Prisons & Probation Ombudsman
Independent Investigations

# Independent investigation into the death of Mr Raymond Hillier, a prisoner at HMP Littlehey, on 25 March 2019

**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 Raymond Hillier died on 25 March 2019 of metastatic prostate cancer while a prisoner at HMP Littlehey. He was 84 years old. I offer my condolences to Mr Hillier's family and friends.

Mr Hillier received a good standard of clinical care at Littlehey, equivalent to that which he could have expected in the community. Prison healthcare staff managed Mr Hillier's medical conditions well, and communication between prison healthcare and hospital staff was good.

However, I am concerned that Littlehey failed to complete a second reception screening for Mr Hillier. The prison also failed to follow up a medication query, which was not picked up until five months later and resulted in Mr Hillier not receiving his medication during that time. While these failings did not directly affect Mr Hillier's prognosis, they may cause significant problems in other cases.

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**
**Prisons and Probation Ombudsman** **December 2019**

## Contents

# Summary

## Events

1. Mr Raymond Hillier was charged with historic sex offences and received an eight-year sentence of imprisonment in September 2016. He spent time at HMP Bedford before moving to HMP Littlehey on 13 October 2016.

2. Mr Hillier had a history of prostate cancer, Type 2 diabetes, cardiovascular disease and knee pain. He was also hearing-impaired. He was reviewed regularly by healthcare staff and prescribed appropriate medications.

3. In February 2017, Mr Hillier attended the hospital for his yearly prostate cancer review. The hospital requested six-monthly blood tests. In May, the blood test results showed a high level of a prostate-specific antigen (PSA, which measures protein in the blood and can indicate cancer). A prison GP referred him to hospital for tests under the 'two-week wait' rule used when cancer is suspected.

4. In June, the hospital confirmed that the prostate cancer had returned. Mr Hillier was given drug treatment to halt the growth of the cancer, regular blood tests and bone scans.

5. In January 2018, the bone scan showed that the cancer had spread to his bones. Mr Hillier received treatment and reported feeling well. Prison healthcare staff continued to manage Mr Hillier's healthcare needs.

6. In February 2019, Mr Hillier's health began to deteriorate. He was unsteady on his right side and had confusion. On 18 February, he was transferred to hospital, where a CT scan showed that the cancer had spread to his brain.

7. On 27 February, Mr Hillier was transferred to a hospice for end of life care and he died there on 25 March.

## Findings

8. Mr Hillier received a good level of clinical care while at Littlehey. Prison healthcare staff provided timely, responsive care and ensured Mr Hillier's needs were met. This was equivalent to that he could have expected to receive in the community.

9. Mr Hiller was not restrained when he was taken to hospital appointments or during hospital admissions, and we are satisfied that Littlehey fully considered Mr Hillier's health condition in assessing his risk.

10. We are concerned that a second healthcare screening was not completed for Mr Hillier when he was first imprisoned. While this did not affect the outcome for Mr Hillier, the second healthcare screening is important to ensure that there are no physical or mental health issues presenting within the first few days of being received into custody or a new prison.

11. We are also concerned that, when Mr Hillier refused his hormone implant in January 2018, prison healthcare staff did not follow this up with the hospital as they should have done, and that it took five months before this error was noticed

and actioned. As a result, Mr Hillier did not receive his medication for five months. Although the clinical reviewer was satisfied that this did not directly affect Mr Hillier's prognosis, it was poor practice and such failings could have a significant effect in other cases.

12. An application for compassionate release was started on 25 February 2019, when Mr Hillier's health deteriorated and he was given a prognosis of less than three months. However, the application was not submitted when Mr Hillier's health temporarily improved, even though his health rapidly deteriorated again and he died on 25 March. We consider that the application should have been submitted quickly once Mr Hillier had been given a short prognosis.

## Recommendations

- The Head of Healthcare should ensure that secondary health screening is undertaken in accordance with NG57 guidance.
- The Head of Healthcare should ensure that staff follow up any queries about medication or treatment refusal in a prompt and timely manner.
- The Governor should ensure that compassionate release applications are submitted promptly once a prisoner has been given a prognosis of less than three months.

## The Investigation Process

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

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

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

16. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.

17. The investigator wrote to Mr Hillier's next of kin to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not respond to our letter.

18. The investigation has assessed the main issues involved in Mr Hillier'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.

19. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out no factual inaccuracies.

# Background Information

### HMP Littlehey

20. HMP Littlehey in Cambridgeshire is a medium security prison housing approximately 1,200 men. A high proportion of the prison's population are men who have been convicted of sexual offences, and just under 50% are aged 50 and over.

21. Northamptonshire Healthcare NHS Foundation Trust provides healthcare services at Littlehey. The prison healthcare centre is open from 7.30am to 7.30pm Monday to Friday, and from 8.00am to 5.30pm at weekends. A local practice provides GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

### HM Inspectorate of Prisons

22. The most recent published inspection of HMP Littlehey was conducted in March 2015. Inspectors reported that a small group of GPs who regularly attended the prison had significantly improved patient care. Life-long conditions were identified effectively and there was an appropriate range of clinics, led by specialist nurses. Hospital appointments for prisoners were rarely cancelled but risk assessments for keeping medications in-possession were not always reviewed and recorded correctly.

23. HMIP inspected Littlehey most recently in July/August 2019 but, at the time of writing, the report of that inspection has not yet been published.

### Independent Monitoring Board

24. 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 January 2019, the IMB noted that opportunities and facilities for older prisoners at Littlehey had decreased and not increased. However, the Board commended the prison for the continued and positive working arrangement with a local hospice, enabling men to opt for end of life care where they can be surrounded by family and friends.

### Previous deaths at HMP Littlehey

25. Mr Hillier's death was the sixteenth death from natural causes to occur at Littlehey in the last two years. There were no similarities between his death and the previous deaths at Littlehey.

# Findings

### Diagnosis of Mr Hillier's terminal illness and informing him of his condition

26. Mr Raymond Hillier was charged with historic sex offences and received an eight-year sentence on 26 September 2016. He spent time at HMP Bedford before moving to Littlehey on 13 October 2016.

27. Mr Hillier had complex medical needs, including previous treatment for prostate cancer and cardiovascular disease. He was also hearing-impaired, had Type 2 diabetes and complained of knee pain at his reception screening. He was referred to the healthcare team.

28. There is no record of a second healthcare screening for Mr Hillier. Nevertheless, the clinical reviewer is satisfied that his many conditions were managed appropriately, with medication reviews, care plans and appropriate specialist referrals when necessary.

29. On 21 February 2017, Mr Hillier attended the hospital for his yearly prostate cancer review. The hospital requested six-monthly PSA (prostate-specific antigen) blood tests, which measure the level of protein in the blood and are used to detect prostate cancer. The hospital recommended that PSA blood readings higher than 5 should be referred to the urology department.

30. On 10 May, Mr Hillier's blood test results showed a high level of PSA and an appointment was made for him to see a prison GP. On 16 May, Mr Hillier failed to attend the appointment and the GP referred him to hospital for tests under the 'two-week wait' rule (used when cancer is suspected). The following day, she discussed the results and the referral with Mr Hillier.

31. On 8 June, Mr Hillier attended the urology department at hospital. The following day, a hospital consultant confirmed the reoccurrence of prostate cancer. The treatment planned for Mr Hillier was LHRH (luteinising hormone releasing hormones) injections, which lower the amount of testosterone produced (as testosterone stimulates the growth of prostate cancer cells). Regular blood tests and a bone scan were also intended.

### Mr Hillier's clinical care

#### 2017 - 2018

32. On 19 June 2017, Mr Hillier saw a prison GP, who discussed the treatment plan and told him he would need further tests. On 25 June, a nurse met with Mr Hillier and his next of kin to explain the treatment plan and to offer reassurance.

33. On 4 July, Mr Hillier was reviewed by a nurse. Mr Hillier's three-monthly hormone implant was inserted into his stomach as part of the drug treatment for his prostate cancer. Mr Hillier responded to his cancer medications without any side effects and reported feeling well. Prison medical staff continued to manage Mr Hillier's many other conditions.

34. On 16 January 2018, Mr Hillier saw a nurse. He refused the renewal of his hormone implant into his stomach, as it was causing him discomfort, and asked for it to be implanted into his buttock instead. Medical records note that the nurse should have contacted the hospital to discuss alternatives. However, this was not followed up until 17 May, when a pharmacist noticed that Mr Hillier's medication was five months overdue. She contacted the hospital and it was agreed that this medication could be administered into the muscle instead of as an implant.

35. On 30 January, the results of a scan showed that the cancer had spread to his bones. A prison GP explained the new diagnosis to Mr Hillier and prescribed him additional medication.

36. Medical staff continued to manage Mr Hillier's condition and he reported feeling well. On 4 June, a nurse created a palliative care plan to manage Mr Hillier's needs and healthcare as his health deteriorated.

37. On 30 June, a nurse met with Mr Hillier and two members of his family to discuss his medical needs. Mr Hillier reported feeling well and was told to contact healthcare if this changed. Healthcare continued to manage Mr Hillier's condition and he regularly reported that he was well and upbeat in mood.

### 2019

38. On 12 February 2019, a prison GP saw Mr Hillier, who was complaining of back pain which radiated to the stomach. He was treated for a possible urinary tract infection and blood tests were taken. The results showed that his PSA had increased significantly. She referred Mr Hillier to his usual GP for continuity of care.

39. On 15 February, Mr Hillier saw his usual GP. Mr Hillier complained of constipation but no concerns were noted on examination, and no further concerns were raised. He was prescribed constipation medication.

40. On 18 February, Mr Hillier was seen by a prison GP. He was unsteady on his feet and was unable to sit unsupported before falling to his right side. He appeared confused and had not opened his bowels for two days. He was sent to A&E for assessment and admitted to hospital later that day.

41. On 20 February, a CT scan was completed. The following day, results confirmed that the cancer had spread to Mr Hillier's brain. Mr Hillier was receiving palliative care in hospital and it was agreed that he would be referred to a hospice.

42. On 27 February, Mr Hillier was transferred to a hospice for respite care. Regular telephone contact was maintained between prison healthcare and the hospice team, and a decision was made to transfer Mr Hillier to HMP Bedford, which has a 24-hour nursing facility. However, Mr Hillier's health continued to deteriorate and Bedford was no longer able to meet his needs. The hospice therefore agreed to admit Mr Hillier for end of life care.

43. Mr Hillier's health continued to deteriorate and he died in the hospice on 25 March.

44. There was no post-mortem but a doctor at the hospice reported that Mr Hillier died from prostate cancer which had spread to his bones and brain.

45. The clinical reviewer concluded that the clinical care Mr Hillier received from healthcare staff at Littlehey, from definitive diagnosis to his admission to hospital a few days prior to his death, was good and equivalent to that he could have expected in the community. Mr Hillier was able to access outpatient appointments and received the treatment prescribed by his consultants. Appropriate care plans were put in place and consideration was given to his wishes.

46. The clinical reviewer did, however, raise two concerns.

47. First, Mr Hillier did not have a second healthcare screening when he arrived at Littlehey.

48. Secondly, healthcare failed to follow up a query about Mr Hillier's hormone implant in early 2018. The clinical reviewer considers that, although this did not have a direct impact on Mr Hillier's prognosis, this oversight was an example of poor practice.

49. We make the following recommendations:

- **The Head of Healthcare should ensure that secondary health screening is undertaken in accordance with NG57 guidance.**
- **The Head of Healthcare at HMP Littlehey should ensure that staff follow up any queries about medication or treatment refusal in a prompt and timely manner.**

### Mr Hillier's location

50. We are satisfied that Mr Hillier's location was appropriate and that staff at Littlehey reviewed his location as his condition changed.

51. Mr Hillier's health declined rapidly in early 2019 and he was sent to hospital immediately for tests. He was transferred to a hospice shortly afterwards. Littlehey enquired about a move to Bedford to enable Mr Hillier to access 24-hour nursing care, but he became too poorly and it was decided that he should remain at the hospice for end of life care.

### Restraints, security and escorts

52. 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.

53. Mr Hillier was not restrained when he was taken to hospital for appointments or during admissions, for at least six months prior to his death. We are satisfied that this was the appropriate decision given his age and poor health.

## Liaison with Mr Hillier's family

54. On 2 July 2018, when Mr Hillier's health began to deteriorate and he was assessed as needing palliative care, the prison appointed a workshop supervisor as the family liaison officer (FLO). He contacted Mr Hillier's next of kin in accordance with Mr Hillier's wishes and arrangements were made for him to visit his father.

55. The FLO kept Mr Hillier's next of kin up-to-date on his father's condition and provided on-going support. He explained the FLO role and the steps to be taken after Mr Hillier's death, such as the coronial process and assistance with funeral arrangements. He continued to provide support after Mr Hillier's death. In line with national guidance, the prison made a financial contribution to the funeral, which was held on 17 April.

## Compassionate release

56. 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.

57. On 21 February 2019, a consultant in palliative care contacted a nurse at Littlehey. She said that, due to Mr Hillier's deteriorating health, she and the family were keen to start the compassionate release process and that she had contacted a prison GP to complete the paperwork.

58. On 25 February, the consultant completed the compassionate release paperwork, stating that Mr Hillier's prognosis was poor and his life expectancy was likely to be weeks, and less than three months. The compassionate release paperwork was taken to the prison's offender management unit on the same day. It was not processed, however, because an unexpected improvement in Mr Hillier's health led to plans to transfer him to the inpatient unit at Bedford. Before he could be transferred, however, Mr Hillier's health deteriorated and it became clear that Bedford would no longer be able to meet his needs. He had been transferred to a hospice for respite care on 27 February and remained there until his death on 25 March.

59. We consider that the compassionate release application should have been progressed without delay once Mr Hillier had been given a prognosis of less than three months on 25 February. It was clear at that point that his life expectancy was very limited. We recognise, however, that it made little practical difference to Mr Hillier, as he would have remained in the hospice even if compassionate release had been granted.

60. We recommend:

**The Governor should ensure that compassionate release applications are submitted promptly once a prisoner has been given a prognosis of less than three months.**

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