Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Goode a prisoner at HMP Rye Hill on 9 September 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*

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 John Goode died of bowel cancer on 9 September 2018 while a prisoner at HMP Rye Hill. He was 74 years old. I offer my condolences to his family and friends.

Mr Goode had a number of chronic health conditions, and was diagnosed with inoperable cancer in 2017. The care that he received at HMP Rye Hill was of a good standard, equivalent to that which he could have expected to receive in the community.

We were concerned that Rye Hill could not facilitate an escort for Mr Goode to attend a hospital appointment which delayed him receiving his diagnosis by three weeks. However, the prison has since addressed this issue and we have not therefore made a recommendation.

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

Sue McAllister CB
Acting Prisons and Probation Ombudsman **June 2019**

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Summary

Events

1. On 26 July 2014, Mr John Goode was remanded to HMP Exeter. He had a number of health conditions, including heart condition and diabetes. He had a history of blood and skin cancer.

2. He was sentenced on 18 December, and returned to Exeter. On 5 March 2015, he was transferred to HMP Rye Hill.

3. On 30 March 2017, Mr Goode saw a prison GP, as he had bowel problems. The GP referred him under the two-week NHS pathway for suspected cancer. Before he was seen, he became anaemic and was taken to hospital on 4 April. During this admission, he was tested for bowel cancer.

4. Mr Goode was discharged on 26 April, and asked to return for an appointment with a consultant on 26 May. Rye Hill could not facilitate this appointment as there were no escorts available. The next available appointment was on 15 June. At this appointment, the consultant confirmed that Mr Goode had terminal and inoperable bowel cancer.

5. The prison healthcare team and a specialist palliative care consultant monitored Mr Goode regularly. As his health declined, they appropriately medicated Mr Goode and an end-of-life care plan was put into place, taking into account Mr Goode's wishes.

6. Mr Goode's cell was adapted to accommodate his declining health, and when he was reaching the end of life, he was offered a place in a hospice, which he declined.

7. Mr Goode died at Rye Hill on 9 September 2018.

Findings

8. We are satisfied that the clinical care Mr Goode received was equivalent to that which he could have expected to receive in the community. However, we are concerned that there was delay in Mr Goode discussing his diagnosis with a consultant as there were not enough officers to accommodate the escort.

9. Rye Hill told the investigator that they have since reviewed the full regime, and have substantially increased the number of staff escorts. We have therefore not made a recommendation.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Rye Hill 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 Goode's prison and medical records.

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

13. We informed HM Coroner for Northamptonshire of the investigation who gave provided us with the cause of death. We have sent the Coroner a copy of this report.

14. The investigator wrote to Mr Goode's son to explain the investigation and to ask if he had any matters he wanted the investigation to consider. His son did not have any specific questions about his father's death.

15. We have assessed the main issues about Mr Goode'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 pointed out a factual inaccuracy and this report has been amended accordingly.

17. Mr Goode's son received a copy of the initial report. He did not raise any further issues, or comment on the factual accuracy of the report.

Background Information

HMP Rye Hill

18. HMP Rye Hill is managed by G4S and holds over 600 men convicted of sex offences. G4S Forensic and Medical Services provide primary, physical and mental health services. The prison does not have an inpatient facility.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Rye Hill was conducted in August 2015. Inspectors noted that the prison held a complex mix of serious offenders and some frail, older men who needed significant levels of care. Inspectors found that the quality of healthcare services was the weakest area of the prison. They found that after Rye Hill changed its role to take sex offenders in 2014, services had not sufficiently adapted to meet the needs of the new population.

20. Inspectors noted that there were healthcare staff shortages and that the available healthcare staff were not efficiently deployed. They found that there were long waiting times for most clinics. They noted that a small group of regular GPs had run daily clinics since January 2015, which had improved the consistency of service and prisoners' perceptions of that service. However, they noted that prisoners waited up to three weeks for routine GP appointments. Inspectors found that prisoners had good access to pharmacy staff for advice.

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 March 2018, the IMB reported that for a number of years, healthcare at HMP Rye Hill had struggled under pressure from an older, more infirm population. They noted that a number of major changes had been brought in during the reporting year which had improved the situation on a number of fronts.

Previous deaths at HMP Rye Hill

22. Mr Goode was the sixteenth prisoner to die of natural causes at Rye Hill since September 2015. There are no similarities between the previous deaths and that of Mr Goode.

Findings

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

23. On 26 July 2014, Mr John Goode was remanded to HMP Exeter for sexual offences. A nurse met Mr Goode that day to complete his initial health screen. Mr Goode had a number of long-term health conditions, including cardiomyopathy, hypertension and Type 2 diabetes. She noted that he had had previous treatment for blood and skin cancer. A prison GP completed his secondary health screen and prescribed him medications to manage his conditions.

24. On 18 December 2014, Mr Goode was sentenced to 15 years in prison and returned to HMP Exeter. Care plans were put into place to manage Mr Goode's conditions, and his diabetes was regularly reviewed.

25. On 5 March 2015, Mr Goode was transferred to HMP Rye Hill. A nurse saw him that day, and the following day, another nurse saw him in the well man clinic. He was assessed as suitable for keeping and administering his own medication, and his medications were prescribed to him. Healthcare staff continued to review and monitor his conditions.

26. On 30 March 2017, Mr Goode saw a prison GP because he had had a stomach ache and a change in his bowel habit for the past six weeks. On examination, the prison GP recorded that he looked sallow and pale and referred him to hospital under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.

27. On 4 April, the healthcare department received the results of Mr Goode's routine blood tests, which showed that he was anaemic and had a very low blood cell count. A prison GP reviewed the results, and asked for Mr Goode to be taken to hospital by ambulance for a blood transfusion.

28. On 11 April, the Head of Healthcare contacted the hospital to discuss Mr Goode's two-week referral. It was agreed that the hospital consultant who was caring for Mr Goode would liaise with the gastroenterology team to plan a colonoscopy.

29. While a hospital inpatient, Mr Goode had an endoscopy of his bowel (a camera inserted into the bowel for assessment) and a CT scan. He was discharged from hospital on 26 April, and returned to Rye Hill.

30. On 22 May, a healthcare administrator telephoned the hospital and spoke to the consultant colorectal surgeon's secretary. The healthcare administrator was told that they were awaiting a formal diagnosis but that a multidisciplinary team meeting would take place as they had found a suspicious lesion.

31. On 24 May, the healthcare administrator received a call from hospital, asking for Mr Goode to attend an appointment on 26 May to meet with the consultant to discuss his diagnosis. The prison could not accommodate this appointment as there were not enough staff to facilitate the escort.

32. On 28 May, Mr Goode met a nurse as he had stomach pain. He asked why it was taking so long to organise his appointment to discuss his diagnosis and treatment. The nurse noted that she reassured him that it would take place.

33. On 1 June, the hospital called the prison to offer Mr Goode an appointment with a hospital consultant for 15 June.

34. On 15 June, Mr Goode met the consultant in hospital. He discussed the outcome of the colonoscopy, and confirmed that Mr Goode had bowel cancer and a large mass which was consistent with a lymphoma (cancer of the lymphatic system). He explained that the lymphoma was untreatable and that Mr Goode's prognosis was terminal, but that the tumour could be removed if he was fit enough for surgery. The consultant explained to Mr Goode that he would refer him for an urgent assessment of his cardiac function.

35. Mr Goode returned to Rye Hill that day, and met a nurse, who noted that Mr Goode was fully aware of his diagnosis and prognosis.

36. When Mr Goode saw healthcare staff about his stomach pain and the change in his bowel movements, they appropriately referred him under the two-week NHS pathway for suspected cancer.

37. Mr Goode's hospital appointment to discuss his diagnosis was delayed by three weeks as there were not enough staff to escort him. We do not consider that this was acceptable; appointments for patients with life-threatening illnesses should be prioritised.

38. The delay in meeting the consultant did not affect Mr Goode's outcome but would undoubtedly have caused him unnecessary stress at an already challenging time.

39. The investigator spoke to the Head of Safer Custody, who said that the demand for hospital escorts was very challenging in 2017 and that the prison had since undertaken considerable work to address this, including changes to the core day and reviewing the full regime to make it more effective. He said that this substantially increased the number of escorts that the prison was able to provide.

Mr Goode's clinical care

40. On 17 July, a prison GP asked for a member of the administration team to chase the hospital about Mr Goode's cardiac function tests. The hospital said that an initial appointment had been made for 6 July but they had then postponed it this until 7 September

41. On 31 July, Mr Goode met a nurse, who completed a cancer care plan (a plan outlining individualised care that takes into consideration a patient's specific needs and helps to provide continuity of care).

42. Healthcare staff continued to monitor Mr Goode, and prescribed him medication for pain management.

43. On 7 September, Mr Goode went to hospital for a fitness test. He could not complete the test, and was therefore deemed not fit enough for surgery. The consultant wrote to the prison to recommend that they introduce a soft diet for Mr

Goode if his stomach pain worsened, but advised that there would be no routine follow up appointment. The consultant did not discuss options of chemotherapy or radiotherapy in his letter.

44. On 15 January 2018, a prison GP wrote to the hospital consultant to ask what further treatment could be considered for Mr Goode. The consultant responded on 18 January, and explained to the prison GP that there was no intention to offer Mr Goode any further treatment, and that he should only be given palliative care.

45. On 2 February, a nurse reviewed Mr Goode, and recorded that he had significant abdominal pain, and that he appeared to have to have lost a lot of weight. She completed a falls prevention plan, and noted that while he could walk between his bed and the toilet, he was unsteady on his feet.

46. Later that day, a prison GP prescribed Mr Goode a fortisip starter pack (a nutritionally complete nutritional supplement to manage disease-related malnutrition).

47. On 5 February, a nurse referred Mr Goode to the palliative care services in Rugby who made an appointment for a palliative care nurse to visit him on 21 February.

48. On 12 February, a prison GP saw Mr Goode as his health had declined. The prison GP noted that Mr Goode was unable to move, and used a bottle by his bed to go to the toilet. Mr Goode signed an order to say that he did not want to be resuscitated if his heart or breathing stopped. He said that he was more comfortable at Rye Hill than in hospital, and did not want to die in hospital.

49. On 21 February, a palliative care nurse visited Mr Goode. She asked for mobility aids to be ordered for Mr Goode

50. Over the following months, Mr Goode's medical records noted that his health continued to decline. He was losing weight and his ability to move around. There are regular entries in his medical record which indicate that Mr Goode received consistent medical and nursing care, that the palliative care nurse visited him again and that healthcare staff created a falls risk management plan when he fell on the wing.

51. On 11 March, a nurse completed an end-of-life care plan with Mr Goode which took into account his wishes and preferences.

52. Over the following months, healthcare staff at Rye Hill, palliative care nurses and hospital specialists monitored Mr Goode closely when he presented with new symptoms that required further investigation.

53. By 3 September, Mr Goode was bed-bound and catheterised. A prison GP reviewed him in his cell. He noted that Mr Goode was nearing the end of his life, and estimated that he had no longer than three weeks to live. He did not consider that hospice care was necessary as there were no specific symptoms to be controlled. The GP recorded that in addition to his daily nursing care, he would visit Mr Goode on a weekly basis.

54. On 8 September, a nurse saw Mr Goode, and noted that although he was still communicating well, he had intermittent periods of confusion, and his breathing was shallow.

55. On 9 September, Mr Goode was no longer able to respond to communication. His daughter sat with him and he was noted to look comfortable and peaceful. At 1.35am, a nurse noted that his breathing was shallow, and when she returned to check on Mr Goode at 2.30am, Mr Goode was no longer breathing.

56. The nurse called the on-call doctor to attend the prison to certify Mr Goode's death but he was not available. A police officer attended and confirmed Mr Goode's death at 4.25am.

57. We agree with the clinical reviewer that Mr Goode's care was well managed at Rye Hill, and was equivalent to the care which he could have expected to receive in the community.

58. The clinical reviewer concluded that there are regular entries in Mr Goode's medical records which indicate that Mr Goode received a satisfactory level of medical and nursing care, and that his deteriorating condition was well monitored.

59. The clinical reviewer did, however, note that there was no evidence that Mr Goode was receiving any routine follow up for his previously diagnosed cancers. He has made a recommendation that there should be systems in place to check that prisoners with a previous cancer diagnosis are receiving any necessary follow up care.

Mr Goode's location

60. As Rye Hill does not have an inpatient facility, Mr Goode lived on a standard wing. However, his cell was adapted to manage his declining health.

61. On 21 February 2018, a palliative care nurse noted that Mr Goode had a hospital bed in his cell, a raised toilet seat, and used a Zimmer frame to move around the wing.

62. The palliative care nurse met Mr Goode again on 29 June. They discussed where he would like to die. He said that, ideally, he wanted to be in a hospice near his family in London but, if this was not possible, he wanted to remain at Rye Hill.

63. As Mr Goode became incapacitated, he began to get pressure sores. An air mattress was ordered and arrived at the prison on 31 August.

64. On 8 September, a nurse spoke to Mr Goode about moving to a hospice. Mr Goode said that he did not want to move as he was comfortable at Rye Hill. The nurse explained that he would receive 24-hour nursing care at the hospice which would benefit him. However, Mr Goode was adamant that he wanted to stay at the prison, and was assessed as having the mental capacity to make this decision. Rye Hill agreed that he could remain at the prison, and put into place a plan for him to be checked at half-hourly intervals.

65. Mr Goode's location was appropriate and did not affect his clinical care. There are several examples of good practice, where prison and healthcare staff worked well together to make sure that Mr Goode's wishes were considered without his healthcare being compromised.

Restraints, security and escorts

66. When prisoners 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.

67. The investigator reviewed Mr Goode's escort risk assessments for the six months before his death. A risk assessment was completed each time that Mr Goode was transferred to hospital, and on each occasion, he was assessed as posing a normal risk of escape, external assistance, risk to staff, the public and of hostage taking. Medical assessments were completed, which evidenced that Mr Goode's mobility was very poor, and that he was frail. We are pleased to note that Mr Goode was not restrained for any transfers and admissions to hospital, that the prison considered the risk that he posed at that time, and did not restrain him based on his offending history alone.

Liaison with Mr Goode's family

68. On 22 January 2018, the Head of Activities was appointed as Mr Goode's family liaison officer. The Head of Activities met Mr Goode that day, explained her role, and asked if he would like her to contact his family. Mr Goode declined as he had regular contact with his son and daughter, and explained that they were aware of his ill health.

69. The Head of Activities met Mr Goode in early February, and on 22 February, she met Mr Goode's daughter when she visited him in prison. The Head of Activities arranged for Mr Goode's family to visit him regularly on the wing.

70. When Mr Goode's health declined, the Head of Activities arranged for Mr Goode's daughter to attend the prison. His daughter spent some time with him on 8 September and left the prison at approximately 11.00pm.

71. Mr Goode's family had agreed with the Head of Activities that they would be informed of their father's death by telephone, but asked to be called in the morning if he died at night.

72. The Head of Activities telephoned Mr Goode's daughter on the morning of 9 September, and informed her of her father's death.

73. Mr Goode's funeral was held on 5 October 2018, and two members of prison staff attended. The prison offered to contribute towards the funeral costs in line with national instructions but the family declined the offer.

Compassionate release

74. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they have a terminal illness and a life expectancy of less than three months.

75. An application for compassionate release was processed for Mr Goode in March 2018 after a hospital consultant in colorectal and general surgery confirmed that Mr Goode was medically unfit for surgery, and that his prognosis was poor. However, as Mr Goode did not have a prognosis of three months or less, he did not meet the criteria for early release on compassionate grounds. On 19 April, Mr Goode's application was rejected.

76. Staff did not complete a further application for compassionate release as Mr Goode was adamant that he wanted to die in Rye Hill as he was comfortable and happy with the familiarity.

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