

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Maurice Stanton a prisoner at HMP Wakefield on 15 December 2016

**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 Maurice Stanton died on 15 December 2016 at HMP Wakefield of bronchopneumonia caused by advanced cancer. He was 80 years old. I offer my condolences to Mr Stanton's family and friends.

Mr Stanton entered prison with prostate cancer, but he refused ongoing treatment and follow up appointments. Healthcare staff regularly saw Mr Stanton to encourage him to accept treatment, and they sent him to hospital when his condition deteriorated. I am satisfied that the care Mr Stanton received was equivalent to what he would have expected to receive within the community and that he received compassionate end of life 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

June 2017

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Summary

Events

1. On 5 August 2016, Mr Maurice Stanton was sentenced to 27 years imprisonment for historic sexual offences and was sent to HMP Manchester. He transferred to HMP Wakefield on 1 November 2016.
2. Prior to entering custody, Mr Stanton had been diagnosed with prostate and bowel cancer, and part of his bowel had been removed. In June 2016, Mr Stanton had refused ongoing oncology treatment and appointments. He reiterated this refusal once in custody. Mr Stanton had reduced mobility and needed a walking stick but with the exception of needing help with meals, he was otherwise independent.
3. On 8 November, Mr Stanton saw a prison GP and told her that he did not want treatment for his prostate cancer or to be resuscitated if his heart or breathing stopped. The GP completed an order to that effect and referred Mr Stanton to the mental health team.
4. Four days later, Mr Stanton saw a mental health nurse and told her that he accepted he would die in prison. The nurse decided that he was not suicidal or anxious so decided to take no further action.
5. On 1 December, Mr Stanton appeared frail, complained of a persistent headache and had vomited with traces of blood. Mr Stanton agreed to be admitted to the prison healthcare unit.
6. On 6 December, a prison GP noted that Mr Stanton's kidney and liver function had declined, so sent him to hospital. Hospital doctors diagnosed pneumonia and treated Mr Stanton with intravenous antibiotics. He was discharged later that day.
7. The following day, Mr Stanton complained of right sided pain. A visiting respiratory consultant referred him to hospital for a stomach and chest x-ray under the NHS pathway plan which requires patients with suspected cancer to be seen within two weeks.
8. On 9 December, Mr Stanton's health deteriorated further, so a GP sent him to hospital. While in hospital, doctors diagnosed Mr Stanton with chest and liver metastases (when cancer cells spread away from the primary site of origin). Mr Stanton was too ill for treatment and arrangements were made for him to return to the prison's palliative care suite on 12 December.
9. Mr Stanton's health rapidly declined and he died at 5.19pm on 15 December.

Findings

10. We are satisfied that prison doctors appropriately referred Mr Stanton for specialist investigations, so there was no delay in his diagnosis and treatment. Once diagnosed, healthcare staff provided personal palliative care plans, which meant that the care Mr Stanton received at Wakefield was equivalent to that he could have expected to receive in the community.

The Investigation Process

11. 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.
12. The investigator obtained copies of relevant extracts from Mr Stanton's prison and medical records.
13. NHS England commissioned a clinical reviewer to review Mr Stanton's clinical care at the prison.
14. We informed HM Coroner for Wakefield of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
15. The investigator wrote to Mr Stanton's wife, his next of kin, to explain the investigation and to ask if she had any matters they wanted the investigation to consider. She did not respond to our letter.
16. The investigation has assessed the main issues involved in Mr Stanton'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.
17. The initial report was shared with the Prison Service. The Prison Service pointed out some factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Wakefield

18. HMP Wakefield is one of eight high security prisons in England and Wales. It 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).
19. 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

20. 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

21. 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 weekly visits to the healthcare departments found the care and treatment of prisoners to be of a very high quality, and they continued to be impressed by the professionalism of the staff.

Previous deaths at HMP Wakefield

22. Mr Stanton was the eleventh prisoner to die from natural causes at Wakefield since January 2016. There has been one death since. There were no similarities between the circumstances of Mr Stanton's death and previous deaths at the prison.

Findings

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

23. On 5 August 2016, Mr Maurice Stanton was sentenced to 27 years imprisonment for historic sexual offences and was sent to HMP Manchester. He was transferred to HMP Wakefield on 1 November 2016.
24. At his initial health screen at Manchester, a prison GP assessed Mr Stanton. He noted that Mr Stanton had been diagnosed with prostate cancer in 2009 and bowel cancer in 2015, which had resulted in surgery to remove part of his bowel. He also noted that Mr Stanton suffered from a history of heart attack, pulmonary fibrosis (a group of diseases which lead to interstitial lung damage), hydronephrosis (a condition where one or both kidneys become stretched and swollen as the result of a build-up of urine inside them) and postural hypotension (a drop in blood pressure). Mr Stanton had reduced mobility and used a walking stick. Healthcare staff considered him independent though he needed assistance with collecting his meals.
25. Prior to being sentenced, in June 2016, Mr Stanton had refused ongoing oncology treatment and follow up appointments. He reiterated this refusal to staff at Manchester.
26. Between August and October, Mr Stanton appeared well and was deemed medically fit for his transfer to Wakefield. On 1 November, at his initial health screen at Wakefield, Mr Stanton told a nurse that he had concerns regarding his prostate cancer, so she referred him for a doctor's appointment.
27. On 8 November, Mr Stanton saw a prison GP and told her that he did not want treatment for his prostate cancer or to be resuscitated if his heart or breathing stopped. She completed an order to that effect and referred Mr Stanton to the mental health team in view of his refusal of treatment.
28. Four days later, Mr Stanton saw a mental health nurse and told her that he did not feel suicidal or anxious. Mr Stanton also told her that he thought having involvement with the mental health team was absurd. She advised Mr Stanton that he could access the service at any time and decided to take no further action.
29. On 23 November, the Matron noted that Mr Stanton had lost 3kg of weight and was breathless on exertion. She arranged for weekly outreach visits for advice and support and monthly weight checks. A week later, an outreach nurse visited Mr Stanton in his cell. She noted his blood pressure was slightly low but he did not show any signs of dizziness and he appeared in good spirits with no concerns.
30. On 1 December, a nurse saw Mr Stanton in his cell after prison officers raised concerns about his presentation. Mr Stanton appeared frail, complained of a persistent headache and stomach pain, and had vomited three times with traces of blood. She arranged for Mr Stanton to be admitted to the prison's healthcare unit with his consent.

31. Later that day, a prison GP saw Mr Stanton and noted his observations were stable, his chest clear and his abdomen soft. He requested blood tests and asked healthcare staff to monitor him. Mr Stanton refused anti sickness medication but took paracetamol for his headaches.
32. On 5 December, Mr Stanton saw a prison GP and complained of right sided chest pain. She requested blood tests and an electrocardiogram (ECG – a test to check the heart's rhythm and electrical activity). The results of Mr Stanton's ECG were unclear due to his cough and baseline noise.
33. The following day, a prison GP reviewed Mr Stanton's blood test results, which showed reduced renal function. He then examined him, found he had symptoms of suspected pneumonia and sent him to hospital by ambulance. Hospital staff diagnosed him with pneumonia and treated him with intravenous antibiotics. He was discharged later that day.
34. On 7 December, the Matron saw Mr Stanton, who said he had no appetite and increased right sided pain. A visiting respiratory consultant saw Mr Stanton later that day and referred him to hospital for a stomach and chest x-ray under the NHS pathway plan for suspected cancer.
35. In the morning of 9 December, a prison GP saw Mr Stanton, as he had suffered with vomiting throughout the night and had not eaten for three days. He also reported feeling poorly. The GP suggested that he go to hospital for treatment, but Mr Stanton initially refused. By the early evening, Mr Stanton agreed to go to hospital.
36. While in hospital, on 12 December, doctors diagnosed Mr Stanton with chest and liver metastases (when cancer cells spread away from the primary site of origin). It was agreed that treatment would be palliative and that Mr Stanton would receive end of life care at Wakefield.
37. We agree with the clinical reviewer that Mr Stanton's symptoms and needs were well managed by the prison and that they promptly referred him to secondary care providers.

Mr Stanton's clinical care

38. After deciding that Mr Stanton needed palliative care, the hospital arranged for him to return to the prison's palliative care suite on 12 December. The Matron created a comprehensive palliative care plan, which included a syringe driver (to administer pain relief continuously over a 24-hour period) and an open door policy.
39. Over the following days Mr Stanton's health continued to deteriorate. Healthcare staff continued to care for Mr Stanton with regular observations and manage his pain relief and personal hygiene.
40. At 1.00pm on 15 December, a Macmillan nurse noted a significant deterioration in Mr Stanton's health and that he appeared to be in the end stages of life. He appeared agitated and she increased his pain relief to make him comfortable. At 4.59pm, during a general observation, a nurse noted that Mr Stanton had

stopped breathing but did not attempt resuscitation, in line with his wishes. Paramedics confirmed Mr Stanton's death at 5.19pm.

41. We agree with the clinical reviewer that the care Mr Stanton received at the prison was of a good standard and equivalent to that he could have expected to receive in the community. The clinical reviewer considered that Mr Stanton received compassionate and responsive palliative care.

Mr Stanton's location

42. When Mr Stanton arrived at Wakefield, staff considered that he was largely independent and decided that it was appropriate for him to stay on a normal wing. As his condition deteriorated, a nurse admitted him to the prison's healthcare unit.
43. We are satisfied that Mr Stanton was appropriately located while at Wakefield.

Restraints, security and escorts

44. 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.
45. On 6 December, Mr Stanton was taken to hospital by a non emergency ambulance. A nurse completed the healthcare section of the risk assessment but did not raise any objections to the use of restraints. An admin officer decided that Mr Stanton presented a high risk to the public and a medium risk to hospital staff and of escape. As a result, a senior prison manager authorised two officers to accompany Mr Stanton and restrain him with 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.)
46. On 9 December, Mr Stanton was taken to hospital due to a deterioration in health. Again, a nurse did not raise any healthcare objections to the use of restraints and his risk levels were unchanged. A senior prison manager authorised two officers to accompany Mr Stanton and restrain him with an escort chain.
47. At 4.15pm on 10 December, the senior prison manager agreed to the permanent removal of Mr Stanton's restraints due to his deteriorating health.
48. Prison escort paperwork and information from the senior prison manager confirmed that Mr Stanton's health was fully taken into account when assessing his risk. He discussed Mr Stanton's health with healthcare staff at Wakefield and the hospital, who confirmed that Mr Stanton's condition did not reduce his risk of reoffending or escape, despite his age and reduced mobility. As he fully considered Mr Stanton's health and how it impacted upon his risk of escape, we are satisfied, on balance, that the use of restraints was justified. We are also pleased that this was reviewed and restraints were removed when his health deteriorated.

Liaison with Mr Stanton's family

49. On 10 December, the prison appointed an officer as the family liaison officer. Later that day, she telephoned Mr Stanton's wife to explain that he had been taken to hospital. Mr Stanton regularly spoke with his wife on the telephone and arrangements were made for the family to visit him before he died.
50. On 14 December, the officer rang Mr Stanton's wife and told her that his condition had rapidly declined, and arrangements were made for the family to visit. She told the officer that she wanted to be kept up to date and telephoned in the event of Mr Stanton's death. The following day the officer telephoned Mr Stanton's wife to inform her that he had died and to offer her condolences and ongoing support.
51. Mr Stanton's funeral was held on 25 January 2017. Two members of prison staff attended. The prison did not contribute towards the cost of the funeral because Mr Stanton had a pre-paid funeral plan.
52. We are satisfied that Mr Stanton and his wife were appropriately supported throughout his illness, and after his death.

Compassionate release

53. 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.
54. The prison started an application for compassionate release on 15 December with large sections of the application having been completed that day. However, Mr Stanton died before the application could be completed.
55. We are satisfied that the prison appropriately considered compassionate release and that they had made significant strides within a short period of time.

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