Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Arnold Bryson a prisoner at HMP Holme House on 30 November 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.

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 Arnold Bryson died in hospital on 30 November 2017 of pneumonia, caused by prostate cancer, while a prisoner HMP Holme House. He was 89 years old. I offer my condolences to Mr Bryson's family and friends.

We are satisfied that the healthcare Mr Bryson received at HMP Durham, where he received his initial diagnosis, and, subsequently, at HMP Holme House, was good, and equivalent to that he could have expected to receive in the community. The healthcare team worked with a palliative care team to support him and respected his wishes about how he wanted his illness to be managed.

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 **May 2018**

Contents

Summary 1
The Investigation Process 2
Background Information 3
Findings 4

Summary

Events

1. Mr Arnold Bryson was serving a nine-year prison sentence for sexual offences. He was originally received into custody at HMP Durham on 5 June 2017.

2. On 11 September 2017, Mr Bryson informed a nurse at Durham that he was passing blood in his urine. An urgent appointment with the prison GP was requested. The same day, a prison GP examined Mr Bryson and made an urgent referral to hospital for investigative tests.

3. On 28 September, healthcare at Durham received the test results from the hospital and the prison GP discussed the diagnosis of a malignant tumour of the prostate with Mr Bryson. It was agreed that he would be treated with regular injections at the prison.

4. Mr Bryson decided not to have any further treatment and, on 9 October, he was moved to HMP Holme House which has facilities for palliative care.

5. On 25 October, prison staff met Mr Bryson, his family and professionals involved in his care, to discuss his diagnosis, care and any other concerns. Mr Bryson confirmed that he did not want to receive any further treatment and wanted to move to the palliative care suite.

6. Mr Bryson's condition steadily deteriorated and, on 26 November, he was taken to hospital where he was treated for pneumonia and sepsis. Mr Bryson did not recover and he died on 30 November.

Findings

7. The clinical reviewer considered that the clinical care Mr Bryson received at HMP Durham and HMP Holme House was of a good standard and equivalent to that which he could expect to receive in the community.

8. The palliative care team at HMP Holme House supported by the healthcare team of nurses and GPs, worked together to support Mr Bryson and respect his wishes about how he wanted his illness to be managed.

9. We make no recommendations.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Holme House informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

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

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

13. We informed HM Coroner for Teeside of the investigation. She gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.

14. The investigator wrote to Mr Bryson's partner to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. She did not respond to our letter.

15. The investigation has assessed the main issues involved in Mr Bryson'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.

16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Holme House

17. HMP Holme House is a local prison holding over 1,200 men. Most are on remand, or recently convicted by courts in the local area. Since April 2015, G4S has provided health services at the prison. There is a 24-hour inpatient unit with 16 beds and palliative care facilities.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Holme House was conducted in July 2017. Inspectors reported that the overall quality of health care was effective. They found that the management of long term conditions was not systematic but this was being addressed by a new clinical lead. The report identified that nurses provided consistent and effective case management for patients with the greatest clinical need. There were two palliative care beds and a dedicated Macmillan nurse for the prison cluster, who ensured patients with palliative and end-of-life needs received prompt community equivalent care.

19. Inspectors reported that the Care Quality Commission issued 'requirement to improve' notices following the inspection.

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. In its latest annual report, for the year to December 2016, the IMB reported that healthcare staff continue to deliver high standards of care, despite significant clinical vacancies throughout the year. The high numbers of staff vacancies were filled by agency staff.

Previous deaths at HMP Holme House

21. Mr Bryson was the sixth person to die of natural causes at HMP Holme House since January 2016. We have consistently found that Holme House has provided good palliative and end of life care.

Findings

HMP Durham - the diagnosis of Mr Bryson’s terminal illness and informing him of his condition

22. Mr Arnold Bryson had been in custody since 5 July 2017, serving a nine-year prison sentence for sexual offences. He had been at HMP Holme House since 9 October.

23. Mr Bryson had suffered poor health since 2012. He had been diagnosed with skin cancer in 2012 and an abnormal heart rate in 2013. Mr Bryson also required support and medication for other illnesses including chronic kidney disease. He had reduced mobility and required the use of a zimmer frame and a wheelchair.

24. On 11 September, while at HMP Durham, Mr Bryson informed a nurse that he had been passing blood in his urine. She made an urgent GP appointment. Later that day, a prison GP assessed Mr Bryson and made an urgent referral to the urology department at hospital under the NHS pathway. This requires patients with suspected cancer to be seen by a specialist within two weeks.

25. On 28 September, a doctor sent a letter to prison healthcare stating that Mr Bryson had now been diagnosed with prostate cancer following a computerised tomography (CT) scan. (This produces detailed images of structures inside the body, including the internal organs, blood vessels and bones) There is no record of when or where this CT scan took place.

26. The prison GP discussed the diagnosis of prostate cancer with Mr Bryson. He explained that he would be given regular injections to treat the cancer. This could be done in healthcare and Mr Bryson would not need to attend hospital to receive treatment.

27. We are satisfied that the nurse and prison GP responded promptly and appropriately to Mr Bryson’s presenting symptoms. An urgent referral was made, in line with NHS guidelines, which ensured that Mr Bryson’s diagnosis was made in a timely manner.

HMP Holme House - Mr Bryson’s clinical care

28. After Mr Bryson’s diagnosis, healthcare staff implemented a care plan and planned to move him to HMP Holme House, where palliative care facilities were available.

29. On 3 October, Mr Bryson declined his injection and refused any further treatment or hospital appointments. He signed a disclaimer to this effect.

30. On 10 October, a nurse from the Palliative Care team at Holme House received an email from a specialist urology nurse. He said that a previous CT scan showed widespread bone metastases (that is, the cancer had spread).

31. Healthcare staff regularly checked Mr Bryson and reviewed his care plan. They noted that he was settled and happy.

32. On 23 October, Mr Bryson told a nurse that due to a sore throat, he was having difficulty swallowing his antibiotic medication that had been prescribed for an on-going bone infection.

33. On 24 October, a nurse saw Mr Bryson in his cell. He said he was "aching all over like a toothache" and the pain was keeping him awake at night. He was still reluctant to take his medication and had not taken the prescribed paracetamol as it had made him vomit. The nurse discussed this with a prison GP, who prescribed the medication in liquid form.

34. The nurse also completed a Skin Integrity Assessment (carried out if a person is identified as being at a high risk of developing pressure sores) due to Mr Bryson's limited mobility. Mr Bryson said he had a low appetite so the nurse requested that the kitchen provide smaller portions of soft diet.

35. Later that day, the prison GP saw Mr Bryson who explained that he was not keen to take any of his medications and wanted to be left to die. He discussed his concerns with him and provided extensive support. Mr Bryson agreed to take his pain relief medication. He said that they were waiting for a hospital specialist to provide a prognosis and would then start the application for compassionate release.

36. On 31 October, the prison GP saw Mr Bryson and completed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order. This means that in the event of cardiac or respiratory arrest, no attempt at resuscitation will be made. All other appropriate treatment and care will continue to be provided. On 8 November, he discussed this again with Mr Bryson and his partner. Mr Bryson said he was happy to keep the order in place.

37. On 16 November, the prison GP reviewed Mr Bryson as he was refusing any pain relief, despite appearing to be in pain. Mr Bryson said he had pain in his elbow, which he had also complained about the day before. He prescribed oramorph (an opiate-based pain relief) as required. That afternoon, it was noted that Mr Bryson continued to refuse pain relief and remained frail. He was only accepting fluids and ice-cream. Mr Bryson was prescribed Fortsip Extra (a high calorie meal supplement drink).

38. On 18 November, a nurse noted that Mr Bryson had a grade 2 pressure ulcer which she dressed. (This was an injury to the skin caused by prolonged pressure.) She elevated Mr Bryson's heels off the bed and made an urgent request for a pressure mattress. She reminded Mr Bryson of the importance of changing his position in bed.

39. During the early hours of 21 November, a nurse noticed that Mr Bryson appeared unable to swallow very well and needed to be in an upright position to take medication and avoid choking. Nursing staff continually checked him throughout the night and Mr Bryson stated that he was ready to die. Healthcare staff gave Mr Bryson pain relief and offered reassurance and support.

40. On 24 November, Mr Bryson refused to go to an arranged hospital appointment although it was explained to him that he would be seeing a specialist. A nurse

redressed the wounds on his heel and created a care plan for two hourly turns and skin inspections.

41. Later that day, a nurse made a request to the prison GP to prescribe anticipatory medication. (This is arranged during end of life care, the drugs being prescribed to provide prompt symptom relief at whatever time the patient develops distressing symptoms.) The prison GP noted that Mr Bryson would need to be reviewed if he was to be given any end of life medication.

42. On 25 November, Mr Bryson was doubly incontinent. A nurse reviewed Mr Bryson, who agreed to hourly turns and an emergency speech and language therapy (SALT) referral, as he was continuing to struggle to swallow and might need thickened fluids. He also spoke to Mr Bryson about end of life care and his changing health needs. Mr Bryson stated that he would not take thickened fluids as recommended and he was aware that his health was deteriorating quickly. He said he knew it might be necessary for him to go into hospital and he could die there, but said that he was happy with that.

43. On 26 November, Mr Bryson became distressed in the early hours of the morning and wanted a drink. This was provided by a nurse. Mr Bryson explained that he now wanted to go to hospital as he did not feel staff were checking on him regularly enough. Healthcare staff agreed to check on him every thirty minutes. Later that day, Mr Bryson could no longer tolerate fluids, food or pain relief and his health significantly deteriorated. The healthcare manager transferred him to North Tees Hospital.

44. On 27 November, a nurse spoke to staff at the hospital seeking an update. Mr Bryson was being treated with intravenous antibiotics for pneumonia.

45. Mr Bryson’s condition deteriorated quickly and he died on 30 November.

46. The clinical reviewer concluded that the clinical care Mr Bryson received while at Holme House was equivalent to that he could expect to receive in the community. We agree. There is clear evidence that prison GPs and nursing staff kept Mr Bryson up to date on his condition and reviewed him regularly. They offered a good level of support and reassurance to Mr Bryson and respected his care wishes.

Mr Bryson’s location

47. Mr Bryson lived in the 24-hour healthcare wing at HMP Holme House. He remained in the palliative care suite there, which could provide the care he needed, until his admission to hospital on 26 November.

48. We are satisfied that Mr Bryson remained in the best location to suit his needs.

Restraints, security and escorts

49. 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.

50. The prison conducted risk assessments for Mr Bryson when he visited the hospital and it was decided that it was unnecessary for him to be restrained, given his poor health, fragility and limited mobility.

Liaison with Mr Bryson's family

51. On 12 October, the prison appointed a family liaison officer. She spoke to Mr Bryson at length about his health and family. He stated that his next of kin was his long-term partner and her granddaughter. She then contacted his partner's granddaughter, who was visiting the following day, to introduce herself and to provide her contact details if she or her grandmother (Mr Bryson's partner) needed someone to talk to.

52. On 15 October, Mr Bryson's partner and her granddaughter visited him. After the visit, Mr Bryson gave consent for his family to be informed about his prognosis and treatment. A nurse told Mr Bryson's partner that she would arrange a meeting with a prison GP and a palliative care nurse, to discuss Mr Bryson's condition.

53. On the 25 October, the Head of Safer Prisons and Equality, and a Macmillan nurse held a meeting with Mr Bryson, Mr Bryson's partner and his partner's brother. They discussed Mr Bryson's diagnosis, care and any concerns or questions that Mr Bryson or his partner had. Mr Bryson and his partner were happy with his care and Mr Bryson confirmed that he did not wish to have any further treatment. The Macmillan nurse agreed that he would have weekly visits by Macmillan palliative care specialist nurses for general reviews.

54. During the next couple of weeks, Mr Bryson's partner and her family made a number of visits to see him in the palliative care suite. Various prison staff, including the family liaison officer, attended the meetings that took place with healthcare and the family. They also supported the family in facilitating requests to bring in items for Mr Bryson.

55. On 26 November, Mr Bryson discussed the possibility of not being well enough to see his family for a scheduled visit and wanted to die alone, but healthcare staff encouraged him to continue with the visit. It went ahead as planned and healthcare staff reassured and supported Mr Bryson and his visitors.

56. The same day, Mr Bryson was admitted into hospital, the family liaison officer contacted Mr Bryson's partner to see how she was feeling and to offer support. His partner explained that she had a lot of support and visited Mr Bryson regularly. However, she was concerned about his pressure sores.

57. On 30 November, the family liaison officer and the houseblock manager who was also deployed as a family liaison officer went to hospital to offer support to Mr Bryson's partner after he had died.

58. On 1 December, the family liaison officer, the houseblock manager and a nurse visited Mr Bryson's partner at her home. The family liaison officer explained that, in line with national guidance, the prison could offer a reasonable financial

contribution to funeral costs, provided it had not been paid for by a pre-payment plan. Mr Bryson's partner explained that the funeral, which was held on 11 December, had already been paid for. A nurse and the houseblock manager attended the funeral.

59. We are satisfied that the prison, in particular the family liaison officer, provided a high level of support to Mr Bryson's family and partner. She was available to offer support and advice throughout Mr Bryson's illness and continued to do so after he had died.

Compassionate release

60. 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.

61. On 24 October, when the prison GP was discussing Mr Bryson's concerns with him, he said that he would clarify his prognosis and then start an application for compassionate release if appropriate.

62. On 10 November, healthcare received a letter from an oncologist at hospital, who said that Mr Bryson's prognosis was 18 months to live, without treatment. It was therefore not appropriate to start the compassionate release process at that time and Mr Bryson died three weeks later from pneumonia. We are satisfied that the prison appropriately considered compassionate release for Mr Bryson.

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