

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Terrence Redpath a prisoner at HMP Cardiff on 3 December 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 Terrence Redpath died on 3 December 2016 of lung cancer while a prisoner at HMP Cardiff. He was 68 years old. I offer my condolences to Mr Redpath's family and friends.

I am satisfied that Mr Redpath received a standard of care in both Gartree and Cardiff that was equivalent to that he could have expected to receive in the community. Healthcare staff in the Cardiff's inpatient unit provided excellent end of life care and ensured he remained comfortable and pain free.

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

May 2017

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Summary

Events

1. On 27 November 2008, Mr Terrence Redpath was sentenced to life in prison for murder and was sent to HMP Cardiff. On 17 February 2012, he moved to HMP Gartree before returning to Cardiff on 6 October 2016.
2. Mr Redpath had a diagnosis of prostate cancer from 2005, which was treated with radiotherapy. He received a prostap injection every three months to reduce the level of testosterone in his body.
3. On 26 March 2016, Mr Redpath complained to a prison nurse about a lump on the right side of his neck which was not painful. A prison GP made an urgent referral to an Ear, Nose and Throat (ENT) specialist. On 28 April, a CT scan and biopsy revealed that Mr Redpath had lung cancer which was not suitable for active treatment or surgery.
4. Following this diagnosis, Mr Redpath received palliative radiotherapy and chemotherapy treatment. On 6 October, he moved to the inpatient unit at Cardiff for palliative care and to be closer to his family. When Mr Redpath's mobility declined, investigations revealed on 18 October that the cancer had spread to his brain and spine.
5. Healthcare staff concentrated on managing Mr Redpath's pain to ensure he remained comfortable and settled. Mr Redpath's condition continued to decline and healthcare staff regularly reviewed him. He died at approximately 12.55am on 3 December 2016.

Findings

6. When Mr Redpath complained of a lump in his neck, a prison GP referred him for further investigation of his symptoms in accordance with National Institute for Health and Care Excellence (NICE) guidelines, which requires patients with suspected cancer to be seen within two weeks.
7. Overall, the investigation found that Mr Redpath received a standard of care that was equivalent to that he would have expected to receive in the community. Healthcare Inspectorate Wales considered that the care provided after his diagnosis was of an excellent standard.
8. It was appropriate that officers did not restrain Mr Redpath when he went to hospital for appointments and that prison managers allowed his brother to visit him in the inpatient unit.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Cardiff informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
10. The investigator obtained copies of relevant extracts from Mr Redpath's prison and medical records.
11. Healthcare Inspectorate Wales (HIW) reviewed Mr Redpath's clinical care at the prison.
12. We informed HM Coroner for Cardiff and Vale of Glamorgan District of the investigation, who gave us the cause of death. We have sent the coroner a copy of this report.
13. The investigator wrote to Mr Redpath's wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
14. The investigation has assessed the main issues involved in Mr Redpath'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.
15. The initial report was shared with the Prison Service. The Prison Service pointed out a factual inaccuracy and this report has been amended accordingly.

Background Information

HMP Cardiff

16. HMP Cardiff holds around 800 men, mostly from South East Wales. Many of the prisoners come from local courts on remand. Cardiff and Vale University Health Board is responsible for delivering primary, physical and mental health services at the prison. There is a 22 bed healthcare centre providing 24 hour nursing care and a full time doctor's service between 8.00am and 5.00pm every weekday and a 24 hour on call provision.

HMP Gartree

17. HMP Gartree near Market Harborough in Leicestershire holds up to 708 men sentenced to life imprisonment and other indeterminate sentences. Leicestershire Partnership Trust is responsible for delivering primary physical and mental health services in the prison and Northamptonshire Healthcare NHS Foundation Trust runs secondary mental health in-reach services. Nursing staff are available 24 hours a day.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Cardiff was in July and August 2016. Inspectors noted that healthcare complaints were not dealt with confidentially and it was concerning that health services staff were not examining reports from death in custody clinical reviews, which meant that learning opportunities were being missed. Inpatient beds were being used inappropriately for non-clinical reasons. Inspectors found that provision for those prisoners with serious illnesses was good, but there were gaps in service provision for men with emotional issues and mild to moderate mental health problems.
19. The most recent inspection of HMP Gartree was in March 2014. Inspectors were positive about the range and standard of health services. Inspectors found that very good health care was provided in a new health care centre. Good relations had been established with the provider of services and there were good clinical governance arrangements. Prisoners had very good access to the services and were very positive about the quality of care.

Independent Monitoring Board

20. 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 September 2016, the IMB at Cardiff reported that the requirements of an ageing prison population increased the interventions needed by healthcare. The IMB remained concerned about the provision of appropriate end of life care.
21. In its latest annual report, for the year to November 2015, the IMB at Gartree reported that a delay in renewing the healthcare contract had caused some uncertainty but it had been decided that the existing providers would continue until 2017. The IMB was concerned that the growing number of older prisoners and those suffering from terminal illness or in need of operations would create a

major problem in providing staff for escorts. Leicestershire County Council was working closely with the healthcare provider and the prison to help meet the social care needs of a number of older prisoners.

Previous deaths at HMP Cardiff

22. Mr Redpath was the third prisoner to die from natural causes at Cardiff since January 2014. There has been one other natural cause death since Mr Redpath died. There were no significant similarities with the circumstances of the previous deaths.

Findings

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

23. On 27 November 2008, Mr Terrence Redpath was sentenced to life in prison for murder and was sent to HMP Cardiff. On 17 February 2012, he moved to HMP Gartree before returning to Cardiff on 6 October 2016.
24. Mr Redpath was a smoker and did not want to give up. In August 2005, hospital doctors diagnosed Mr Redpath with prostate cancer and treated him with radiotherapy. Throughout his time in prison, a prison GP gave Mr Redpath a prostap injection every three months. This is a synthetic hormone used to reduce the level of testosterone in the body in patients with advanced prostate cancer and is an alternative to surgical castration. Prison GPs also monitored him with regular examinations and blood tests. There was nothing else of significance in his records until April 2015.
25. On 30 April 2015, Mr Redpath had a routine blood test which showed he was slightly anaemic and his iron levels were low. A prison GP examined Mr Redpath the same day and noted he appeared well with no abdominal pain and that he was having regular prostap injections. He told Mr Redpath his anaemia was caused by continuous hormonal therapy and prescribed iron tablets.
26. On 23 June, a routine blood test showed that Mr Redpath's anaemia had not improved. A prison GP referred him to the colorectal clinic at hospital. An appointment took place on 21 September and a colorectal specialist referred Mr Redpath for a colonoscopy (a test to examine the inner lining of the large intestine).
27. On 5 January 2016, Mr Redpath had a colonoscopy with normal results.
28. On 26 March, Mr Redpath complained to a prison nurse about a lump on the right side of his neck which was not painful. She referred Mr Redpath to a prison GP.
29. On 29 March, a prison GP examined Mr Redpath and noted that he had a firm swelling on the right side of his neck which could be caused by swollen lymph glands. The GP made an urgent referral to an Ear, Nose and Throat (ENT) specialist at hospital under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.
30. On 13 April, Mr Redpath saw an ENT specialist at hospital, who referred him for a CT scan. An examination of Mr Redpath's nose and throat was normal.
31. On 28 April, Mr Redpath had a CT scan that revealed a large mass in the right upper lobe of his right lung. On 6 May, the hospital's lung multi-disciplinary team discussed the CT scan results and arranged a biopsy. On 23 May, the biopsy revealed that Mr Redpath had lung cancer. Hospital doctors told Mr Redpath about the results and said an oncologist would see him to discuss his diagnosis.
32. On 14 June, an oncologist and a cancer nurse specialist saw Mr Redpath and told him that he was suffering from lung cancer. The oncologist also told Mr

Redpath that surgery was not possible and his condition was only suitable for palliative treatment. Mr Redpath said he wanted radiotherapy treatment but not chemotherapy due to the side effects.

33. We are satisfied that prison GPs appropriately referred Mr Redpath to secondary care providers for investigation of his symptoms and that he was fully aware of his diagnosis. The care that Mr Redpath received at Gartree was equivalent to that he could have expected to receive in the community.

Mr Redpath's clinical care

34. Between 16 June and 11 July, Mr Redpath went to hospital for radiotherapy treatment. At the end of his treatment, he told an oncologist that he wanted chemotherapy. The oncologist arranged for Mr Redpath to have palliative chemotherapy treatment during August. Prison GPs prescribed pain relief medication.
35. On 6 October, Mr Redpath was moved to HMP Cardiff for palliative care and to be closer to his family. When he arrived at Cardiff, a prison nurse created a care plan to manage Mr Redpath's palliative care, which included ensuring that he received appropriate pain relief and nutrition. Mr Redpath decided he did not want anyone to resuscitate him if his heart or breathing stopped and, the following day, a palliative care consultant completed a form to that effect.
36. On 13 October, a prison GP examined Mr Redpath and noted he was having difficulty walking and used a Zimmer frame. He referred Mr Redpath to hospital for a CT scan of his brain and an MRI scan of his spine. The CT and MRI scans took place on 18 October and revealed that Mr Redpath's lung cancer had spread to his brain and spine.
37. On 27 October, a community palliative care manager assessed Mr Redpath's pain relief and gave prison nurses advice about the use of a syringe driver if Mr Redpath's pain increased.
38. Nurses reviewed Mr Redpath daily to ensure he remained comfortable and pain free. On 11 November, Mr Redpath saw an oncologist and said he did not want palliative treatment for the secondary cancer in his brain and spine.
39. On 26 November, Mr Redpath complained of increased pain and a prison GP decided he needed continuous pain relief using a syringe driver. Nurses provided Mr Redpath with an air mattress and fitted a urinary catheter. Records show that nurses frequently asked Mr Redpath if he was in any pain or discomfort and increased his pain relief when necessary. Mr Redpath often told nurses he was comfortable and pain free.
40. Mr Redpath's condition continued to deteriorate and he died at approximately 12.55am on 3 December. Two prison nurses were with Mr Redpath when he died.
41. We agree with the clinical reviewer that, following his diagnosis, Mr Redpath received an excellent standard of care at Cardiff that was equivalent to that he could have expected to receive in the community.

Mr Redpath's location

42. On 1 August 2016, Mr Redpath saw a prison GP at Gartree to discuss a move on compassionate grounds to a prison nearer to his family. She wrote to the Head of Healthcare and the offender management unit at Cardiff, who agreed that Mr Redpath could move to their inpatient unit after the end of his radiotherapy treatment.
43. On 6 October 2016, Mr Redpath moved from Gartree to Cardiff's inpatient unit where he lived in a single cell. Mr Redpath wished to remain in Cardiff where he felt supported by prison and healthcare staff and was able to receive regular visits from his brother.
44. We are satisfied that Mr Redpath was appropriately located throughout his illness.

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 Redpath travelled outside of Gartree and Cardiff, two officers escorted him and did not restrain him at any time.
47. We are pleased that the managers at both prisons decided not to restrain Mr Redpath at any time and took appropriate account of how his health affected his risk to the public and of escape.

Liaison with Mr Redpath's family

48. On 6 October 2016, the prison appointed a senior nurse manager as a family liaison officer. She visited Mr Redpath in the inpatient unit and offered him support. Mr Redpath asked her to contact his brother, his nominated next of kin, to tell him about his diagnosis. She arranged for Mr Redpath's brother to visit him in the inpatient unit.
49. She continued to provide Mr Redpath with support and arranged regular visits from his brother. During one of these visits, Mr Redpath's brother asked to be telephoned when Mr Redpath died. In line with Mr Redpath's wishes, she telephoned his brother at 8am on 3 December to let him know he had died.
50. She remained in contact with Mr Redpath's brother until his funeral on 20 December. The prison arranged and paid for the funeral in line with national policy.
51. We are satisfied there was good, supportive liaison with Mr Redpath's brother.

Compassionate release

52. 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.

53. When Mr Redpath arrived at Cardiff in October 2016, prison and healthcare staff spoke to him about the possibility of compassionate release. Mr Redpath said he did not want to leave prison and said he felt comfortable there. When his condition deteriorated further in November, prison and healthcare staff discussed compassionate release with Mr Redpath again. He said he did not want to apply for it and was happy that his brother was visiting him regularly in prison.
54. We are satisfied that the prison appropriately discussed compassionate release with Mr Redpath and that they did not apply for it when he chose not to pursue compassionate release.

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