

**CIRCUMSTANCES SURROUNDING THE DEATH OF
A MAN IN HOSPITAL IN AUGUST 2004; WHILST RESIDENT
IN AN APPROVED PREMISES IN THE
GREATER MANCHESTER AREA**

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

January 2005

This is the report of an investigation into the circumstances of the death of a man who was resident in an Approved Premises under the management of the Greater Manchester Probation Area. The man died in hospital in August 2004. The cause of death was bronchopneumonia but he had also been suffering with chronic lymphocytic leukaemia for some time.

Since 1 April 2004, my office has been responsible for investigating all deaths of Approved Premises residents, including those due to natural causes. A senior member of my staff conducted the investigation with the assistance of the Manager of the Approved Premises. Although no formal statements were taken, I am grateful for the assistance and co-operation that my investigator received from staff. A letter was sent to the man's current partner offering her contact but she did not respond.

Confirmation of the man's condition and treatment was provided by his Consultant Haematologist.

Although some of the information contained in this report does not show the man in a positive light, offending behaviour is only one facet of an individual's personality and I have no doubt that those who knew him well saw a different side of him. I extend my condolences to his family for their loss.

STEPHEN SHAW, CBE

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Summary

The man was a man of 62 years who was released from HMP Risley on his non-parole date in November 2003, following a prison sentence of four years. There was an extended licence period to March 2005.

As he could not return to live with his partner, he was accommodated in a ground floor room at the Approved Premises where it was known that he had been suffering from leukaemia. He settled well and presented no management problem but there were several short hospital admissions when he suffered back pain due to arthritis.

On 1 August 2004, he was admitted to hospital with chest pain and was diagnosed as suffering a chest infection and spine deterioration due to osteoporosis. He was prescribed antibiotics and his condition improved for a time. However, he developed another chest infection and died in hospital on 24 August 2004. The cause of death was bronchopneumonia, contributed by chronic pulmonary disease and chronic lymphocytic leukaemia.

The Investigation raised no issues about the level of care afforded him by staff at the Approved Premises who are increasingly required to deal with the management of high risk offenders. Staff and residents alike were distressed by his death, albeit not entirely unexpected. There was, however, one domestic issue highlighted by the National Probation Directorate that the investigation has attempted to explore.

The report makes two recommendations.

Events leading to the man's death

1. The man settled well at the Approved Premises and presented no management problems. He was allocated a key worker who worked with him on offending behaviour issues as well as more practical

matters concerning move-on accommodation and benefit entitlement. He also maintained regular contact with his partner who remained supportive towards him.

2. On 2 May 2004, he complained of chest pains and difficulty in breathing. Hostel staff immediately called the emergency services and he was taken to hospital where he was admitted via the Accident and Emergency department, suffering with a fever and chest infection. He was treated with antibiotics and found to be suffering from chronic obstructive pulmonary disease, probably aggravated by his having been a heavy smoker for many years.
3. During his time in hospital, his rent continued to be paid and his room was kept available. He was discharged on 23 May and returned to the Approved Premises. He complied with the hostel regime and worked with his key worker as required. There were no concerns about him, other than his continuing poor health. He was admitted to hospital again on 10 June with an episode of pneumonia. He underwent various tests but no abnormality was found in his lungs and he was discharged back to the Approved Premises on 2 July.
4. His final admission to hospital was on 1 August 2004 after he had suffered severe back and chest pain. He was treated for another chest infection and an x-ray showed a crush fracture of two vertebrae caused by osteoporosis. There was an initial improvement in his condition. When his key worker visited him on 11 August, he expressed the hope that he would be discharged by that weekend. He was planning for his future and talked of having been approved for mobility allowance.
5. Unfortunately, the improvement did not continue. The consultant indicated that the leukaemia would predispose him to frequent chest infections and he developed another. On 21 August, he was transferred to an acute ward but, despite intensive treatment, his condition could not be stabilised and he died on 24 August. Staff at the Approved Premises were informed of his death, that morning, by the man's partner.

Consideration and conclusions

6. It is right that the death of one who is in the care of the state should be fully investigated and proper attention paid to any issues raised. This man's death affected those who had known him at the Approved Premises and this investigation found that staff cared for him well and

took appropriate action to deal with his episodes of illness quickly and effectively. There is no doubt that the ethos and environment of the Approved Premises is supportive for residents and staff alike and I have no recommendations to make in this respect.

7. There is, however, one area to be considered. When the National Probation Directorate was notified of his death, surprise was expressed that, having spent more than three weeks in hospital, he was still registered as a resident of the Approved Premises. Chapter 6.42 of the Approved Premises Handbook, 'Stay in Hospital' states,

'If the resident is likely to return to the Approved Premises and the residential requirement remains in force, the managing body should continue to reserve a place for the first five days. In exceptional circumstances the managing body could consider reserving a place in the Approved Premises for a longer period.'

12. Although the Approved Premises Manager did not seem aware of this instruction, she explained that there were exceptional circumstances and that the decision to keep the man's room available for him was based on several considerations. He had nowhere else to go and it was crucial that his level of risk continued to be properly managed. His rent was paid throughout each period of in-patient treatment and there was no financial loss to the premises.
13. It was clearly in the man's best interests to return to a consistent, friendly environment after each period of in-patient treatment. I have no doubt that the level of care afforded to him by staff at the Approved Premises was of a high standard and I find that the manager took the most responsible course of action. I agree with her decision. However the investigation has revealed a lack in staff awareness of the Approved Premises Handbook and the guidance contained therein.

Area Recommendation

I recommend that the National Probation Directorate issues guidance to all Probation Areas about the need for Managers of Approved Premises to familiarise themselves and their staff with the Approved Premises Handbook.