Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Robert Elson a prisoner at HMP Stafford on 15 July 2016

A report by the Prisons and Probation Ombudsman
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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 Robert Elson died on 15 July 2016 of organ failure and an inflamed bowel, caused by bile duct cancer, while a prisoner at HMP Stafford. He was 58 years old. I offer my condolences to Mr Elson's family and friends.

We are satisfied that Mr Elson received a standard of care at the prison equivalent to that he could have expected to receive in the community. Prison doctors referred Mr Elson promptly when he first became ill, enabling specialists to investigate and diagnose him quickly. The whole team discussed and managed his needs guided by the Gold Standards Framework for Palliative 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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **February 2017**

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Summary

Events

1. On 27 March 2014, Mr Robert Elson was sentenced to five years imprisonment for sexual offences and sent to HMP Altcourse. He was transferred to HMP Stafford on 12 May 2014. The nurse who carried out his initial health screen did not note any significant concerns, although Mr Elson smoked cigarettes and was overweight.

2. Although he did not stop smoking, Mr Elson adopted a healthier diet and lost weight. By April 2016, he told a prison GP that he was passing dark urine, pale stools and his skin and eyes were yellowing. The doctor arranged for the hospital to admit him immediately. Investigations by specialists revealed suspected bile duct cancer.

3. Specialists confirmed the cancer was operable. On 16 June Mr Elson missed a pre-operative appointment because hospital staff were unable to accommodate a time change agreed with the prison. The rescheduled appointment took place on 20 June, and on 29 June Mr Elson had the surgery. Unfortunately, he did not recover from the operation and he died in hospital on 15 July 2016 at 3.54am.

Findings

4. The clinical reviewer concluded that prison doctors promptly transferred Mr Elson to hospital when he presented with a collection of concerning symptoms and correctly managed him in line with the Gold Standards Framework for Palliative Care.

5. We note that Mr Elson did miss a pre-operative assessment appointment in June. However, we note that it was the hospital that could not accommodate a same-day time change they had agreed to. This did not delay treatment for Mr Elson.

6. Staff applied a single cuff for Mr Elson's last journey to hospital, and downgraded the restraints to an escort chain (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) when he arrived. The medical records do not indicate that he was displaying particularly severe symptoms at this point. However, the medical risk assessment could have given more information about his condition and the nature of the appointment. Staff removed the escort chain for surgery the next day, and he remained in hospital without being restrained. We do not make any recommendations.

The Investigation Process

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

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

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

10. We informed HM Coroner for Merseyside of the investigation. We have given the coroner a copy of this report.

11. The investigation manager wrote to Mr Elson'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.

12. The investigation has assessed the main issues involved in Mr Elson'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.

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

Background Information

HMP Stafford

14. HMP Stafford is a medium security prison, which holds more than 700 prisoners across seven wings. Care UK provide healthcare services and have done since the end of April 2016. Previous responsibility lay with Staffordshire and Stoke-on-Trent Primary Care Trust. 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

15. 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 healthcare staff 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

16. 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 April 2016, the IMB reported that the prison had settled well following its role change from an adult male prison to a sex offender hub. However, the board were concerned that the prison could not always cope with the pressure brought to bear by an older prisoner population and their associated health demands. In particular, they noted that there was an issue providing escorts for external appointments and bed watches and that healthcare staff were often asked to prioritise appointments. Macmillan Cancer Care funded a full time project manager in the prison who monitored end of life care.

Previous deaths at HMP Stafford

17. Mr Elson's death was the eighth from natural causes at Stafford since January 2014. There are no significant similarities between the deaths.

Findings

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

18. On 27 March 2014, Mr Robert Elson was sentenced to 5 years imprisonment for sexual offences and sent to HMP Altcourse.

19. He was transferred to Stafford, on 12 May 2014, and a nurse carried out an initial health screen. The nurse did not note any significant concerns or concerns about Mr Elson's weight. However he smoked cigarettes and, at 15 stone 7 pounds, his body mass index was over 31 (a healthy BMI should not exceed 25).

20. Since October 2014, Mr Elson attended sessions with the regional health promotion lead and, on 11 November, attended a Wellman Clinic. (A Wellman Clinic is a general health assessment for men over 50 years old.) He declined help to stop smoking, but did light exercise and changed to a more healthy diet. He continued to see the trainer every few months until December 2015 and increased his exercise and fruit and vegetable intake. By 8 December, he weighed 12 stone 12 pounds.

21. On 4 April 2016, Mr Elson saw a prison GP. He said he had had abdominal pain for one week, was passing dark urine, pale stools and the doctor noted his skin and eyes were yellowing. He weighed 12 stone and 6 pounds. The GP arranged for the hospital to admit Mr Elson. He went that day and healthcare staff stayed in contact with the hospital regarding his progress. However, hospital staff were, at times, difficult to get hold of and reluctant to share information with the prison's healthcare staff so the record of his progress is patchy until a nurse went to visit him.

22. A nurse from the prison visited Mr Elson on 19 April and recorded he had a bile blockage, gall stones and a possible tumour that had possibly spread to his liver.

23. The hospital discharged Mr Elson back to the prison on 22 April. The discharge summary said his scan suggested bile duct cancer with a mass also on his liver but further investigations were needed to confirm both. The hospital team planned to refer Mr Elson to the multi disciplinary team at another hospital. Mr Elson was not in any pain when he returned to the prison and staff managed his mild discomfort with paracetemol and gave him nutritional drinks.

24. On 5 May, the other hospital admitted Mr Elson for a biopsy and an examination of his bile and pancreatic ducts. On 24 May, a prison GP recorded retrospectively from 10 May that Mr Elson had cholangiocarcinoma (bile duct cancer). It is not clear where this information came from, but, on 27 May, there is another retrospective note in the records made by Macmillan nurse referring to a multidisciplinary team meeting (MDT) held on 24 May – her note records that Mr Elson's tumour was malignant.

25. On 29 May, the hospital admitted Mr Elson as an inpatient because he had fluctuating blood pressure, a fast heartbeat, and a high temperature. While he was there, on 6 June, he attended an outpatient appointment at the other hospital. At that appointment, a consultant confirmed to Mr Elson that he had

bile duct cancer, and that it was operable. He explained the disease and the procedure to Mr Elson.

26. We do not have any concerns about the diagnosis of Mr Elson's cancer. He had been gradually losing weight over a two year period which staff understandably attributed to his healthier lifestyle, and to which the weight loss could have been partly due. As soon as Mr Elson presented with a collection of concerning symptoms, a prison GP did not delay in arranging Mr Elson's admission to hospital.

Mr Elson's clinical care

27. On 9 June, Mr Elson returned to prison with a gall bladder drain in place. He was self caring and could still manage any discomfort with paracetamol. He was told he could speak to a member of healthcare staff about his medical issues if he wanted to.

28. Mr Elson missed a pre operative assessment appointment at the other hospital on 16 June, (specialists scheduled surgery on his bile duct and other areas for 29 June). The hospital had scheduled the pre-operative appointment for 9.30am and the appointments clerk at the prison phoned the hospital to explain it would be difficult to get him there on time because of when the escort staff started their shift (8.00am). Hospital staff said it would be okay for him to be late but, when Mr Elson arrived at the hospital, staff there could not accommodate the change and rescheduled his pre-operative assessment for 20 June.

29. On 28 June, Mr Elson went to hospital for surgery the next day to remove half of his liver, his entire bile duct and to rebuild a vein that carries blood from the gall bladder to the liver. The surgery lasted 16 hours.

30. The surgery left Mr Elson in a critical condition – a consultant told him beforehand that there was a ten percent risk of death. Mr Elson's organs failed and hospital staff implemented multiple support systems to keep him alive. On 30 June, a consultant told bedwatch staff he did not expect Mr Elson to live for the next 12-24 hours. Healthcare staff at the prison stayed in frequent touch with the hospital and on 11 July, a nurse was told Mr Elson's prognosis was very poor. He had further surgery on 13 July but internal bleeding meant that nothing more could be done for him. The hospital told this to his family.

31. Mr Elson died at 3.54am on 15 July with his wife by his side.

32. We are content that the treatment Mr Elson received was at least equivalent to that he could have expected to receive in the community. Mr Elson discussed his illness with staff, and his condition was not considered terminal until his last admission to hospital. His needs were discussed regularly at the Gold Standards Framework Palliative Care MDT at Stafford, and he seemed to be coping with his own care and any discomfort.

Mr Elson's location

33. Mr Elson lived on the wing in a double cell until he returned to the prison on 9 June, after an admission to hospital. At that point, even though he was self caring and could manage his pain with paracetemol, he moved to a single, larger cell which was still on the wing. There is nothing to suggest that he needed actual assistance with his care or any other measures or equipment to make him more comfortable and we are content that his location was appropriate.

Restraints, security and escorts

34. 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.

35. On 28 June, at 6.45pm, Mr Elson arrived at hospital in preparation for surgery the next day. The medical risk assessment simply said that there were no objections to restraints, but gave no other detail. However, there is nothing in the medical record to suggest he seemed particularly unwell at the time. The security risk assessment said that Mr Elson presented as a low risk to the public, of hostage taking, escape, to hospital staff or victims but a medium risk to females. A prison manager authorised two officers to accompany Mr Elson as he presented a medium risk, and that single cuffs should be applied for the journey to hospital and an escort chain should be used once he arrived. 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.

36. The bedwatch records indicate that Mr Elson went for surgery at 8.30am on 29 June and he was in the operating theatre until the next morning. Restraints were removed before surgery and were not reapplied at any further point.

37. Although the risk assessment process could have been more thorough by including more medical input, and more information as to why overall he was a medium risk when most indicators were low, we do not make a recommendation. There was still a risk of escape and there is no evidence Mr Elson was particularly unwell when he went to hospital. Restraints were removed within 24 hours of his admission to hospital, and were not reapplied. We consider this appropriate.

Liaison with Mr Elson's family

38. On 30 June, prison manager was appointed as the family liaison officer when it became apparent that Mr Elson was in a critical condition after surgery. He contacted Mr Elson's wife and she and other family members were able to visit him. They were with him when he died.

39. The prison manager stayed in touch with Mr Elson's family to offer ongoing support. Mr Elson's funeral was on 11 August and a prison manager attended. The prison contributed towards the costs of the funeral in line with national policy.

Compassionate release

40. 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.

41. From 1 July, the prison started an application for compassionate release. The health records manager recorded that she had tried to call Mr Elson's consultant to no avail. On 7 July, she again recorded that she had not been able to contact him and that she would give the paperwork to escorting officers to see if they could ask him to complete his section, but they were unable to do so. By this point, the probation officer had completed their section and supported release. On 11 July, when a nurse visited the hospital with the paperwork and spoke to two hospital consultants, they were reluctant to fill it in or discuss Mr Elson's condition in much depth. The nurse suggested that perhaps they would feel more comfortable if a prison GP contacted them.

42. On 13 July, the health records manager contacted a consultant physician at the hospital for his opinion regarding Mr Elson's condition and prognosis. He said that Mr Elson had multi-organ failure and he was unlikely to survive although he did not say for how long. The prison GP and the Governor were then able to complete the form and sent the application on 14 July, supporting release. Unfortunately, Mr Elson died in the early hours of 15 July before the application could be processed.

43. We are satisfied that the prison did what they could to apply for compassionate release as soon as it became clear that Mr Elson was unlikely to recover. It is unfortunate that hospital staff were unfamiliar with the process and unable to provide a more prompt response, despite the prison’s efforts.

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