

**Circumstances surrounding the death of  
A woman on 22 June 2004**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

**January 2006**

This is the report of an investigation into the circumstances of the death of a woman who was sent to Holloway on 21 May 2004. She was transferred to outside hospital on 3 June 2004 where she was diagnosed with acute myeloid leukaemia. She died in hospital on 22 June 2004. She was thirty four years old and leaves a partner and four children.

I would like to extend my condolences to her family for their very sad loss. I am sure it is little consolation that her illness was identified quickly by the doctor at Holloway and appropriate treatment provided as soon as possible.

One of my investigators co-ordinated the investigation. The investigation comprises two reports not published on my website. The first was a review of the woman's medical care during her short time in Holloway written by a Specialist Nurse and Senior Lecturer in Clinical Practice. A further review was commissioned from a Nurse Consultant who specialises in substance misuse. My family liaison officer spoke to the woman's family on several occasions.

I note that both reports highlight issues with record keeping and aspects of the woman's prescribed detoxification regime. I am aware that the Healthcare department in Holloway has made significant progress in the last year in addressing these issues and the report includes a detailed response from the prison highlighting these improvements. I am pleased and reassured by the changes that have been made. The Governor of Holloway has already accepted the single recommendation made in this report.

I also note that both reports praise the early identification at Holloway that the woman was seriously ill and required treatment in outside hospital. The second report also concludes that, had the changes to the woman's detoxification programme been made, they would not have increased her chances of surviving leukaemia.

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

**Emma Bradley**  
**Deputy Prisons and Probation Ombudsman**  
**January 2006**

## **Contents**

Summary

## Summary

The woman was received into custody at HMP Holloway on 21 May 2004. On reception she was noted to be a polydrug abuser, who had been under the care of her local drug support services. She was commenced on a 'double detox' regime to manage her withdrawal from opiates and alcohol.

She continued on her prescribed detoxification regime over the next few days. However, the documentation in the clinical records do not provide a clear picture of her emotional, mental and physical state during the first few days of the programme. Primarily, there is no mention of any observations being taken, which would inform the planning of her treatment, care and management.

On 29 May, she presented with physical symptoms that the attending medical officer attributed to an upper respiratory tract infection, along with withdrawal from the drugs and alcohol. She was prescribed antibiotics, tablets for the sickness and painkillers.

During the evening of the 2 June, the woman complained of a high temperature and pain on passing urine. Her urine was tested and the findings were consistent with a urine infection. A decision was therefore taken to change her antibiotic to one more appropriate for the treatment and management of urine infections.

The following day she was seen again and examined by the duty medical officer. She was noted to have a high temperature and on examination found to have abdominal tenderness, including an enlarged spleen and liver. A decision was taken to refer her to the local hospital for further assessment and examination. By the evening of 3 June, she had been diagnosed with Acute Myeloid Leukaemia. She remained in hospital and sadly died on 22 June 2004.

The clinical review concluded that the doctors involved in the woman's care acted appropriately. The signs and symptoms she was displaying could easily have been mistaken for signs of withdrawal or a minor infection. The doctor at Holloway recognised that she was clearly suffering from more than a minor infection and referred her promptly to the local hospital for an expert opinion and firm diagnosis. Sadly, this diagnosis was of a terminal illness from which the woman would not recover.

Record keeping is an integral part of the care process and is a tool of professional practice. It is not an optional extra to be fitted in if circumstances allow. The clinical review and the review of the drug services afforded to the woman both identified below acceptable standards of record keeping. The records were confusing, illegible or unclear in places, unprofessional language is used on occasions, abbreviations are frequently used and whilst a standard care plan has been raised, it has not been made patient specific and does not appear to have been actioned.

**Healthcare professionals should be reminded of their professional responsibility for records and record keeping, ensuring they:**

- **maintain factual, consistent and accurate records.**
- **provide current information on the care and condition of the patient or client.**
- **provide evidence of the care planned, the decisions made, the care delivered and the information shared.**
- **avoid abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive subject statements.**
- **are respectful to the patient or client.**

The Governor of Holloway, has accepted this recommendation.

The critical incident review of the drug support services afforded to the woman, whilst not directly related to her death, provide learning points for improving practice and the development of the services for the clinical management of substance misusers at HMP Holloway.

In response to my draft report the Governor provided me with the following detailed account of actions already taken by the prison to improve substance misuse services and record keeping:

#### **“Substance Misuse Services**

1. All appropriate clinical documentation from the point of reception to the point of discharge has been reviewed and we have now implemented a more comprehensive care package, earlier intervention in risk management, an audit process for all paperwork, staff accountability and the provision of a clear and robust response to gaps identified in the recent Tavistock Report and Review of Detoxification Services Report led by Islington PCT.

2. All existing detoxification-prescribing guidelines have been reviewed and updated and we have implemented more up to date evidence based practice, which focuses on a broader range of treatment options. The evidence base has moved on significantly since the original guidelines were written and it is our belief that women prisoners at HMP Holloway are entitled to a service comparable to that found within the NHS. These protocols are now in place.

3. Methadone has been replaced with Buprenorphine as the primary agent of detoxification. However Methadone will continue to be offered in cases where there is an absolute clinical need and certainly in the cases of pregnancy there will be no interruption to prescribed treatment providing women meet the eligibility criteria. We now insist that any

woman who presents in Reception claiming to be methadone dependent will be more rigorously assessed before methadone may be prescribed. This includes our staff contacting the outside prescribing agency or General Practitioner as part of the information gathering exercise in deciding on the eligibility for commencing methadone. We insist on this information being faxed to us before a decision to commence methadone can be taken. This information is assessed alongside the presence of subjective and objective withdrawal features, presenting symptoms, history documentation, urinalysis and detection of current drug use detected in saliva.

We have also reviewed 'the very generous' prescribing of Benzodiazepines with a view to developing a much more specific clinical criteria as to the appropriateness of prescribing Benzodiazepines. This is currently in operation.

4. There is now much greater emphasis on symptomatic prescribing in those cases where Opiate-based substitution is not recommended.

5. We use more or less the same model of prescribing practice and programmes as are currently in operation at HMP Wormwood Scrubs (Conibeere Unit) during the detoxification process. This has proven to be very effective in providing successful regime management and keeping episodes of self harm at comparatively low levels. The Conibeere Unit has been nominated by the Prison Service for the prestigious Butler Trust Award for its safe and effective management of those prisoners dependent on drugs and /or alcohol and for having some of the lowest self harm figures per thousand of treatment episodes per annum in the UK Prison Estate. We aspire towards similar standards of excellence at HMP Holloway/YOI.

6. All maintenance prescribing at HMP Holloway is currently under review with the emphasis being on safer practice, safer management and much safer outcomes. All women on wing locations on maintenance prescribing are being monitored and reviewed regularly by the specialist Substance Misuse Doctor with a view to providing quality care. This outpatient service is now being managed by a G grade Clinical Nurse Leader.

7. We have introduced a weekly teaching and training programme every Wednesday between 10.15 am and 11.45 am. This time is ring fenced and so far this training has proven to be very successful in the context of attendance and active participation. This training is open to all staff, operational and clinical working within the detoxification areas.

8. We have commenced a monthly teaching and training session which began on 29<sup>th</sup> June 2005 related to drugs, alcohol, Mental Health and Dual Diagnosis which will be open to all prison service employees at HMP Holloway.

9. We have introduced documented regular supervision for all clinical staff with much more effective management of the SPDR (Appraisal) process.

10. We are actively engaged with a number of services not least of all Chaplaincy, Resettlement, Education and Gym so that these women can take their rightful place in attending all of these activities post day three of their detoxification. We are also in the process of enhancing group work for all women through the introduction of Blood Borne Virus, Drug Awareness, Relapse Prevention and Harm Minimisation groups.

11. We intend to set up a representative/service user group to enable the women to feedback to us any concerns they may have regarding the quality of care they receive.

12. We have been involved in a recruitment drive in order to establish a dedicated team to enhance the quality of the service we deliver. We have successfully recruited five new staff nursing grades who will commence employment shortly and we are determined to recruit a further two over the coming months. We have appointed G-Grade Nurse to oversee the safe management of women post detoxification.

We work closely with all of our colleagues at HMP Holloway including Primary Care, Pharmacy, and CARAT Team, Mental Health In-reach Team, Operational Staff and any partnership agencies.

Our primary focus is on comprehensive quality care, risk management, reducing self-harm and improving the mental and physical health of the women.

### **Records and Record Keeping**

I can confirm that this now forms part of the job description for all registered nursing staff in accordance with Nursing and Midwifery Council Code of Professional Conduct, and clinical guidelines. “

