

**Circumstances surrounding the death of a woman released on  
temporary licence from prison, in November 2004**

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

**October 2005**

This is the report of an investigation into the death of a woman who was released on temporary licence from prison due to her ill health. Shortly afterwards, in November 2004, she died due to natural causes. I was not informed of her death until four months later.

My office investigates the deaths of all prisoners in custody, including those due to natural causes. In this case the investigation was carried out by one of my investigators. She asked the local Primary Care Trust to commission an independent clinical review. Their assistance is much appreciated.

The woman died during treatment in hospital, whilst resident at a Nursing Home. She had been released on compassionate licence because of renal failure. Her release was characteristic of the caring way she was treated by the prison staff during the terminal stages of her illness. I have made a recommendation designed to ensure that release on compassionate licence is considered, in an appropriate but timely fashion, for all prisoners diagnosed with a terminal illness.

I offer my sincere sympathy and my condolences to the woman's sister and brother for their loss. I know that the staff and prisoners at the prison who knew her share these sentiments.

I am grateful to the then Governor and the Healthcare Manager for their assistance during the investigation.

**Stephen Shaw CBE**  
**Prisons and Probation Ombudsman**

**October 2005**

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## Summary

1. The woman was born in December 1935. She was 68 years old when she died in November 2004 from a ruptured abdominal aortic aneurysm. An aneurysm is a bulge in the wall of an artery, in this case, an artery of the heart. At the time of her death, she was serving a 12-year prison sentence.
2. On her admission to prison, the woman reported a number of health problems. Throughout her time in prison she was treated, both in the healthcare centre and at outside hospitals, for a number of illnesses.
3. In April 2004, doctors at the Renal Unit of the local hospital diagnosed that the woman was suffering from ischaemic nephropathy and chronic renal damage. Ischaemic nephropathy means that insufficient oxygen was reaching the kidneys. She began kidney dialysis in May, going three times a week, but sadly her condition gradually worsened.
4. By September, the healthcare staff at the prison concluded that the woman needed more intensive nursing care than the prison could provide and they began to search for a suitable nursing home. They found a place for her in a home near the prison and, in early November, she was released on temporary licence on compassionate grounds because of her failing health. Four days later, she attended a regular dialysis session. There she suffered the ruptured abdominal aortic aneurysm that caused her death.
5. The woman who died received constant healthcare during her time at the prison and, for the most part, it was as good as she would have received outside in the community. Some aspects of the prison's treatment of her represented especially good practice that I have been pleased to commend.

## **The investigation process**

6. Although the woman died in November 2004, my office did not learn of her death until 7 March 2005. The investigation was opened on 15 March.
7. My investigator visited the prison twice. She spoke to the then Governor, the chaplain, the Independent Monitoring Board (IMB) chairman, healthcare staff and both uniformed and non-uniformed staff. She was given access to all the woman's prison records, including her medical records.
8. One of my Family Liaison Officers wrote to the woman's sister and spoke to her by telephone. The woman's sister did not raise any matters for the investigation.
9. The local PCT arranged for a clinical review of the woman's medical treatment.

## **Background**

### ***The deceased***

10. The woman was arrested in October 2001 and charged with importing Class A controlled drugs. On the following day, she was remanded to HMP Holloway. She had previous prison experience, but many years earlier. In March 2002, she was sentenced to 12 years imprisonment. In his sentencing remarks, the judge said that he had taken into consideration her age and her poor health. Three weeks later, she was transferred to another prison, where she had a wide circle of friends.

### ***The prison***

11. The prison is a closed prison for women converted from the former nurses' home of a hospital. The prison opened in 1989 as a category C male prison, before becoming a closed prison for sentenced adult women in September 2001. The accommodation is mainly single cells and all have integral sanitation and in-cell electricity. The prison provides a variety of vocational training courses, NVQ opportunities and offending behaviour programmes to help reduce the risk of re-offending upon release. A dedicated resettlement unit provides opportunities for work and education outside the prison.
12. The woman who is the subject of this report spent most of her stay at the prison on D wing, which is a modern building where each cell has an en-suite shower and toilet and prisoners have their own keys to their rooms. The wing has a servery, large dining room, a large room for association and a laundry.
13. The most recent inspection by Her Majesty's Chief Inspector of Prisons, in June 2003, found that the prison was a safe prison and that the majority of staff and prisoners felt safe there. The report highlighted the considerable problems in healthcare since the prison was re-roled, mainly related to staffing. It said that most of these problems had been resolved by the inspection date, but the improvement had not yet become apparent to prisoners who still expressed dissatisfaction with the service. The healthcare centre has no in-patient beds.

## **Key findings**

### ***The woman's health in prison***

14. When the woman first arrived in HMP Holloway in October 2001, she told staff who conducted the First Reception Health Screen that she suffered from chronic bronchitis, asthma, migraine, insomnia and psoriasis. She indicated that she was allergic to penicillin. This was entered on the form but it was not highlighted and on three occasions she was prescribed a penicillin antibiotic.

**A copy of this report should be sent to the head of healthcare at HMP Holloway for information.**

15. Whilst in Holloway, the woman was treated by medical staff several times. In November 2001, she was treated for insomnia and in March 2002 for pain in her lower chest. After being sentenced, she was treated for breathlessness and anxiety, which the medical staff attributed to coming to terms with her sentence. The next two appointments at healthcare were because of a viral infection and difficulties in sleeping.
16. In late March, she was transferred to another prison. During her initial screening, she listed her illnesses as before. She also said that she had high blood pressure and had had a biopsy on her throat. Her height was noted to be 5'1" and her weight 51kg (eight stone). During her time at the prison, her weight rose to 68kg, before falling sharply in early 2004.
17. Throughout the rest of 2002, healthcare staff treated her over 40 times. She attended sessions at the Asthma Clinic and on several occasions was treated in her cell for breathlessness. Entries in the medical record demonstrate that the care for this ailment was planned and appropriate. She sought medical treatment for migraines and was referred to the urologist because of cystitis. She suffered from high blood pressure and entries in her medical records record these elevated readings. However, the entries show that, on most occasions, her blood pressure was measured as a reaction to symptoms rather than in a proactive way.
18. In May 2002, the woman was prescribed fluids for diarrhoea and vomiting, but the records show no evidence of a care plan or fluid balance chart. She was seen by the medical officer in early December and she complained of pain in her lower back and kidney area. She also said that she had had diarrhoea for the previous two weeks, but had not reported it before. Again she was prescribed fluids, but there is no evidence of a care plan or fluid balance chart.
19. In January 2003, she suffered severe migraine and nausea and was given paracetamol for two days. However, after three days, the pain was very bad and she was given stronger medication. When the pain did not

lessen, she was referred to a hospital and admitted for three weeks. When she was discharged, her notes said that the cause of the headaches was unknown, although a trans ischaemia attack, that is a mini stroke, had been excluded. The notes also recorded that she had an abdominal aortic aneurysm.

20. In March and May, the woman had more migraine attacks. In September, she reported that she had migraines each day but over the following week her headaches became less severe. At that time, an electrocardiogram (ECG) - a test that records the electrical activity of the heart - was requested. Later in September, she attended the Sleep Clinic where she was given relaxation exercises and a music cassette. At the review three weeks later, she said that there had been no improvement in her sleep pattern. Also in September, her blood pressure rose and blood tests were carried out. When the results were abnormal, she was referred to a nearby hospital.
21. In early October, the woman attended a Hypertensive Clinic and had urinalysis performed as part of the process. Four days later, she was told she needed to drink two litres of water a day. Later that month, she was advised to try to stop smoking. Healthcare staff asked the kitchen staff for a low-fat, low-cholesterol diet, and were told that a low-fat diet could be provided but not one for a low-cholesterol diet. On the same day, the records note that she had a chest infection and lacked an appetite.

**The Governor should provide a low-fat cholesterol diet for prisoners who require it.**

22. In November, she was referred to a consultant. However, two appointments were cancelled due to shortage of officers and a third was postponed by the hospital. Follow up letters were sent in late November.
23. In 2004, her health worsened. During January, she was seen 15 times because of hyper-activity, insomnia and swollen ankles. Another prisoner informed staff that the woman was not eating properly. The medical records state that uneaten meals were found in her room, but it does not appear that her food intake was monitored.
24. In February, she had a severe bout of constipation and vomiting. She reported to healthcare staff that she had lost about a stone in weight in the previous fortnight. Staff assessed her in healthcare and also in her cell on the wing. An entry in the medical record noted that there were raised levels of protein and blood in her urine.
25. In the middle of March, the woman again told healthcare staff that she had been sick with bad headaches, was vomiting and not sleeping well. Also, she said that she was not eating much but had been drinking quite a lot of water. Later that month, her blood pressure was high and an appointment was made for her to see the doctor and nurse. She attended the appointment and the records state that her blood tests were satisfactory.

26. At about the same time, accompanied at her request by an officer, the woman met Independent Monitoring Board (IMB) members. She told them that she and the staff where she worked were concerned about her health. They did not consider that she was getting the necessary help from healthcare. She told them she could not eat, drink or sleep and she wanted a hospital appointment. Later that day, an IMB representative took the woman to the healthcare centre and asked healthcare staff to prescribe fortified foods. The healthcare staff replied that she should first be assessed. The IMB representative also wrote to the then head of healthcare, asking for her help. A week later, the woman returned to the IMB office to thank them for their help as she had been given a hospital appointment.

**The IMB members are to be commended for their prompt and efficient intervention that helped the woman communicate with healthcare staff.**

27. In April, the woman's solicitors telephoned healthcare staff to say that she had contacted them about her deteriorating condition. Healthcare staff replied that she was under hospital care and that they were waiting for a follow up appointment. The woman told a nurse who checked her that evening that she vomited each morning while washing, but that she had not told the medical staff about this. The following day, she was seen in healthcare and was referred urgently for tests. Her blood pressure reading was very high. When she returned to the prison, she told IMB members that she had been to hospital, had tests and was waiting for another appointment to be arranged. The head of healthcare informed the IMB member that healthcare was waiting for the hospital to notify them of the date.

28. The following week, healthcare staff saw the woman in her cell after staff on the wing contacted them because she was vomiting most days and was unable to keep most foods down. They also were concerned about her weight loss.

29. The following day the woman went into hospital for tests. Two weeks later, healthcare staff were informed that she had been transferred to the Renal Unit at a second hospital for dialysis. In May, the registrar at the second hospital informed healthcare that the woman had been diagnosed with chronic kidney damage and would need dialysis.

30. She returned to the prison the next day. Follow-up appointments were arranged for two occasions later that month, but a discharge letter was not sent. Four days after she returned from hospital, healthcare staff consulted the hospital for advice about her dietary requirements. It was arranged that the kitchen would provide what she wanted, as long as it was part of her diet. Her medical records note that she was pleased to be back at the prison. Over the next few weeks, she continued to vomit regularly and staff spoke to her consultant about appropriate medication.

They also asked for his instructions about prescribing sleeping pills for her recurrent insomnia.

31. Following a referral from healthcare, a Social Services occupational therapist visited the woman in June to carry out a full assessment of her mobility. They agreed to provide a stool or seat for her use in the shower.
32. Early in July, she went again to hospital for tests and later that month she began dialysis. Her appointments were from 7:00am to 3:00pm three times a week. On those days, she left the prison very early in the morning, being released on temporary licence each time. Later that month, the Residential Governor signed an order to say that when the woman went for dialysis she did not need to go through the reception processes. Also, she was not to be stripped searched on leaving and returning to the prison, as would be normal practice. This meant that the woman left the prison with minimal delay on what were long days for her. When my investigator spoke to the Governor, he informed her that as far as possible his policy was to treat the prisoners with kindness. This order was a good example of the policy in action.

**The then Governor and the Residential Governor are to be commended for their actions in respect of the woman who died and more generally for the culture of respect and decency that those actions represented.**

33. In August and September, the woman returned to the hospital for further tests, and healthcare staff liaised closely with the hospital about giving her medication. By now, they were attending her in her cell each day. The Healthcare Manager and Governor discussed the woman's care and decided to keep her at the prison, rather than transfer her to a prison with inpatient facilities. They considered that, given her frailty, it would be detrimental to move her away from all her friends and their support and love. It would also have meant her attending other hospitals for treatment and having to adapt to new medical staff.
34. At the end of September, the woman fell for the second time in 24 hours, and healthcare staff concluded that she could no longer be cared for in a prison setting. She was admitted once more to hospital, where she remained until early October.

### ***The search for a nursing home***

35. In early October, a member of the healthcare staff attended a multi-disciplinary case review meeting at the hospital that discussed the woman's future care. The member of staff explained their contention that she could not be cared for adequately in a prison setting. The hospital care team acknowledged this, but stated that there was no clinical reason for her to remain on the ward. At the healthcare team's invitation, the care team visited the prison the following day, which enabled them to

understand the difficulties of providing for the woman's needs within the prison.

36. Despite this, the woman returned to the prison the next day, having been told by the doctor that her kidney failure was terminal. The Healthcare Manager saw her on the wing and explained that they were planning to find her a nursing home. The chaplain also spent time with her. The prison arranged for the woman to have two cells so that there was space for all the equipment she needed, such as a commode and nursing supplies. They carried out a nursing needs assessment and arranged for her to have a nursing assistant each night from 8:00pm to 8:00am to care for her.
37. Healthcare staff informed the investigator that they did not have any information or guidance about how to transfer a prisoner to a nursing home. They described the process as one of trial and error, both in finding a home and arranging the funding for a place. The whole process took several weeks and considerable efforts by various members of healthcare. At the woman's request, they looked for a home local to the prison, rather than where she had lived before being imprisoned. Most homes refused to consider her because she was a prisoner, but one agreed to offer her a suitable room.
38. Healthcare staff also dealt with Local Authority social services departments to arrange funding for the nursing home place, and eventually this was agreed. The Governor had agreed that, if a place was available before funding was secured, the prison would pay the costs in the interim. The Governor also applied on the woman's behalf for Early Release on Compassionate Grounds, because of her failing health and the difficulty of caring for her in prison. This had not been granted by the time a place was found, so the woman was released on temporary licence.

**The time and effort that healthcare staff put into finding a nursing home was commendable, as was the employment of nursing assistants for the night hours whilst a place was being arranged.**

**The Director General of the Prison Service should consider whether Governors should receive renewed advice to ensure that all prisoners who are diagnosed with a terminal illness are regularly reviewed by a multi-disciplinary team and considered for early compassionate release.**

39. The woman arrived at the nursing home in early November. She settled in at once and quickly built up a rapport with the staff there. Four days later, healthcare staff told her that the funding was settled and she commented that now she could finish unpacking her suitcase. She planned to return to the prison one final time to say goodbye to all her friends there.
40. On the following day, she went for dialysis. During treatment, she suffered a ruptured abdominal aortic aneurysm. Cardio pulmonary resuscitation

(mouth-to mouth breathing and chest compressions) was given, but it was not successful and she passed away.

***Following the woman's death***

41. The sister at the Renal Unit informed prison healthcare staff of the woman's death and indicated that she would also inform the nursing home. She had already spoken to the next-of-kin. Healthcare staff passed the information to the Orderly Officer who informed both staff and prisoners. The Healthcare Manager was not on duty but was notified at home. She then went into the prison to offer support to her staff.
42. The woman's sister told my colleagues that about 15 staff and prisoners attended the funeral. She also said that the prisoners held a collection and sent two wreaths. The prison also held a service, which some of the staff from the nursing home attended.

## **Other issues considered during the investigation**

43. Staff from the local PCT carried out a clinical review of the woman's medical treatment and they highlighted a number of issues.
44. Once medical staff identified the woman as having high blood pressure, they should have drawn up a care plan to manage this. Similarly, there was no evidence of a care plan or fluid balance chart to manage her intake of fluids. The lack of care plans for these conditions contrasts with the planned and appropriate care that she received for her asthma.
45. The record keeping revealed a number of weaknesses. Entries were illegible or lacked dates or signatures, non-standard abbreviations were used and there were gaps in the records.

**The Healthcare Manager should remind her staff of the importance of maintaining records correctly and of drawing up care plans to ensure that identified needs are met.**

46. Prison Service Standard 22 - Healthcare Standards requires each prison to develop its own Palliative Care policy. This should be a comprehensive approach to the treatment of serious illness and focuses on the physical, psychological, spiritual and social needs of the patient. The prison does not have such a policy in place.

**Using the Integrated Care Pathway, a prison specific policy should be developed in partnership with the PCT to ensure it reflects the specific complexities of nursing within a secure environment.**

47. At times, communication among the parties did not ensure that the woman got the best and most timely care. For example, lack of discharge summaries from the hospitals who had treated the woman as an inpatient prevented good continuity of care when she returned to the prison as healthcare staff did not have all the relevant information.
48. The woman did not always manage her own healthcare needs. She did not always seek medical attention as soon as she became unwell. On one occasion, for example, she waited for two weeks before reporting sick. Her medical notes show that several times her symptoms were caused by her not taking her regular medication.
49. During the investigation, it became evident that there was a certain amount of tension between healthcare staff and others over the woman's treatment. Non-medical staff at the prison who spoke to my investigator expressed their disquiet having watched the woman's health deteriorate rapidly during 2004. They wondered whether healthcare staff had done all that was possible for her as her condition kept worsening. Medical staff felt that the members of staff who voiced their concerns were questioning

their professionalism. The medical records show that the woman was receiving treatment for all her illnesses and being referred to consultants. This care was given under medical-in-confidence as she was a patient and so the other staff were not informed of her treatment. Both healthcare and other staff considered that closer links between all areas of the prison would improve multi-disciplinary work.

**The Governor and Healthcare Manager should look at ways of promoting a closer relationship between healthcare and other staff to improve their understanding of each others' roles.**

## **Recommendations**

50. A copy of this report should be sent to the head of healthcare at HMP Holloway for information.
51. The Governor should provide a low-fat cholesterol diet for prisoners who require it.
52. The Director General of the Prison Service should consider whether Governors should receive renewed advice to ensure that all prisoners who are diagnosed with a terminal illness should be regularly reviewed by a multi-disciplinary team and considered for early compassionate release.
53. The Healthcare Manager should remind her staff of the importance of maintaining records correctly and of drawing up care plans to ensure that identified needs are met.
54. Using the Integrated Care Pathway, a prison specific policy should be developed in partnership with the PCT to ensure it reflects the specific complexities of nursing within a secure environment.
55. The Governor and Healthcare Manager should look at ways of promoting a closer relationship between healthcare and other staff to improve their understanding of each others' roles.

## **Good Practice**

56. The IMB members are to be commended for their prompt and efficient intervention that helped the woman who died communicate with healthcare staff.
57. The then Governor and the Residential Governor are to be commended for their actions in respect of the woman and more generally for the culture of respect and decency that those actions represented.
58. The time and effort that healthcare staff put into finding a nursing home was commendable, as was the employment of nursing assistants for the night hours whilst a place was being arranged.