PRISONS AND PROBATION OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man in October 2014 at HMP Leyhill.

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 the man who died of cancer in October 2014, at HMP Leyhill. I offer my condolences to his family and friends.

One of my investigators carried out the investigation. A clinical reviewer reviewed the clinical care the man received in custody. The prison cooperated fully with the investigation.

The man received an indeterminate sentence for public protection (IPP) in August 2006. Doctors had diagnosed him with terminal kidney cancer earlier in 2006, which slowly progressed. After spending a number of years at HMP Maidstone, he transferred to HMP Ashfield in September 2013. By January 2014, the cancer had spread to other parts of his body. In June 2014, the man was assessed as suitable to move to an open prison. In August 2014, he went to hospital to have a syringe driver fitted for pain relief and to relieve symptoms of a congested chest. He left hospital a week later, and transferred directly to HMP Leyhill. There was no clear prognosis at the time of his transfer, but his condition deteriorated quickly afterwards. He died in the palliative care unit at Leyhill, on 13 October.

I agree with the clinical reviewer that the standard of healthcare the man received at both Ashfield and Leyhill was equivalent to that he could have expected to receive in the community. Although his illness was protracted, in the end his death was quite sudden. Sadly, this meant there was insufficient time to make appropriate arrangements and an application for compassionate release. However, I am satisfied that his end of life care at Leyhill was of a very high standard.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman **May 2015**

CONTENTS

Summary

The investigation process

HMP Leyhill

Key events

Issues

SUMMARY

1. The man received an indeterminate sentence for public protection (IPP) on 7 August 2006, with a minimum term to serve of two years and 12 days. In 2006, doctors diagnosed him with terminal kidney cancer, which spread to his sternum (breastbone) in June 2007. After he had served his minimum term, the man had a number of parole reviews, but was never considered suitable for release.

2. The man transferred to HMP Ashfield on 20 September 2013. The healthcare team at Ashfield reviewed his pain relief medication frequently and successfully managed his pain. A scan on 2 January 2014 showed that the man's cancer had spread to other parts of his body including his spine, lungs, sternum, femoral neck and pelvis. However, doctors could not give a clear prognosis and the man's health fluctuated.

3. On 30 June, the Parole Board recommended that the man should transfer to open conditions. The recommendation was accepted and a move to HMP Leyhill was planned.

4. On 20 August, the man appeared dehydrated and his chest sounded very congested. A nurse advised that he needed a syringe driver to administer pain relief medication continuously and arranged the man's transfer to hospital to stabilise his symptoms.

5. The man's pain improved in hospital and. on 27 August, he transferred directly to Leyhill and lived in a unit for older prisoners. His health continued to deteriorate and, on 18 September, he moved to the prison's palliative care unit where he died in October.

6. We agree with the clinical reviewer that the care the man received in prison was equivalent to that he could have expected to receive in the community. His end of life care was of a very high standard. We make no recommendations.

THE INVESTIGATION PROCESS

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

8. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison record. He interviewed several members of staff by telephone on 18 December 2014.

9. NHS England appointed a clinical reviewer to review the man's clinical care at the prison.

10. We informed HM Coroner for Avon District of the investigation, who provided a copy of the post-mortem report. We have sent the coroner a copy of this investigation report.

11. One of the Ombudsman's family liaison officers wrote to the man's mother, to explain the purpose of the investigation. The man's mother did not have any specific issues for the investigation to address. She considered that the prison had treated him very well.

12. The man's mother received a copy of the draft report. She raised a number of issues that do not impact on the factual accuracy of this report. The prison also received a copy of the draft report.

HMP LEYHILL

13. Leyhill is an open prison in South Gloucestershire, holding up 527 category D prisoners who require only minimum security. Some are life-sentenced prisoners preparing for release.

14. Health services are provided at the prison from 7.30am to 4.30pm on weekdays, with an out of hour's service at other times. Bristol Community Health provide primary care services and a local NHS centre, Hanham Health, provide GP and out of hours service. The prison has a palliative care unit based on the design of a hospice in Bristol. It consists of two en-suite patient rooms and a family room for visiting relatives, plus a nurses' office. The unit is staffed when occupied.

HM Inspectorate of Prisons

15. The most recent inspection of Leyhill was in April 2012. Inspectors found a high standard of care at the prison, although there was some concern about the healthcare staffing mix and the disproportionate responsibility carried by healthcare support workers. Inspectors also found good provision of chronic disease management for older prisoners.

Independent Monitoring Board

16. Each prison has an Independent Monitoring Board of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure prisoners are treated fairly and decently. In its most recently published annual report for the year to January 2014, the IMB commented that the care and treatment of terminally ill prisoners was exemplary.

Previous deaths at HMP Leyhill

17. The man was the seventh prisoner to die of natural causes at Leyhill since 2012. We have consistently found that these prisoners received a good standard of care at Leyhill.

KEY EVENTS

18. On 7 August 2006, the man received an indeterminate sentence for public protection (IPP) with a minimum term of two years and 12 days. He had a number of reviews before he transferred to HMP Ashfield on 20 September 2013, but was never considered suitable for release.

19. At a reception health screen at Ashfield, a nurse noted that the man had had his left kidney removed in 2003 and doctors had diagnosed him with terminal kidney cancer in 2006. The cancer had spread to his sternum (breastbone) in June 2007 and the man had radiotherapy until 2009. He complained of severe pain in his chest and lungs. The nurse noted his most recent CT scan, on 11 September 2013, had showed that the disease was slowly progressing with two small tumours emerging in his lungs and right adrenal gland. The man settled at Ashfield and other prisoners supported him well. He often said he wanted to stay on the wing.

20. On 27 September, a prison GP, Dr A, examined the man and sought advice from St Peter's Hospice, Bristol, about the man's pain management. He also referred him to the local oncology team. The doctor reviewed the man's medication and prescribed oramorph (liquid morphine) to manage his pain.

21. The man still suffered pain and, on 30 September, Dr A arranged for him to go to St Peter's Hospice to see if they could help stabilise his pain. The man discharged himself the same day and returned to the prison. The doctor prescribed morphine to manage his pain. The man started a course of chemotherapy in October and tolerated the treatment well and suffered only mild side effects.

22. For the next two months, healthcare staff reviewed the man frequently. Doctors reviewed his pain relief and records show they managed this well. The oncology department at the hospital reviewed the man and noted no concerns.

23. On 31 December, a prison GP, Dr B, reviewed the man and noted his right leg and foot were unstable. He recorded that it was likely that the man's cancer had progressed to his spine and arranged an urgent CT scan.

24. On 2 January 2014, a CT scan indicated that the cancer had spread to his spine, lungs, sternum, femoral neck and pelvis. On 9 January, a prison GP, Dr C, reviewed the man and considered the CT scan results. The doctor noted it would be good for the man to move closer to his family or to transfer to HMP Leyhill. The doctor wrote to the man's oncologist and asked her to outline a prognosis. The man's oncologist replied on 27 January that the man's prognosis was less than three years, but could not be more precise.

25. Over the next five months, healthcare staff regularly monitored and reviewed the man. Doctors managed his pain relief well and his oncologist saw him and noted no specific concerns. The man's condition gradually deteriorated over this time.

26. On 20 June, the Parole Board considered the man's case. They decided that there was little, if any, risk of the man absconding or risk of further offending due to his physical condition. The Board recommended a transfer to open conditions on 30 June 2014. The recommendation was accepted and his offender supervisor agreed that Leyhill would be most suitable for him.

27. On 20 August, the man's health deteriorated further. He appeared dehydrated and his chest sounded very congested. Nurse A advised that the man needed a syringe driver to administer continuous pain relief medication because of the amount of secretions in his chest. After consulting with Dr B and Nurse B (from Leyhill), they arranged for him to attend hospital to stabilise his symptoms.

28. The man's pain improved and, on 26 August, Nurse C from Ashfield, recorded that the hospital had removed the syringe driver and a doctor had confirmed that no further medical input was needed at the time.

29. On 27 August, the man transferred from hospital directly to HMP Leyhill as a Category D prisoner. He was given a larger room in the unit for older prisoners. Nurse B recorded that the man was feeling very tired so she arranged for him to see the doctor and have an initial health screen the next day. On 28 August, the nurse and Dr D assessed the man and noted that he was on chemotherapy to treat cancer.

30. On 16 September, the man agreed with Dr E and the clinical service manager that he did not want anyone to try to resuscitate him if his heart or breathing stopped. Dr E and the clinical service manager signed an order recording his decision.

31. The man's offender supervisor, met the man on the 16 September to talk to him about whether he wanted to apply for compassionate release. Unfortunately the man died before the prison could obtain all the relevant information to make a feasible application, in particular and crucially, before they could undertake a proper risk assessment on the suitability of his proposed accommodation.

32. On 18 September, the clinical service manager and Dr E decided to move the man to the palliative care unit as it was clear that the man was finding it difficult to take his oral medication and needed a syringe driver. On 20 September, a community district nurse set up a syringe driver to deliver continuous pain relief, but on 24 September staff removed this at the man's request. On 3 October, the man's condition deteriorated and on 9 October a community district nurse set up the syringe driver again. Over the next week, the man's condition deteriorated further.

33. At 7.30am on 13 October, Dr E checked on the man and noted no concerns. At 1.50pm, Nurse B gave the man more pain relief medication. At 2.10pm, a healthcare and social care support worker noted that the man was sleeping peacefully. At 2.40pm, the man's best friend, a prisoner he had met at

Ashfield, visited him. The man acknowledged him but did not speak. At 4.10pm, the healthcare and social care support worker noted that the man's breathing had changed and called the clinical service manager who arrived at 4.15pm. She noted his breathing was intermittent and the man died shortly afterwards. The healthcare and social care support worker verified the man's death at 4.44pm.

Family Liaison

34. On 27 August 2014, the prison appointed Officer A as family liaison officer. He contacted the man's mother who asked that someone from the prison should telephone her if the man's deteriorated significantly or if he died.

35. On 9 October, Officer A called the man's mother and informed her that he was very ill. The man's mother and his ex-partner visited the man on the 10 October. The officer helped by arranging hotel accommodation nearby. The man's mother and his ex-partner stayed until 12 October and were able to spend time with the man. When the man died on 13 October, the officer immediately called the man's mother, broke the news and offered his condolences.

36. The man's funeral was on 30 October 2014. The prison contributed towards the costs, in line with national guidance.

Support for staff and prisoners

37. A custodial manager issued notices informing staff and prisoners of the man's death and the support available. The prison reviewed prisoners identified as at risk of suicide and self-harm, in case the news of the man's death had adversely affected them.

Post-mortem report

38. A post-mortem examination established that the cause of the man's death was metastatic renal cell carcinoma.

ISSUES

End of life care

39. The clinical reviewer concluded that the care provided to the man was equivalent to that he could have expected to receive in the community. He said that the management of the man's end of life care at Ashfield and Leyhill was of a very high standard with clear evidence of effective communication with other healthcare providers. We found that healthcare staff managed the man's pain well. We agree with the clinical reviewer that, throughout the man's stays at Ashfield and Leyhill, communication was proactive, responsive and effective between the prisons' health care teams, secondary care and the local hospice. Staff involved the man appropriately in his end of life care plans and liaised well with his family. Leyhill considered the possibility of compassionate release, but sadly the man's condition deteriorated too quickly to make appropriate arrangements for his care in the community and to progress an application for compassionate release. We are satisfied that the man was well cared for at both prisons.