Investigation into the circumstances surrounding the death in September 2009 of a male resident of an Approved Premises

Report by the Prisons and Probation Ombudsman for England and Wales

July 2010

This is the report of an investigation into the circumstances surrounding the death of a man on 7 September 2009. The man died at a local hospital, whilst a resident of an Approved Premises. He died from cancer of the pancreas together with emphysema (breathing difficulties).

The man arrived at an Approved Premises on 4 August 2009 from HMP Littlehey where he served just over three years of a five year sentence. The Parole Board had previously considered his release on licence, but his application was refused because he had not been willing to engage in offender management courses. He was, however, released at the two thirds point of his sentence to serve the remainder in the community under the supervision of an offender manager from Probation Services. The Approved Premises was to serve as the man's place of residence until his offender manager found somewhere more suitable, and the man satisfied him that he could live safely in the wider community.

The man had no family able or willing to be his next of kin so two friends acted in that capacity (Friend A and Friend B). They were regular visitors and supporters of him whilst he was in prison, and they hoped to continue in that role after his release to the Approved Premises. Sadly, he was only at the Approved Premises for about a week before he became unwell and was admitted to hospital. I understand that they visited him whilst he was in hospital, as well as supporting him beforehand. I would like to add my personal condolences to those already expressed to Friend A and Friend B on behalf of this office by one of the Ombudsman's Family Liaison Officers.

This investigation was carried out by an investigator from my office. I am grateful to the deputy manager at the Approved Premises, together with other staff who assisted the Investigator in his enquiries. I would also like to thank the Governor of Littlehey, and his staff for their co-operation during this investigation. A copy of my report will be sent to the prison for their information.

Although there is no requirement for the Coroner to hold an inquest before a jury, I will be sending the Coroner for the local area a copy of my report for her information. I apologise for the delay issuing this report.

Jane Webb
Acting Prisons and Probation Ombudsman **July 2010**

CONTENT

SUMMARY

The man died on 7 September 2009 in a local Hospital whilst he was a resident of an Approved Premises.

He was convicted of serious sexual offences in June 2005 at a local Crown Court and sentenced to five years imprisonment in April 2006. He had a number of health problems when he first went into prison. He was diabetic, with emphysema and high blood pressure and he had been diagnosed with benign cancer of his prostate. After a short stay at HMP Pentonville, he arrived at HMP Littlehey on 15 May 2006.

On 4 August 2009, he was released from prison and, as part of his licence conditions, was required to live at an Approved Premises. His friend, (Friend A) met him from prison and helped him settle into the hostel over the next few days. On 11 August, he had an appointment to register with the local doctor (Doctor A). When Doctor A examined him she decided that he needed to be admitted to hospital and arranged for an ambulance to take him there.

The man remained in hospital for about four weeks while doctors treated him for pancreatitis and breathing difficulties. Sadly, on 7 September, he died from cancer of the pancreas and emphysema.

THE INVESTIGATION PROCESS

1. The Ombudsman's investigator visited the Approved Premises on 11 September 2009. He was given access to the man's records and shown around the hostel. He met the Deputy Manager, and spoke informally to a number of staff who were on duty at the time. Notices of my investigation for staff and residents were sent the following week with a request to ensure they were displayed prominently. No staff or residents asked to speak to the Investigator as a result of these notices.

2. No clinical review was requested as the man died whilst in hospital and HM Coroner decided it was not necessary for a full inquest as he was not a prisoner and he died of natural causes. A copy of my report will nonetheless be sent to the Coroner.

3. One of my Family Liaison colleagues, contacted the man's identified next of kin, Friend A and Friend B, on 5 October. The Family Liaison Officer explained the investigation procedure and invited them to raise any concerns or comments they might have. Their main concern related to the way he was dealt with on his discharge from HMP Littlehey and they asked about missed appointments to see healthcare professionals. The Family Liaison Officer and the Investigator met Friend A and Friend B on 17 November. They reiterated their main concerns and added that they had questions about the treatment the man had received at a local Hospital when he was a prisoner at Littlehey. He had apparently remained hand-cuffed throughout his time in hospital, despite being old and frail. The Investigator explained to the man's friends that his investigation would focus on the time he spent as a resident of the Approved Premises. Nevertheless I have made partial enquiries into their concerns and will send a copy of my report to the Governor of Littlehey for his consideration.

4. The Investigator obtained a short report about the man's medical condition from Doctor A as it was she who requested an ambulance when he visited her surgery on 11 August.

THE APPROVED PREMISES

5. The hostel is a 26 bedded unit of mainly single rooms for male offenders who require supervision under licence with a condition of residency attached. Residents are required to be in the hostel between the hours of 11.00pm and 6.00am and to abide by the hostel rules. There are at least two members of staff on duty 24 hours a day. Each resident is assigned a keyworker who is responsible for ensuring that the rules of the hostel are explained. The keyworker then meets the resident formally at least fortnightly to ensure that he has ongoing support. (The man spent so little time there that the formal meetings did not take place, although he was given considerable support by the staff.)

6. Facilities at the hostel include a pool table, laundry room, dining room and four downstairs rooms suitable for residents in wheelchairs. Medical facilities are provided by a local doctor's practice and residents are helped to register there. Emergency health services are provided by the local Ambulance Service and the local Hospital.

KEY FINDINGS

7. The man was convicted of serious sexual offences in June 2005 at a local Crown Court. He was sentenced to five years imprisonment in April 2006 and initially received at HMP Pentonville. He moved to HMP Littlehey on 15 May.

8. When the man first arrived at Pentonville he had an initial health screening which showed him to be a diabetic, with high blood pressure and emphysema (problems with breathing). He had been diagnosed with prostate cancer some four years earlier, but this was believed to be benign (not active or fatal in nature).

9. After his transfer to Littlehey in May 2006, the man had an acute urine retention problem. Doctor B at Littlehey thought that this might be due to prostate problems. However, he responded well to treatment, with a catheter being fitted and later removed on 22 August.

10. The man settled into a routine in the prison. He was expected as part of his sentence plan to engage in offender management courses, including sex offender treatment programmes. He refused to undertake this work, stating that his high blood pressure might be worsened by the stress of taking part in such a course. This was viewed by his offender manager as an excuse to avoid tackling his offending behaviour. Consequently, when he was due for parole in August 2008, he was refused release on licence by the Parole Board.

11. In November 2008, he started an Enhanced Thinking Skills course, but was unable to complete it due to health reasons. He said he was having problems concentrating and remembering things from the course and was therefore advised to stop.

12. It is evident from his continuous medical record that the man's breathing had been deteriorating over the preceding year or so. There are a number of occasions where he had been treated for acute shortness of breath, usually brought about by chest infections. He was admitted to a local Hospital on 27 December 2008 with Chronic Obstructive Pulmonary Disease (COPD – a condition of the lungs which makes breathing difficult) and heart failure. He was treated with antibiotics and discharged back to prison on 8 January 2009.

13. The man's health deteriorated markedly in mid to late February. He became constipated and had pains in his abdomen. He appeared to be losing weight and his blood sugar levels fluctuated between 9 and 21mmols. (Mmols is the measure for blood sugar levels. Anything over 11mmols is considered to be abnormal.) He was referred to the local Hospital for further investigations.

14. It was discovered during the man's appointment at the Hospital on 27 March that he had pancreatitis (inflammation of the pancreas) which might be due to a tumour. It was decided that he would need further tests and follow up in June or July.

15. On 10 July, he had another abdominal x-ray which showed no changes from the earlier x-ray in March. The conclusion was that he did not have cancer of the pancreas, but that he would need some follow up treatment from the gastroenterology department at the Hospital.

16. He was discharged from prison on 4 August to an Approved Premises. On his arrival, he was met by staff and given an orientation to the hostel, together with an induction. The man's friend (Friend A), accompanied him to the hostel, and spent the next two days helping him settle in. Friend A helped the man buy some new clothes and a mobile telephone and assisted him to register with the local authorities for benefits.

17. On 7 August, staff at the hostel made an appointment for him to register with the local doctor (Doctor A). The appointment was scheduled for 11 August. He had been provided with enough medication from Littlehey to last him until he was seen by the doctor.

18. The deputy manager at the Approved Premises, made enquiries on 8 August about whether the man could be given a mobility scooter to help him get about more easily. It is not clear from the records how far this initiative had progressed before the man died.

19. He changed rooms at the hostel on 10 August. He had been in one of the upstairs rooms as the room set aside for him downstairs was temporarily occupied by a resident who was suspected to have swine flu. Once that resident had recovered, he moved to the room originally identified for his use.

20. On the morning of 11 August, another resident of the hostel took him to the doctor's surgery. Doctor A examined the man and decided that he needed further examination at the local hospital. She called an ambulance to take him from the hostel to the local Hospital. A support worker from the hostel, took him back to the hostel from the surgery so that he could pack a few things in case he was to be admitted to hospital.

21. The ambulance arrived before lunch and took him to hospital where he was admitted to the surgical assessment unit. He was later transferred to another ward. Littlehey sent faxes to the Hospital which detailed the recent examinations at their local Hospital and ensured that doctors had up to date information about the treatment he had received. Unfortunately, the man's condition worsened over the next four weeks and he died on 7 September 2009. The cause of death was recorded as carcinoma of the head of the pancreas and emphysema.

ISSUES

22. The man arrived at Pentonville in April 2006 suffering from diabetes, emphysema and high blood pressure. He had a previous diagnosis of benign prostate cancer and was also a smoker. During his time in prison he developed urinary retention which required him to have a catheter fitted for a short time. Shortly before he left Littlehey he was being investigated for pancreatitis.

23. When he was first received at the hostel in early August 2009, it was clear to staff there that he was an elderly man with multiple health needs. They assigned a downstairs room with disabled facilities and tried to make arrangements for him to use a mobility scooter. Unfortunately, when he arrived at the hostel, the room assigned him was occupied by another resident who had suspected swine flu and needed a room near the staff office. The man was, however, moved into this room after he had been there for only a few days.

24. The man was accompanied from Littlehey to the Approved Premises by his friend (Friend A). Friend A also took care of him over the first few days of his stay at the approved premises. He assisted the man to purchase a mobile telephone and some new clothes, as well as helping him arrange some of his social security benefits. It is commendable that the hostel allowed Friend A to help the man as he was clearly not capable of managing his affairs without assistance. The deputy hostel manager, reassured the Investigator that had Friend A not been available, an alternative source of assistance would have been found.

25. I am aware that selected residents are sometimes asked to help other residents with matters such as giving lifts to the local doctors. This is not unusual in Approved Premises and is exactly what happened on 11 August when the man attended Doctor A's surgery.

26. Friend A and Friend B told the Investigator and the Family Liaison Officer that the man had had one or two hospital appointments cancelled. I found evidence to support this in the man's prison medical record, particularly for appointments in early to mid March. It appears though, that re-appointments were swiftly made to rectify these missed appointments. It is regrettable that any appointment should need to be rearranged for a prisoner, particularly if the reason for that rearrangement is due to internal prison matters. However, I acknowledge that the prison acted quickly to ensure a minimal delay to the man's care by making new appointments within a few days.

27. Friend A and Friend B also expressed concern about the treatment he had received whilst he was an in-patient at the local Hospital. They were upset that he remained handcuffed throughout his stay in hospital, which I took to mean his stay early in 2009. Although I have not fully investigated this episode, I noted from the clinical record that nursing staff from Littlehey sent a note to the prison security department about sores caused by the handcuffs. They requested, via the escort risk assessment form, that bandages should

be applied to his wrists to prevent a recurrence. I invite the Governor of Littlehey to consider whether handcuffs must always be applied to frail elderly men, especially when they are ill and attending local hospitals. In this instance I do not make a formal recommendation as I am not in possession of the full facts.

28. Friend A described the difficulties he had on the day of the man's discharge from prison. They centred on the time of discharge and inadequate information given to him on the day. Friend A said that on the day the man was released from prison, he had to stand out in the rain waiting for Friend A to pick him up. This was because Friend A had asked what time he was due to be released, and the officer at the gate was unable to tell Friend A precisely when it would happen. Friend A was therefore not at the entrance to the prison when he was released from custody.

29. From my limited enquiries, I am satisfied that healthcare staff at HMP Littlehey ensured that he had sufficient medication to cover the first few days after he left prison. Furthermore, they received information about his pancreatitis after he had left prison. They made strenuous efforts to ensure this information was passed on to healthcare workers responsible for the man's care. By the time this was possible, he had been admitted to the local Hospital, but healthcare staff at Littlehey made sure that doctors at the hospital were given all the information they had in as timely a manner as possible.

CONCLUSION

30. The man was in poor health when he first arrived in prison in 2006. He had a number of serious health problems including emphysema, diabetes and high blood pressure. During his sentence at Littlehey he developed pancreatitis and local health services undertook investigations to determine the cause. The man was released from prison before they were completed.

31. Shortly after his release from Littlehey in August 2009, he was admitted to a local hospital. He was there for approximately four weeks before he died. His death certificate says that the cause of his death was cancer of the pancreas with further complications from emphysema. I have found no evidence to suggest that any investigations undertaken whilst he was at Littlehey should have identified the man's condition sooner. Neither do I believe that care afforded him whilst he was at Littlehey or the Approved Premises fell below a benchmark of equivalent care for someone generally living in the community. I do not think his death could have been avoided in any way. I conclude that both HMP Littlehey and the Approved Premises gave good care to the man whilst they were responsible for him.