

**Investigation into the circumstances surrounding the
death of a man in November 2008, a resident at an
Approved premises, in the Humberside Probation Area**

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

April 2009

This is the report of an investigation into the circumstances surrounding the death of a man in Hull Royal Infirmary on 17 November 2008. The man had been a resident at an Approved Premises in Hull when he was taken ill and admitted to hospital as an emergency. The cause of the man's death is recorded as due to a perforated stomach ulcer, acute renal failure with pneumonia with underlying heart disease. He was 75 years old.

I wish to offer my sincere condolences to all those who lived and worked with the man and were affected by his death.

My colleague conducted the investigation on my behalf. I am most grateful to the Senior Probation Officer and Manager of the approved premises, for her co-operation and significant contribution to my investigation. Similarly, I am grateful to the man's Offender Manager for the valuable information he provided.

In all the circumstances, I judge that the man received good care at the approved premises. I was impressed by the level and quality of shared communication between staff at the approved premises and the man's offender manager while the man lived there. It contributed to effective monitoring of the man's deteriorating health. The man's offender manager's additional efforts in visiting the approved premises helped to ensure that the man worked successfully towards completing his licence. I commend the manager of the approved premises for consenting to identify the man after his death in the absence of next of kin. I also highlight one area of good practice relating to record keeping.

The Assistant Chief Officer, Humberside Probation Trust has responded to my report on behalf of the trust. Apart from a correction to the assistant warden's title he has noted, and entirely agrees with my commendation of the approved premises manager.

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SUMMARY

On 22 April 2006, the man was sentenced to five years imprisonment with an extended licence on release of five years. This was not his first prison sentence and he was familiar with the criminal justice system. He was 75 years old when he died.

The man had served the main part of his sentence in HMP Acklington. Prison healthcare staff had concerns about his ability to travel alone from HMP Acklington to Hull. Therefore just before his release on 6 August 2008, he transferred to HMP Hull which is close to the approved premises where he was to live. The man did not enjoy good health and took medication for high blood pressure and cholesterol. He also had diabetes which was controlled through medication and diet.

The man had an induction interview at the approved premises on the day of his arrival. Staff gained the impression that he seemed a little confused. His mental health deteriorated during his stay and he had to be reminded of his Licence conditions and appointments. However, in spite of his confusion about certain things, he saw a doctor on a regular basis and remained clear about his medication and financial matters.

Whilst out on a daily walk in September, the man was threatened by a former prisoner whom he met by chance. This was an isolated incident. The man's stay at the approved premises was otherwise unremarkable until 8 November when he went to the office demanding the staff call a doctor because he was suffering from stomach pains and constipation. The assistant warden telephoned NHS Direct and, on their advice, the man saw an emergency doctor who suggested he go straight to hospital.

The man was admitted to hospital that day and a few days later, following investigation, he underwent surgery for a perforated stomach ulcer. Sadly, the operation was unsuccessful and, despite further surgery, the man deteriorated and died on 17 November 2008. The post mortem report concluded that the man was "very unwell with his illness and deteriorated and died despite the best efforts of hospital staff and surgical and medical treatment".

Every effort was made by approved premises staff to assist hospital staff in identifying the man's next of kin. He had a daughter but as they were estranged, staff were unaware of where she lived.

I am pleased to be able to commend to the manager of the approved premises who consented to identifying the man formally following his death in the absence of any next of kin who were willing to do so. I have also highlighted the comprehensive records kept by the Humberside Probation Service which were impeccable and greatly assisted my investigator.

THE INVESTIGATION PROCESS

1. On notification of the man's death, Terms of Reference and Notices were issued to staff and residents at the Approved premises telling them that an investigation would be taking place and inviting those who wished to talk to the investigator to make themselves known. My investigator requested copies of the man's records from the approved premises including any information that may have been passed on by HMP Hull where the man spent some of his lengthy prison sentence.
2. My investigator also contacted HM Coroner. The purpose was to inform him of the nature and scope of my investigation and to request a copy of the post mortem report. The report concludes that the man died of :

Ia: Acute renal failure and pneumonia
Ib: Perforated pyloric ulcer [operated]
Ic: Peptic Ulcer disease
Id: Ischaemic heart disease

The Coroner has requested a copy of my report upon completion and I am happy to comply.

3. My investigator visited the Approved premises on 9 January 2009. She met the Manager and Senior Probation Officer (SPO), and her staff. My investigator also met the man's Offender Manager who attended the approved premises on that day. My investigator was shown the hostel, including the room in which the man lived. She met informally and spoke with residents who knew the man.
4. One of my family liaison officers wrote to the man's daughter to inform her of my investigation. She also invited her to raise any concerns she wished to be considered and addressed as part of the investigation. At the time of issuing this report, the man's daughter had not replied to express any concerns or highlight any issues. I hope this report helps those who were closest to him to better understand the events leading to his death.

APPROVED PREMISES

5. Approved premises serve to provide accommodation mainly for offenders leaving prison who are without accommodation or who pose a high level of risk to others in the community. They offer a structured and supportive environment and provide an enhanced level of supervision to offenders during their residence. Residents have to comply with house rules, curfews and individual licence or bail conditions and some are likely to have to engage in further offending behaviour work to reduce their risk of re-offending.
6. The Approved Premises is located in central Hull and is one of 13 in the Yorkshire and Humberside Probation Area. It accommodates 19 residents and is staffed 24 hours a day by a small team of staff. Management of the hostel is the responsibility of a Senior Probation Officer. She is aided in the day to day running by Assistant Wardens, Support Workers, a Probation Service Officer and an Administrative Officer.
7. The admissions policy is based on assessment of risk. On arrival, residents are given an induction into the rules and expectations about their behaviour. All residents are allocated a keyworker. Following a meeting with the keyworker, the offender manager and the resident, an initial action plan is produced within five days of the resident entering the premises. The focus is on managing risk as well as moving residents on to suitable accommodation in the community. Courses run by the approved premises such as "Living in here, Moving on" focus on improving problem solving and life skills and help achieve this aim. Staff remind residents of important appointments such as those with their offender manager or medical appointments.
8. Breakfast is provided between 6.00am and 8.00am and an evening meal between 4.45pm and 5.15pm. There is flexibility around individual dietary requirements. Residents are able to purchase their own food and prepare it if they wish and bring in their own food for supper at 10.00pm.
9. The approved premises does not have an arrangement with a specific General Practitioner (GP) practice. Some residents, such as the man, who were living in the area prior to imprisonment had retained their own doctor. The hostel provides a list of doctors for others who do not have one of their own. Prescribed medication is held by staff. Upon returning from the chemists, residents are required to hand in their medication. The dosage is logged by staff and medication held in a locked cabinet. Staff do not administer medication but they observe the resident taking it. Staff count the remaining tablets and note this on a sheet. There is a separate sheet for each type of medication and the date given.

KEY FINDINGS

10. The man was released on licence from HMP Hull on 6 August 2008. He arrived at the Approved premises the same day. The man had a number of health problems including diabetes. It is clear from probation records that he had received treatment in prison for his existing medical conditions. Prison and healthcare staff had arranged for him to be transferred from HMP Acklington, where he had served the majority of his sentence, to HMP Hull near to his release address as they were not confident that the man would make the journey back to Hull unaided.
11. On the day of his release, the man attended an appointment with his offender manager. The man's offender manager described him as "a little confused about some things". In the afternoon he had an induction interview when he told staff he was not allowed "sugary food at breakfast" because of his diabetes. He was told that he would be able to purchase his own food.
12. On 10 August, the assistant warden, noted that the man was "confused very quickly". Following a session with a relief keyworker the same day, it was recorded that he was a diabetic, with his condition "controlled by medication and diet". The man told her that he wanted to change his GP in North Hull to one nearer to the hostel. Details were given to the man to enable him to do this and, subsequently, he registered with another doctor.
13. The following day, a three way meeting was held between a member of the approved premises staff, the man and his offender manager. The focus of the meeting was on the man's health needs and future accommodation. It was noticed that he had already forgotten some of his licence conditions so they were repeated. The importance of remembering and complying with the conditions was impressed upon him.
14. The man appears to have quickly established a daily routine at the approved premises. He attended the office for his medication at the same time each morning. He then left the premises to go for a walk and buy a newspaper. He told his offender manager that he relieved his boredom by walking. On 26 August, the man's offender manager noted on his contact sheet that the man presented as "confused and difficult to engage due to the onset of dementia". However, my investigator did not see evidence of an official diagnosis. Despite this, the man appeared to be coping fairly well at this stage. He managed his medication and arranged for repeat prescriptions from his GP.
15. Staff recorded the man's daily medication appropriately with a separate sheet for each form of medication. This consisted of two warfarin 1mg tablets (an anti-coagulant), three 500 mg metformin tablets (a hypoglycaemic drug to help control non-insulin dependent diabetes), one simvastatin tablet per night (to lower cholesterol), one 4mg candestatan (for blood pressure), one 500 mg paracetamol and one 10 mg ramipril tablet (for hypertension).

16. An entry on the man contact sheet on 6 September, recorded that there had been a deterioration in his personal hygiene. The man also needed help from staff in filling in his meal choice request slips to ensure that he ate a more varied diet.
17. Upon his return from a walk on 14 September, the man told staff that he had met a former prisoner whom he said had threatened him and demanded money. The man was clearly disturbed by the experience and varied his routine to avoid future encounters.
18. By 19 September, a marked deterioration in the man's behaviour was noted. Staff saw that other residents avoided his company. Humbercare, an organisation giving support to the elderly, were involved with the man. This was arranged by the approved premises. They allocated a mentor to go out with him on necessary journeys such as the post office and the library.
19. A keyworker noted that, on 4 October, the man told her he was not well. He did not tell her his symptoms but said that he felt better after taking paracetamol. It was around this time that staff noticed that he was becoming confused about his medication.
20. During early October, the man's offender manager continued his efforts to find suitable accommodation for the man. In interview, he told my investigator that he found that the housing provider was unhelpful because of the man's offences. The man's offender manager was aware that the man had been unsuccessful in getting accommodation from the local authority despite being a medical priority. He told my investigator that the waiting list was around 6,500 people with a four year wait.
21. On occasion, the man forgot his appointment with his offender manager. The offender manager was aware of the man's increasing confusion and, to his credit, went to the approved premises and met him there. The man regularly attended the doctors' surgery near to the approved premises. On 17 October, the hostel staff noted that his doctor had increased his diabetes medication.
22. On 5 November, an approved premises worker noted that the man was in his room by the curfew hour but was not well. He reassured staff that he would be "okay". Two days later, the offender manager went to see the man. He complained to his offender manager of stomach pains and said he had been to the chemist and been given laxatives.
23. The man's condition did not improve. An entry on the contact sheet on 8 November at 1.11pm written by the assistant warden, says that the man went to the office and insisted that staff call a doctor because of stomach pain and constipation. The approved premises manager confirmed to my investigator that had the man "presented in so much agony," they would have dialled the emergency services. In this instance, staff telephoned NHS Direct, the 24 hour helpline staffed by medical personnel who give advice to callers. NHS staff called back soon afterwards and spoke directly to the man. They advised him to ring the emergency doctor and staff did so on his behalf. An emergency

appointment was made with a doctor. The approved premises manager described the surgery as a Hull city resource where a doctor is always available and also an emergency Saturday clinic. The man agreed to go immediately and was asked to take a list of his medication and the laxatives he had been taking.

24. Later that day, a note on the contact sheet at 2.30pm records that the man returned to the approved premises with a letter of admission to the surgical ward at Hull Royal Infirmary. He packed a bag and staff ordered a taxi to take him to hospital.
25. Staff kept in very regular contact with the hospital to monitor the man's progress. They showed appropriate awareness of risk of harm to the public by alerting ward staff of the man's licence condition not to be in contact with anyone under the age of 18 years. The hospital confirmed that should anyone under the age of 18 years be admitted, then the man would be moved to a side ward. The approved premises also asked that they be alerted before the man's release from hospital "at any time day or night". This was an appropriate action.
26. The following day, 9 November, staff were aware that the man was awaiting the results of a scan and would remain in hospital. On 10 November, the man underwent surgery for a perforated gastro duodenal ulcer. Post operative complications developed and the hospital described his condition as "poorly".
27. By the evening of 11 November, the man's condition had deteriorated and the hospital asked the approved premises for details of his next of kin. The man's daughter, from whom he was estranged, had moved house and could not be contacted. By then, the man's condition was described as critical and he was to undergo exploratory surgery. The approved premises manager gave the hospital the telephone number of the man's solicitors as she thought they might have more information regarding his next of kin.
28. The man was placed in the Intensive Care Unit and, after a short period of stability his condition deteriorated and he died on 17 November. Contacting his next of kin continued to be problematic and the approved premises manager told the hospital that she would look through her records again to see if she could find any further information to give the hospital. The hospital told her that they would hand the matter over to the police if she was unsuccessful.
29. My investigator spoke with the Coroner's Officer. The Coroner's Officer told her that Hull Royal Infirmary liaised with the man's daughter. It was agreed between them that the hospital would arrange and pay for the man's funeral and this was done.

CONCLUSION

30. The man was released from HMP Hull and resided at an Approved premises from 6 August 2008, until his death on 17 November 2008. He had existing serious medical conditions for which he had been treated in prison and this continued while he was resident at the approved premises.
31. Approved premises staff gave good support to the man while he lived there. They ensured he registered with a doctor and reminded him of appointments. They noted that despite his diminishing mental health, he was sufficiently alert to take his medication promptly. He received additional support from his offender manager who acknowledged the man's deteriorating mental health and was flexible around reporting requirements by conducting supervision with him at the approved premises when necessary. The services of Humberside were sought to assist the man in building confidence and life skills in the community.
32. Both the man's Offender Manager and approved premises staff demonstrated cohesive working with good communication between them throughout. When his condition deteriorated, medical help was sought quickly and arrangements made to admit him to hospital.
33. The standard of record keeping at the approved premises is to be commended. My investigator noted that entries were dated, timed and the name of the individual inputting information onto the system was clear. Most importantly, the entries contained quality information which clarified the man's level of risk, reporting and other requirements relevant to his offence. The sequence of events and actions taken by both prison and probation staff prior to the man leaving prison and during his residence was clearly set out. This is good practice.

COMMENDATION

34. The approved premises manager visited the man's daughter after his death. The approved premises manager consented to identify the man formally following his death in the absence of any next of kin who were willing to do this. My investigator gained the impression that this was a difficult task and beyond the remit of what is usually expected of a senior probation officer. She is to be commended for consenting to such a sad task in a dignified and professional manner.

The Chief Executive of Humberside Probation Trust should write to the approved premises manager to thank her for identifying the man after his death.