

**A death in custody at  
HMP Leicester in July 2004**

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

**November 2004**

This is the report of an investigation into the circumstances of the death on 18 July 2004 of a remand prisoner at HMP Leicester. The man's primary cause of death was cardiac failure.

All deaths of prisoners in custody are investigated, including those due to natural causes. The responsibility for carrying out these investigations traditionally fell to the Prison Service itself, but has now been passed to the Prisons and Probation Ombudsman (PPO) to bring independence and greater consistency to the task.

The investigation was carried out by one of my Senior Investigators. A clinical review into the prisoner's care and treatment was commissioned from a doctor from Eastern Leicester Primary Care Trust.

We would like to extend our condolences to the man's family for their loss. I would like to thank the Governor in charge of HMP Leicester, and his staff for their help.

The report commends the care offered to the prisoner by Healthcare staff, while raising questions about the expectations of other healthcare professionals as to the quality of provision actually available in a prison setting. The report also draws attention to the very good practice of the prison in successfully tracing the prisoner's sister. She is grateful for their kindness and so am I.

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**Prisons and Probation Ombudsman**

**November 2004**

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## **Summary**

The man died at the age of 56 at HMP Leicester while on remand accused of assault. The man died from cardiac failure. His death was not connected to the fact that he was in prison or to the level of care that he received there.

The man was a person with both social and medical problems. He had had many criminal convictions, dating back to 1967, although most of his convictions were for petty crimes such as being drunk and disorderly. The man was of no fixed abode, but was originally from Malvern in Worcestershire where his sister, his next-of-kin, still resides. My investigator spoke to her by telephone.

HMP Leicester made commendable efforts in tracing the man's sister following his death. Healthcare staff at the prison are also to be commended for the level of care provided to the man in the final days of his life.

This report makes a number of recommendations in relation to healthcare provision within prison for those who are seriously ill.

## **Investigation Process**

My practice in cases of apparent deaths from natural causes is to conduct an initial review to determine the extent of investigation required.

My investigator visited HMP Leicester on 22 July 2004 when he visited the Healthcare unit where the man had been treated in the final days of his life. My investigator spoke informally with the Deputy Governor, the Senior Medical Officer and the Head of Healthcare. My investigator was given copies of all relevant records including the medical records.

My investigator also met the Chairman of the local Prison Officers' Association (POA) and the Chair of the Independent Monitoring Board (IMB). The POA representative did not have any issues that she wished to draw to my investigator's attention. The Chair of the IMB raised the question of whether the man should have been sent into hospital at some point in the final hours of his life.

My investigator contacted the man's sister by telephone and letter. She had no specific concerns to raise about her brother's treatment.

A doctor of Eastern Leicester Primary Care Trust carried out a clinical review.

No formal interviews with staff were conducted. This report is based upon a thorough review of all relevant paperwork and upon the clinical review.

## **The Events Leading Up To The Man's Death**

On 28 May 2004, the man was taken into a Police Station where he was charged with assault. The offence had occurred on 31 March 2004, however the man had failed to attend court to answer the charge. He was kept in a police cell overnight. He was due to attend Magistrates' Court on 29 May 2004, but that morning he was found to be too unwell to do so. Instead, following a clinical examination by a police surgeon, the man was remanded into custody at HMP Leicester. The police surgeon wrote a referral letter for the attention of the Healthcare unit in HMP Leicester, stating:

*"This poor man has multiple serious illnesses ... I cannot converse with him because of his severe stroke ... He clearly cannot look after himself and I am sure on humanitarian grounds alone, prison hospital is the best place for him."*

On 2 June 2004, the man was taken from HMP Leicester to the Magistrates' Court when he was remanded into custody until 16 June 2004. The Court's recorded reasons for not granting bail included that the man might not reappear at court and that he might re-offend. On 16 June 2004, the man was further remanded until 30 June 2004. He was unable to attend court on 30 June 2004 as on the day before, 29 June 2004, he had been taken from HMP Leicester into a hospital for assessment of suspected worsening of his condition of congestive cardiac failure (CCF) with a degree of infection.

The man remained in hospital until 8 July 2004 when he returned to HMP Leicester with a confirmed diagnosis of CCF. The man's next court appearance was set for 14 July 2004, but on that day too his health was too poor to allow him to appear. Over the following few days, the man's clinical records indicate that his condition was continuing to deteriorate.

On the morning of Saturday 17 July 2004, a Healthcare nurse made a note in the man's clinical records that he needed specialist nursing intervention and had asked for him to be reviewed by the duty doctor. The duty doctor examined the man and then telephoned first the deputy Governor, and then telephoned at home the Senior Medical Officer (SMO), to discuss a possible transfer to hospital. The SMO asked the duty doctor to review the man's condition in the afternoon and to contact him (the SMO) again if he was still concerned about the man's condition. The duty doctor reviewed him at 4.20pm that afternoon and did not contact the SMO again.

The first entry made in the man's clinical records on the morning of 18 July 2004 was to note that he appeared to be physically weaker than he had been on the previous night. He was reviewed by the duty doctor that morning and was monitored by nursing staff. The man died at 2.15pm that afternoon.

## **Post Incident Response**

HMP Leicester followed its contingency plan relating to deaths of prisoners. Statements were taken from staff; the IMB and other parties were notified of the man's death.

Following the man's death, a procedure was introduced at the prison for Healthcare nurses to involve themselves in the planned discharge back to prison of prisoners deemed fit to leave outside hospital. The Healthcare nurse will satisfy him or herself that the prison's Healthcare unit is indeed able to provide the patient with the necessary level of care.

As the man had not been able to identify any living next-of-kin, the prison Governor arranged for an advert to be placed in a local newspaper, which covered his home town of Malvern in Worcestershire. This led to the man's sister being traced in time for her to attend her brother's funeral. This took place at Leicester Crematorium and was attended by the Governor and others from HMP Leicester. As previously mentioned, the man's sister was extremely grateful to prison staff for this.

On arrival at the prison by my investigator, all the necessary information had been gathered together for the purposes of the investigation. Arrangements were made for my investigator to speak to relevant members of staff.

## **Level of Compliance with Prison Service Requirements**

Standards of clinical care in prison are intended to mirror those available in the outside community. The man's records indicate that while in prison he received an appropriate level of care, and his clinical needs were recognised and adequately dealt with. The clinical aspects of the man's care are described in the independent clinical review which demonstrates that the man was well cared for and that Healthcare staff had attended to him with dedication and sensitivity. The clinical review does highlight, however, the difficulty faced by a prison Healthcare unit in looking after high intensive-care patients.

The post-incident response by HMP Leicester was fully compliant with Prison Service instructions and policies on managing a death in custody. The prison made commendable efforts in tracing the man's sister.

## **Findings**

Within the context of this investigation it has not proved possible to piece together the man's life. However, it is clear that his had not been an easy one. His social problems included a history of alcohol abuse, self-neglect and homelessness. His body had marks indicating old gun shot injuries. This social history would undoubtedly have had an impact on the man's health, with the clinical review showing him to have been a person with multiple and extensive health problems. The man's health and social problems were such that, when he was examined by a police surgeon at a Police Station on 29 May 2004, that clinician wrote that, in his view, prison hospital was the best place for him.

Apart from a nine-day spell in hospital, the man spent the remaining weeks of life from 28 May 2004 in either police or prison custody. Although he was scheduled to appear at court on a number of occasions to answer charges, he was never well enough to do so, continuing as a remand prisoner instead. His condition was such that throughout his time at HMP Leicester, he remained within the Healthcare unit.

From the clinical review, it is evident that the man received good quality healthcare while in HMP Leicester and it is unlikely that the outcome for him would have been any different had he been cared for throughout in a NHS hospital. Having said that, facilities are available at NHS hospitals that make easier the care of patients with intensive needs.

While commending Healthcare staff in HMP Leicester for their dedication in caring for the man, the clinical review does highlight the difficulties involved in providing high intensity nursing care within a prison setting.

## **Conclusions**

The man was well cared for in HMP Leicester. The care he received there was probably at least as good as it would have been in a NHS hospital, and was undoubtedly much better than it would have been had he been outside in the community.

## **Recommendations**

The clinical review found that the man had been well cared for within the Healthcare unit at HMP Leicester. However, the reviewing doctor highlighted the difficulties that a prison Healthcare unit will encounter when attempting to provide high intensity care to those who are very unwell, including those such as this man, who are terminally ill and nearing the end of their lives. While acknowledging that the man's care was not compromised, I nevertheless make a number of recommendations, which have been taken directly from the clinical review:

1. Healthcare staff at HMP Leicester should be involved in any discharge planning from a NHS acute unit (this has already been instigated by the prison).
2. While recognising the need for individual assessments and decisions, clear guidance should be established between the Healthcare unit and the prison administration in relation to admission to hospital, while taking account of prison security requirements.
3. Advanced management plans, agreed, where possible with the patient, should be devised in relation to the management of terminal illness.
4. There should be clarity on the scope and level of appropriate Healthcare provision within a prison setting with support provided to make this possible. This includes appropriate access to the patient and facilities relevant to the level of care required.

## **Good Practice**

Healthcare staff are to be commended for their commitment in attending to the man's nursing needs while in the Healthcare unit in HMP Leicester.

The prison's efforts in attempting to contact relatives of the man through a press advertisement, which proved to be successful, was an example of extremely good practice.