Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Terence Simpson a prisoner at HMP Stafford on 25 September 2017

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.

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 Terence Simpson, a prisoner at HMP Stafford, died in hospital on 25 September 2017 as a result of gastrointestinal bleeding caused by lymphoma (cancer of the lymphatic system). He was 76 years old. We offer our condolences to Mr Simpson's family and friends.

Our investigation found there was a delay of around two months in Mr Simpson's cancer diagnosis because prison healthcare staff did not make an urgent referral to a hospital specialist when they should have done. However, Mr Simpson was diagnosed with advanced cancer and it is unlikely the delay affected the eventual outcome.

The care provided by the prison to Mr Simpson following his cancer diagnosis was of a good standard, equivalent to that which he could have expected to receive in the community.

This version of our report, published on our website, has been amended to remove the names of staff and prisoners involved in our investigation.

Elizabeth Moody
Acting Prisons and Probation Ombudsman **March 2018**

Contents

Summary

Events

1. On 10 October 2011, Mr Terence Simpson was sentenced to 13 years in prison for sexual offences against children. He arrived at HMP Stafford on 1 February 2016.

2. On 2 March 2017, Mr Simpson saw a prison GP because he was suffering from indigestion and acid reflux. The GP prescribed appropriate medication but Mr Simpson's symptoms persisted. On 22 March, he told a nurse that he was struggling to eat standard size portions and had lost weight. The following day, a prison GP made a routine referral to a gastroenterologist.

3. On 23 May, Mr Simpson was seen by a GP after complaining of abdominal pain throughout the night. On 7 June, the prison GP made an urgent referral to a gastroenterologist under the two week wait route for suspected cancer cases.

4. Mr Simpson underwent a gastroscopy (examination of the upper digestive tract) on 29 June, which identified a stomach tumour. Subsequent tests identified that he had non-Hodgkin lymphoma (cancer of the lymphatic system) and blood clots on his lungs. He remained in hospital as an inpatient and started chemotherapy treatment.

5. Mr Simpson was returned to Stafford on 11 August, where an external carer attended to him once a day and he was reviewed by healthcare staff daily. The prison facilitated hospital visits for chemotherapy treatment. No restraints were ever used for his hospital visits.

6. On 17 September, Mr Simpson became unwell and was taken to hospital, where he was diagnosed with a chest and urinary infection. His condition deteriorated and he died in hospital on 25 September. The hospital recorded that he died from a gastrointestinal bleed caused by lymphoma, with pulmonary embolism (blood clots on the lung) and respiratory tract infection being contributory factors.

Findings

7. There was a delay in Mr Simpson's cancer diagnosis. The prison GP should have made an urgent referral under the two week wait route on 23 March, given Mr Simpson's persisting symptoms and weight loss. There was a further delay of two weeks between 23 May, when the GP saw Mr Simpson, and 7 June, when the urgent referral was made. However, Mr Simpson was diagnosed with advanced cancer so it is unlikely that the delay affected the eventual outcome.

8. The care provided to Mr Simpson after his diagnosis was of a good standard, equivalent to that which he could have expected to receive in the community.

Recommendations

- The Head of Healthcare should ensure that prisoners are referred for specialist care under the two week wait process when appropriate and the referral is made within 24 hours of being seen by the GP.

The Investigation Process

9. 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.

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

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

12. We informed HM Coroner for Staffordshire South of the investigation and have sent the coroner a copy of this report.

13. The investigator wrote to Mr Simpson's next of kin to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond.

14. The initial report was shared with the HM Prison and Probation Service (HMPPS). HMPPS identified a factual inaccuracy and this report has been amended accordingly. The HMPPS action plan has been annexed to this report.

Background Information

HMP Stafford

15. HMP Stafford is a medium security prison for adult sex offenders, which can hold around 750 prisoners across seven wings. Care UK has provided healthcare services since April 2016. There are no inpatient facilities. Nurses are on duty daily between 7.30am and 5.30pm and there is a weekday GP service, with on-call GPs outside these hours.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Stafford was conducted in February 2016. Inspectors found that health provision was not consistently meeting the needs of the ageing population. Governance was reasonable overall, with effective working between providers and the prison. The range of primary care services was appropriate and access to nurses and GPs was good. There was a very high need for hospital appointments and at times over a quarter of appointments were cancelled or rescheduled because there were not enough escort staff. Prisoners over 65 and those with mobility problems were not routinely handcuffed for external hospital appointments except when a specific risk had been identified.

Independent Monitoring Board

17. 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 30 April 2017, the IMB reported that healthcare had improved substantially since its last report, with a reduction in waiting lists for internal services, and fewer cancelled escorts for external appointments. The waiting time for GP appointments was comparable to that in the community.

Previous deaths at HMP Stafford

18. Mr Simpson was the eighth prisoner to die from natural causes at Stafford since 1 January 2016. There have been three deaths from natural causes since. In one of our previous investigations, we found there had been a delay in making a referral to a specialist when a prisoner presented with significant weight loss, which resulted in a short delay in their cancer diagnosis.

Key Events

19. On 10 October 2011, Mr Terence Simpson was sentenced to 13 years in prison for sexual offences against children. He spent time at HMP Birmingham and HMP Rye Hill before being sent to HMP Stafford on 1 February 2016.

20. Mr Simpson was prescribed medication for high blood pressure and high cholesterol. He used a walking stick to get around.

21. On 2 March 2017, a prison GP saw Mr Simpson who was complaining of indigestion and acid reflux after eating. The GP prescribed 20mg omeprazole daily (medication that decreases the amount of acid in the stomach).

22. On 22 March, Mr Simpson told a nurse that he was continuing to experience stomach pain after eating and that he was finding it difficult to eat standard size portions. The nurse noted that he had lost 1.8kg in weight. She referred him to the GP.

23. On 23 March, a prison GP saw Mr Simpson who said for the past five months he had been experiencing stomach pain after eating, which eased after around 30 minutes. The GP made a routine referral to the gastroenterology department at the hospital.

24. On 10 May, a nurse saw Mr Simpson in his cell. He was in bed complaining of abdominal discomfort. She referred him for a GP review, but Mr Simpson did not attend the appointment.

25. On 23 May, a nurse saw Mr Simpson in his cell after he had complained of abdominal pain throughout the night. She referred him to the GP. A GP saw Mr Simpson later that day. He told the GP that he had lost 2kg in weight since November and that the left side of his chest and abdomen were sore. The GP arranged for an urgent blood test and a chest X-ray.

26. On 7 June, the GP made an urgent referral to the gastroenterology department under the two-week wait route for suspected cancer cases.

27. On 14 June, Mr Simpson was listed for an urgent gastroscopy (examination of the upper digestive tract (the oesophagus, stomach and duodenum) using an endoscope, a long, thin, flexible tube containing a camera and a light, to view the lining of these organs). However, the procedure was cancelled because Mr Simpson had eaten lunch.

28. On 19 June, Mr Simpson attended hospital for a chest X-ray. There is no record of the findings of the chest X-ray in the prison records or in the hospital consultant's letters.

29. On 29 June, Mr Simpson underwent a gastroscopy, which showed that he had a stomach tumour. Biopsy results suggested high grade non-Hodgkin lymphoma (cancer of the lymphatic system, where white blood cells divide abnormally or do not die when they should). Mr Simpson was admitted to hospital the same day because he had a high heart rate. A computerised tomography pulmonary angiogram (CTPA - a diagnostic test used to obtain an image of the pulmonary

arteries) showed he had bilateral pulmonary emboli (blocked blood vessels in the lungs) and two metastases (malignant growths) in the right lower lobe of the lung.

30. On 3 July, Mr Simpson was given a diagnosis of stomach cancer and multiple clots on his lungs. He remained in hospital as an inpatient. On 13 July, he was diagnosed with non-Hodgkin lymphoma. He underwent two sessions of chemotherapy on 14 July and 2 August as an inpatient.

31. On 11 August, a package of social care was agreed so that Mr Simpson could return to prison with external carers attending once a day. A care plan was put in place to support Mr Simpson to self-care and manage his medication. He was reviewed by healthcare daily.

32. On 21 August, Mr Simpson attended a hospital appointment with the gastroenterology department which had been arranged following the referral made on 23 March. The consultant noted that he had already been diagnosed with lymphoma and there would be no follow up by him.

33. On 24 August, Mr Simpson underwent chemotherapy at the hospital. He attended hospital again on 14 September, but chemotherapy was withheld because his blood pressure was too low.

34. On 17 September, Mr Simpson became unwell. He was seen by a nurse who identified an irregular heartbeat and low blood pressure. She arranged for him to be taken to hospital by ambulance where he was diagnosed with a chest and urinary infection.

35. On 25 September, Mr Simpson's condition deteriorated. Later that day, at around 3.00pm, a hospital doctor pronounced that Mr Simpson had died. The hospital recorded that Mr Simpson had died from a gastrointestinal bleed, which was caused by non-Hodgkin lymphoma, with bilateral pulmonary embolism and a lower respiratory tract infection being contributory factors. The Coroner accepted this cause of death and no post-mortem was conducted.

36. Mr Simpson was not restrained during any of his visits to hospital or at any time during his hospital stays.

Contact with Mr Simpson's next of kin

37. The prison appointed a family liaison officer on 4 July. She contacted Mr Simpson's next of kin on 7 July to inform her of Mr Simpson's condition and maintained regular contact until Mr Simpson's death.

38. The prison held a memorial service for Mr Simpson on 4 October. The prison also arranged the funeral, which took place on 10 October, and contributed to the cost in line with national instructions.

Support for prisoners and staff

39. After Mr Simpson's death, a prison manager debriefed the staff involved to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

40. The prison posted notices informing other prisoners of Mr Simpson's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Simpson's death.

Findings

Clinical care

41. Mr Simpson first presented with indigestion and acid reflux on 2 March. The GP prescribed appropriate medication but Mr Simpson's symptoms persisted. He saw a nurse on 22 March who noted that he was struggling to eat standard size portions and had lost 1.8kg in weight. She referred him to the GP who saw him on 23 March. The GP made a routine referral to the gastroenterology department the same day.

42. The clinical reviewer considers that as Mr Simpson's symptoms were escalating, despite medication, and given he was also experiencing weight loss, these issues should have suggested that cancer was a potential diagnosis and he should have been referred under the two week wait process on 23 March.

43. Mr Simpson's symptoms continued to worsen. On 23 May, he was seen by a prison GP after experiencing abdominal pain throughout the night. The GP arranged an urgent blood test and chest X-ray, but did not make an urgent referral under the two week wait process until 7 June. There was no indication in the records to explain why the GP had waited for two weeks before making the referral. A further delay was caused when the gastroscopy scheduled for 14 June had to be cancelled because Mr Simpson had eaten lunch. The gastroscopy finally took place on 29 June, when a stomach tumour was identified and biopsy results suggested lymphoma.

44. We agree with the clinical reviewer that the prison GP should have referred Mr Simpson to a hospital specialist under the two week wait process on 23 March. The GP's failure to do so, together with the two-week delay between 23 May and 7 June, led to a delay in Mr Simpson's cancer diagnosis. Mr Simpson was diagnosed with advanced cancer and so it is unlikely that the delay affected the eventual outcome. Nevertheless, a timely diagnosis could be critical in future cases and we therefore make the following recommendation:

    The Head of Healthcare should ensure that prisoners are referred for specialist care under the two week wait process when appropriate and the referral is made within 24 hours of being seen by the GP.

45. The clinical reviewer was satisfied that Mr Simpson received a good standard of care from prison healthcare staff after his diagnosis and that this was equivalent to that which he could have expected to receive in the community.

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