

**The Death of a
Prisoner from HMP Wymott
at a Hospice
on 15 April 2004**

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

October 2004

Foreword

This is the report of an investigation into the circumstances surrounding the death of a prisoner from HMP Wymott at a Hospice on 15 April 2004. He was serving a life sentence at the time of his death.

All deaths of prisoners in custody are investigated, including those due to natural causes. The responsibility for carrying out these investigations traditionally fell to the Prison Service, but has now been passed to the Prisons and Probation Ombudsman to bring independence and greater consistency to the task. In this case a member of the Prisons and Probation Ombudsman's staff carried out the investigation.

My colleagues and I would like to extend our condolences to the prisoner's family and friends at their sad loss. We would also like to thank the Governor in charge of HMP Wymott, and other members of his staff who assisted us for their help. In particular, all the documentation we required had already been gathered together for us.

STEPHEN SHAW CBE
Prisons and Probation Ombudsman

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PERSONAL AND MEDICAL BACKGROUND

1. The prisoner was a life sentence at HMP Wymott who, on the day prior to his death, was transferred from Wymott to St Catherine's Hospice at Lostock Hall.
2. He was a 68 year old Irishman born in County Wexford in 1935. A Social Enquiry Report prepared for the Central Criminal Court (Old Bailey) in 1983 stated that he moved to England at the age of 17 and after a few months commenced living life as a "wanderer." He travelled throughout the British Isles, working occasionally and living with other itinerants. The Report stated that his life had been totally dominated by his alcohol intake. On the evening of 20 September 1982, he murdered a fellow vagrant in the grounds of a college in Surrey during an argument after both men had been drinking heavily. He was originally released from prison in 1996 but was recalled in 1998 after a conviction for common assault. He then remained in custody until the time of his death.
3. The prisoner transferred to Wymott from HMP Kingston in Portsmouth on 19 July 2001 when his Reception Health Screen indicated "nil of note".
4. In October 2002 the prisoner complained to a doctor at the prison of dyspepsia and an endoscopy was performed at Chorley Hospital which was clear. In November 2003 he complained to a doctor that he could not swallow easily and added that he had been suffering for the previous eight months. He was subsequently referred for a barium swallow which was conducted on 16 December 2003. A tight stricture of the oesophagus was observed and a gastroscopy was conducted on 22 December 2003. By 13 January 2004 a diagnosis of locally advanced carcinoma of the upper third oesophagus had been made at Rosemere Cancer Centre, Chorley and the prisoner had 10 sessions of radiotherapy, with the last taking place on 11 February 2004.
5. Wymott does not have an inpatient facility so the medical staff at the prison wished the prisoner to remain in outside hospital. However, when the Healthcare Manager visited him on 22 January 2004, he was adamant that he wished to return to Wymott, if only for a short time. On 23 January 2004 he returned to the prison and was located on I Wing, a unit for elderly and disabled prisoners sited near the Healthcare Centre.
6. The option of transfer to a hospice had been discussed with the prisoner and although at first resistant he eventually agreed on 7 April 2004 to a hospice transfer. He refused hospitalisation but no beds were available in the hospice at that time. On 14 April arrangements were made for him to be transferred to the hospice escorted by a prison officer in civilian clothes. He died at the hospice at 5:12pm the following day.

CONDUCT OF THE INVESTIGATION

7. The investigator visited Wymott on 23 April 2004 when he discussed the prisoner's case with both the acting Healthcare Manager and the Head of Residence. The Head of Residence explained that Release on Temporary Licence had been considered when the prisoner was transferred to a hospice, but was precluded by the gravity of his index offence. On 30 April 2004 the investigator wrote to the Director of Public Health for Chorley and South Ribble Primary Care Trust, asking her to examine the relevant healthcare issues and to assess clinical care. I am most grateful to the Director for supplying her clinical review dated 8 June 2004 in which she concluded;

“the treatment of this patient has been of a good standard, particularly ... in the final months of his life.”

8. Over the years the prisoner had lost contact with his family in Ireland and the lady he considered to be his next of kin was a volunteer with the New Bridge Trust. The Head of Residence told the investigator that the prisoner's friendship with the volunteer had a transformingly positive impact on his behaviour and relationships within the prison during the last two years of his life. The investigator made telephone contact with the volunteer on 15 June 2004 and had a lengthy conversation about her perceptions of the way in which her friend had been treated during the last period of his life.

EVIDENCE OF DECENT AND HUMANE TREATMENT

9. There is a significant body of evidence indicating that the prisoner was treated with great sensitivity and compassion during his last days at Wymott. A letter dated 19 April 2004 to the Governor from a Support Nurse (Specialist Palliative Care) commends the staff in the Health Department “for all their dedicated care towards a dying patient”.
10. A memorandum written to medical personnel by the Staff Nurse on 8 April noted that the prisoner's condition had deteriorated over the previous couple of days and at that time no hospice beds were available. The Duty Governor's Report for the period 9-10 April sets out the impressively detailed and thoughtful arrangements that were made for the prisoner's last few days.

THE TESTIMONY OF THE VOLUNTEER

11. The volunteer telephoned the investigator from her home on the afternoon of 15 June 2004 and spoke at length about her friend. She explained that she had first written to him in May 2002 after he wrote to a voluntary organisation, requesting a penfriend. She began to visit as well as write to him and a strong friendship developed. The volunteer described the action of

asking for a penfriend as a huge step for the prisoner who was socially isolated and viewed the prison as his home.

12. The volunteer had herself cared for cancer sufferers earlier in her life and she spoke with admiration about both prison officer and nursing staff at Wymott. She said she could not give enough praise to all the officers at the prison and mentioned in particular two officers. She highlighted the emotional sensitivity of the staff with whom she had come into contact during the last few days of the prisoner's life and said he had been treated with great respect and tender loving care.
13. She also spoke with gratitude and affection of the intensive nursing care her friend had received during his last few days in the little room he occupied on I wing. She highlighted the measures taken to control his pain. She described the way in which he was turned in bed as being very gentle, caring and humane.

CONCLUSIONS

14. The Director of Public Health for the local Primary Care Trust has concluded that the care the prisoner received in the final months of his life was of a good standard. The Specialist Support Nurse wrote to the Governor of Wymott on 19 April to inform him that the healthcare staff at Wymott were a credit to the Prison Service and in their care for the prisoner had demonstrated "outstanding services to the community".
15. The volunteer, who was also the prisoner's nominated next of kin, had no concerns about his treatment. She was fulsome in her praise of the prison and its staff for the dignity and compassion accorded to him during the difficult days of his final illness.
16. In view of these objective accounts the Governor and staff of Wymott are to be congratulated for the excellent care and support given to the prisoner in the final months of his life. I hope the Governor will share this report, and the sentiments it expresses, with those of his colleagues cited by the volunteer and all others involved in the man's care.