

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

**Investigation into the death of  
Mr David Head  
(also known as Mr TJ Mackenzie)  
a prisoner at HMP Leyhill in March 2015**

**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 David Head died from prostate cancer in March 2015, while a prisoner at HMP Leyhill. He was 68 years old. I offer my condolences to Mr Head's family and friends.

Mr Head had been diagnosed with prostate cancer in 2005. In 2011, doctors found the cancer had spread. Subsequently he had surgery and treatment but his condition gradually deteriorated. From October 2014, Mr Head was treated palliatively. I am satisfied that Mr Head received a very good standard of care at Leyhill, at least as good as he could have expected to receive in the community.

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**

**October 2015**

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# Summary

## Events

1. On 18 January 1991, Mr David Head was sentenced to life imprisonment and had spent time at a number of prisons. During his time in prison, Mr Head had had a right hip replacement and been diagnosed with chronic obstructive pulmonary disease (COPD –the term used for a range of serious lung conditions), angina and a hiatus hernia. Doctors prescribed medication for these conditions and he had appropriate care plans.
2. In April 2005, while he was at HMP Wakefield, hospital doctors had diagnosed Mr Head with prostate cancer. They monitored the progression of the cancer and, in June 2011, a test showed the cancer had spread. Mr Head had surgery to remove a section of his prostate gland.
3. Mr Head underwent chemotherapy between February and December 2012. In April 2013, he was moved to HMP Leyhill and, in September 2013, found he had blood in his urine. A CT scan in December showed he had a tumour in the bladder. In May 2014, doctors confirmed his condition was terminal.
4. In July 2014, Mr Head started radiotherapy, but his condition deteriorated. From 21 October, Mr Head was treated palliatively. In December, a prison doctor assessed that Mr Head would not live beyond six weeks. However, his condition stabilised and doctors were unable to give a clear prognosis. A prison family liaison officer supported Mr Head and his family from this point. Members of his family were able to visit him several times at Leyhill.
5. Mr Head remained under the care of Leyhill, who liaised with the hospital oncology department and Macmillan nurses to ensure a good standard of care. Mr Head moved to a specially adapted cell.
6. In February 2015, Mr Head moved to the prison's palliative care unit, as he needed round the clock care. He died in March. His daughter was with him at the time.

## Findings

7. We agree with the clinical reviewer that Mr Head's care in prison was very good and at least equivalent to that he could have expected to receive in the community. At the end of his life, Mr Head received a high standard of nursing care that covered his physical, emotional and spiritual needs. We make no recommendations.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Leyhill, informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.
9. Mr Head also used the name TJ Mackenzie and was known by this name in prison. In this report, we refer to him by his birth name of David Head.
10. NHS England commissioned a clinical reviewer to review Mr Head's clinical care in prison.
11. The investigator obtained and reviewed copies of Mr Head's medical records and relevant extracts from his prison record.
12. We informed HM Coroner for Avon of the investigation, who provided the initial cause of death. We have sent the coroner a copy of this investigation report.
13. Mr Head's daughter received a copy of the draft report. She raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
14. The investigation has assessed the main issues involved in Mr Head'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 Leyhill

15. Leyhill is an open prison in South Gloucestershire, holding 527 category D prisoners who require only minimum security. Some are life-sentenced prisoners preparing for release.
16. Health services are provided at the prison from 7.30am to 4.30pm on weekdays, with an out of hours service at other times. Bristol Community Health provides primary care services and a local NHS centre, Hanham Health, provide GP services. 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 24-hours when occupied.

## HM Inspectorate of Prisons

17. 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

18. 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 at Leyhill was exemplary.

## Previous deaths at HMP Leyhill

19. Mr Head was the fourth prisoner to die of natural causes at Leyhill since the start of 2014. There were no significant similarities with the circumstances of the previous cases. We have consistently found that prisoners received a good standard of palliative care at Leyhill

## Findings

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

20. Mr David Head was sentenced to life imprisonment on 18 January 1991. While in prison, Mr Head had a right hip replacement and was diagnosed with COPD, angina and a hiatus hernia. Doctors prescribed medication for these conditions and he had appropriate care plans.
21. In April 2005, when he was at HMP Wakefield, Mr Head had difficulty urinating. A GP arranged a prostate biopsy and in October 2005, doctors diagnosed prostate cancer. Mr Head had an orchiectomy (removal of testicles). The hospital repeated tests every six months to monitor the progression of Mr Head's cancer.
22. In August 2011, tests indicated that Mr Head's cancer had spread. Over the next two years Mr Head continued to see specialists, had surgery on his prostate gland, and had chemotherapy and radiotherapy. He moved to Leyhill in April 2013 and the oncology department at a hospital took over his care. Some appointments were postponed because of poor communication from the hospital. The prison arranged for a healthcare assistant to accompany Mr Head to appointments, which supported him and improved communication.
23. Healthcare staff at the prison and the hospital monitored Mr Head over the next five months and implemented appropriate care plans. On 11 November, Mr Head reported blood in his urine and a prison GP referred Mr Head urgently to a urology specialist. The hospital arranged an appointment for 28 November, but before that, on 24 November, he was admitted to hospital with blood in his urine and clot retention. After treatment, he went back to the prison on 28 November. On 11 December, a CT scan confirmed Mr Head had cancer in the bladder.
24. On 2 May 2014, the prison received a letter from Mr Head's oncologist saying the cancer had spread. Mr Head's condition was now terminal with a predicted prognosis was 6 to 24 months. The prison's healthcare clinical manager saw Mr Head on 8 May to discuss his condition and prognosis and to offer support.
25. Mr Head had longstanding cancer when he arrived at Leyhill. We are satisfied that he was kept informed of his condition and treatment and the changing diagnoses. In May 2014, he was appropriately informed and supported when his condition reached a terminal stage.

### Mr Head's medical treatment

26. After his terminal diagnosis, healthcare staff implemented care plans to ensure Mr Head's pain and treatment were well managed. Nurses and GPs saw him frequently to review and monitor his condition.
27. On 4 July, Mr Head started a course of radiotherapy to help reduce his pain. Ten days after treatment started, he became unwell and was unable to get out of bed

unaided. He was given a wheelchair. A prison GP diagnosed right sided sciatica and sent him to hospital, where he was treated and returned to Leyhill on 27 July.

28. On 23 September, Mr Head was unable to stand and was taken to hospital. An MRI scan showed the cancer had spread to his spine. A multidisciplinary meeting was held at the hospital on 21 October. A healthcare support worker went with Mr Head and doctors told him that the mass in his pelvis had increased in size. Healthcare staff implemented care plans to ensure Mr Head's pain relief and symptoms were well managed.
29. On 24 October, Mr Head agreed with a prison GP that he did not want to be resuscitated if his heart or breathing stopped. He signed an order to confirm his decision. On 28 October, Mr Head told a prison GP and a nurse that he was happy with the care he was receiving and that his pain was well controlled.
30. At his request, Mr Head was baptised on 6 November. He said he felt more positive and at peace after this. Mr Head completed a living Will and prison staff helped him decide his funeral arrangements.
31. On 2 December, a prison GP prescribed fentanyl patches for pain relief as Mr Head was having difficulty taking oral medication. Healthcare staff continued Mr Head's palliative care and liaised with the hospital and Macmillan nurses for specialist advice when necessary.
32. On 8 December, a prison GP recorded that Mr Head's condition was deteriorating and that his prognosis was a matter of weeks. However, over the next month, his condition stabilised and doctors were unable to give a clear prognosis.
33. From January 2015, Mr Head's health began to decline further. On 16 February, as his health deteriorated, Mr Head moved to the prison's palliative care unit and district nurses installed a syringe driver to manage his pain relief. Mr Head died in the palliative care unit in March.
34. We agree with the clinical reviewer that Mr Head's condition was well managed at Leyhill and his care was equivalent to that he could have expected to receive in the community. He had appropriate care plans to manage his treatment and prison healthcare staff worked well with hospital staff and Macmillan nurses to ensure he received appropriate pain relief.

### Mr Head's location

35. There is no inpatient unit at Leyhill, and healthcare staff cared for Mr Head on his wing. When necessary, he was appropriately admitted to hospital. Staff discussed the suitability of Mr Head's location at weekly care review meetings. As his health deteriorated, Mr Head moved to a specially adapted room for prisoners who are seriously ill. He had a hospital bed, and bars on the wall helped him move around the room.

36. When Mr Head reached the final stages of his life, he moved into the prison's palliative care unit and had 24-hour care. He remained there until he died in March 2015.
37. We are satisfied that Mr Head was appropriately located at Leyhill, throughout his illness.

### **Restraints, security and escorts**

38. As a category D prisoner in an open prison, Mr Head was released on temporary licence for his medical appointments. For support and to help effective communication about his care, he was sometimes accompanied by a member of healthcare staff, but no restraints were used.

### **Liaison with Mr Head's family**

39. Mr Head was in frequent contact with his family throughout his illness. When his health deteriorated in early December 2014, an officer acted as the prison's family liaison officer. On 9 December, the officer phoned Mr Head's brother and one of his sisters to inform them of his deteriorating condition. He also telephoned Mr Head's daughter, who he had named as his next of kin. Mr Head's family were able to visit him at Leyhill a number of times before his death. His daughter was with him when he died.
40. Mr Head's funeral was on 23 March. The prison contributed towards the cost in line with national policy.
41. We are satisfied there was good liaison with Mr Head's family.

### **Compassionate release**

42. Exceptionally, prisoners can be released from prison before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness, have a life expectancy of less than three months and fulfil other criteria. Applications for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS).
43. The prison did not initially consider compassionate release because Mr Head had a parole hearing scheduled for October 2014, which would consider his suitability for release. The prison started investigating options for where Mr Head might live, including approved premises (probation hostels) and care homes. However, the Parole Board required further information to support his application, including about his health and level of care needed on release, so postponed the hearing.
44. On 9 December, a doctor assessed that Mr Head would not live beyond six weeks. However, Mr Head's condition then stabilised and his prognosis became

less clear. Because there was no clear prognosis the prison was not able to apply for compassionate release.

45. Mr Head's parole hearing eventually went ahead on 18 February 2015, by which time he was in the final stage of his life. Parole was granted subject to finding suitable accommodation. Sadly, Mr Head died before any suitable accommodation was found.
46. We are satisfied that the prison appropriately considered compassionate release, which would have required the approval of the Parole Board.

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