Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Colin Dunn a prisoner at HMP Stafford on 12 May 2016

A report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

PO Box 70769
London, SE1P 4XY
Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk
T | 020 7633 4100
F | 020 7633 4141

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*

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 Colin Dunn died of pancreatic cancer in hospital on 12 May 2016. He was 66 years old. I offer my condolences to all who knew Mr Dunn.

The clinical reviewer found no evidence to suggest that healthcare staff missed any signs or symptoms of Mr Dunn's pancreatic cancer, or that they could have diagnosed his terminal illness any earlier. I am pleased that once Mr Dunn had received the terminal diagnosis he was well supported by prison and healthcare staff, including a seconded Macmillan nurse.

I am satisfied that Mr Dunn received a good standard of care, equivalent to the care that he could have expected in the community.

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 **December 2016**

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Summary

Events

1. On 29 August 2011, Mr Colin Dunn was remanded to prison for sexual offences. In 2013, he was sentenced to 16 years in prison. He spent time in a number of prisons and was moved to HMP Stafford on 28 April 2014. On arrival, healthcare staff noted Mr Dunn suffered from several medical conditions and they continued and reviewed care plans that were already in place for diabetes, hypertension and heart disease.

2. In December 2014, Mr Dunn said he was not keen on following a diabetic diet and, in November 2015, he refused to attend his diabetic annual review or have routine blood tests. Mr Dunn continued to take his medication and there were no concerns over his health.

3. On 22 March, a sample of Mr Dunn's urine tested positive for blood and a doctor sent him to hospital for further tests. On 29 March, while in hospital, doctors diagnosed Mr Dunn with pancreatic cancer, and four days later he was told it was inoperable. On 7 April, Mr Dunn was transferred to hospital for palliative care.

4. Initially, hospital palliative care staff and prison healthcare staff thought that Mr Dunn should either move to a hospice or to a prison with 24-hour nursing care. However, at the time, Mr Dunn did not meet the acceptance criteria for either. On 21 April, having adjusted his medication, the hospital discharged Mr Dunn back to Stafford. Prison healthcare staff implemented a care plan and reviewed him daily, and the prison appointed Mr Dunn's cellmate as his full time carer. Mr Dunn agreed that he did not want to be resuscitated if his heart or breathing stopped.

5. On 10 May, Mr Dunn's cellmate told a nurse that Mr Dunn had been bleeding from his right ear. The nurse arranged for Mr Dunn's immediate transfer to hospital where his condition continued to deteriorate and he died on 12 May.

Findings

6. The clinical reviewer concluded that Mr Dunn did not present with any of the recognised symptoms of pancreatic cancer until March 2016. He did not think that Mr Dunn's cancer could have been diagnosed any earlier. Mr Dunn's cancer spread quickly and the clinical reviewer did not think that his death could have been prevented.

7. We agree with the clinical reviewer that the care Mr Dunn received at Stafford was equivalent to what he would have received in the community. We also agree that the presence of a Macmillan nurse on secondment to Stafford benefitted Mr Dunn and the prison's healthcare team as a whole. We make no recommendations.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Stafford informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

9. The investigator obtained copies of relevant extracts from Mr Dunn's prison and medical records.

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

11. We informed HM Coroner for Stafford of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

12. One of the Ombudsman's family liaison officers contacted Mr Dunn's offender manager, his nominated next of kin, to explain the investigation and to ask if he had any matters he wanted the investigation to consider. Mr Dunn's offender manager raised no concerns.

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

14. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

15. Mr Dunn's offender manager received a copy of the initial report. They did not make any comments.

Background Information

HMP Stafford

16. HMP Stafford is a medium security prison, which holds more than 700 prisoners across seven wings. Staffordshire and Stoke-on-Trent Partnership NHS Trust provide healthcare services. There are no inpatient facilities. Nurses are on duty daily between 7.30am and 5.30pm and there is a week day GP service. There is an on-call GP service outside these hours.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Stafford was in February 2016. Inspectors reported that the arrangements to support men with palliative or end of life needs were informed by joint prison and health decisions. Effective links to hospitals, a local hospice and community services ensured that men being transferred or released on compassionate grounds, received good care which met their needs. Inspectors noted that a palliative care project, with a dedicated specialist nurse, was developing end of life pathways, and that this was already having a positive impact on men's experiences.

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 their latest annual report, for the year to May 2015, the IMB at Stafford reported that discussion had begun on adapting part of one of the wings in order to develop appropriate end of life care.

Previous deaths at HMP Stafford

19. Mr Dunn's death was the seventh from natural causes at Stafford since February 2014. There were no significant similarities between the circumstances of Mr Dunn's death and those we have already investigated.

Findings

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

20. On 29 August 2011, Mr Dunn was remanded to prison charged with sexual offences and, on 30 September, he was sentenced to 32 months imprisonment. On 5 November 2012, Mr Dunn was additionally convicted of rape and was sentenced to 16 years imprisonment. He spent time in a number of prisons and moved to HMP Stafford on 28 April 2014.

21. At Stafford, healthcare staff noted Mr Dunn suffered from several medical conditions, including heart disease, high blood pressure and type 2 diabetes. Doctors prescribed appropriate medication to Mr Dunn, which included metformin and insulin to control his diabetes. Healthcare staff reviewed Mr Dunn in line with his pre-existing care plans for diabetes, hypertension and heart disease.

22. In December 2014, Mr Dunn told a nurse that he was not keen on following a diabetic diet. Healthcare staff continued to regularly review Mr Dunn's medication, blood glucose levels and weight. Mr Dunn continued to test his own blood glucose levels and recorded the readings in a diary for healthcare staff to check.

23. On 3 November 2015, Mr Dunn refused to attend his diabetic annual review. On 26 November, Mr Dunn told a prison GP that he did not want to have any blood tests. Over the next two months, healthcare staff tried to persuade Mr Dunn to participate in the diabetes review but he refused. Mr Dunn continued to take his medication and there were no concerns recorded over his health.

24. On 12 March, Mr Dunn was prescribed anti-indigestion medication, but his medical record contains no information about why he requested the medication. On 18 March 2016, a prison GP took a urine sample from Mr Dunn and sent it for a microbiology test. On 22 March, the GP received the result of the test, which indicated there was blood in Mr Dunn's urine. He immediately arranged for Mr Dunn to attend hospital by ambulance for further investigations. The ambulance transfer form noted that Mr Dunn was jaundiced.

25. At hospital, Mr Dunn was admitted for scans and tests. Healthcare staff kept in regular contact with hospital staff. On 29 March, hospital staff told the nurse manager at Stafford that Mr Dunn had been told that he had cancer. On 3 April, hospital staff told prison healthcare staff that Mr Dunn had been given a diagnosis of inoperable pancreatic cancer and the hospital were awaiting further tests before a prognosis could be given or a plan of care formulated.

26. The clinical reviewer concluded that there was no evidence that Mr Dunn had presented with any of the recognised symptoms of pancreatic cancer before March 2016. As soon as tests revealed blood in Mr Dunn's urine, the prison arranged for his immediate transfer to hospital.

27. We agree with the clinical reviewer that Mr Dunn's death could not have been avoided as his cancer spread quickly, and there was nothing to suggest that healthcare staff missed any signs or symptoms. However, during the investigation, the clinical reviewer identified some healthcare record keeping

omissions in relation to Mr Dunn's hospital admission on 22 March 2016. Although we do not consider that this affected the diagnosis of Mr Dunn's terminal cancer, the Head of Healthcare's will need to address the relevant recommendation in the clinical review.

Mr Dunn's clinical care

28. On 7 April, Mr Dunn was moved to another hospital to have a stent fitted in order to reduce his jaundice and to receive palliative care. On 21 April, the hospital discharged Mr Dunn to the first hospital as, at that time, everyone agreed that the prison healthcare staff were able to meet his needs. The consultant at the hospital altered Mr Dunn's medication to ensure that any pain was well controlled at night, when there were no nurses on duty at Stafford. Upon Mr Dunn's return, a nurse created a palliative care plan and healthcare staff reviewed Mr Dunn daily.

29. On 22 April, a prison GP and a Macmillan nurse, seconded to Stafford at the time, visited Mr Dunn on the wing. Mr Dunn said he was fully aware of the terminal nature of his illness. They discussed resuscitation and Mr Dunn said he did not want to be resuscitated if his heart or breathing stopped. Healthcare staff completed an order to that effect. Mr Dunn told the doctor and nurse that he was eating and drinking and only experienced some abdominal pain after eating. He said that his current medication doses were sufficient to manage his pain.

30. On 4 May, Mr Dunn told a nurse he was in good spirits and he had no pain at present. He was able to move around the wing and to care for himself, including washing himself.

31. At 4.40pm on 10 May, a nurse visited Mr Dunn in his cell to complete his daily care plan. Mr Dunn's cellmate said Mr Dunn had been bleeding from his right ear. The nurse noticed that Mr Dunn was disorientated and his ear would not stop bleeding. The nurse was sufficiently concerned to call for an emergency ambulance.

32. At hospital Mr Dunn had a brain scan and was moved to the acute medical unit. Mr Dunn continued to receive palliative care, but his health deteriorated and he died on the evening of 12 May 2016.

33. There was no post mortem performed on Mr Dunn and the Coroner gave the cause of death as: 1. Metastatic Pancreatic Cancer. 2. Type 2 Mellitus Diabetes.

34. The clinical reviewer found that the care Mr Dunn received was equivalent to what he would have received in the community.

Mr Dunn's location

35. After hospital doctors diagnosed Mr Dunn with inoperable pancreatic cancer, Stafford and the hospital initially considered that his healthcare needs could not be met at Stafford and tried to move him to either a hospice or HMP Birmingham, which had 24-hour healthcare and an inpatient unit. However, neither considered that Mr Dunn was sufficiently unwell to meet their acceptance criteria.

36. On 21 April, having adjusted his medication, the hospital discharged Mr Dunn to Stafford. He returned to a shared cell on a standard residential wing, and his cellmate was appointed as his full time carer. Stafford also had the use of a seconded Macmillan nurse at the time which was extremely beneficial to Mr Dunn and the healthcare team.

37. On 28 April, Mr Dunn told a nurse that he felt much more supported in the prison environment compared to his lengthy stay in hospital, and that he was happy with the level of care and had a lot of peer support on the wing, particularly from his cellmate.

38. We are satisfied that it was appropriate for Mr Dunn to return to Stafford when he was discharged to hospital.

Restraints, security and escorts

39. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.

40. The Prison Service has a duty to protect the public but this has to be balanced 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, the risk to the public and which also takes account of factors such as the prisoner's health and mobility.

41. Following his time in hospital, Mr Dunn returned to Stafford on 21 April. When Mr Dunn was sent to hospital on 10 May, two officers escorted him and no restraints were used. We consider that Stafford appropriately took into account Mr Dunn's health, age and mobility, when reaching this decision.

Liaison with Mr Dunn's family

42. On 7 April, Stafford appointed an officer to be Mr Dunn's family liaison officer and she supported Mr Dunn by regularly visiting him. She also helped arrange an advocate for Mr Dunn to make a Will.

43. Mr Dunn was estranged from his family and had named his offender manager as his next of kin. His offender manager was aware of Mr Dunn's terminal illness and asked Stafford to tell him when Mr Dunn died. At 9.50am on 13 May, the day after Mr Dunn died, the officer contacted Mr Dunn's offender manager, told him that he had died and offered her condolences.

44. In line with national instructions, Stafford arranged and paid for Mr Dunn's funeral, which was held on 26 May.

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 and have a life expectancy of less than three months.

46. On 13 April, the prison started an application for compassionate release. The following day, a probation officer confirmed that Mr Dunn was estranged from his family and was likely to be accommodated at a hospice, though the hospice had refused to accept Mr Dunn as he did not meet their criteria at that time.

47. On 18 April, the Governor assessed the various reports and concluded he was unable to support Mr Dunn's release due to the risk of further offending. However, he considered that Mr Dunn could be moved to the hospice when he met the criteria for admission.

48. Release on temporary licence (ROTL) can be granted for precisely defined and specific activities which cannot be provided in the prison. A risk assessment is completed to ensure that the prisoner's temporary release does not present unacceptable risks. The governor of the prison is able to grant the temporary licence and will decide on whether the prisoner is to be accompanied by staff.

49. From 22 April, the prison sought information from Mr Dunn's offender manager and the hospital consultant about whether he could be released on temporary licence to the hospice. However, Mr Dunn's condition deteriorated quickly and he died before a bed was available at the hospice. We are satisfied that Stafford appropriately handled Mr Dunn's application for early release.

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