Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr David Tait a prisoner at HMP Rye Hill on 6 December 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 David Tait died on 6 December 2017 of stomach cancer while a prisoner at HMP Rye Hill. He was 58 years old. I offer my condolences to Mr Tait's family and friends.

Mr Tait was diagnosed with cancer following a brief period of illness. He remained at Rye Hill for only a few weeks before being moved to a hospice, where he died peacefully a few days later.

I am satisfied that the care Mr Tait received in prison was equivalent to that which he could have expected to have received in the community.

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**

Contents

Summary 1

The Investigation Process 3

Background Information 4

Findings 5

Summary

Events

1. On 15 October 2015, Mr David Tait was convicted of sexual and other offences, and sentenced to 13 years imprisonment. He was initially sent to HMP Leeds. On 19 May 2016 he was transferred to HMP Rye Hill.

2. A health screen completed on his initial reception revealed that Mr Tait had no relevant physical health concerns.

3. In September 2017, a prison GP reviewed Mr Tait following complaints of pain in his stomach. She suspected gastritis and prescribed medication to treat it. In October, the same prison GP reviewed Mr Tait as he was continuing to complain of pain in his stomach. She noted some concerns but was not unduly worried. She made a routine referral to the hospital for an assessment and arranged for blood tests. She recorded that this referral could be expedited if necessary. In November, another prison GP saw Mr Tait after his condition worsened. The GP noted that his blood test results were abnormal and sent him to the hospital as an emergency.

4. While at the hospital, Mr Tait was diagnosed with stomach cancer. On 8 November, he returned to Rye Hill. For the next few weeks he was regularly reviewed by nursing staff and prison GPs, with the MacMillan cancer service providing specialist advice. On 27 November, Mr Tait's condition deteriorated and a prison GP noted that he was unlikely to survive until Christmas. Later that day, he was referred to a hospice.

5. On 30 November, Mr Tait transferred to a hospice, where his condition continued to deteriorate. He died on 6 December.

Findings

Mr Tait's clinical care

6. We agree with the clinical reviewer that the care Mr Tait received was equivalent to that which he could have expected to receive in the community. We consider that the prison appropriately referred him to the hospital, and expedited this when it became clear his condition was serious. Following his cancer diagnosis, healthcare staff cared for him appropriately, and sought specialist advice and support where necessary.

Mr Tait's location

7. We find that Mr Tait was appropriately located during his time in prison. When his condition deteriorated, staff facilitated a transfer to a hospice but respected his wishes when he expressed a desire to remain at Rye Hill. Once he decided he would like to move to the hospice, staff arranged this in a timely manner.

Restraints, security and escorts

8. We consider that the prison acted appropriately in its decisions on the use of restraints. Decisions were properly evidenced with risk assessments. Once Mr Tait's condition deteriorated, restraints were no longer used.

Liaison with Mr Tait's family

9. We find that the prison acted appropriately in its contact with Mr Tait's family during the period following his diagnosis of cancer.

Compassionate release

10. We are satisfied that the prison acted appropriately in making the compassionate release application when it did. Unfortunately, Mr Tait's condition deteriorated swiftly, and the application was never fully completed.

Recommendations

- We make no recommendations.

The Investigation Process

11. 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 him. No one responded.

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

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

14. We informed HM Coroner for Northamptonshire of the investigation. She confirmed his cause of death, and we have sent the coroner a copy of this report.

15. The investigator wrote to Mr Tait's daughter 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.

16. The investigation has assessed the main issues involved in Mr Tait'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 HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Rye Hill

18. HMP Rye Hill is run 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. The inspection found that the quality of healthcare services was the weakest area of the prison. After the prison changed its role to take sex offenders in 2014, services had not sufficiently adapted to meet the needs of the new population.

20. There were healthcare staff shortages and the available staff were not deployed efficiently. There were long waiting times for most clinics. A small group of regular GPs had run daily clinics since January 2015, which had improved both consistency of service and prisoners' perceptions of service provision. However, prisoners waited up to three weeks for routine GP appointments. 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 2017, the IMB reported that healthcare provision remained under pressure and was a cause for concern. It found that recruiting and retaining suitable healthcare staff was an ongoing problem. It said the current service needed further investment and improvement if it was to ensure it was giving prisoners the same level of care they would receive in the community.

Previous deaths at HMP Rye Hill

22. Mr Tait was the fifth prisoner to die of natural causes at Rye Hill in the year up to his death. There were no similarities between his death and the previous ones.

Findings

23. On 15 October 2015, Mr David Tait was convicted of sexual and other offences, and sentenced to 13 years' imprisonment. He was initially sent to HMP Leeds, and on 19 May 2016 was transferred to HMP Rye Hill.

24. A nurse reviewed Mr Tait at a health screen on his reception at Rye Hill. Mr Tait had a history of schizophrenia, heavy drinking and smoking, but no current physical or mental health concerns were raised or identified.

25. In the autumn of 2016, Mr Tait complained of tiredness but subsequent blood tests were unremarkable. On 13 October, a prison GP examined him after he complained of diarrhoea and vomiting. He noted that Mr Tait had no blood in his diarrhoea, no 'coffee ground vomit' and no abdominal pain. He diagnosed acute gastroenteritis. He advised Mr Tait about his diet and hand hygiene, and said he would see him again if it did not settle down. For the next year, Mr Tait had no serious or relevant health concerns.

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

26. On 22 September 2017, a prison GP reviewed Mr Tait. He told her that he had had constant, sharp pain in his upper abdomen every day for a month. She noted that he could not identify any triggers, but that it was not related to food. She added that he had not experienced any urinary symptoms, bowel changes, heartburn or weight loss. She suspected that, in the absence of any other abnormality, Mr Tait had gastritis, and gave him omeprazole (medication to lower stomach acid). She also took a stool sample to test for H. pylori bacteria (which grow in the digestive tract and can attack the stomach lining). Test results were negative for H. pylori.

27. For the next month, Mr Tait continued to experience abdominal pain and was monitored by healthcare staff. On 20 October, a nurse reviewed him after he reported vomiting during the night. Mr Tait told her he had ongoing stomach pain but had a GP appointment on the upcoming Friday. She gave him a sick note, and advised him to rest in his cell.

28. On 27 October, a prison GP reviewed Mr Tait. He stated that he was getting acid reflux since he stopped taking omeprazole, and that he sometimes vomited. She noted that he had no change in his bowel function, no rectal bleeding or haematemesis (vomiting of blood) but he was feeling pain in the right side of his abdomen. She examined him and noted that his abdomen was soft and tender. She booked Mr Tait in for blood tests, and made a routine referral to the hospital for an ultrasound scan and endoscopy. She recorded that these referrals should be expedited if the blood test results caused concern.

29. On 2 November, a nurse saw Mr Tait after he complained of abdominal pain. She noted that he had been sick six times the previous day, constipated for three days, and had a stabbing pain in his abdomen. She referred Mr Tait to a prison GP. Later that day, the GP saw Mr Tait and noted that he looked poorly and anaemic. He observed "worsening abdominal pain, abdominal bloating, struggling to swallow, food sticking, vomiting, weight decreasing". He examined Mr Tait, and noted that he had ascites (abnormal accumulation of fluid in the

abdominal cavity) and caput medusa (swollen epigastric veins, radiating from the abdomen). He recorded that Mr Tait's bloods were highly suggestive of cancer and that he was too unwell to remain at the prison. He sent Mr Tait to the hospital, where he was admitted for tests. Mr Tait was diagnosed with cancer while he was in the hospital.

30. While Mr Tait was not given an urgent referral to the specialist when he first complained of abdominal pain in September 2017, we are satisfied that the GP acted appropriately given his symptoms at that time. She clearly noted that this referral should be expedited if his condition worsened, or if blood test results were abnormal. When Mr Tait's condition worsened, a GP assessed him immediately, and reviewed his blood test results. He then sent him straight to the hospital as an emergency admission, where he was then diagnosed in a timely manner. We consider that prison healthcare staff acted appropriately in managing Mr Tait's terminal diagnosis.

Mr Tait's clinical care

31. On 8 November, the hospital discharged Mr Tait. A nurse noted that he had been diagnosed with gastric cancer which had spread to his liver, and that he was advised to have treatment to extend his life expectancy. Later that day, another nurse reviewed Mr Tait and noted that he had been diagnosed with adenocarcinoma of the stomach (stomach cancer). She noted that he had been prescribed codeine and paracetamol by the hospital, and requested a prescription from the GP. She also recorded that Mr Tait was to be observed by officers on the wing on an hourly basis.

32. The next day, a nurse reviewed Mr Tait in his cell. She recorded that he had been on morphine in the hospital to alleviate his pain, and sought advice from the GP whether he should have stronger pain management. She also noted that Mr Tait was scheduled for chemotherapy in two weeks. The same day, a prison GP issued a prescription for codeine, cyclizine (to relieve nausea) and lactulose (to prevent constipation).

33. On 10 November, Mr Tait failed to attend a scheduled GP appointment. During the night, he complained to a nurse about his pain, while she was giving him his medication. He told her that he did not want to see the GP because "she knows nothing". She recorded that he became verbally abusive and insisted on going to the hospital.

34. On 13 November, a prison GP reviewed Mr Tait. He noted that he looked unwell and was not eating properly. He doubled his codeine dose and added Fortisip (a nutrient supplement) to his prescription. Later that day, a nurse saw Mr Tait and started an 'end of life care/cancer patients care plan' for him. She noted that they would liaise with MacMillan cancer service for support; monitor his skin integrity, hydration, nutrition, pain and fatigue; ensure he saw a GP on a weekly basis; and review his care at monthly multi-disciplinary team meetings.

35. Later that day, two nurses and the healthcare manager saw Mr Tait in his cell. They discussed 'Do Not Attempt Cardiopulmonary Resuscitation' order (DNACPR), but Mr Tait said that he did not want this and wanted to discuss it with his daughter. (A DNACPR 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.) They also informed Mr Tait that he would be seen by healthcare staff four times a day, and that MacMillan nurses would provide expert advice and assistance.

36. On 17 November, a palliative care specialist advised that Mr Tait should receive oramorph (morphine pain relief), with a sedative in the night. That day, a prison GP changed his prescription to two oramorph tablets per day, morphine liquid as required, and haloperidol (a sedative) at night. For the next couple of days, a nurse observed that he was pain free. On 20 November, a prison GP noted that Mr Tait's pain relief was working well. He noted that Mr Tait had again declined a DNACPR, and that while he felt that his choice was unwise, he could not prevent this decision. He recorded that Mr Tait had a short life expectancy.

37. The next day, following a code blue call (used when a prisoner is unconscious or having problems breathing), a nurse saw Mr Tait. She noted that Mr Tait complained of chest pains and was struggling to breathe. She observed that he appeared anxious and was in a state of panic, but that his clinical observations were normal. She recorded that Mr Tait had experienced a panic attack, and left without further medical treatment.

38. On 24 November, Mr Tait attended a review at the hospital in advance of his planned chemotherapy. A nurse recorded that hospital specialists informed him that he was physically too weak for chemotherapy treatment at that time.

39. On the morning of 27 November, Mr Tait failed to attend a GP appointment because he was unwell. A prison GP noted that he would review him later. At 10.12am, a nurse saw Mr Tait in his cell after he complained that he could not breathe and had pain in his stomach. She noted that Mr Tait had vomited three times, and did not have cyclizine in his possession. She returned a few minutes later with cyclizine and oramorph. At 12.55pm, the GP reviewed Mr Tait in his cell. He observed that since taking the oramorph, he was pain-free and was mobilising around his room. He noted that Mr Tait was "not likely to die in the next couple of days, but unlikely to last to Christmas". He recorded that Mr Tait still did not want a DNACPR. He initiated a referral to a hospice.

40. Mr Tait continued to be reviewed regularly at Rye Hill for the next few days. On 30 November, he was transferred to a hospice.

41. We agree with the clinical reviewer that the care Mr Tait received at Rye Hill was equivalent to that which he could have expected to receive in the community. Following his cancer diagnosis, he was subject to care plans and was regularly reviewed by nursing staff and GPs. Healthcare staff appropriately sought advice from specialists for his care and pain management, and acted on this advice in a timely manner. We are satisfied that Mr Tait was well cared for at Rye Hill.

Mr Tait's location

42. On 8 November, the hospital discharged Mr Tait from their care. At Rye Hill he was located on a regular wing, but healthcare staff set up care plans to ensure he was monitored regularly.

43. On 27 November, Mr Tait's condition deteriorated and healthcare staff became concerned that he was close to death. The same day, a prison GP recorded that his death was not imminent, but that he was unlikely to survive until Christmas. At this point, he initiated the referral process to the hospice.

44. On 29 November, a nurse and a MacMillan nurse discussed the potential transfer to the hospice with Mr Tait, but he told them he did not want to leave the prison. Later that evening, a nurse and the Deputy Director visited Mr Tait. He initially told them that he did not want to go to the hospice but later said he would. During the morning of 30 November, the MacMillan nurse made a referral to the hospice. The Deputy Director later agreed to a request from the hospice for prison officers to wear civilian clothes. That evening, Mr Tait was transferred to the hospice.

45. Mr Tait's condition continued to deteriorate at the hospice. On 6 December at 6.30am, he was pronounced dead.

46. We are satisfied that Mr Tait was located appropriately during his time at Rye Hill. When it became clear that the prison could no longer care for him, staff actively sought his transfer to the hospice, but respected his wishes throughout.

Restraints, security and escorts

47. 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.

48. Double cuffing is when the prisoner's hands are handcuffed in front of him and one wrist is attached to a prison officer by an additional set of handcuffs. 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.

49. On 2 November, when Mr Tait went to hospital, he was assessed by security staff as being a medium risk to the public and staff. He was initially subject to double cuff arrangements, but the Duty Director later reviewed this decision and authorised the use of an escort chain.

50. Mr Tait was not restrained during his escort to hospital on 24 November. He was not restrained at all after being transferred to the hospice on 30 November.

51. We are satisfied that the prison acted appropriately in its decision on restraining Mr Tait. Having used double cuffs for his hospital escort at the beginning of November, it promptly reviewed this decision and opted for the less obtrusive escort chain. This decision-making process was properly evidenced, with risk assessments considering both the risk Mr Tait posed, and his health and mobility. Mr Tait was not restrained again after this escort.

Liaison with Mr Tait's family

52. Mr Tait's next of kin was his daughter. Following his diagnosis of cancer, the prison appointed a family liaison officer (FLO). On 8 November, the FLO met Mr Tait's daughter at the hospital and introduced herself.

53. The FLO remained in contact with Mr Tait's daughter. On 29 November, the FLO told her that her father had agreed to move to a hospice. The following day, she updated Mr Tait's daughter about the move, and informed officers on bed watch duty that his daughter might visit over the weekend.

54. Mr Tait's daughter (who was pregnant) visited her father on the Friday night and again on the Sunday. On 5 December, the FLO spoke to Mr Tait's daughter about the visits. Mr Tait's daughter informed her that she was planning to return on the Tuesday, but she cancelled this as she was going into labour.

55. On 6 December at 7am, the FLO telephoned Mr Tait's daughter to inform her of her father's death.

56. Mr Tait's funeral was held on 5 January 2018. The prison contributed to the cost in line with national policy.

57. We are satisfied that the prison acted appropriately in their contact with Mr Tait's family. While we appreciate that Mr Tait's daughter was informed of her father's death by telephone, we consider that this was reasonable given the distance she lived from the prison, was in the final stages of pregnancy, and was in regular communication with the FLO. She had asked to be informed by telephone as soon as possible if her father died.

Compassionate release

58. 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.

59. On 13 November, a prison GP recorded that compassionate release should be considered once a prognosis was confirmed. Later that day, a nurse noted that the release forms had been sent to the GP. On 15 November, Mr Tait's offender supervisor emailed his probation officer about compassionate release. An officer informed her that Mr Tait said he had a life expectancy of approximately a year but that she would liaise with healthcare staff. Two days later, the officer recorded on Mr Tait's prison record that the compassionate release paperwork had been submitted.

60. We are satisfied that the prison completed Mr Tait's compassionate release application in a timely manner. His condition deteriorated rapidly and he died before the process could be completed.

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