. The nurse arranged for her personal officer to give her extra support and asked the mental health team to see her. The mental health team assessed her on 2 October and arranged weekly support.
28. On 2 October, the woman had a bronchoscopy and biopsies. The investigations revealed a tumour and the hospital arranged a PET scan to

help decide on treatment options. On 10 October, she went to hospital for a lung function test and on 17 October, she had the scan.

29. On 1 November, a prison GP received a letter from a consultant respiratory physician at the hospital. He said that the woman had a right upper lobe tumour that was inoperable. The GP noted that if her condition was terminal then palliative care should be provided. He saw her and informed her of the diagnosis that day.
30. We agree with the clinical reviewer that the prison GP referred the woman appropriately to a specialist, which resulted in a quick diagnosis. Healthcare staff kept her well informed about the clinical investigations. Hospital and prison healthcare staff gave her good support.

The woman's clinical care

HMP Low Newton

31. On 8 November, a consultant clinical oncologist at the hospital saw the woman. He explained that most people with lung cancer die from it, but he wanted to explore curative options beginning with chemotherapy. She agreed and he proposed four cycles of chemotherapy every four weeks.
32. On 6 December, the lung cancer specialist reviewed the woman after her first cycle of chemotherapy. A blood test showed a low platelet count but she did not want a blood transfusion. On 3 January, after her second cycle of treatment, her blood platelet levels were low again. A scan showed that the tumour had progressed and doctors decided to stop chemotherapy.
33. The oncologist was due to discuss palliative radiotherapy with the woman on 3 January, but she refused to go as she did not want to spend any more time at the hospital. He saw her on 9 January and arranged 12 sessions of radiotherapy to help relieve her symptoms.
34. On 10 January, a palliative care multidisciplinary team meeting at Low Newton discussed the woman's care. The clinical and palliative lead at Low Newton, a Macmillan nurse and other members of healthcare and prison staff attended. The team met approximately every two weeks from this point. They used the Macmillan Patient Palliative Care Register template to record minutes, which were of a high standard.
35. The Macmillan nurse arranged to speak with the woman about her understanding of her disease, to discuss making 'memory boxes' (containing items that will help friends and relatives hold on to memories) and to arrange to refer her to a dietician.
36. The radiotherapy sessions started on 28 January. On 7 February, a hospital admitted the woman because her condition was generally deteriorating and her blood was not absorbing enough oxygen. Doctors diagnosed pneumonia.

She discharged herself from hospital on 14 February, as she said she was bored. After this, she decided not to continue radiotherapy.

HMP Styal

37. On 12 March, the woman transferred to HMP Styal. The Macmillan area team handed over to the new area and the Macmillan service continued to support her. Doctors prescribed her morphine for pain relief.
38. On 9 April, after discussion with healthcare staff, the woman decided she did not want staff to attempt cardiopulmonary resuscitation if she had a cardiac or respiratory arrest. On 19 May, she changed her mind about this. We are satisfied that staff always discussed her wishes with her and made sure that relevant staff were aware.
39. On 9 April, doctors prescribed, fentanyl patches (very strong pain relief) to help manage the woman's breakthrough pain. On 14 April, she lost feeling on the left side of her body and went to hospital. She refused to have any tests, so returned to Styal the next day.
40. On 24 April, a scan revealed that the cancer had spread to the woman's brain. She refused further oncology appointments. That day, the prison gave her a hospital bed and an airflow mattress.
41. The woman's condition deteriorated, and on 15 May, a prison GP considered she should move to a hospice. A Macmillan nurse said her symptoms were still manageable at Styal and she did not need hospice care at the time.
42. On 27 May, a nurse recorded that the woman's condition had deteriorated over the weekend. A nursing manager contacted a Macmillan nurse about transferring her to a hospice and she moved to a hospice the next day. She remained at the hospice, where she died in June.
43. We agree with the clinical reviewer that the clinical care the woman received at both prisons was very good. There was excellent liaison between the hospital, palliative care specialists and prison healthcare. She was able to attend all of her appointments. Healthcare staff supported her well and managed her pain effectively.

The woman's location

44. The woman was at Low Newton when doctors diagnosed cancer. Although the prison has a 24-hour inpatient facility, she wanted to stay on her wing and healthcare staff nursed her there.
45. On 12 March, the Prison Service arranged for the woman to move to Styal to be near her family. Styal does not have 24-hour healthcare provision and she lived in a small unit, Mellanby House, which has a garden. She had a large room on the ground floor.

46. On 28 May, when her condition deteriorated Styal was no longer an appropriate environment to care for the woman. She moved to a hospice, where she remained until she died.
47. We are satisfied that both Low Newton and Styal considered the woman's preferences about her location. Although Styal does not have a 24-hour healthcare provision, prison and healthcare staff worked well together and liaised with hospital and Macmillan staff to ensure she had appropriate accommodation and facilities.

Restraints, security and escorts

48. When prisoners have to travel outside prison to a hospital or hospice, the prison makes a risk assessment to determine the nature and level of any security arrangements, including any restraints.
49. The Prison Service has a duty to protect the public but has to balance this with a responsibility to treat prisoners with humanity and maintain their dignity. The level of restraints used should be necessary in the circumstances and based on a risk assessment, which considers the risk of escape and the risk to the public. It should also take into account the prisoner's health and mobility.
50. The woman had a number of hospital appointments between 13 September 2013 and 9 January 2014 to investigate her symptoms and to discuss treatment options. Risk assessments and personal escort records show that she had previously tried to escape from an ambulance, had threatened staff and other prisoners and records indicated that she posed a continued high risk to the public. Healthcare input showed there were no objections to restraints and that her medical condition did not reduce her risk of escape. . Two officers escorted her and used single handcuffs to restrain her on each occasion. They used an escort chain during consultations and scans. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.)
51. On one occasion, in October, staff saw the woman dislocate her thumbs while on the wing, and believed she had the ability to slide out of any handcuffs. As a result, the number of escorting staff was temporarily increased to three but the level of restraint remained the same.
52. On 28 January 2014, the woman started radiotherapy at hospital. The risk assessment was the same as before and two officers escorted her using a single handcuff. They did not use restraints during her treatment.
53. On 7 February, the woman spent seven days in hospital when she had pneumonia. The risk assessment was the same as before, but noted that she had been experiencing pain. Two officers escorted her and used an escort chain.

54. On 14 April, the woman lost the feeling on the left hand side of her body and went to hospital. Although officers restrained her with a single handcuff on the way, they removed restraints completely when she was in hospital. They did not use restraints again.
55. On 28 May, the woman moved to a hospice. Two officers accompanied her but did not use restraints.
56. We are satisfied that the security measures taken were proportionate to the woman's individual and changing circumstances. Staff took into account the deterioration in her physical health and did not use restraints during her final stay in hospital in April, or subsequently, at the hospice.

Liaison with the woman's family

57. On 2 October, a nurse discussed with the woman how to tell her children that she might have cancer. The nurse contacted the chaplaincy and her offender manager. They agreed to help her write a letter to her family. Her son was in prison, so staff arranged an inter-prison phone call so that she could tell him herself.
58. When the woman moved to Styal, two officers acted as family liaison officers. Both family liaison officers spoke to her and her family frequently. They gave information and support and helped to arrange visits. Once she went to the hospice, her family visited her frequently and were with her when she died.
59. The family liaison officers arranged a memorial service for the woman on 28 June, which prisoners and staff attended. A family liaison officer and a senior manager attended the funeral on 19 June. The prison contributed to funeral costs in line with national guidance.

Compassionate release

60. 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.
61. The records indicate that the Governor of Low Newton considered a request from the woman's for early release in January 2014. However, probation staff were concerned about previous attempted absconds, threats to staff, child protection issues and lack of offence-based work. The Governor did not support the application.
62. Staff considered compassionate release again in March 2014 when the woman moved to Styal. They completed the appropriate assessments and collated reports, but probation staff did not support release for the same reasons as before. On 7 May, the Governor turned down the application.

63. We are satisfied that both Low Newton and Styal considered appropriately, the possibility of compassionate release. The woman had attempted to escape from prison in the past, had made threats to staff and her risk to the public was not considered sufficiently reduced by her condition.