Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roy Weston a prisoner at HMP Standford Hill on 6 July 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*

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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.

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 Roy Weston died on 6 July 2017 of prostate cancer at a nursing home while a prisoner at HMP Standford Hill. He was 74 years old. I offer my condolences to Mr Weston's family and friends.

Mr Weston received a good standard of care at Standford Hill and his previous prison, HMP Elmley. We are satisfied that the care he received was equivalent to that which he could have expected in the community.

However, requests for follow up healthcare appointments at Standford Hill and Elmley need to be acted upon promptly. We are also concerned that an application for compassionate release was not progressed more quickly.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman **December 2017**

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Summary

Events

1. In August 2016, Mr Roy Weston was sentenced to four years imprisonment for theft and sent to HMP Elmley. He had already been diagnosed with terminal prostate cancer and was receiving palliative care.

2. On 16 September, a prison GP requested a blood test to check Mr Weston's average blood sugar level and booked him a GP review. However, Mr Weston failed to attend appointments on 19 and 26 September. Healthcare staff made no reference to Mr Weston's blood sugar level until 25 October, when he reported smelly urine to nurses and they took blood sugar readings resulting in a diagnosis of type 2 diabetes.

3. On 11 November, Mr Weston was moved to HMP Standford Hill. Over the next three months staff created care plans, liaised with palliative care specialists and arranged for Mr Weston to attend a hospice for one day a week.

4. On 1 February 2017, a prison GP saw Mr Weston for a review and requested a series of blood tests. The test results indicated that Mr Weston was anaemic and a GP requested a follow up appointment. However, there is no record that healthcare staff followed this up, despite a GP seeing Mr Weston for a pain review on 17 February. On 21 February, Mr Weston was sent to hospital following a decline in his overall health and he had a blood transfusion to treat anaemia.

5. On 5 May, Mr Weston was sent by emergency ambulance to hospital after a decline in his health. Mr Weston's health deteriorated further in hospital and he was transferred to a nursing home for end of life care on 16 June. Mr Weston died there, with his family present, on 6 July.

Findings

6. We are satisfied that prison healthcare staff managed Mr Weston's medical conditions well. They made appropriate referrals, reviewed him frequently and treated his conditions accordingly. Palliative care was good and Mr Weston was involved in decisions about his care. The clinical reviewer considered that Mr Weston's care was equivalent to that which he could have expected to receive in the community. However, we are concerned that healthcare staff at Elmley and Standford Hill did not consistently follow up on abnormal blood test results.

7. We are also concerned that an application for release on compassionate grounds was not progressed quickly enough.

Recommendations

- The Heads of Healthcare at HMP Elmley and HMP Standford Hill should ensure that prompt action is taken to address abnormal test results, including when prisoners with potentially serious abnormalities do not attend follow-up appointments.

- The Governor of Standford Hill should ensure that applications for early release on compassionate grounds are progressed without delay.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Standford Hill informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

9. The investigator obtained copies of relevant extracts from Mr Weston's prison and medical records and visited Standford Hill on 15 August 2017.

10. The investigator interviewed one member of staff by telephone on 20 September.

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

12. We informed HM Coroner for Kent and Medway of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

13. The investigator wrote to Mr Weston'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 Weston'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 HM Prison Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HM Prison Elmley

16. HMP Elmley is a local prison on the Isle of Sheppey, which serves the courts in Kent. It holds more than 1,200 men in five wings, with a mixture of single, double and triple cells. Integrated Care 24 Ltd (IC24) provides primary healthcare services, with input from Minster Medical Group. The prison's healthcare centre includes a 29-bed inpatient unit.

HM Prison Standford Hill

17. HMP Standford Hill is an open prison on the Isle Sheppey, Kent, holding up to 464 male prisoners. As an open prison, prisoners are routinely trusted to travel on their own to work placements and hospital appointments. IC24 Integrated Care provides primary healthcare at Standford Hill. There is nursing cover between 8.00am and 5.00pm from Monday to Friday. Healthcare staff are not on duty overnight or at weekends, although an out of hours service is available. Minster Medical Group provides GP cover on Mondays, Wednesdays and Fridays.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Elmley was in November 2015. Inspectors reported that healthcare services at the prison had improved since the last inspection in June 2014 and were generally good. The inpatient unit provided good care for prisoners with the most acute needs, though general access to healthcare services remained a problem.

19. The most recent inspection of HMP Standford Hill was in June 2015. Inspectors reported that they received mixed reviews of healthcare provision from prisoners, although they judged healthcare services to be reasonably good. There was an appropriate range of primary care services available to prisoners and most waiting times were acceptable.

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.

21. In its latest annual report, for the year to October 2016, the IMB at Elmley reported concern that the number of prisoners who did not attend healthcare appointments remained a problem, but new systems were starting to improve the situation.

22. In its latest report, for the year to March 2017, the IMB at Standford Hill reported that healthcare staff provide a good and efficient service to prisoners. The IMB also noted that a triage system for prisoners who wish to see a doctor or dentist without an appointment, was working well.

Previous deaths at HMP Standford Hill

23. Mr Weston was the second prisoner to die of natural causes at Standford Hill since January 2017. There were no significant similarities between these deaths.

Findings

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

24. On 26 August 2016, Mr Roy Weston was sentenced to four years imprisonment for theft and was sent to HMP Elmley. He had been diagnosed with terminal cancer prior to his arrival at prison.

25. At an initial reception screen, a nurse recorded that Mr Weston suffered from terminal prostate cancer and that various treatments to slow the progression of the disease had been unsuccessful. She reviewed a letter written by his community GP outlining his medical conditions and a prison GP saw him for a review. The GP noted that Mr Weston's prostate cancer had spread to his bones and that he was receiving palliative care (a specialist type of care that aims to treat or manage pain for people nearing the end of life). He prescribed appropriate medication and requested more information from Mr Weston's community GP and hospice team.

Mr Weston's clinical care

26. On 27 August, a nurse saw Mr Weston for a secondary reception screen and confirmed the details of his community GP. The same day, a prison GP reviewed Mr Weston's pain relief medication and prescribed buprenorphine (20 micrograms/hour 7-day patch) and morphine sulphate solution (10mg/5ml). On 11 September, a nurse manager attended a care planning meeting and noted that Mr Weston agreed to a Do Not Attempt Cardiopulmonary Resuscitation Order (DNACPR – which means that in the event of cardiac or respiratory arrest no attempt at resuscitation will be made). Staff requested a series of blood tests and referred Mr Weston to the prison's palliative care clinic. They also advised him to request additional morphine to treat breakthrough pain, when required.

27. On 16 September, a prison GP reviewed Mr Weston's blood test results and noted a raised glucose level, which she associated with dexamethasone (a steroid medication). She suggested a specific blood test to check Mr Weston's average blood sugar level over recent months and booked him a review, but he failed to attend his appointments on 19 and 26 September. A healthcare assistant saw him on 28 September, but made no reference to his abnormal blood test. On 25 October, Mr Weston reported smelly urine to a nurse, who took a random blood sugar reading. Another nurse took a second reading and recorded a high blood sugar level (22.9mmol/l), which was sufficient to diagnose Type 2 diabetes. A prison GP reviewed Mr Weston later that day and prescribed metformin and gliclazide (diabetes medication).

28. Mr Weston was moved to HMP Standford Hill on Friday 11 November. On Monday 14 November, a nurse conducted an initial reception screen and a GP prescribed appropriate medication. Over the next three weeks, healthcare staff created a comprehensive care plan and liaised with prison staff about Mr

Weston's care needs. They arranged for him to see a specialist palliative care nurse and prison staff issued him with a temporary licence to attend a hospice one day a week. On 8 December, Mr Weston told a nurse that he had discussed his DNACPR with his family and decided that he wanted it removed. The nurse informed prison staff of his decision.

29. On 1 February 2017, a prison GP saw Mr Weston for a review and prescribed co-amoxiclav (an antibiotic) to treat a urinary tract infection. He also requested a series of blood tests, which indicated that Mr Weston had anaemia (a condition caused by a lack of iron in the body). The GP recorded the results and requested a follow up GP appointment, but there is no record of this taking place. On 17 February, a prison GP saw Mr Weston to review his back pain but did not record any discussion about anaemia. Mr Weston's condition continued to deteriorate and on 21 Februay, staff arranged for his emergency transfer to hospital. Hospital staff admitted Mr Weston for a blood transfusion to treat anaemia and he was returned to Standford Hill the following day.

30. Mr Weston's general health continued to deteriorate over the next three months and healthcare staff monitored and reviewed him frequently. They held multidisciplinary review meetings, prescribed appropriate pain relief medication and sent him to hospital for emergency treatment when required. On 5 May, prison staff noticed that Mr Weston appeared drowsy and arranged for two nurses to see him in his cell. A nurse noted that Mr Weston had high blood pressure (70/50) and a high blood sugar level (1.4mmols/l) and requested an emergency ambulance. Mr Weston was reluctant to leave prison, but they decided to proceed with the transfer due to his condition and the immediate threat to life.

31. Mr Weston was taken to hospital, where he was admitted and treated for a urinary tract infection and obstructive uropathy (a condition that prevents urine passing from the kidneys to the bladder). Prison healthcare staff kept in frequent touch with the hospital for updates and liaised with specialists when it became apparent that Mr Weston's health had deteriorated to the extent that they could no longer meet his care needs at Standford Hill. On 7 June, a nurse recorded that Mr Weston had been referred to a nursing home for end of life care. On 16 June, Mr Weston was transferred to a nursing home, with a DNACPR from the hospital in place. Prison staff maintained regular contact with the care home for updates. Mr Weston died at the care home on 6 July.

32. The clinical reviewer considered that the overall care Mr Weston received while in prison was equivalent to that which he could have expected to receive in the community. Staff put in place care plans, prescribed appropriate medication and involved Mr Weston in decisions about his ongoing treatment and care.

33. However, the clinical reviewer considered that healthcare staff at both prisons did not consistently follow up on abnormal blood test results. While these do not appear to have affected Mr Weston's overall care, in other cases it could be crucial. We therefore make the following recommendation, which applies to both Elmley and Standford Hill:

The Heads of Healthcare at HMP Elmley and HMP Standford Hill should ensure that prompt action is taken to address abnormal test results,

including when prisoners with potentially serious abnormalities do not attend follow-up appointments.

Mr Weston's location

34. Prison staff at Standford Hill allocated Mr Weston a ground floor cell and later provided him with a walkie-talkie so that he could easily communicate with staff when he required assistance. As his condition deteriorated and his care needs increased, healthcare staff clearly communicated the limitations of the care they could provide in prison, prompting his transfer to a nursing home.

35. We are satisfied that Mr Weston's location was appropriate throughout his time in custody.

Restraints, security and escorts

36. When prisoners have to travel outside 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.

37. We note that officers, appropriately, did not restrain Mr Weston. We are satisfied that the prison provided him with an appropriate temporary licence when required.

Liaison with Mr Weston's family

38. On 23 November, the prison appointed the duty manager as family liaison officer and the managing chaplain as the deputy. The duty managers and the chaplain made frequent contact with Mr Weston's son to provide him with updates on Mr Weston's condition and to let him know when his father had been taken to hospital. The prison also supported the maintenance of family ties by providing Mr Weston with a temporary licence that allowed him to have a number of home visits.

39. At 7.45pm, on 5 July, a member of nursing home staff contacted a Supervising Officer (SO) and told him that Mr Weston's health had deteriorated to such an extent that he was unlikely to make it through the night. The SO made contact with Mr Weston's wife and arranged for a taxi to take her to the nursing home. Mr Weston's wife and sister-in-law were with him when he died.

40. At 12.10pm, on 6 July, the chaplain contacted Mrs Weston by telephone to offer his condolences and arranged to visit her at her home address, later that afternoon. He provided ongoing support until Mr Weston's funeral, which he conducted, on 1 August 2017. The prison contributed towards the cost, in line with national policy.

41. We are satisfied that there was appropriate liaison with Mr Weston's family.

Compassionate release and release on temporary licence

42. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000. Among the criteria is that the risk of reoffending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of Her Majesty's Prison and Probation Service (HMPPS).

43. On 6 April, a nurse wrote to Mr Weston's oncologist to confirm his terminal diagnosis and to request an updated prognosis. Two weeks later, the oncologist responded stating that Mr Weston had a life expectancy of less than 12 months. She could not provide a more accurate life expectancy as she had not seen him for a year. The prison Governor authorised the early release application on 18 May, but staff did not send it to PPCS until 7 June. The prison manager overseeing the early release process could not provide the investigator with an explanation for the delay.

44. On 7 June, a PPCS manager informed the prison that they could not continue with their review of Mr Weston's application until they had a more specific prognosis. On 21 June, a member of staff from PPCS contacted the prison for an update but there is no record of a response. A nurse requested a new prognosis from staff at the hospital on 30 June, although staff do not appear to have obtained this information before Mr Weston died. She told us that she was on annual leave during this period and that there was some uncertainty as to who should provide the prognosis, which caused a delay.

45. Following the initial request for an up to date prognosis, Mr Weston's condition deteriorated to the extent that he required a prolonged hospital admission and transfer to a nursing home for end of life care, so the need for urgency should have been increasingly apparent. However, after eight weeks prison staff had still not provided PPCS with an accurate prognosis. A clear medical opinion on life expectancy is essential to the early release process and we consider that staff at Standford Hill should have been more proactive in obtaining a prognosis. While we recognise the outcome might still have been the same, we consider the application should have been progressed more quickly. We make the following recommendation:

    The Governor should ensure that applications for early release on compassionate grounds are progressed without delay.

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