Circumstances surrounding the death of a man, in October 2004, in a Probation Service Approved Premises.

Report by the Prisons and Probation Ombudsman for England and Wales

June 2005

This is the report of an investigation into the circumstances of the death of a man at Probation Service Approved Premises during October 2004. The probable cause of death was a heart attack. It was known that the man had been suffering with anaemia, hypertension and arthritis for some years and details of his condition and treatment were obtained from the Inmate Medical Record held by the Prison Service.

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 and (then) Deputy Manager of the premises. Only one formal statement was taken, from the officer responsible for the man's induction into the premises. Otherwise, this report is based upon informal discussions together with a thorough review of all the paperwork including the man's medical records. I am grateful for the assistance and co-operation that the investigator received from the Probation Area, and from HMPrison for providing the man's Inmate Medical Record. Although a distant relative was identified as the man's next of kin, my office has had no contact with his family.

The man was resident at the approved Premises for less than 24 hours and staff did not have the opportunity to get to know him. Nevertheless his death left its mark and his room mate was particularly affected. I offer my condolences to the man's family and to those who knew him.

STEPHEN SHAW
PRISONS AND PROBATION OMBUDSMAN

June 2005

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Summary

The deceased was aged 62 years who was sentenced to eight years imprisonment in October 1999. As he had no suitable release address, he was referred to a number of hostels and accepted by the Approved Premises in the Probation Area. The man spent much of his sentence in HMP Albany but was transferred to facilitate his release to the Approved Premises. He was released, subject to supervision on licence, in October 2004

Prisoners are usually released in the morning but for a number of reasons, including a death at the prison, it was not possible for the man to be released until much later in the day. The man indicated that he did not take his medication as usual on that day. After the induction procedure at the Approved Premises, the man went to his room where his body was discovered the next morning. It appears that he suffered a heart attack.

The investigation raised no issues about the level of care afforded to the man in the short time he spent at the Approved Premises. However, the report draws attention to shortcomings in the sharing of information between the Prison and Probation Services at the point of discharge. The report makes two recommendations.

BACKGROUND

The Approved Premises

1. Approved Premises, formerly known as Probation & Bail Hostels, are approved by the Secretary of State within Section 9 of the Criminal Justice and Court Services Act 2000. Their purpose is to provide accommodation for persons granted bail in criminal proceedings and in connection with the supervision and rehabilitation of persons convicted of offences. Hostels can provide a supportive, structured environment in the community for high risk and difficult to manage offenders. The supervision of offenders accommodated in Approved Premises is governed by the National Standards for the Supervision of Offenders**.**

2. The Approved Premises is one of two in the Probation Area. The house has 32 beds and can accommodate up to 28 men and four women in 11 twin rooms and six single rooms. The female beds are in a self-contained unit. New residents are usually asked to share a room in the first instance.

3. In the domestic areas of the house there is a laundry, television, dining area and tea and coffee making facilities. Breakfast and dinner are provided each day. A local doctor visits the premises weekly and the local Forensic Mental Health team provides a visiting Community Psychiatric Nurse as and when requested. The premises also has links with a number of community organisations including a local college that provides a computer training course and a basic skills assessment programme.

4. The Approved Premises accepts offenders from the age of 18 who are subject to Community Orders, Post Custodial Licence or bail conditions imposed by a Court. The purpose of residence is to ensure that the individuals concerned are subject to close oversight in the community and there is an expectation that residents will participate in whichever programmes the premises is operating. All residents are required to pay a weekly rent.

5. Unless subject to specific curfew arrangements imposed by a Court, all residents must be on the premises between the hours of 11 pm and 7 am. No alcohol or non-prescribed drugs are allowed on the premises and the possession and taking of prescribed medicines must be carried out in accordance with premises' policy.

Background Information on the deceased man

6. Probation records indicate that the man led a somewhat isolated adult life, caring for his elderly mother who was not in good health. When his father died, the man became the only breadwinner. To meet the mortgage and household expenses he worked long hours in a factory and found little time to socialise outside the home.

7. The man committed two separate sexual offences against his niece and his great niece, twenty years apart, that did not come to light until some time later. He accepted full responsibility for the offences and pleaded guilty when he appeared in Court in 1999. Prior to this, he had no convictions.

8. The man had no disciplinary problems during his sentence and he achieved enhanced prisoner status. Despite suffering mobility difficulties due to arthritis in his knees, he worked in the tailors' shop where he said he was happy. He completed various courses, including Sex Offender Treatment Programmes, and felt he had learned a lot from the experience. The man was said to be a model prisoner who had no adjudications against him. During the sentence his mother and his brother died and the man was left without contact from any of his extended family. He did not know the whereabouts of his victims and hoped to obtain sheltered accommodation after a period in Approved Premises.

The man’s Medical History and Treatment in Prison

9. The man was received into prison on in October 1999. During the first 'Reception Health Screen' he said that he had recently seen his G.P. for anaemia, hypertension and arthritis. Despite having a history of high blood pressure, the investigation found no documentary evidence to indicate that this was checked by the health screener or the medical officer later the same day.

10. In January 2000, the man was transferred to a prison on the Isle of Sheppey and a further health assessment was undertaken. In February 2000, the man was provided with a walking stick to aid his mobility and the prison doctor carried out a full physical assessment. The man's blood pressure was found to be raised and a number of blood tests were requested. The doctor asked to see the man again on in April 2000.

11. The appointment could not be kept as the man was transferred to another prison in March 2000. Again, he had a full clinical assessment on reception and a further appointment was made for the following week. He was then clinically reviewed and further blood tests were requested.

12. Between March and July 2000, the medical officer saw the man on a monthly basis, particularly for reviews of his cholesterol levels, and he was prescribed medication. The reviews were changed to three-monthly when his cholesterol level reduced. During his time at the prison the man was reviewed regularly by healthcare professionals and his chronic diseases were managed appropriately.

13. In June 2003, the man was transferred again. Between June and September he was seen by healthcare on six occasions due to problems with his chest and heart. He was given an Echocardiogram (ECG) and his medication was reviewed. The prison doctor continued to prescribe a range of medication for his arthritis, hypertension and raised cholesterol that were dispensed by the prison.

14. There are no entries in the 'Continuous Medical Record' between September 2003 and October 2004 to support an appropriate review of his medication or a review of his clinical conditions. During October 2004, the man was transferred to the local prison as part of his discharge planning, to facilitate his release to live at the Approved Premises.

Events leading to the man's death

15. The man was due to be released on a morning in October 2005. His release was delayed while the prison ensured that the details on his licence were correct and he had sufficient supply of his medication. There was a further delay, due to the death of a prisoner, and the man was not released until late in the afternoon. He arrived at the approved Premises around 8.15 pm and was inducted by the duty probation hostel officer who went through the rules with him. From the referral form, staff at the Approved Premises were aware that the man suffered with arthritis and had allocated him a ground floor room.

16. When he arrived at the premises the man was using a walking stick. There was nothing on the referral form to indicate other health problems but the man told the worker that he suffered with high blood

pressure and angina. He handed in his medication as he was required to do, for it to be dispensed as necessary by hostel staff. He was prescribed:

Enalapril 10 mg. twice daily

Frusemide 40 mg once daily

He told the worker that he would need to take medication before retiring, as he had taken none all day. He said this was due to an incident at the prison and he had been locked in his cell all day, before being released. He therefore was given two enalapril tablets and one frusemide.

17. The man did not indicate that he needed to keep any of his medication with him and told the worker that he did not require anything else. The probation hostel officer told the investigator that she thought the man was a little flushed but she believed this was normal for someone with high blood pressure. She said that he seemed quite well and did not complain of feeling otherwise. The man then went to his shared room. Following the man's death, the resident who shared his room was interviewed by police who found him to be, 'visibly shaken'. He said that he had spoken with the man when he arrived and that all had seemed well with him.

18. The room mate heard nothing untoward during the night and told the police that he thought he had heard the man get up to use the bathroom between 7 am and 8 am although he was not sure of this. The resident in the next door room told the police that he had heard nothing suspicious during the night or early morning. The night duty worker carried out her final check of the premises around 7 am, visiting each room as required, when all was well.

19. The man did not appear for breakfast but the hostel residential worker's morning round of the premises was delayed when a resident burned toast and activated the fire alarm around 9.15 am. At 10.05 am when the residential worker entered the man's room during her round, she found him sitting on the bed, slumped backwards, unconscious. The worker immediately called the emergency services and when they arrived, it was clear that the man had died.

Consideration and Conclusions

20. Appropriate prescribing for older people and monitoring of their conditions are key objectives for the Prison Service in delivering effective care. This man was admitted to prison, in 1999, with a number of pre-existing medical conditions and on prescribed medication. The Inmate Medical Record indicates that his conditions were well managed until his transfer to in the summer of 2003. However, although the prescription charts record that the man's

medication was re-prescribed, there is no other evidence to indicate that his health needs were either monitored or reviewed between September 2003 and October 2004. The apparent failure to review the man in a timely and appropriate manner fails to meet the standards laid down in the National Service Framework for Older people.

I recommend that the Prison Service should take steps to ensure that local policy reflects compliance with the National Service Framework and that evidence based reviews and monitoring of prescribed medication take place as required.

21. The extent of information about a prisoner's medical condition and needs that the Probation Service can obtain from the Prison Service varies. It is dependent upon a number of factors including local practice. The investigator was told that in many cases it is difficult to obtain information from prisons, due to issues of confidentiality and, if an Approved Premises bed is required at short notice, it may not be possible to obtain letters of approval from offenders. Consequently, probation staff are often reliant upon information that offenders disclose themselves.

22. In this man's case, there is no evidence that there was any healthcare involvement in his discharge planning. The only information included on the referral form to Kirk Lodge completed by a probation officer, and in Probation Service electronic records, related to arthritis, the man's lack of mobility and his need for travelling allowances. The Approved Premises Manager confirmed that there was no reference to any other medical conditions and no mention of any life threatening illness. Although the man told the probation hostel officer of his high blood pressure and angina, there was no other information confirming the extent of the conditions or their prognosis. I am satisfied that possession of more detailed information about the man's condition would not have prevented his death but there could be situations in which knowledge of medical conditions becomes crucial.

23. The National Offender Management Service is being developed with the overall intention of joining the work of the Prison and Probation Services to provide a seamless, more effective service. It intends to do this by introducing end-to-end management of each offender, ensuring that work in custody is built upon in the community. Whilst I readily accept that offenders' rights to privacy and confidentiality must be respected, nevertheless, I would suggest that such end-to-end management should include the sharing of proper health care information when offenders are released from custody to Approved Premises, where the duty of care continues.

I recommend that the Prison, Probation and Healthcare Services develop a protocol that reflects the use of a single, multi-disciplinary, assessment tool, to identify health and social care needs and how they can best be met on release into the community.

I recommend that the Probation Area reminds staff to take a pro-active approach in obtaining sufficient information from the Prison Service to allow a comprehensive assessment of health and social care needs.

(Since the draft report was issued, the Probation Area has confirmed that the recommendation is accepted. The Area has said that it will engage in negotiations with the Prison Service to review the findings and recommendations of the report and to identify ways in which improvements can be made to the release of health and medical information from custodial establishments.

The Governor of the prison has also said that he will appoint a Senior Manager to ensure that work is undertaken with partners in the Criminal Justice System, to implement the recommendations.)

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Local Recommendation

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National Recommendations

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