

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Daniel Clark a prisoner at HMP Wakefield on 7 February 2018

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.

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 Daniel Clark died on 7 February 2018 of lung cancer while a prisoner at HMP Wakefield. He was 71 years old. I offer my condolences to those who knew him.

Mr Clark received a good standard of clinical care at Wakefield where healthcare staff monitored his condition and reviewed him frequently. Staff treated Mr Clark with respect and agreed an appropriate end of life care plan.

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

July 2018

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1. Clinical review

Summary

Events

1. In April 2004, Mr Daniel Clark was sentenced to life in prison for sexual offences. He was moved to HMP Wakefield in February 2009. He had a history of poor health.
2. On 13 July 2017, Mr Clark told a prison GP he had chest pain and the GP referred him to a specialist. Following investigations, on 23 October, a specialist told Mr Clark he had advanced lung cancer. It was inoperable and the specialist offered palliative radiotherapy, which Mr Clark accepted.
3. Healthcare staff reviewed Mr Clark frequently and prison staff facilitated his hospital appointments. On 20 December, nurses created an end of life care plan. Mr Clark wished to remain on the wing and prison staff arranged a prisoner carer to support him.
4. Healthcare staff reviewed Mr Clark's end of life care plan frequently, prescribed appropriate medication and liaised with palliative care specialists for advice and support.
5. On 4 February 2018, Mr Clark was moved to the prison's healthcare unit where nurses provided 24 hour nursing care. At 8.15am on 7 February, a nurse checked on Mr Clark and noted he had stopped breathing and did not have a pulse. At 8.20am, a GP confirmed that Mr Clark had died.

Findings

6. The clinical reviewer found that Mr Clark received a good standard of clinical care at Wakefield. Healthcare staff followed specialist advice, reviewed him frequently and treated his condition appropriately. Palliative and end of life care was good. We are satisfied that the care Mr Clark received was equivalent to that which he could have expected to receive in the community. We make no recommendations.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Wakefield 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 Clark's prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Clark's clinical care at the prison.
10. We informed HM Coroner for Wakefield of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
11. Mr Clark did not have any contact with his family and gave the prison no next of kin details.
12. The investigation has assessed the main issues involved in Mr Clark'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 HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HM Prison Wakefield

14. HMP Wakefield is a high security prison and holds up to 750 men. There are four main residential wings, a healthcare centre, a segregation unit and a close supervision centre (a small unit aiming to provide a supportive, safe, structured and consistent environment for some of the most challenging offenders).
15. Care UK took over all healthcare provision at Wakefield on 1 April 2016. Prior to this, Spectrum CIC (Community Interest Company) provided primary healthcare services during normal working hours and Humber NHS Foundation Trust (intermediate care) employed the nurses in the inpatient unit, which provides overnight and weekend care for prisoners with physical health problems. There is a dedicated palliative care suite in the healthcare unit.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Wakefield was in July 2014. Inspectors found that health services were good overall but some parts of the healthcare environment, including the inpatient unit, were poor. Primary care services were very good and had an appropriate emphasis on the care of patients with long-term conditions.

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 end of life care was of a very high standard at HMP Wakefield. Staff were proud to hold the Macmillan Quality Environment Mark, The Butler Trust Certificate, and had been shortlisted for the Palliative Care Team of the Year award. Staff had ensured that patients and their relatives were treated with dignity and compassion at all times.

Previous deaths at HMP Wakefield

18. Mr Clark was the twentieth prisoner to die at HMP Wakefield since February 2015. All were due to natural causes. There were no similarities between Mr Clark's death and previous deaths at Wakefield.

Findings

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

19. Mr Daniel Clark was serving a life sentence for sexual offences and had been at HMP Wakefield since 12 February 2009. He had a history of ischaemic heart disease, high blood pressure, chronic obstructive pulmonary disease (COPD - a collection of lung diseases including chronic bronchitis and emphysema), type 2 diabetes and angina. Prison GPs prescribed medication to treat his medical conditions. Mr Clark was a long-term smoker and declined help to stop. Healthcare staff saw him regularly and hospital specialists monitored his cardiac and respiratory conditions.
20. On 13 July 2017, a prison GP examined Mr Clark who complained of tenderness across his chest and shoulders. The GP made an urgent referral to a chest specialist under the NHS pathway that requires patients with suspected cancer to be seen by a specialist within two weeks.
21. On 25 July, Mr Clark had a chest X-ray at Pinderfields General Hospital. A prison GP saw Mr Clark to review the results on 7 August and noted that they were normal. Mr Clark told the GP his chest pain had not improved. The GP arranged for Mr Clark to have a D-dimer test (a blood test to establish if a patient has developed a blood clot) and made an urgent referral for a computerised tomography (CT) scan (which uses X-rays and a computer to create detailed images of the inside of the body).
22. On 8 August, the results showed that Mr Clark had a possible pulmonary embolism (a sudden blockage of a major blood vessel in the lung usually caused by a blood clot). A prison GP arranged for an ambulance to take Mr Clark to Pinderfields General Hospital, Wakefield. Mr Clark had a chest X-ray with normal results. The next day, Mr Clark returned to hospital for a CT Pulmonary Angiogram (CTPA - a computed tomography test to obtain an image of the arteries in the lungs). The results showed that Mr Clark did not have a pulmonary embolism.
23. On 10 August, Mr Clark had a CT scan. On 15 August the lung cancer multidisciplinary team (MDT) at Pinderfields General Hospital discussed the results of the CT scan. The results revealed a soft tissue mass in Mr Clark's chest cavity, and abnormalities in his adrenal gland and sternum. The MDT concluded that Mr Clark needed a biopsy in his sternum to determine the best treatment option, which was likely to be palliative radiotherapy.
24. On 16 August, nurses referred Mr Clark to the community palliative care team who provided advice on suitable pain relief. On 25 August, nurses placed Mr Clark on a palliative care register and created a palliative care plan.
25. On 23 August, a prison GP discussed the results of the CT scan and other investigations with Mr Clark. The GP told Mr Clark an oncologist (cancer specialist) would see him to explain his diagnosis.
26. On 14 September, Mr Clark refused to attend Pinderfields General Hospital for a biopsy because he felt unwell. On 15 September, a prison GP saw Mr Clark

to discuss his wishes about resuscitation. Mr Clark said he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.

27. On 21 September, Mr Clark went to hospital to see a consultant oncologist. During the appointment he felt unwell with chest pain and the consultant admitted Mr Clark to hospital where he was treated with intravenous antibiotics and fluids. On 22 September, Mr Clark had a biopsy in his sternum. He returned to Wakefield on 26 September.
28. On 3 October, the lung cancer MDT discussed Mr Clark's condition and noted the results of the biopsy were inconclusive. The MDT made a referral to the consultant oncologist to decide if Mr Clark needed another biopsy and to establish if Mr Clark was suitable for palliative radiotherapy.
29. On 23 October, the consultant oncologist saw Mr Clark and confirmed the diagnosis of advanced lung cancer. He said that the cancer was inoperable and offered palliative radiotherapy, which Mr Clark accepted.

Mr Clark's clinical care

30. On 1 November, nurses updated Mr Clark's palliative care plan to include his planned radiotherapy treatment and staff arranged a prisoner carer to support Mr Clark on the wing. Prison GPs prescribed morphine sulphate, oramorph (liquid morphine) and a fentanyl patch to manage Mr Clark's pain.
31. Throughout November, Mr Clark had four sessions of radiotherapy treatment at St James's University Hospital.
32. On 27 November, a community palliative specialist saw Mr Clark to assess his pain relief medication. She prescribed medication for nausea.
33. When Mr Clark's condition deteriorated on 20 December, nurses created an end of life care plan to ensure Mr Clark remained comfortable and pain free. Healthcare staff reviewed Mr Clark frequently and discussed his case at regular Gold Standard Framework Meetings (GSF – a systematic, evidence-based approach to support and palliative care).
34. On 4 February 2018, Mr Clark was moved to the healthcare unit where he received 24 hour care. The community palliative specialist provided support to healthcare staff to ensure Mr Clark was not in pain. A prison manager agreed to leave Mr Clark's cell door unlocked, making it easier for nurses to provide him with end of life care.
35. At 8.15am on 7 February, an officer asked a nurse to check on Mr Clark. The nurse went to Mr Clark's cell and found that Mr Clark had stopped breathing and did not have a pulse. At 8.20am a prison GP confirmed that Mr Clark had died.
36. The clinical reviewer considered that Mr Clark received a good standard of care at Wakefield. Healthcare staff managed his terminal illness well and followed instructions from specialists regarding his palliative and end of life care. Staff planned his care using the Gold Standards Framework, prescribed appropriate

medication and supported his wish to remain independent. The clinical reviewer has made two recommendations that the head of healthcare will need to consider, but we do not repeat them in this report.

37. Overall, we are satisfied that the care Mr Clark received was equivalent to that which he could have expected to receive in the community.

Mr Clark's location

38. Mr Clark lived in a single cell on C wing. After his lung cancer diagnosis, staff asked if he wanted to move to the healthcare unit to enable nurses to monitor him closely. Mr Clark said he wanted to remain on the wing where he felt supported by his friends and could remain mostly independent. Staff arranged for Mr Clark's prisoner carer to live in the cell next door.
39. On 4 February 2018, Mr Clark agreed to move to the prison's healthcare unit. Staff arranged for prisoners to visit him in the healthcare unit. We are satisfied that Mr Clark was appropriately located while at Wakefield.

Restraints, security and escorts

40. 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.
41. When Mr Clark was taken to hospital on 4 October 2017, a prison manager decided that two officers should escort him using an escort chain (an escort chain is a long chain with a handcuff at each end, one of which is attached to a prison officer). Mr Clark was a category B offender (prisoners who do not require maximum security, but for whom escape must be made very difficult) and had committed serious sexual offences against children. Mr Clark had not completed any offending behaviour work to reduce his risk of re-offending.
42. A full risk assessment indicated that Mr Clark presented a high risk to the public and a medium risk to hospital staff. Mr Clark's condition did not affect his mobility and there were no medical objections to the use of restraints. The medical section highlighted that restraints may need to be removed during the scan.
43. The escort risk assessment remained in place when Mr Clarke started his radiotherapy treatment on 2 November. A prison manager authorised the removal of the escort chain during Mr Clark's treatment.
44. We are satisfied that the prison's use of restraints was appropriate.

Liaison with Mr Clark's family

45. On 25 August, the prison appointed an officer as Mr Clark's family liaison officer. He stayed in contact with Mr Clark and regularly discussed his wishes with him. Mr Clark told him he was not in contact with any of his family and did not have a

next of kin recorded in his prison record. Mr Clark said he did not want him to make further enquiries about his family.

46. On 8 November, the family liaison officer asked Mr Clark again if he wanted him to make enquiries about his family. Mr Clark confirmed he did not want any contact with his family. The family liaison officer saw Mr Clark regularly and offered him support.
47. Mr Clark's funeral was held on 23 March 2018. The prison arranged and paid for the funeral costs in line with national policy.

Compassionate release

48. 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.
49. Staff started an application for early release on compassionate grounds on 25 August 2017 and submitted Mr Clark's application on 13 September. The Public Protection Casework Unit (PPCS) of the Ministry of Justice (MOJ) asked the prison to re-submit Mr Clark's application once a specialist had provided a clear opinion about Mr Clark's life expectancy.
50. On 21 November, the prison resubmitted Mr Clark's application. On 21 November, PPCS refused Mr Clark's application. Their reasons included the nature of Mr Clark's offending and the lack of suitable accommodation and financial support.
51. We are satisfied that Wakefield appropriately considered early release.

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