

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr James Bumstead a prisoner at HMP Littlehey on 28 May 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*



© Crown copyright 2015

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr James Bumstead died on 28 May 2016 of cancer of the bile duct while a prisoner at HMP Littlehey. He was 63 years old. I offer my condolences to Mr Bumstead's family and friends.

I am satisfied that Mr Bumstead received a standard of care in prison that was equivalent to that he could have expected to receive in the community. Following his cancer diagnosis, healthcare implemented a palliative care plan and staff respected Mr Bumstead's wishes for his future 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.

Richard Pickering
Deputy Prisons and Probation Ombudsman

December 2016

Contents

Summary	1
The Investigation Process	2
Background Information	3
Findings	4

Summary

Events

1. On 5 June 2008, Mr James Bumstead was sentenced to fourteen years in prison for sexual offences. He spent time in several prisons before moving to HMP Littlehey on 16 April 2015. He suffered from type 2 diabetes but had no other significant medical conditions when he arrived.
2. On 6 January 2016, Mr Bumstead saw a prison GP because his cellmate noticed that he looked jaundiced (yellowing of the skin). The GP requested blood tests, which revealed that his liver function was abnormal. The GP made an urgent two week referral to a hepatologist (liver specialist).
3. On 13 January, an ultrasound scan revealed Mr Bumstead was suffering from a mass on his liver and the hospital arranged an urgent CT scan to see if it had spread further. A CT scan, on 18 January, revealed that Mr Bumstead was suffering from cancer of the bile duct which had spread to his liver.
4. Hospital doctors concluded that Mr Bumstead's condition was suitable for palliative care only. Hospital surgeons inserted a stent (a plastic or metal tube) into his bile duct to relieve jaundice.
5. On 3 February, Mr Bumstead returned to prison from the hospital. A prison palliative care nurse created a palliative care plan to manage his pain relief, nutrition and wishes for his future care. Mr Bumstead wished to remain on the wing before moving to a hospice for end of life care when his condition deteriorated.
6. Prison GPs reviewed Mr Bumstead's pain relief regularly and he spent time in a hospice on two occasions because he was suffering from fluid retention.
7. On 27 May, Mr Bumstead moved to a hospice for end of life care in accordance with his wishes. He died on 29 May.

Findings

8. The investigation found that Mr Bumstead received a standard of care that was equivalent to that he would have expected to receive in the community. The clinical reviewer considered that the care provided was of a very high standard.
9. Mr Bumstead's palliative care and pain management was delivered to a high standard and healthcare staff ensured he was able to maintain his independence and dignity. Consideration was given to Mr Bumstead's wishes to remain on the wing with his friends before moving to a hospice for end of life care.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Littlehey informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
11. The investigator obtained copies of relevant extracts from Mr Bumstead's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Bumstead's clinical care at the prison.
13. We informed HM Coroner for Cambridgeshire and Peterborough District of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
14. One of the Ombudsman's family liaison officers contacted Mr Bumstead's friend, to explain the investigation and to ask if she had any matters they wanted the investigation to consider. She had no specific matters for the investigation to consider.
15. The investigation has assessed the main issues involved in Mr Bumstead's 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.

Background Information

HMP Littlehey

16. HMP Littlehey in Cambridge is a medium security prison holding approximately 1,200 men. A large proportion of the population are men convicted of sexual offences.
17. Northamptonshire Health Care Foundation NHS Trust commissions healthcare services. The prison's healthcare centre is open from 7.30am to 7.30pm, Monday to Friday, and from 8.00am to 5.00pm at weekends. Locum doctors provide GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Littlehey was in March 2015. Inspectors noted that an experienced nurse manager and two senior nurses provided effective clinical leadership. Despite chronic problems in recruiting nursing staff, health services had not been affected as regular highly skilled agency staff filled any shortfalls. A small group of regular GPs had significantly improved patient care. Prisoners with lifelong conditions were identified effectively and nurses with additional specialist training provided relevant clinics. There was excellent and compassionate joint working between the health provider, prison and community services for prisoners with palliative care and end-of-life needs.

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 prisoners made significant demands upon healthcare services with an average 350 appointments a day.

Previous deaths at HMP Littlehey

20. Mr Bumstead was the tenth person to die from natural causes at Littlehey since January 2015. One person has died since. There were no significant similarities with the circumstances of the previous deaths

Findings

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

21. On 5 June 2008, Mr James Bumstead was sentenced to fourteen years in prison for sexual offences. Mr Bumstead spent time in several prisons before moving to HMP Littlehey on 16 April 2015.
22. Mr Bumstead suffered from type 2 diabetes and was prescribed medication to keep his symptoms under control. Over the next nine months, Mr Bumstead attended healthcare to collect his prescribed medication. There was nothing else of significance in the records.
23. On 6 January 2016, a prison GP saw Mr Bumstead because his cellmate had noticed he was looking jaundiced. Mr Bumstead said he felt well and had not lost weight. She arranged a full set of blood tests and liver function tests. She received the results on 7 January, which revealed an abnormal liver function.
24. On 11 January, a prison GP discussed the results with Mr Bumstead. She made an urgent referral to the hepatology department at hospital under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.
25. On 13 January, a hepatology specialist nurse saw Mr Bumstead and performed an ultrasound scan. The results revealed a mass on Mr Bumstead's liver.
26. On 18 January, Mr Bumstead had a CT scan to examine the mass more closely. A hepatology consultant saw Mr Bumstead, three days later, to discuss the results of the CT scan and told him that he was suffering from cancer of the bile duct which had spread to his liver. The consultant also told Mr Bumstead that surgery was not possible and that his condition was only suitable for palliative care. Hospital surgeons inserted a stent (a plastic or metal tube) into his bile duct to relieve pain caused by the narrowing of the duct.
27. We are satisfied that prison GPs appropriately referred Mr Bumstead to investigate his symptoms.

Mr Bumstead's clinical care

28. As Mr Bumstead's condition was suitable for palliative care only, on 3 February, a prison palliative care nurse created a care plan to manage Mr Bumstead's palliative care, which included pain relief and nutrition. She discussed with Mr Bumstead his wishes for future care and created a 'planning future care' plan. Mr Bumstead decided he did not want anyone to resuscitate him if his heart or breathing stopped.
29. On 23 February, a hepatology consultant told Mr Bumstead that his condition was progressive and could not be cured. Mr Bumstead did not wish to discuss his prognosis with the consultant.

30. On 1 March, a hepatology consultant explained to Mr Bumstead that his condition was not suitable for chemotherapy treatment because his liver function was poor.
31. On 2 March, the palliative care nurse referred Mr Bumstead to a hospice, to help plan his end of life care in accordance with Mr Bumstead's wishes. On 4 March, a hospice doctor contacted the nurse to offer support with Mr Bumstead's end of life care and to ensure his wishes were met.
32. Prison GPs regularly reviewed Mr Bumstead's pain relief and a prison dietician prescribed him nutritional drinks.
33. On 4 April, a prison GP prescribed Mr Bumstead diamorphine injections for abdominal pain. When this did not control Mr Bumstead's pain, the GP prescribed co-codamol and morphine sulphate, which relieved his symptoms.
34. On 15 April, a prison GP examined Mr Bumstead who had a distended abdomen and fluid retention. She prescribed medication to reduce fluid retention and oramorph (liquid morphine) for pain relief.
35. On 18 April, Mr Bumstead was admitted to the hospice to drain the fluid in his abdomen. Hospice doctors increased his dose of morphine. Mr Bumstead returned to prison on 20 April.
36. On 18 May, prison officers expressed concern that Mr Bumstead was in pain. The palliative care nurse arranged for Mr Bumstead to return to the hospice to drain the fluid in his abdomen again. Doctors applied a fentanyl patch to control Mr Bumstead's pain. Mr Bumstead returned to the prison on 23 May.
37. Mr Bumstead's condition continued to deteriorate and, on 27 May, he agreed to move to St John's Hospice for end of life care. The palliative care nurse maintained daily contact with hospice staff and received regular updates about his condition. Mr Bumstead died at 10.05pm on 28 May.
38. We agree with the clinical reviewer that healthcare staff delivered Mr Bumstead's pain management and palliative care to a high standard and in line with guidance from the National Institute for Health and Clinical Excellence (NICE).

Mr Bumstead's location

39. Mr Bumstead lived in a single cell on the older prisoners' wing. On 1 February, Mr Bumstead told a prison nurse he did not want to move to a larger cell on another wing which could be better equipped for his needs. Mr Bumstead said he wanted to remain on the older prisoners' wing where he felt supported by his friends.
40. On 27 May, Mr Bumstead moved to a hospice, where he remained until he died.
41. We are satisfied that Mr Bumstead was appropriately located throughout his illness.

Restraints, security and escorts

42. 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.
43. The risk assessment completed before Mr Bumstead was first taken to hospital on 13 January indicated that he was a medium risk to the public and a low risk of hostage taking and risk of escape. Mr Bumstead had a history of violence. The medical section of the form stated there was no objection to the use of restraints and Mr Bumstead's condition did not affect his mobility. A prison manager authorised the use of restraints. Two officers escorted Mr Bumstead and used handcuffs for the journey to hospital and then an escort chain in hospital. (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.)
44. When Mr Bumstead's condition deteriorated, he used a wheelchair to get around the prison. When he went to hospital on 23 February, the risk assessment concluded that he should not be restrained.
45. We are pleased to note that Mr Bumstead was not restrained at any time when he went to hospital after this date.

Liaison with Mr Bumstead's family

46. On 3 February 2016, the prison appointed a prison manager as family liaison officer. Mr Bumstead did not have any contact with his family and did not want the prison manager to inform them about his condition. Mr Bumstead said he wanted his friend to act as his nominated next of kin but did not want the prison manager to contact her at this stage.
47. When Mr Bumstead's condition deteriorated on 18 May, he asked the prison manager to contact his friend. He immediately contacted Mr Bumstead's friend and arranged for her to visit him in the hospice. He remained in contact with Mr Bumstead's friend and provided regular updates on his condition.
48. When Mr Bumstead returned to the hospice on 27 May, the prison manager arranged for Mr Bumstead's friend to visit him again. At her request, the prison manager phoned Mr Bumstead's friend to let her know when he died.
49. Mr Bumstead's funeral was on 27 June. The prison arranged and paid for the funeral in line with national instructions.
50. We are satisfied there was good, supportive liaison with Mr Bumstead's friend.

Compassionate release

51. Prisoners can be released 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. Prison and healthcare staff spoke to Mr Bumstead about the possibility of compassionate release. Mr Bumstead said he wanted to remain in prison with his friends until his condition deteriorated and he wanted to be cared for in a hospice at the end of his life.
53. We are satisfied that the prison appropriately discussed compassionate release with Mr Bumstead.

**Prisons &
Probation**

Ombudsman
Independent Investigations