Investigation into the circumstances surrounding the death of a man in hospital whilst in the custody of HMP Altcourse in June 2008

Report by the Prisons and Probation Ombudsman for England and Wales

January 2009

This is the report of an investigation into the death of a man who died in June 2008 in hospital whilst in the custody of HMP Altcourse. He had transferred from Altcourse to the hospital earlier after being unwell for several weeks.

A post mortem was held at the request of HM Coroner for Liverpool. It found that the man died from natural causes resulting from pancreatic cancer. I extend my sincere condolences to the man's family and friends.

This investigation was undertaken by two of my investigators. In addition, a review of the man's healthcare was commissioned from Liverpool Primary Care Trust. I am grateful to a doctor who carried out the review. I would also like to thank the Director of Altcourse and his staff for their help and assistance. I am particularly grateful to the liaison officers.

The man arrived at Altcourse in March 2008, and spent a week in the healthcare unit before transferring to the induction wing. Following a court appearance, he was transferred to HMP Manchester. Two weeks later, he returned to Altcourse. On 6 June, he was admitted into the healthcare wing and later transferred to hospital. The diagnosis of his terminal illness was not identified until he was admitted to hospital.

When the man arrived at Manchester, he tested positive for Subutex. There is no evidence that he had been prescribed the drug at Altcourse, and I assume he had come by it illicitly. Nevertheless, at Manchester he was then prescribed both Subutex and Amitriptyline. In contrast, when he returned to Altcourse, there is no reference to any detoxification medication. Although none of this is relevant to his cause of death, I have been sufficiently concerned to make a number of recommendations.

More positively, I have commended the bedwatch arrangements during the man's final stay in hospital.

In this final version of my report the healthcare manager of Altcourse has partially accepted one of the recommendations. The Governor of Manchester, the Director of Altcourse and the healthcare managers of both prisons have accepted the four other recommendations.

Stephen Shaw CBE
Prisons and Probation Ombudsman **January 2009**

CONTENTS

Summary

The Investigation Process

HMP Altcourse

Key Findings

Issues

Recommendations and Good Practice

SUMMARY

The man arrived at HMP Altcourse in March 2008. On reception, it was noted that he had insulin dependent diabetes and a leg ulcer. He spent his first week in the healthcare unit being observed: his blood sugar levels were high and the leg ulcer required attention. A week later he transferred to a normal wing.

Following a court appearance, the man transferred to HMP Manchester. On arrival there, his urine sample tested positive for Subutex and he was given a prescription for it. (Subutex is prescribed as a substitute for opiate drugs such as heroin, and is used to help with drug withdrawal symptoms.) There is no evidence of the man being treated for withdrawal symptoms in Altcourse; indeed, Subutex is not prescribed at Altcourse. I assume he came by the drug illicitly.

A further two weeks later, the man returned from Manchester to Altcourse. His leg ulcer still required daily dressing. No reference was made to any detoxification medication. The man attended the healthcare unit on 12 April and was diagnosed with a chest infection. Anti-biotic medication was prescribed.

The man had a painful back and was seen by a doctor on 16 April. He was prescribed painkillers and a referral was made for him to see a physiotherapist. During April and May, the man was seen regularly in healthcare for treatment to his leg ulcer.

On 28 May, blood tests results indicated the man was unwell but no specific illness was identified. He was seen by a nurse who recorded that the man looked dreadful and pale. The following day he saw the doctor, and it was found following an examination that his liver was enlarged. The doctor requested more blood tests, an x-ray and ultrasound scan at an outside hospital and referred the man to a hospital specialist.

Two days later, the man was escorted to hospital for his x-ray appointment. A scan procedure was offered whilst he was at the hospital but the escorting officers returned the man to Altcourse without the procedure taking place.

The man became increasingly unwell and was admitted to the healthcare unit for observation. On 14 June, the man was transferred to hospital as he was breathless and in some discomfort. He was handcuffed and escorted by two officers.

Five days later, the man was told he had terminal cancer. The next day, the restraints were removed and the escort reduced to one officer. The man died with his family at his bedside.

My report contains five recommendations and formally commends the bedwatch arrangements as Good Practice.

THE INVESTIGATION PROCESS

1. On 10 July 2008, the principal investigator visited Altcourse to open the investigation into the man's death. The Ombudsman's terms of reference and notices of investigation had been sent to the prison in advance of her visit.

2. My investigator met with a liaison officer and reviewed the man's prison file (copies of which were handed to her later). She visited the induction wing and the healthcare unit. She also met the Chair of the Independent Monitoring Board (IMB).

3. On 20 and 21 August, two of my investigators returned to Altcourse and interviewed members of prison and healthcare staff. On 8 September, one of the investigators interviewed another member of prison staff.

4. One of my family liaison officers spoke to the man's next of kin, his former wife. She did not wish to raise any issues in relation to this investigation and told my officer she was grateful to prison staff for their help and support following the man's death. The man's mother was also appreciative of the assistance provided by the prison.

5. On 16 October, the principal investigator spoke to the healthcare manager at Altcourse. The following day, the principal investigator spoke to the inpatient manager at Manchester. My investigator told the manager that this report would be sent to the Governor of Manchester.

HMP ALTCOURSE

6. HMP Altcourse opened in December 1997. It is one of ten privately run establishments within the contracted prisons estate. It is managed by GSL UK Limited (which is itself owned by G4S).

7. Altcourse operates as a local category B male prison. It holds both convicted and remand adults, and young offenders, sent from the courts in Merseyside, Cheshire and North Wales. The prison has an operational capacity of 903 located in six main houseblocks. The site also contains a modern healthcare centre, a rehabilitation unit, segregation unit, college and sports facilities. Medical services are provided by Medacs.

8. The Independent Monitoring Board Annual Report 2007 says:

   > "The provider of healthcare at Altcourse changed again in December 2006 for the third time in as many years. The new provider is Medacs, a private company with some experience of working in prisons. This was a time of great concern for the loyal staff who were faced with another change of employer and conditions of service. The fragility of the private companies who are contracted to provide healthcare in this prison gives the Board considerable concerns although it is to the credit of both healthcare staff and GSL management that this had little effect on the service provided to prisoners, apart from a temporary hiatus in the purchase of drugs for the pharmacy which was resolved quickly by GSL intervention."

9. The most recently published inspection report by Her Majesty's Chief Inspector of Prisons, dated April 2005, describes Altcourse as "a very good local prison" which echoes the Prison Service's own evaluation of the prison as a high performing establishment. The Chief Inspector, Dame Anne Owers, found that Altcourse was performing well against the Inspectorate's 'healthy prison' criteria of safety, respect, purposeful activity and resettlement. Dame Owers wrote:

   > "The aim of the healthcare service at Altcourse is to treat the more minor physical and mental health needs of prisoners on normal location where possible. This means that only the most ill prisoners are generally admitted and cared for in the 24 hour manned healthcare centre. The inpatient facility has room for up to 12 patients in ten single cells and one double cell."

   Dame Owers' report concluded that prisoners have healthcare services equal to those in the community.

10. There have been ten deaths previous at Altcourse since my office was given responsibility for investigating all deaths in prison custody in 2004. Six of those deaths have been apparently self inflicted, and four from natural causes. None of my earlier reports raises concerns relevant to the circumstances surrounding the man's death.

KEY FINDINGS

11. The man was born in Manchester in 1959 and died aged 49. He was estranged from his wife and had been living with his mother. The man had a history of substance misuse, and had previous experience in custody. Staff at Altcourse told my investigators that the man had incurred no adjudications (disciplinary hearings) and was a compliant and pleasant prisoner.

12. The man was received into Altcourse in March 2008. His medical notes indicated that he was receiving insulin for type one diabetes and had a leg wound. The man's leg wound was cleaned and redressed by a nurse and he was admitted to the healthcare unit for observation.

13. On 8 March, The man was examined by a doctor who noted that the leg wound was actually a chronic skin ulcer. The doctor recorded that the man should remain under review in the healthcare unit. The man was seen by healthcare staff regularly and his blood sugar levels were checked daily.

14. The man asked to see the doctor on 11 March. On examination the doctor noted his leg ulcer and his medication of an antibiotic, Flucloxacillin. It was also recorded that the man's blood sugar was too high and his insulin was increased.

15. On 13 March, the man had an assessment to check the flow of blood to the limbs (a Doppler Assessment). The leg wound appeared to be still infected and a swab was taken to send for analysis.

16. The next day, the man was reviewed by a doctor. The ulcer was cleaner and his blood sugar levels had improved. The doctor advised the man that he was fit for normal location and work. The man was then transferred to the induction unit. Arrangements were made for the man to attend the healthcare unit on a daily basis to clean and redress his ulcer.

17. On 25 March 2008, the man was transferred to HMP Manchester following a court appearance. Whilst at Manchester, he continued to receive treatment for his leg ulcer. He was also prescribed medication for drug withdrawal (Subutex) after being tested positive for the medication. A medication to help him sleep and relax (Amitriptyline) was also prescribed. (There had been no previous reference to the man suffering from drug withdrawal symptoms at Altcourse.) My investigator spoke to the healthcare manager, and was told the man was not receiving any detoxification medication whilst at Altcourse and Subutex is not prescribed there. I conclude that he must have obtained it illicitly. The man's leg ulcer was treated and dressed in Manchester's healthcare unit. On 9 April, the man returned to Altcourse.

18. At Altcourse, the man was again examined by a nurse in reception. No reference was made to drug withdrawal symptoms and no medication was prescribed for any related symptoms. It was noted that he had a viral chest infection with a slight wheeze, but was otherwise well. His leg ulcer was

healing and a dry dressing was applied. Again, the man was advised to attend the healthcare unit daily to treat his leg ulcer.

19. Two days later, the man was prescribed Ibuprofen for his leg pain. On 16 April, he saw a doctor with back pain. The doctor noted that the man had strained his back whilst in Manchester and prescribed Tramadol for the pain and advised physiotherapy. The regular appointments to examine the man's leg ulcer continued through April and May. On 30 April, the man was sentenced to 21 months imprisonment for drug related offences.

20. A full set of blood tests were recorded on 28 May. They did not reveal anything to indicate a specific illness but did show the man was unwell. Later that day, a nurse noted in the clinical record that the man looked dreadful, very pale, and was in abdominal pain. The man's blood pressure was low at100/60 (normal blood pressure would be in a range of around 130/80) and his pulse rate was noted as 80 beats per minute (normal pulse rate is within the range of 60-100 beats per minute).

21. On 29 May, the man was examined by a doctor. He noted that the man had lost weight and felt unwell. The doctor ordered more blood tests and contacted the hospital, requesting an urgent x-ray and ultrasound scan appointment. Amitriptyline was prescribed to help the man sleep and relax along with Nefopam, a medication to relieve pain.

22. During a medication round later that day, a nurse observed that the man appeared to conceal the Amitriptyline. The nurse spoke to him and asked him why he had not taken the medication. The man said he wanted to take it later, nearer to bed time. The nurse insisted that the man take his medication and noted this in his medical record.

23. The next day, the man was escorted by two prison custody officers (PCOs), to hospital for his x-ray appointment. The x-ray was taken and a member of the hospital staff noted that the man had also been referred for an ultrasound scan. The member of staff suggested that the scan could be completed that afternoon if the escort could wait about 20 minutes for a time slot. The escort officers were not aware of the scan appointment being included as part of the escort, so declined the offer and returned the man to Altcourse.

24. On 2 June, a doctor noted that the man appeared very pale. The doctor offered the man a bed in the healthcare unit but he declined. No reason why the man did not want to be admitted to the healthcare unit was noted in his clinical record, but the doctor asked nursing staff to review him every day. The man continued to go to healthcare daily to have the leg ulcer dressing changed.

25. The doctor sent a letter to the head of operations on 5 June. The letter noted that the doctor had seen the man in the healthcare unit that morning. The man had told the doctor about the x-ray appointment, and that he had not had his ultrasound scan procedure as the escorting officers did not wait. The

doctor requested in his letter that, in future, all escorts to an outside hospital for tests and procedures be carried out as directed by hospital staff.

26. The following day, the man agreed to be admitted to the healthcare unit. His medical notes record that he settled well into the unit and spent most of his time asleep or resting. His scan was re-booked on 8 June. Over the next four days the man received nursing care by staff on the unit. It was noted that he was poorly but comfortable.

27. On 12 June, a nurse from a hospital contacted healthcare staff to arrange an urgent appointment for the man following the results of a blood test. The appointment was made for 20 June. The doctor had asked for an earlier appointment but the hospital was unable to provide one as the consultant had no clinics until that date.

28. The following day, a doctor noted that the man was breathless although he did not have any chest pain. On 14 June, the doctor made a note in the man's medical record that, should the man's condition deteriorate further, he should be contacted to refer him for an urgent admission to hospital.

29. Later that day, he was transferred to hospital as his condition was deteriorating. A risk assessment was completed and the man was restrained with a double cuff restraint (both the prisoner's hands are cuffed together in front of their body, then attached to an officer). He was escorted to hospital by two officers. On arrival at hospital, the man was admitted for tests and observation. The restraints were changed to an escort chain (an escort chain is a 1.8 metre chain linked at one end to the prisoner and the other to an officer).

30. On 19 June, the man was told by hospital medical staff that he had cancer. The man received a visit from his family later that evening. The following day, the restraints were removed on authorisation of the head of security and the escort was reduced to one officer. The man was allowed family visits in line with hospital practice. On 24 June, the prison's family liaison officer visited the man and then spoke to his family about the support and assistance the prison could offer them.

31. The next day a senior house officer from the hospital, wrote to a prison doctor informing him of the man terminal condition and poor prognosis. He had been diagnosed with pancreatic cancer with liver metastases.

32. The man's death was confirmed at 3.10am on 27 June 2008. His family was at his bedside. The man's former wife expressed her gratitude to the bedwatch staff for their sensitive manner during the man's inpatient stay at the hospital. In particular, the family expressed their gratitude to a PCO the bedwatch officer on duty when the man died, for his compassion and understanding.

33. The duty director held a de-brief with members of the night staff on duty that morning. The duty director noted that the PCO had liaised with the family,

police and hospital staff following the man's death. He was praised by the duty director for his high standard of professionalism. All staff were made aware of the welfare support services.

34. Later that day prayers were said for the man in the chapel at Altcourse. The family was grateful for the support of the family liaison officer and the offer of funeral expenses. They declined the offer of a prison representative at the man's funeral.

ISSUES

Clinical Care

35. A review of the man's medical care was commissioned through Liverpool Primary Care Trust (PCT). A doctor reviewed the man's medical notes and the interventions of healthcare staff.

36. The clinical reviewer has found that the man's treatment was appropriate. He was assessed regularly and referred to the hospital under the 'two week rule' when his liver found to be enlarged on examination. (The two week rule is a national guideline for referring patients from a GP to hospital when a cancer is suspected. Two weeks is the maximum timeframe for the patient to be seen at the hospital.) The man's blood sugar levels were checked frequently when he was first received into Altcourse. However, on his return to Altcourse on 9 April, the man's blood sugar levels were not recorded which would have been good practice. A blood test to monitor blood sugar levels over a previous three month period would have been useful.

    The healthcare manager should ensure that insulin dependent patients with diabetes have their blood sugars monitored regularly. The test can be done by the patient if appropriate, or by a member of the healthcare staff.

Reception Health Screenings

37. After nearly two weeks at Altcourse, the man was transferred to Manchester where he provided a urine sample that tested positive for Subutex. As a result of this test the man was prescribed a gradual reducing dose of Subutex and a relaxant of Amitriptyline. There is no reference in the man's medical notes from Manchester that healthcare staff had been in contact with their colleagues at Altcourse to check his medication. The man had not received any detoxification medication at Altcourse nor had he been on any regime for drug withdrawal. Indeed, at this time Altcourse did not prescribe Subutex as a medication. It is unclear how this medication managed to be found in the man's urine sample on reception into Manchester, although by far the most likely is that he obtained the Subutex through illegal drug use whilst resident at Altcourse.

38. On return to Altcourse from Manchester, there are no details in the reception health screen document referring to any detoxification medication that the man was receiving, or any contact with healthcare staff at Manchester.

39. It is of great concern that the man's urine sample was positive for Subutex on reception at Manchester, yet no contact was made with Altcourse to check this. Likewise, on reception back into Altcourse, there was no contact with Manchester to check the man's medication.

40. My principal investigator spoke to the inpatient manager at Manchester. He told her that, when prisoners return to court within the Manchester area, their

medical notes do not go with them as they usually return to HMP Manchester. In the man's case, he was expected to return to Manchester after his court appearance, but in fact was taken back to Altcourse.

41. Whilst these issues are not pertinent to the man's death, there seems to have been a lack of communication between the two prisons regarding medical issues that could prove critical in another situation.

Where there is a chronic condition, prisoner's medical records should be obtained following transfer between prisons. Healthcare staff must make contact with the transferring prison to gain information on any prescribed medication.

In the light of this report, the Governor and Healthcare Manager at Manchester should jointly review protocols governing the prescription of Subutex.

In the light of this report, the Director of Altcourse should review his drug strategy in respect of the illicit use of Subutex.

The outpatient appointment on 30 May

42. The man was referred to hospital for an x-ray and ultrasound scan appointment. The x-ray appointment was arranged for 30 May in the afternoon. The man was escorted to the hospital by two prison custody officers. The x-ray procedure was completed and a member of the hospital staff noted that the man had also been referred for an ultrasound scan. The staff member told the officers that the scan could be arranged for the man whilst he was at the hospital and a time slot would be offered. It was thought the waiting time would be around 20 minutes. As the officers were unaware that the man was also waiting for this procedure, it seems they declined the offer of the scan appointment and returned to the prison. My investigators interviewed the PCOs, but neither officer could recall escorting the man to hospital on 30 May.

43. Several days later, the man told a doctor about what had happened when he saw the doctor in healthcare. The doctor wrote a letter to the head of regimes and services, to inform him of the lost opportunity for the man's medical procedure. The doctor further requested that, in future, escorting staff should allow hospital staff to complete all medical procedures.

44. The head of regimes and services passed this information to the operations manager. When my investigator enquired, she was told the operations manager was unable to re-call the letter or the information. The head of regimes and services said the escort paperwork indicated the x-ray appointment but not an appointment for a scan. As a consequence, the escorting officers did not have the information that a scan had been also been requested by the doctor.

45. Whilst I understand the reason why the escorting officers did not accept the offer of a scan, it would have made sense for the man to have had the scan when it was offered by hospital staff. A telephone call by the escorting officers to the security department at Altcourse would presumably have been all that was needed to gain permission to stay at the hospital and complete all medical procedures.

46. At interview, the doctor said that in his opinion the missed opportunity for the man to have a scan procedure that day would not have changed the outcome as the man's undiagnosed terminal illness was well advanced at that stage. I note the good practice of the doctor in addressing operational issues in relation to outside hospital appointments.

All outstanding outpatient appointments for a prisoner should be confirmed by the security department with healthcare staff, immediately prior to the prisoner attending the hospital under escort.

Bedwatch at hospital

47. Restraints were removed at an appropriate time during the man's nursing care and the head of security reduced the escort to one officer. I think this was well managed. In addition, my investigator found that the bedwatch notes were concise with legible and appropriate entries. The man's family praised the all the escorting staff for their sensitive and caring support offered to them and the man. The PCO was noted as conducting himself to a high standard of professionalism on the morning the man died. This was noted by the de-brief manager. I am pleased to be able to reflect further upon that professionalism in this report, and would be grateful if the comments in this paragraph could be referred to the PCO personally.

48. I have formally acknowledged the bedwatch arrangements as an example of good practice.

Family Liaison

49. The family liaison officer made contact with the family shortly before the man's death. The officer sensitively informed the family of the support that the prison would be able to offer, including financial assistance with the funeral arrangements. I am pleased to report the family's gratitude for this information and appreciation of the help they received following the man's death.

50. In the report of an investigation into a previous death in custody at Altcourse, I had found that the family had not been offered this early support. I commend the prison for ensuring that systems are now in place to support the families of terminally ill prisoners.

RECOMMENDATIONS AND GOOD PRACTICE

For the Healthcare Manager at HMP Altcourse

The healthcare manager should ensure that insulin dependent patients with diabetes have their blood sugars monitored regularly. The test can be done by the patient if appropriate, or by a member of the healthcare staff.

Partially Accepted – "Healthcare service is available to prisoners thirteen hours per day and they are encouraged to attend should they want their blood sugar monitored. A diabetic clinic is held within the healthcare. Blood monitoring machines are made available to some prisoners for self-testing purposes following thorough risk assessments."

For the Healthcare Managers of HMP Altcourse and HMP Manchester

Where there is a chronic condition, prisoner's medical records should be obtained following transfer between prisons. Healthcare staff must make contact with the transferring prison to gain information on any prescribed medication.

Accepted – Altcourse, "Procedures already exist which state medical records must accompany all transfers. In the event of failure, medical staff will contact the dispatching prison for information. Such information is recorded on System One."

Manchester, "The Director of Healthcare will update the relevant protocols to instruct and ensure that all information is sent or obtained by staff following transfer between prisons. The protocol will include instructions to healthcare staff that they must make and record direct contact with the transferring prison to exchange information on prescribed medication."

For the Governor and Healthcare Manager at HMP Manchester

In the light of this report, the Governor and Healthcare Manager at Manchester should jointly review protocols governing the prescription of Subutex.

Accepted – "In line with the implementation of the Integrated Drug Treatment Services at Manchester, the Director of Healthcare will review with the Governor the protocols governing the prescription of Subutex."

For the Director of HMP Altcourse

In the light of this report, the Director of Altcourse should review his drug strategy in respect of the illicit use of Subutex.

Accepted – "This strategy will be reviewed."

All outstanding outpatient appointments for a prisoner should be confirmed by the security department with healthcare staff, immediately prior to the prisoner attending the hospital under escort.

Accepted – “All appointments are confirmed in advance by the Security Team. Depending on requirements of patients, risk assessments are drawn up that ensure security is maintained and ensure that medical interventions are permitted.”

Good Practice

The bedwatch arrangements at hospital were especially well managed, both in respect of the use of restraints and level of escort, and in the professionalism and sensitivity of the staff concerned.