

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roger Stone a prisoner at HMP Leyhill on 6 August 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 Roger Stone died on 6 August 2016, at HMP Leyhill, from pneumonia and prostate cancer. He was 71 years old. I offer my condolences to Mr Stone's family and friends.

Mr Stone was diagnosed with possible cancer just a few weeks before his death. Prison healthcare staff actively planned how best to manage his condition and meet his care needs. I am satisfied that Mr Stone was well cared for at Leyhill, and that the health care Mr Stone received was equivalent to that he could have expected to receive 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

March 2017

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Summary

Events

1. On 11 March 2011, Mr Roger Stone was sent to HMP Pentonville following extradition from Thailand. On 12 August, he was sentenced to twelve years imprisonment for serious sexual offences. He spent time at a number of prisons before moving to HMP Leyhill on 25 November 2015.
2. Mr Stone had some significant health problems, including chronic anxiety and depression, arthritis with poor mobility, hearing loss, high cholesterol and an enlarged prostate. He was a smoker and declined smoking cessation advice.
3. On 11 April 2016, Mr Stone told a prison GP he was suffering from low back pain. The GP diagnosed a reducible bilateral inguinal hernia (where an internal part of the body pushes through a weakness in a muscle) and referred Mr Stone for an ultrasound scan. This appointment had been arranged for 21 June but it was cancelled at Mr Stone's request because he had a family visit arranged. The scan was rearranged for 8 July.
4. On 22 June, a GP reviewed a recent blood test from Mr Stone and identified an abnormality. The GP made enquires with the local hospital, who advised that he should be sent to hospital. While in hospital, doctors performed x-rays, which suggested that Mr Stone was suffering from cancer in his pelvis. On his return to the prison, a GP made an urgent referral to the haematology department.
5. On 7 July, following further investigations, a prison GP told Mr Stone that the hospital was unable to offer a firm diagnosis on Mr Stone's cancer type. Furthermore, there were no prognosis or treatment options at this stage. Mr Stone was prescribed pain relief and a nursing care plan was created.
6. On 31 July, Mr Stone's condition deteriorated and he was admitted to the prison's palliative care suite for end of life care. He died on 6 August.

Findings

7. We are satisfied that the care Mr Stone received at Leyhill was equivalent to that he could have expected to receive in the community. The clinical reviewer noted that, in his opinion, the difficulty in making a definite diagnosis was not due to lack of effort or any delay by the prison's healthcare staff. Healthcare staff at implemented appropriate care plans to manage Mr Stone's condition and held daily multidisciplinary planning meetings. He received daily medical and social care but only palliative care was possible. We make no recommendations.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Leyhill, informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.
9. The investigator obtained and reviewed copies of Mr Stone's medical records and relevant extracts from his prison record.
10. NHS England commissioned a clinical reviewer to review Mr Stone's clinical care in prison.
11. We informed HM Coroner for Avon of the investigation, who gave us the initial cause of death. We have sent the coroner a copy of this investigation report.
12. One of the Ombudsman's managers wrote to Mr Stone's friend, his nominated next of kin, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Stone's friend asked whether earlier medical investigations should have carried out to detect his cancer, whether he had been prescribed the correct medication and whether there was appropriate communication between the hospital and prison over Mr Stone's medical results and care.
13. The investigation has assessed the main issues involved in Mr Stone's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, 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.
15. Mr Stone's friend received a copy of the initial report. She did not make any comments.

Background Information

HMP Leyhill

16. HMP Leyhill is an open prison in South Gloucestershire, holding 515 prisoners who require minimum security. Some are life-sentenced prisoners preparing for release.
17. Bristol Community Health provides primary care services at Leyhill from 7.30am to 4.30pm, Monday to Friday. A local NHS centre, Hanham Health, provides GP and out of hours services. The prison has a palliative care unit, comprising two en-suite patient rooms, a family room for visiting relatives, and a nurses' office. The unit is staffed 24 hours a day, when occupied.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Leyhill was in April 2012. The Inspectorate considered there was a high standard of healthcare at the prison, although there was some concern about the staffing mix and the disproportionate responsibility carried by healthcare support workers. Inspectors found good chronic disease management and an excellent palliative care service.

Independent Monitoring Board

19. 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 January 2016, the IMB reported that there was a high standard of healthcare, with access to GPs every weekday. Prisoners with chronic illnesses received a care plan booklet explaining their condition, medication and test results, with sections to record their own comments. Personal care assistants provided daily assistance to those who needed help with social care. The Board said that those who used the palliative care suite appreciated it.

Previous deaths at HMP Leyhill

20. Mr Stone was the fifth prisoner to die from natural causes at Leyhill since January 2015. There has been one other death since. There were no similarities between the circumstances of Mr Stone's death and previous deaths at the prison. In each of these previous cases, we found that the prison provided a good standard of care.

Findings

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

21. On 11 March 2011, Mr Roger Stone was extradited from Thailand to the United Kingdom on suspicion of having committed sexual offences in 2005. He was sent to HMP Pentonville. On 12 August 2011, he was sentenced to twelve years imprisonment for these offences. He spent time at a number of prisons before moving to HMP Leyhill on 25 November 2015.
22. Mr Stone had a medical history of chronic anxiety and depression, arthritis with poor mobility, hearing loss, high cholesterol and an enlarged prostate. He was also a smoker, though he declined smoking cessation advice.
23. After arriving at Leyhill, a nurse performed an initial health screen and reviewed his medication, which included moclobemide (to treat depression), colecalciferol (to prevent osteoporosis), alfuzosin (to treat his enlarged prostate) and atorvastatin (to treat cholesterol). The nurse recorded his weight at 62.2kg and Mr Stone, again, declined smoking cessation advice.
24. On 2 December, Mr Stone was treated for a urinary infection. He declined a blood test to determine his prostate-specific antigen levels (PSA – a protein produced by the prostate, which can cause diseases of the prostate) and a physical examination of his prostate. Mr Stone had a PSA test on 13 January 2016, which was in the expected range.
25. On 11 April, Mr Stone told a prison GP that he had low back pain. On examination, the GP diagnosed a reducible bilateral inguinal hernia and referred Mr Stone for an ultrasound scan. The ultrasound appointment was booked for 21 June.
26. On 27 April, Mr Stone fainted while on his wing. He recovered after healthcare staff saw him, and advised him to rest and drink plenty of fluids. On 12 May, a prison GP saw Mr Stone and decided to stop Mr Stone's alfuzosin prescription, as it could have caused low blood pressure, which in turn could have caused Mr Stone to faint. The GP recorded Mr Stone's weight at 60kg.
27. On 2 June, Mr Stone told a prison GP that his hip pain and mobility had worsened. She noted that Mr Stone was in a wheelchair and prescribed co-codamol for his pain.
28. On 17 June, Mr Stone asked for his ultrasound appointment to be postponed because he had arranged a family visit for the same day. The scan was rearranged for 8 July.
29. A prison GP saw Mr Stone, on 22 June, and reviewed a blood test, which showed his PSA levels were normal but that he was anaemic. The GP also noted that Mr Stone had lost seven kilograms in weight in one year, so discussed Mr Stone's blood test results and symptoms with the GP support unit at hospital. They suggested Mr Stone needed an urgent referral to a specialist under the NHS pathway, which requires patients with suspected cancer to be within two weeks. However, the orthopaedic team felt that the referral was best placed with

the oncology team, though they would not accept the referral unless cancer had been proven.

30. In light of these difficulties, on the same day, a prison GP sent Mr Stone to the emergency department at hospital. While in hospital, he had x-rays, which suggested that Mr Stone had cancerous cells in his pelvis that had possibly spread from his prostate. Mr Stone returned to Leyhill later that day.
31. The following day, a prison GP spoke to Mr Stone about his suspected cancer. The doctor offered the support of healthcare staff while Mr Stone underwent further tests, scans and a biopsy. The GP also made a two week referral to the haematology department.
32. On 5 July, Mr Stone attended a haematology outpatient appointment at hospital, who planned for him to have a bone biopsy and an MRI scan. He declined an offered of a blood transfusion, though he agreed to this procedure six days later.
33. On 7 July, a prison GP spoke to Mr Stone and said that a hospital multidisciplinary meeting suspected that he had bone cancer that had spread from his prostate.
34. On 21 July, Mr Stone had a bone marrow biopsy. He became increasingly frail while waiting for a firm diagnosis. Four days later, Mr Stone told a prison GP that he was finding it hard to cope while waiting for a definite diagnosis from the hospital. The GP explained that without a definitive diagnosis, it was hard to plan his care. There was no firm diagnosis of the type of Mr Stone's cancer until the post-mortem examination.
35. The clinical reviewer noted that Mr Stone's symptoms, including his normal PSA results, made it difficult to reach a diagnosis. Mr Stone first complained of joint pain in April 2016 but the clinical reviewer was satisfied that prison GPs made timely referrals to hospital when his blood test results and deterioration in his symptoms identified a potential life threatening condition. Despite being referred to hospital, specialists were unable to conclusively diagnose his cancer.

Mr Stone's clinical care

36. After attending hospital on 22 June, Mr Stone's condition began to deteriorate. When this happened, healthcare staff reviewed Mr Stone regularly and gave him appropriate pain relief when required.
37. On 23 June, a prison GP prescribed Mr Stone fresubin energy drinks and meal supplements to prevent his continued weight loss.
38. On 8 July, a prison GP prescribed him MST Continus and Oramorph for pain relief. Four days later, Mr Stone told the GP that he still had pain, so she increased his MST prescription.
39. On 31 July, the prison's clinical lead and a prison GP saw Mr Stone, noted that there was a rapid decline in his health and arranged for him to be admitted to the palliative care suite. The GP also suggested that should he go into cardiac arrest that it would not be in his best interest for staff to attempt to resuscitate him. Mr Stone agreed to this and the GP discussed this with his next of kin.

40. The following day, healthcare staff created an end of life care plan, which included a requirement for 24-hour nursing care and a syringe driver to give continuous pain relief.
41. At 10.39pm on 6 August, an agency nurse checked on Mr Stone, but found that he had stopped breathing. The nurse did not attempt to resuscitate him, in line with his wishes. A prison GP confirmed Mr Stone's death at 11.20pm.
42. The clinical reviewer considered that Mr Stone's care was equivalent to that he could have expected to receive in the community. Mr Stone was well treated at Leyhill: staff regularly reviewed him, gave him appropriate pain relief and created a suitable end of life care plan. We are satisfied that he received good end of life care.

Mr Stone's location

43. We are satisfied that Mr Stone was appropriately located throughout his illness. Healthcare staff arranged for him to be given a special mattress and comfort and mobility aids as his health declined.
44. He transferred to the palliative care suite when healthcare staff assessed Mr Stone was entering the final days of his life and in need of 24-hour nursing care.

Restraints, security and escorts

45. 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.
46. When Mr Stone went to hospital for his medical appointments, the prison released him on temporary licence. This meant that a prison officer accompanied him for support and to help effective communication about his care, but no restraints were used. We are satisfied that this was an appropriate decision.

Liaison with Mr Stone's family

47. On 9 July, the prison appointed an officer as a family liaison officer. She visited Mr Stone and he told her that his family were elderly, so his next of kin was a friend who had his power of attorney.
48. On the same day, the officer made contact with Mr Stone's next of kin, who was aware that her friend was ill. The officer continued to support both the next of kin and Mr Stone's family and arranged visits to see him.
49. At 11.30pm on 6 August, the duty governor telephoned Mr Stone's next of kin to tell them of his death. She knew that the next of kin would be leaving her home the following morning to visit to Mr Stone. Given those circumstances, we consider that it was acceptable that a telephone call was made to inform the friend of Mr Stone's death.

50. Mr Stone's funeral was held on 24 August and the prison assisted with the arrangements and contributed to the costs, in line with national policy.

Compassionate release

51. 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.
52. In July, during a weekly care meeting for Mr Stone, the prison and healthcare staff discussed a compassionate release application. However, while a cancer had been diagnosed, no primary cancer had been identified and there was no prognosis. With a lack of information, the progression of a compassionate release was unrealistic at that time and we are satisfied that it was appropriate for the prison not to pursue the application.

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