

**Investigation into the circumstances surrounding the death of
a man at HMP Holme House on 23 July 2005**

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

December 2005

This is the report of an investigation into the death of a man who, having suffered from lung cancer, died in the healthcare centre at HMP Holme House on 23 July 2005.

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. A member of North Tees Primary Care Trust (PCT) carried out a clinical review of the man's treatment while he was at Holme House. His assistance is much appreciated.

During his time at Holme House, the man was well cared for. Staff in the healthcare centre liaised with other healthcare agencies to ensure he received good and timely treatment. Other staff in the prison cared for him by making concerted efforts to grant the requests he made in the final stages of his life.

I offer my sincere condolences to the man's wife and all members of his family for their loss. I know that the staff and prisoners at Holme House who knew him share these sentiments.

I am grateful to the Governor of Holme House, and to his staff for their assistance during the investigation. This is a report that reflects very well both on Holme House and the Prison Service as a whole. I make one recommendation in recognition of that fact.

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Prisons and Probation Ombudsman

December 2005

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1. Clinical review
2. The man's request not to be resuscitated
3. Psychiatric report assessing the man's ability to give informed consent
4. The man's thank you note to healthcare staff
5. The man's widow's thank you cards to healthcare staff

Summary

1. The man who died was admitted to hospital on 14 June 2005, suffering from lung cancer and secondary brain cancer. Doctors told him that the cancer was incurable and that he had only a few weeks to live. On 30 June, he was remanded in custody to HMP Holme House, Stockton on Tees, charged with making threats to kill and possession of firearms.
2. Because of his poor health, he was admitted directly to the healthcare centre, where staff did all they could to make him comfortable. They liaised with hospital staff and the MacMillan nurse to ensure that he received timely and appropriate care.
3. The man informed staff at Holme House that he did not wish to be resuscitated. This decision was fully documented and reviewed with him on several occasions thereafter. He was referred to a psychiatrist who determined that the man had the mental capacity to make this decision.
4. On 19 July, the man asked for permission for his wife to visit him and for them to have a service of blessing of their marriage. Governors, the chaplaincy team and healthcare staff agreed to the request and made arrangements for the weekend of 23 and 24 July. On Saturday 23 July, the man's wife visited him in the healthcare centre, as by then he was too frail to go to the visitors centre. Because of his failing health, staff made the necessary arrangements to bring the ceremony forward by 24 hours. After a short while, the man asked to be left alone to rest before the ceremony. Almost immediately after his wife left the room, the man passed away and, in line with his wishes, staff did not try to resuscitate him. His wife sat with him for a while before spending some time in the chapel.
5. The man received a high level of medical care at Holme House. Staff were also sensitive and respectful in the arrangements for the meeting between him and his wife and the planned blessing.
6. The clinical review highlights two actions as examples of good practice. I fully endorse these and commend other aspects of the care and humanity the man received at Holme House.

The investigation process

7. My investigator opened the investigation by letter and then visited the prison on 8 August. She met the Deputy Governor, a member of the Independent Monitoring Board, the chairman of the local branch of the Prison Officers' Association and one of the chaplains. She was shown around the healthcare centre by a staff nurse. My investigator saw the room where the man died and received copies of the man's prison and medical records. The following day, she spoke by telephone to the head of healthcare, and the other chaplain.
8. One of my Family Liaison Officers contacted the man's widow to ask if she had any issues to raise about her husband's time in Holme House. She replied that she wanted the staff to receive credit for the excellent care they gave her husband.
9. A clinical review of the care the man received was carried out by North Tees PCT and the report is at Annex 1.
10. My investigator asked the Teeside Coroner for a copy of the post mortem report but, at the time of writing, one was not available.

Background

The man

11. The man was born in 1955 and was 50 years old when he died of cancer only three weeks after his arrival at Holme House.
12. On 14 June 2005, the man had been admitted to hospital where he was diagnosed with Lung Cancer with Brain (Cerebral) Metastases. He was informed by doctors that the cancer in his lungs and secondary tumours in his brain were incurable and that he had only a few weeks to live.
13. He was arrested on 29 June 2005 and charged with making threats to kill and possession of firearms. The following day, he was remanded in custody and sent to Holme House. When he arrived at the prison, he informed reception staff that he had cancer, and that the doctors had told him he only had a few weeks to live.
14. The man spent all his time at Holme House in the healthcare centre, where staff did all they could to make him comfortable. He had been in prison several times before and told staff that he wanted to have as normal a routine as possible. He participated in exercise periods and association as fully as his health allowed. Although he could not take part, he enjoyed watching other prisoners play football. He was too ill to work, but he helped staff as he was able - for example, he often made up the tea packs for other prisoners. He was popular with the staff and prisoners and was described as an easy man to talk to. He loved fishing and spoke about how much he missed being able to go out on his boat.
15. The man appeared to have come to terms with his approaching death. In conversations with one of the prison's chaplaincy team he spoke about dying in an open, unafraid way, as something to face straight on. He had a positive attitude and had planned his own funeral. A member of staff spoke of him to my investigator as "A brave man who handled his illness with dignity."

HMP Holme House

16. Holme House is a purpose built local Category B prison, which opened in May 1992. It houses unconvicted and convicted male adult prisoners and unconvicted male young adults. Prisoners are accommodated in six self-contained living units with integral sanitation, in a mixture of single and double cells. On 22 April 2005, the operational capacity was 994. The prison primarily serves the

communities of Tees Valley, South West Durham, East Durham and North Yorkshire.

17. Holme House offers a variety of employment opportunities within its modern workshop complex. These are complemented and supported by a purpose-built Education Department offering both part and full time classes.
18. The Prison Enterprise workshops consist of nine individual work/training areas and offer up to 182 full time prisoner places based on a five-day week.
19. A first night centre has been established. This is a safer custody initiative that provides support to prisoners when they first arrive at Holme House. A Listener scheme operates on a 24-hour basis and is fully integrated into prison arrangements for those in need of support. (The scheme, which operates in almost all prisons, is a prisoner peer group support system, with each Listener receiving training from the Samaritans.)
20. The healthcare centre has 28 in-patient beds, approximately half of which are occupied by prisoners undergoing detoxification. They are kept under medical observation for the first three to five days of treatment, before moving on to the drug detoxification unit. The head of healthcare had considerable experience as a palliative care nurse before joining the Prison Service.
21. The healthcare centre has a Crisis Suite that consists of two rooms at the end of the ground floor corridor. In one room there are two hospital beds and lockers; the other is a very relaxing and comfortable sitting room. It is furnished with a three piece suite, coffee table and television and there is a rug on the floor. It is quiet and private.

Key findings

22. The man arrived at Holme House on the afternoon of 30 June. He told the nurse on duty in reception that he had cancer and listed his medication. He said that he had last had chemotherapy three weeks earlier. He also said that he had a hospital appointment the following day. Because of his medical condition, he went straight to the healthcare centre and did not spend any time on the wings. Healthcare staff immediately began a care plan/pathway document for him and set out an initial plan of action that included liaising with external agencies. At 10:30pm, the prison doctor gave verbal instructions about the man's medication for that night.
23. The next day, staff contacted the chemotherapy unit at the hospital to discuss the man's appointments. He did not have an appointment that day, but did have appointments scheduled for 8 and 15 July and needed to have his blood checked before each. The staff at Holme House said that they would check his blood in the healthcare centre. The appointment on 8 July was for a chest x-ray and to see the consultant. On 15 July, he was to attend for chemotherapy.
24. Late in the evening of 3 July, The man told a member of staff that he felt that he did not have long to live and he hoped the end would be quick. He also handed over a note that said he did not want to be resuscitated. The following day staff rearranged his hospital appointments so that he only had to attend hospital on one day, as he was due to appear in court on 8 July. On the same day, they referred him to a psychiatrist to assess his ability to give informed consent regarding his instruction not to be resuscitated. The man saw a consultant psychiatrist on 6 July. The psychiatrist concluded that the man was fully aware of his situation and had the mental capacity to decide that he did not wish to be resuscitated.
25. The man attended Durham Crown Court on 8 July. He had hoped to be given bail, but was again remanded in custody and he returned to the healthcare centre at Holme House that afternoon.
26. On 11 July, the hospital consultant wrote to the prison doctor to say that the man did not need to attend the chemotherapy session because he would not gain any benefit from further sessions. The man was informed of this.
27. Two days later, healthcare staff spoke to the MacMillan nurse responsible for the man's care and he gave advice about medication pain control. (MacMillan nurses give physical and emotional support to people with cancer.) The nurse visited the man twice and told staff that they could contact him for advice at any time. On 14 July, staff spoke to the man about his living will and he again said that he did not want to

be resuscitated. When asked about hospital care, the man stated that he was "getting excellent care here and would like to stay".

28. On 19 July, The man wrote to the head of healthcare after she had raised the question of whether they should try to get him transferred to a hospital or hospice. The man made it clear that he did not want to go to either and that he was content to stay in healthcare at Holme House. He took the opportunity to thank the healthcare staff for their kindness and care. His letter is at Annex 4. The following day, the man again wrote reiterating his wish not to be resuscitated. He added a request that his wife, who did not live in England, be allowed to visit him on the following Saturday and Sunday. At about this time, the man made an undated application to have his marriage blessed on Sunday 24 July. This was agreed on 21 July and a governor and one of the chaplains began to organise the ceremony.
29. Meanwhile, the man's health was failing. Thus, on 20 July, healthcare staff drew up an additional care plan: 'the integrated pathway for the dying patient'. A section of the pathway dealt with the man's decision not to be resuscitated and it was stipulated that this was to be reviewed not less than every two days. Boxes were ticked to show that the decision would be reviewed in consultation with the patient, medical staff and nursing staff. That afternoon, the MacMillan nurse visited the man and spoke to him and the head of healthcare about how to keep him free of pain. The following afternoon, the man became breathless and the doctor prescribed the use of an inhaler. The air-flow bed that staff had ordered for the man arrived, and he was shown how to use it and how to alter the pressure to make himself comfortable.
30. Arrangements for his wife's visit and the marriage blessing continued. The original plan for the couple to meet in the visitors centre was changed due to the man's worsening health. It was agreed that they would use the crisis suite in the healthcare centre where staff would supervise the visit. The blessing was due to take place in the video link room on Sunday afternoon.
31. On the morning of Saturday 23 July, the man again had difficulty breathing. The physiotherapist saw him and recommended that he should drink plenty of fluids, keep mobile and do breathing exercises. One of the chaplains spoke to the man and noticed how much weaker he had become. He told my investigator that the man spoke highly of his wife and said how important the blessing was to him. At 1:20pm, the prison doctor prescribed oxygen therapy for the man.
32. The man's wife arrived with a friend and they were accompanied into the crisis suite by a member of the healthcare staff. Because of the man's rapidly failing health, it was decided to bring forward the blessing from Sunday to that afternoon. The head of healthcare volunteered to remain on duty after her shift ended to ensure that the ceremony would not be rushed. After about 15 minutes, the man brought the visit to a

close, saying he was not feeling well and wanted to rest before the ceremony. His wife said she would return to the prison later and left the room around 2:30pm. She remained outside in the corridor talking to the head of healthcare while two nurses helped the man. However, almost immediately and while the man was still in the crisis suite, he passed away. In accordance with his wishes, staff did not attempt to resuscitate him.

33. The man's wife, accompanied by her friend, sat with him until the doctor arrived. When she left, she spoke to the chaplain who was in the prison for the blessing. He offered her the use of the chapel and she spent some time there. The duty doctor then confirmed that the man had died.
34. The man's widow returned to Holme House the following day to collect the man's possessions and she spoke to the Governor at that time. She later sent a card to the healthcare staff, thanking them for the kindness and care they gave to her husband. In a separate card to the head of healthcare, she thanked her for the respect with which she had treated him.
35. The prisoners in the healthcare centre, especially the cleaners who had got to know the man quite well, asked for prayers to be said for him. One of the chaplains held a service for them in the association room in the healthcare centre.
36. No one from the prison attended the man's funeral as this was held a considerable distance away. However, the prison gave his widow contact numbers for her to call if she needed help with anything.

Issues considered during the investigation

37. The man received an exceptionally high standard of care from the staff at Holme House. The head of healthcare and her staff, along with the doctors ensured that the man received appropriate and timely care. They also liaised with outside healthcare professionals to provide continuity of care. They provided the man with a specialised bed to make him more comfortable. The staff made sure that he understood the ramifications of his wish not to be resuscitated and that he was able to give informed consent about this. They respected his wish and did not try to resuscitate him when he died.
38. Healthcare staff worked with other staff in Holme House to make his wife's visit as comfortable as possible. They also organised a blessing of their marriage and were rearranging it when, sadly, the man died. After the man's death, their sensitive treatment of his widow continued. I regard their actions as in the very highest traditions of public service and worthy of recognition from the very top of the Prison Service.

The Governor and the head of healthcare are to be commended for their actions and those of their staff in respect of the man and his wife, and more generally for the culture of respect and decency that those actions represented.

Recommendations

The Governor and the head of healthcare are to be commended for their actions and those of their staff in respect of the man and his wife, and more generally for the culture of respect and decency that those actions represented.