

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr William Banks a prisoner at HMP Durham on 5 April 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.

Mr William Banks died on 5 April 2016 of bladder cancer while a prisoner at HMP Durham. He was 78 years old. I offer my condolences to Mr Banks' family and friends.

I consider Mr Banks received a good standard of care and his end of life care was particularly good. The prison's healthcare team gave him commendable, well coordinated and compassionate care.

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

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

**October 2016**

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# Summary

## Events

1. Mr William Banks was sentenced to six years in prison in 2013. Later that year, he was convicted of further offences and sentenced to three years to run concurrently. Initially, he was held at HMP Northumberland, but was transferred to HMP Durham in February 2016.
2. Mr Banks had a history of bladder cancer, diagnosed in 2009, and kidney cancer, diagnosed in 2010 and his community records showed that despite chemotherapy he suffered with recurrent tumours, which were monitored by specialists. Healthcare staff at the prison saw him frequently and sent him to hospital for treatment when cancer symptoms worsened. Specialists regularly reviewed him.
3. In October 2015, during a review, hospital doctors diagnosed a recurrence of Mr Banks' bladder and kidney cancer and said it was not treatable. They told Mr Banks his prognosis was six to 12 months. Healthcare staff treated Mr Banks palliatively, focusing on his symptoms and pain management. Prison managers allowed his cell to be left unlocked to allow healthcare staff easy access for full nursing care. Nurses cared for Mr Banks with compassion, frequently helping him to eat, change his clothes and go to the toilet.
4. Mr Banks' condition continued to deteriorate and he died on 5 April 2016.

## Findings

5. The clinical reviewer concluded that Mr Banks received a high standard of care at Durham. We agree and commend the caring approach of staff at the prison.
6. We are also pleased that officers did not restrain Mr Banks when he transferred from Northumberland to Durham. We make no recommendations.

## The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Durham informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
8. The investigator obtained copies of relevant extracts from Mr Banks' prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Banks' clinical care at the prison.
10. We informed HM Coroner for County Durham and Darlington of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Banks' wife, granddaughter and grandson to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They did not have any specific issues for the investigation to consider.
12. The investigation has assessed the main issues involved in Mr Banks' 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.
13. Mr Banks' family received a copy of the initial report. They did not make any comments.
14. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

## Background Information

### HMP Durham

15. HMP Durham is a local prison serving the courts of Tyneside, Durham and Cumbria, which holds approximately 1,000 men. G4S provides primary healthcare. The prison's inpatient unit has six beds with 24-hour healthcare.

### HM Inspectorate of Prisons

16. The most recent inspection of HMP Durham was in December 2013. Inspectors reported the standards of healthcare were satisfactory. There were appropriate opportunities for primary care and support for lifelong conditions. Inspectors found that the new healthcare centre and inpatient care of patients with lifelong conditions, such as asthma, diabetes and heart disease, was good. Individual treatment was provided at nurse-led clinics. The prison worked in partnership with Macmillan Cancer Support to offer palliative and end of life care.

### 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 October 2015, the IMB reported that healthcare services were disrupted by the re-commissioning process, which meant that experienced staff left and replacing them was slow. New prisoners received a full healthcare assessment within 72 hours of arrival.

### Previous deaths at HMP Durham

18. Mr Banks was the third prisoner to die of natural causes at Durham since January 2013. There were no similarities to the previous cases.

## Findings

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

19. On 4 July 2013, Mr William Banks was sentenced to six years in prison for sexual offences. On 19 November 2013, he was convicted of further offences and sentenced to three years to run concurrently. Initially, he was sent to HMP Northumberland and was moved to HMP Durham on 4 February 2016.
20. When he first arrived at Northumberland, Mr Banks told a nurse that he had outstanding hospital appointments for bladder checks. A prison GP obtained a summary from Mr Banks' community GP, which said that he had a history of bladder cancer from 2009 and in 2010 doctors had diagnosed renal cancer. The summary also said that despite chemotherapy treatment, Mr Banks suffered recurrences of tumours and was seen for regular monitoring.
21. Throughout Mr Banks' first two and a half years in prison, healthcare staff saw him frequently to review his pain medication associated with his cancer. GPs treated him with warfarin (to prevent blood clots) and referred him to hospital for treatment when his cancer symptoms worsened.
22. Mr Banks was under the care of vascular and renal specialists and had several reviews while in prison. On 5 October 2015, a consultant urologist at the hospital reviewed Mr Banks after a CT scan. He said the scan had revealed a recurrence of cancer on Mr Banks' right ureter (the duct which passes urine from the kidney to the bladder) and right kidney, which was not operable. The only treatment was palliative, providing symptomatic relief. He told Mr Banks that his life expectancy was six to 12 months.
23. When Mr Banks returned to Northumberland, a prison GP discussed his diagnosis with him and reassured him that he would have regular reviews.
24. Mr Banks arrived at Northumberland with a diagnosis of cancer, which specialists were monitoring. Healthcare staff at the prison looked after him well and ensured he attended his review appointments. When a recurrence of his cancer was diagnosed in October 2015, and he was informed this was terminal, a prison doctor discussed this with Mr Banks and supported him. We are satisfied that both hospital and prison healthcare staff kept Mr Banks informed of his condition, supported him throughout and made sure that he was fully aware that his cancer limited his life expectancy.

### Mr Banks' clinical care

25. The multidisciplinary cancer team at the hospital supervised Mr Banks' clinical care and there was frequent contact between the prison and hospital teams.
26. From October 2015, a nurse developed care plans to manage Mr Banks' pain and shortness of breath, to monitor his sleep patterns and help promote healthy sleep, and to monitor his mobility in a safe environment.
27. Mr Banks received support from a Macmillan specialist nurse. She saw him several times to assess him and offer support.

28. On 26 October 2015, Mr Banks told a prison GP that he did not want anyone to resuscitate him if his heart or breathing stopped and the doctor implemented an order to that effect.
29. On 14 January 2016, Mr Banks told the Macmillan specialist nurse that he wanted to remain as independent as possible. He could mobilise very short distances with a walking stick and used a wheelchair for longer distances. She discussed how Mr Banks could move around safely and she arranged for a falls risk assessment to be completed.
30. Mr Banks was moved to Durham for 24 hour nursing care on 4 February. Healthcare staff there continued his care plans. Prison managers agreed to leave Mr Banks' cell unlocked to allow healthcare staff easy access for full nursing care.
31. Mr Banks received pain relief and other palliative medication. Records show nurses looked after him well and frequently helped him to eat, change his clothes and go to the toilet. He received antibiotics for infections and treatment and monitoring of rashes and nausea.
32. In the morning of 5 April, a nurse noted Mr Banks was not in pain or discomfort. A nurse visited him later that morning and both nurses made sure he was comfortable. At 12.40pm, she found he was not breathing and called the prison GP. At approximately 1.00pm, the GP attended and confirmed Mr Banks had died.
33. The Coroner said the cause of death was transitional cell carcinoma (cancer) of the bladder.
34. We agree with the clinical reviewer that Mr Banks received a high standard of care at Durham that was at least equivalent to that he could have expected to receive in the community. She said he received comprehensive holistic assessments, which were adapted according to his changing needs and preferences. Care plans were personalised and planned for current and future support and treatment. There was excellent communication between prison staff and the hospital responsible for the management of Mr Banks' cancer.

### **Mr Banks' location**

35. Mr Banks spent the majority of his time in prison at HMP Northumberland. He said he was happy on his wing and received help from other prisoners. Healthcare staff spoke to him about moving to a prison where he could receive 24-hour care. He said he wanted to remain independent for as long as possible.
36. However, as Mr Banks' condition deteriorated, he required 24-hour nursing, which was not available at Northumberland. Staff discussed a move to HMP Durham (which has 24-hour healthcare) with Mr Banks. At first, Mr Banks was reluctant to move, but eventually accepted that it was necessary. He was moved to the inpatient unit at Durham on 4 February 2016. We are satisfied that Mr Banks was appropriately located throughout his illness and the prison considered his wishes.

## **Restraints, security and escorts**

37. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including 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. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility.
38. Two officers and a healthcare assistant escorted Mr Banks on his transfer to Durham and did not restrain him.
39. We are pleased that the managers at Northumberland decided not to restrain Mr Banks during his transfer and took account of how his health affected his risk to the public and of escape.

## **Liaison with Mr Banks' family**

40. On 18 March, with Mr Banks' permission, healthcare staff contacted his family as his health was deteriorating. Mr Banks' wife and granddaughter were able to visit him in the inpatient unit at Durham in March and April and they were able to telephone the inpatient unit to receive updates.
41. On 3 April, Durham appointed two chaplains as family liaison officers. One chaplain visited Mr Banks and contacted his family, agreeing to keep them updated by telephone.
42. On 5 April, a nurse rang Mr Banks' granddaughter to tell her that he was deteriorating and she offered the family the opportunity to visit. His granddaughter said that the family had already said goodbye and wanted to be informed by telephone when Mr Banks died.
43. Shortly after Mr Banks' died, his grandson rang the inpatient unit and was told that his grandfather had just died. At approximately 1.45pm, two chaplains visited Mr Banks' family at home to offer their condolences and support.
44. Mr Banks' grandson asked if he could return to the prison with them to see Mr Banks, which was arranged. His grandson thanked healthcare staff for looking after his grandfather.
45. Mr Banks' funeral was on 28 April. Two chaplains conducted the service. Durham arranged the funeral and contributed to the cost in line with national instructions.
46. We are satisfied the prison supported both Mr Banks and his family after his condition deteriorated and appropriately supported his family after he had died.

## **Compassionate release**

47. 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.

48. Prison staff discussed the possibility of compassionate release with Mr Banks. He said he did not wish to be released, he was settled in prison and was worried about the impact that it would have on his family. We are satisfied that the prison appropriately informed Mr Banks of compassionate release and did not progress this in line with his wishes.

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