

**Investigation into the circumstances surrounding the
death of a man in hospital
on 9 January 2008 whilst a resident
at an Approved Premises**

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

May 2009

This is the report of an investigation into the death of a man who died of cancer in hospital in January 2008. He had been taken to the hospital on 4 January from an Approved Premises, where he had been living since his release from prison on 20 December 2007.

One of my family liaison officers contacted the man's mother to offer our condolences and to explain our investigation. I would like to add my personal condolences to those expressed by my family liaison officer on behalf of the office.

The investigation was undertaken by one of my investigators. Both he and I would like to thank the manager of the Approved Premises and his staff for their participation.

I do not routinely commission reviews of clinical care for deaths of hostel residents. In this case, however, the man's mother raised some issues around the healthcare her son received. I therefore asked the local Primary Care Trust (PCT) to undertake a review of his care, and I very much appreciate the assistance of the clinical reviewer for conducting the review. I am also grateful to the Governors and staff at HMP North Sea Camp and HMP Wormwood Scrubs who provided information for this investigation.

When investigating a death from natural causes, the medical records are obviously very important. Unfortunately, despite extensive searching, the man's medical records covering the period of his diagnosis and initial treatment for cancer have proved elusive. Conducting these searches has been very time-consuming, and this has delayed the issuing of my report. I can only apologise for any added distress this has caused to his family. The man's mother has commented on the draft report. She is unhappy that the papers which might have shown that her son did not receive timely treatment have not been located, and views this with suspicion. Should the medical records come to light, I will re-open the investigation and consider any new evidence.

The clinical review contains a number of recommendations. I would particularly draw the attention of the Chief Executive of the PCT to the recommendation that computerisation of personal medical records would reduce the possibility of records going astray.

I make one recommendation of my own, and I am pleased to see that the Prison Service have accepted this.

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Prisons and Probation Ombudsman

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SUMMARY

The man had been in prison for over 30 years when he was transferred to HMP North Sea Camp open prison in October 2005. As part of his preparation for possible release, he undertook periods of temporary leave at his proposed address, the Approved Premises. (Approved Premises were previously known as probation hostels.)

He travelled down from North Sea Camp to the area where the Approved Premises was located, at approximately monthly intervals. He would journey from the prison to the hostel by train, but whilst at the hostel would use his car which was kept at his mother's address.

Some time in early 2007, the man complained of pain when swallowing. The unavailability of his prison medical records mean that I am unable to pinpoint exactly when he first complained, but in April that year he was diagnosed with cancer of the oesophagus. The cancer was untreatable, so palliative chemotherapy was begun. (Palliative care is provided when patients will not recover from their illness, and are receiving treatment to reduce the severity of their symptoms.)

In July 2007, an application for compassionate release was made. However, the man did not meet the criteria and so the application was refused.

At approximately the same time, the man began to use his car to travel between the prison and the hostel for his periods of temporary release. Staff at the prison were concerned about this, both because of his illness and because he had used cars when he had committed his offences more than three decades earlier. A condition was put into his temporary release licence which said that he was not to drive.

When the man was issued with a temporary release licence in September 2007, he was told about the concerns over his driving. He thought that he had permission to drive his car from the prison to his mother's home and leave it there, returning to the prison by train. He said that nobody had pointed out to him the licence condition prohibiting him from driving at all. He therefore drove his car to the area where the Approved Premises was located, and was subsequently arrested for breaching his licence conditions. He was taken to HMP Wormwood Scrubs on 20 September 2007.

The Parole Board was due to consider the man's case in November. He therefore elected to remain in Wormwood Scrubs until the time of his review. His cancer treatment was continued at a London hospital. The Board considered his case and recommended his release. He was released from Wormwood Scrubs on 20 December and moved back into the hostel.

Thereafter, the man's illness got progressively worse. He spent Christmas with his mother, but by 2 January 2008 he was too ill to leave his bed. He was admitted to hospital on 4 January, and died in the early hours of 9 January.

I make one recommendation designed to ensure that conditions in temporary release licences are made clear to prisoners when issued.

THE INVESTIGATION PROCESS

1. My investigator had access to all the man's probation records, which were provided by the hostel. He visited the hostel, saw where the man lived, and interviewed two members of staff. Both interviewees signed transcripts to confirm their accuracy. Notices were displayed at the hostel to inform both staff and residents of the investigation, and inviting their contributions. None was received.
2. In addition, my investigator spoke to staff at HMP North Sea Camp where the man lived until September 2007. He had access to prison documents relating to his time there. He spoke to the Governor and the Head of Healthcare.
3. My investigator also visited HMP Wormwood Scrubs, where the man was held immediately prior to his release from prison. Copies of the records were obtained and my investigator had access to historic documents relating to the man's time in custody.
4. Unfortunately, his prison medical records have not been traced. My investigator wrote to North Sea Camp and Wormwood Scrubs and asked them to undertake thorough searches of their record centres, healthcare centres, and any other places where a prisoner's medical records might be held. They both replied that, despite extensive searches, they were unable to locate the medical records.
5. One of my family liaison officers contacted the man's mother and offered her the opportunity to raise any issues for my investigation to address. She asked if my report would address the issue of her son's cancer diagnosis, and whether North Sea Camp had reacted quickly enough. The absence of the prison medical records has made this difficult for me to go into in any depth. However, while I am certain that this offers scant comfort for the man's mother, the clinical reviewer told my investigator that this type of cancer is almost always untreatable by the time it is detected. This means that, even if his cancer had been diagnosed earlier, it is highly unlikely that it would have prevented his death. I hope that this puts some of his family's concerns to rest on that point at least.
6. The man's mother also expressed concerns about the circumstances of her son's recall to prison in September 2007, which denied him precious time with his family.
7. She also commented on the care her son received from staff at the hostel. She said that he got on very well with them, and:

"They took great care of him right up until he was admitted to hospital. They were caring people. They visited him in hospital and cared about him so much."

I hope that the hostel manager will share these comments with his colleagues.

8. As a matter of course, I do not commission a review of the clinical care of residents of Approved Premises unless there are any specific indications that it would benefit my investigation. In the man's case, because of the issues raised by his mother, my investigator asked the local Primary Care Trust (PCT) to undertake a review. The PCT covers North Sea Camp, where the man was living when his cancer was diagnosed. This review was conducted on behalf of the PCT by a doctor: unfortunately her review was also hampered by the lack of prison medical records. Nevertheless, my investigator discussed the report with her and I offer her my thanks for her review.
9. My investigator contacted Her Majesty's Coroner to inform her of the nature and scope of my investigation. As the man died in hospital of natural causes, the Coroner is not holding an inquest into his death. I will nevertheless forward a copy of my report to the Coroner.

HMP NORTH SEA CAMP

10. North Sea Camp is a category D (open) prison in Lincolnshire, with a capacity to hold just over 300 prisoners. It opened in 1935 as a Borstal. The original group of staff and trainees established a tented camp at the site and built a permanent structure, some of which remains to this day. In 1988, North Sea Camp became an adult, male open prison.
11. The healthcare centre is open from 7.30am until 5.00pm weekdays, and from 8.00am to 11.00am at weekends. Nursing staff in the prison are augmented by General Practitioners from a local surgery. Out of hours or emergency cover is provided through the surgery switchboard.

APPROVED PREMISES

12. Approved Premises were formerly known as Probation and Bail Hostels. They are approved by the Secretary of State, within Section 9 of the Criminal Justice Act 2000. Approved Premises provide a supportive, structured environment in the community for offenders who present a high risk to the public and are difficult to manage. The management of offenders accommodated in Approved Premises is governed by the National Standards for Supervision of Offenders and the guidance contained in the National Approved Premises Handbook.
13. The Approved Premises is a large detached Victorian house on three floors. It is situated in a residential street and can accommodate 18 residents. Residents share bathroom and kitchen facilities.
14. There have been two other deaths at the Approved Premises since I was given responsibility for such investigations. One death was before the man's, and the other happened afterwards. Neither death raised issues similar to those in this investigation.
15. If residents have healthcare needs, they attend the doctor who is allocated as the general practitioner for the hostel. While hostel staff will monitor residents with known health needs and will liaise between the residents and the doctor if necessary, the onus of seeking and managing healthcare is on the residents themselves.

Release on temporary licence

16. Category D prisons are designed to assist prisoners who may be nearing release to acclimatise back into society. Part of this process can involve release on temporary licence. Prisoners may be allowed to leave prison on a temporary licence to help them improve their chances of resettlement after release. The system is designed to ensure that suitable prisoners have the opportunity to plan their reintroduction to society in a way that cannot be provided in prison. Licences may be for a single day, or may be overnight to allow prisoners to maintain family ties and make arrangements for

accommodation and work on release, or to spend time at the address where they intend to live.

17. Licences will all contain conditions. As an example, prisoners may be required to report to their home probation officer at a certain address and/or at a certain time. In addition, they may not be allowed to enter a particular area where victims of their crime live, or a specific type of premises such as public houses or places where children may be.

KEY FINDINGS

18. The man was sentenced to life imprisonment and spent over 35 years in prison. In that time, he moved through the system, spending time in a number of establishments, and was reviewed several times by the Parole Board. He absconded on two occasions: once from a category B prison and once from a category D prison.
19. In October 2005, the man moved to North Sea Camp. As is standard when prisoners arrive in a new prison, he was given an initial health screening. After the screening, he had a number of further contacts with healthcare and the orthopaedic department at the hospital, apparently in relation to problems with arthritis in his hip. The process for a hip replacement was begun.
20. It had been agreed that on release the man would initially live in an Approved Premises. After a period there, consideration would be given to a move to his mother's address. As a result, early in 2006 he began to undertake periods of temporary release at the Approved Premises near his mother's address. This began with a four-day stay in March, with the man travelling down from North Sea Camp by train. Over the next 17 months, he went to stay there on temporary release approximately every month.
21. The man's licences contained the standard conditions for temporary release. In addition, his licences at different times up until June 2007 included some or all of the following individual conditions:
 - not to enter licensed premises
 - not to consume alcohol
 - not to take illicit/unprescribed medication
 - to be of good behaviour at all times
 - to comply fully with any licence conditions required of him
 - not to be in the company of any children under the age of 16 years
 - not to contact the victims' families
 - to abide by Approved Premises/hostel rules at all times
 - to disclose any developing friendships and/or relationships
 - not to use any internet facilities at all
 - not to make or have contact with sex workers
 - to attend all appointments as directed by key worker at the Approved Premises
 - to keep appointments as directed by his supervising officer
 - not to enter Nottingham.
22. During the periods when the man was on temporary release, he would spend much of his time with his mother at her home. The hostel manager told my investigator that he would always abide by the terms of his licence and always adhere to the hostel's curfews. He had minimal social contact with others in the hostel, and there was no evidence of him drinking alcohol.

23. Although his prison medical record is missing, the healthcare department at North Sea Camp was able to provide the clinical reviewer with the dates of his medical appointments whilst there. They largely appear to be in relation to his arthritis. However, three appointments early in 2007 (5 January and 26 January, and 2 February) appear to the clinical reviewer to relate to symptoms of what was later to be diagnosed as cancer.
24. Whilst on temporary release, the man complained to hostel staff that he had been suffering health problems, with difficulty swallowing and digesting food. He protested that he did not think he was being listened to in the prison. He did not think that his problems were taken sufficiently seriously, and that he was not getting proper medical attention. The hostel manager told my investigator that this was around April or May 2007, just prior to the man's cancer diagnosis.
25. Having been referred to the Gastroenterology Department at an outside hospital for investigation of his swallowing problems, the man underwent an endoscopy (an internal examination using a thin, flexible telescope to view the inside of the stomach) on 3 April. It revealed a tumour in the lower oesophagus that was suspected to be malignant. Biopsies (medical tests involving the removal of cells or tissues for examination) were taken and subsequently confirmed that he had oesophageal cancer.
26. The man was referred to the Oncology Department at the hospital on 16 April, and seen by a consultant on 30 April. Notes from this consultation say that he had suffered "several months' history of difficulty and pain on swallowing ... and has become progressively worse". The lack of prison medical records make it impossible to know whether the consultant formed this view from records, or whether the man estimated the timescales himself. Following the consultation, a computed tomography (CT) scan (a specialised X-ray test to give clear pictures of the inside of the body, particularly of the soft tissues) was performed on 1 May.
27. A multi-disciplinary team at the hospital discussed the man's health on 14 May. They agreed that his cancer was inoperable and that he should begin palliative treatment, in this case chemotherapy. His life expectancy was estimated to be between eight and 12 months. He began the course of chemotherapy at the hospital on 21 May, and continued to attend every week.
28. The periods of leave the man spent at the hostel were for a four-day period, once a month. Whilst at the hostel on temporary leave during the time of his chemotherapy treatment, consideration was given to the location of his room. A ground floor room was available, but he was still able to care for himself and could cope with stairs. He therefore continued to use a room on the first floor which had easy access to the toilet and shower facilities.
29. The man used a car when he was in the area of the Approved Premises. It was kept at his mother's address, with the knowledge of his offender manager at the local probation office. In July 2007, the man began to use his car to travel between the hostel and the prison. My investigator asked the hostel

manager if he knew whether the man was properly insured to drive. He said that, as far as he was aware, the offender manager had seen the man's insurance documents. The records indicate that the police and probation services were aware that the man was using a car and neither had any objection.

30. North Sea Camp submitted an application on 3 July for his early release on compassionate medical grounds. As part of the process the hostel had to show that there would be appropriate medical care for him if he lived there. Prison healthcare and the man's hospital consultants liaised with the hostel's registered doctor to ensure continuity of care. The case was referred to a London hospital for possible transfer of care, including chemotherapy, and the man attended an appointment there on 3 August.
31. However, on 10 August the Pre-Release Section of the National Offender Management Service informed North Sea Camp that the application for compassionate release did not meet the given criteria. Medical opinion suggested that the man had a life expectancy of around a year, and was responding well to treatment. He did not need 24-hour care and the application had therefore been refused.
32. Prison staff began to be concerned about the man's ongoing capacity to drive. This was partly over unease at the legitimacy of his insurance, either because of a possible discrepancy by using his mother's address, or because of the possible effect the chemotherapy might have on the validity of his cover. The prison also wished to assess the risk of him using a car as he had used cars during his offences.
33. The temporary licences under which the man was released prior to June 2007 did not contain any conditions concerning permission to drive. But the licences for June, July and August 2007 contained an added condition that he should not drive. The papers detailing his subsequent recall to prison indicate what the concerns were, but do not show why they were raised at this particular time. From the evidence he later put forward to the Parole Board and from conversations with hostel staff, he seems to have been unaware that the new licence condition had been added. He only became aware of the prison's concerns in early September: he mentioned it to a probation officer in a telephone call on 5 September. Keeping his car at the prison seems to indicate that staff were aware that he was driving, but no action was taken in relation to a possible breach of licence conditions until his recall.
34. On 20 September, the man was again released on a temporary licence to spend at the area of the Approved Premises. The licence contained the condition that he should not drive. He later told hostel staff that he was informed before he left the prison that he was not allowed to keep his car, so he told the staff that he would drive his car to his mother's home, leave it there, and return to prison on the train. A rail warrant for his journey back was issued to him. He said in his evidence to the Parole Board and to hostel staff that the condition disallowing him from driving had not been pointed out to him. Because he had already had a number of temporary release licences,

he did not fully read through the licence. He did not notice the condition stopping him from driving (as he appears not to have noticed the same condition on the previous three licences).

35. After the man left North Sea Camp in his car there followed a series of telephone calls between the prison and his probation office. The prison confirmed that, if he was driving his car, he was in breach of his licence conditions. When he arrived at the probation office he was therefore arrested and taken to the nearest prison. This was HMP Wormwood Scrubs.
36. At Wormwood Scrubs, the man was given an initial health screening. In addition to his cancer, he explained his problems with his hip, and that surgery had been delayed during his cancer treatment. As he was already in contact with the London hospital, arrangements were put in place for his cancer treatment to be continued there whilst he was in Wormwood Scrubs.
37. The Parole Board were due to consider the man's case in November. As his recall to prison was so close to the scheduled review, he elected to remain in Wormwood Scrubs until the review was complete. He was located in the healthcare centre. When leaving the centre for a visit on 22 September, he was recognised by another prisoner. He was consequently relocated into a single cell for his own protection.
38. The Parole Board considered the man's case on 28 November. They noted that there were considerable mitigating grounds for the breach of his temporary licence, and that the breach did not identify any heightened risks. The Board concluded that he had demonstrated through his time in open prison that the risk of release was acceptable.
39. The Board wrote to the man on 12 December 2007, informing him that they had recommended that he should be released. In addition to the usual life licence conditions, they recommended the licence should stipulate that he should:
 - reside at the hostel
 - comply with any requirements to ensure he addressed his risk factors
 - abstain from alcohol
 - not work or live with children under the age of 18
 - not have any passengers in his car.
40. The hostel was informed of the Parole Board recommendation. They therefore notified the hostel's registered doctor to ensure continuity of care in the man's cancer treatment.
41. The man was released on licence on 20 December 2007. As agreed, he was to reside in the hostel. Staff told my investigator that, on arrival, he appeared to be physically weaker but was still able to look after himself. He was content to occupy the room he had previously used on the first floor, rather than the ground floor room with the en suite facilities.

42. However, as he was suffering from a potentially aggressive form of cancer, it was possible that the man's ability to care for himself could deteriorate with little notice. Arrangements were therefore made for Macmillan nurses to attend the hostel on a regular basis. (Macmillan nurses are specially trained to provide palliative care for cancer patients.) The hostel's registered doctor had indicated to the hostel that, once the man was unable to care for himself, he would be moved to a hospice. However, the Macmillan nurse said that this would only happen when he was very close to dying.
43. Having stayed there on a number of previous occasions, the man quickly settled into living at the hostel. He was given permission to stay at his mother's home overnight on Christmas Day and did so, returning to the hostel on Boxing Day. During the following week he became increasingly ill. He attended an appointment with his probation officer on 27 December, and was visibly unwell. The officer told him that he should not attend if he did not feel up to it. The hostel records show him as sick on 28, 29 and 30 December, although he was able to drive to see his mother on 29 December. On 31 December, he asked to see the doctor and was taken to the surgery. He was given permission to stay overnight at his mother's home on 31 December. He drove there but felt too ill to stay during the course of the day and returned to the hostel.
44. Although the original plan was for the man to move on to his mother's address from the hostel, he was concerned at the effect this might have on her as his illness progressed. Instead, in order to be able to leave the hostel, he began to make arrangements to go and live with friends. Discussions took place between the probation office in the area where the friends lived, the man's probation office, and the hostel. The man was due to move on 11 January 2008, subject to any possible amendments required to his life licence. Sadly, the process was overtaken by events.
45. Records indicate that by 2 January the man was too ill to leave his bed unaided. Hostel staff provided him with an alarm to attract staff attention. On 3 January, he needed to see the doctor. Despite the fact that the doctor's surgery was only four doors away from the hostel, one of the hostel staff had to drive him there.
46. A Macmillan nurse came to see the man at the hostel on 4 January. On examining him, she concluded he might have as little as two weeks to live. She therefore arranged for his transfer to hospital, and he moved to the local hospital that day. While he was in hospital, a member of hostel staff visited him each day. Treatment initially meant that he improved slightly. However, his condition was by now very serious, and the man died at approximately 4.00am on Tuesday 9 January.
47. Hostel staff found out that the man had died when one of his friends, with whom he had intended to live, telephoned the hostel that morning. The hostel put into place the arrangements necessary when a resident dies. They maintained ongoing contact with the man's mother and his cousin, as well as

his friends. They arranged for the family to collect his belongings from the hostel.

48. Three members of staff from the hostel attended the man's funeral. Having paid his respects, I note that the hostel manager chose not to attend the wake that was held after the funeral to allow the man's family and friends not to feel inhibited by an "official" presence. I regard this as a sensitive decision and, in my view he handled the situation well.
49. Staff at the hostel have access to a counselling service. In light of the man's death the availability of this service was brought to their attention should any of them have felt the need for support. Residents at the hostel were informed of the man's death by the hostel manager.
50. The man's cause of death was given as 1(a) bowel obstruction and (b) metastatic oesophageal cancer.

ISSUES

Clinical care

51. The scope of the clinical review was restricted by the absence of the man's prison medical records. Before being diagnosed with cancer, he had a problem with his hip, stemming from arthritis. He had regular contact with healthcare in relation to assessment of his hip problem. The clinical review says that he received appropriate care for his hip problem. He was awaiting replacement surgery when the cancer diagnosis was made.
52. The lack of medical records means that we do not know when the man first complained to the doctor at North Sea Camp with symptoms relating to his cancer. The clinical reviewer speculates that he appears to have first done so in early January 2007, and the notes from the hospital consultation on 30 April 2007 indicate that he had had increasing difficulty and pain on swallowing for "several months". The missing prison medical records mean that we do not know whether this was documented. The man had complained to staff at the hostel that he had told the prison about his problems swallowing and that he did not feel that he was taken seriously. But again, as we do not know when he first told the prison healthcare department of such symptoms, it is impossible to say whether his referral was timely.
53. In addition to contacts about his arthritis, the man seems to have had some dealings with healthcare in North Sea Camp in early 2007 after having difficulty swallowing. He appears to have had doctor's appointments in early and late January as well as early February 2007, which the clinical reviewer suggests might have been in relation to his complaints of problems swallowing. The absence of the medical records makes it impossible to be certain. In any event, the man was subsequently referred to hospital and on 3 April 2007 an endoscopy showed the tumour, which proved to be cancerous.
54. The clinical reviewer notes that the man had no recorded medical history of risk factors for oesophageal cancer. We do not know when he began to show serious signs that might have indicated cancer. Nor do we know whether he was given a routine or a fast-track referral for further tests. (Fast-track referrals take two weeks, and routine referrals take four to six weeks.)
55. The clinical reviewer also notes that oesophageal cancer has a poor prognosis. National Institute for Health and Clinical Excellence (NICE) guidelines recommend immediate referral for an endoscopy for patients with difficulty swallowing, unintentional weight loss, and persistent vomiting. Studies show that people over the age of 55 with difficulty swallowing and unintentional weight loss are found to have cancer in over 99 per cent of cases. The clinical reviewer finds that, once the diagnosis had been made, the man received appropriate therapy for his cancer. The survival rate in this country for oesophageal cancer is extremely low due to the advanced stage required to produce symptoms. Oesophageal cancer is rarely curable by surgery and treatment is usually palliative, buying time and helping to relieve

symptoms. Chemotherapy, the most effective form of palliative treatment, was provided within two weeks of his diagnosis being confirmed.

56. On arrival at Wormwood Scrubs, the man was given a reception health screening. Thereafter, he was seen regularly by the prison doctor and healthcare staff. Through his time at Wormwood Scrubs his condition remained fairly stable, despite continued difficulty swallowing and episodes of vomiting. No medical records were available for the period after his release from Wormwood Scrubs in December 2007.
57. The clinical reviewer says that computerisation of personal medical records would reduce the possibility of medical notes going astray. I would bring her comments to the attention to the Head of Healthcare at North Sea Camp and to the Chief Executive of the Primary Care Trust. The clinical reviewer further writes that the Prison Service should undertake an internal investigation into the whereabouts of the man's medical notes. These records are key to determining whether there was any undue delay in referral for investigation of his symptoms.
58. My investigator has asked both North Sea Camp and Wormwood Scrubs to undertake searches, and they have both done so. However, given the importance of the records, I would ask that if the papers do come to light they should be immediately referred to my office for further consideration.

Licence conditions

59. The issue of whether or not the man was allowed to drive seems to have caused a good deal of confusion, and I suspect that his recall to prison could have been avoided. I note that he was found to have had valid insurance after he had been recalled to prison. However, the decision leading to the removal of his right to drive involved the risk of further offending as well as insurance. The three previous licences issued to the man before he was recalled to prison also contained stipulations that he should not drive. Nevertheless, I note that his car was presumably driven from and returned to the car park at North Sea Camp during this time. This confusion should not have happened, and for this the prison must share some responsibility. Whilst prisoners should ensure that they are familiar with what they may and may not do on temporary release, the prison should explain the terms of a licence on each occasion. I also wonder whether more could have been done to have policed the condition, given that he had possession of the car at North Sea Camp. There should be no complacency just because a prisoner has already undertaken a number of previous periods of temporary release. In particular, new conditions and amendments should always be brought to the prisoner's attention.

The Governor of North Sea Camp should ensure that prisoners are fully aware of the conditions of their temporary release licences.

CONCLUSION

60. The man spent a long number of years in prison and required preparation for release. The regular periods of temporary leave spent at the Approved Premises were an important part of his resettlement plan. The confusion over his permission to drive was unfortunate and I believe avoidable. I hope that care will be taken to ensure similar situations do not happen again.

61. The lack of the man's personal prison medical record makes it impossible to say whether he was diagnosed with cancer in good time. Sadly, the type of cancer from which he suffered would have meant it unlikely that curative treatment could have been provided. Whilst it appears that he may have complained of symptoms which turned out to be related to his cancer in January 2007, there is no documentation to clarify whether he should have been referred to specialists earlier. The Head of Healthcare at North Sea Camp will wish to satisfy himself that there are robust systems for referring prisoners to outside specialists when the NICE guidance indicates the possibility of serious illness. However, there is no basis for any criticism on the evidence I have to hand.

RECOMMENDATIONS

The Governor of North Sea Camp should ensure that prisoners are fully aware of the conditions of their temporary release licences.

The Prison Service have accepted this recommendation. They tell me that reception officers will be required to explain in full licence conditions to prisoners being released and endorse the licence to that effect. Prisoners will also endorse the licence to confirm this.