



**Investigation into the death of a man  
whilst in the custody of HMP Altcourse  
in January 2012**

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

**August 2012**

This is the report of an investigation into the circumstances surrounding the death of a prisoner at HMP Altcourse. He died of leukaemia in January 2012. I offer my condolences to his family.

The investigation was carried out by one of my investigators. Liverpool Primary Care Trust (PCT) appointed a clinical reviewer to conduct a clinical review into the standard of healthcare the man received while in custody at HMP Altcourse. Altcourse cooperated fully with the investigation.

The man had been diagnosed with a chronic blood disorder, before he went to prison. His condition was monitored closely by medical staff in the healthcare centre and by a haematology consultant at Fazakerley Hospital. The man's condition remained stable until May 2011, when his blood test results showed that he had developed leukaemia which was not amenable to treatment by chemotherapy.

In December, the man was admitted to hospital with pneumonia. I am pleased to see that for most of the time when he was in hospital a sensible decision was made that he did not need restraints so I am surprised that the prison found it necessary to restrain him on the journeys to and from the hospital. Despite medical treatment, his condition deteriorated rapidly. Nevertheless, he was discharged back to Altcourse two weeks later.

Overall, the investigation found that the man was well cared for during his time at Altcourse. Indeed, both the level of care that the man received during his final illness and the level of support given to his family were examples of good practice. I commend those involved at Altcourse for their caring approach.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

**Nigel Newcomen CBE**  
**Prisons and Probation Ombudsman**

**August 2012**

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1. The man was sentenced to five years imprisonment and was sent to HMP Altcourse. It was his first time in custody.
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3. In December 2011, the man was admitted to hospital with pneumonia. Despite being assessed as no risk to the public, he was restrained for the escort to hospital. He was discharged back to Altcourse in December. Healthcare staff were shocked by the deterioration in the man when he got back to the prison, because he could no longer look after himself or move around independently using aids. They believed he had not been well looked after in hospital. The palliative care team<sup>4</sup> reviewed him when he was discharged back to Altcourse and specialist equipment, such as a pressure relieving mattress, was obtained for comfort.
4. A prison family liaison officer (FLO) was appointed during a hospital admission in June 2011. Although he was discharged back to Altcourse and his condition remained relatively stable, the FLO continued to offer support to the man and his family. The man's wife was regularly updated on his condition and was actively involved in decisions relating to his care. She visited him regularly and was assisted with transport to and from Altcourse. When the man's condition deteriorated, visits were facilitated in the healthcare centre. During the early hours of 13 January 2012, the man's breathing became laboured. His wife was contacted and she made her way to Altcourse. Another bed was made up in his cell so that she could stay with him through the night. The man died on the evening of 14 January.
5. The clinical review concludes that the man's care was "faultless" while at Altcourse. There was strong communication between medical professionals and the man, and he was fully aware of his condition and prognosis. Throughout his illness, the man and his wife were actively involved in decisions relating to his care. This report agrees with the findings of the clinical reviewer and highlights two areas of good practice: the level of support provided to the man's family and the care he received during his final illness. However, there is one recommendation to improve escort risk assessments.

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<sup>1</sup> A disorder caused by too much growth of a type of cell that is used to make blood cells. It is not a terminal condition, but can cause leukaemia.

<sup>2</sup> A doctor that specialises in the diagnosis and treatment of diseases of the blood and blood-forming organs.

<sup>3</sup> A form of cancer that starts inside bone marrow, and affects the blood cells.

<sup>4</sup> A team of nurses and doctors that specialise in the relief of pain and other symptoms and problems experienced in terminal illness. The goal of palliative care is to improve quality of life and to offer support to the patient and their family.

6. It is not within our remit to comment on the care provided by hospitals in the community; however the Aintree University Hospitals NHS Foundation Trust will wish to note the points in the clinical review about the man's admission to Fazakerley hospital in December 2011.

## THE INVESTIGATION PROCESS

7. The Ombudsman's office was formally notified of the man's death in January 2012. Notices were issued to staff and prisoners at HMP Altcourse to inform them of the investigation process and ask anyone with information relevant to the investigation to contact the investigator. No-one responded to these notices.
8. The HM Coroner for Liverpool, was informed of the investigation and will be sent a copy of the investigation report for information. He concluded an inquest into the man's death on 17 January 2012, when he recorded the man died of natural causes.
9. The clinical reviewer was appointed by Liverpool PCT to conduct a clinical review of the clinical care the man received in custody. The clinical reviewer received copies of all relevant medical and prison documentation relating to the man. The review was received on 30 April 2012 and is the first annex to this report.
10. My investigator visited Altcourse on 23 January 2012. She met senior managers and staff who had been involved in the man's care, as well as a member of the Independent Monitoring Board (IMB) and an officers' trade union representative. My investigator was shown where the man lived in the healthcare centre and the facilities that were available to him.
11. My investigator received all documentation relating to the man's time in custody. She reviewed prison and health records and liaised with the Director throughout the course of the investigation.
12. One of the Ombudsman's family liaison officers contacted the man's family shortly after his death. He explained the investigation process and invited them to ask any questions about the man's care. The man's wife explained that she was extremely happy with the level of care the man received while at Altcourse and did not have any concerns. The man's family received a copy of the draft report as part of the consultation period. Written representations were provided by the man's family in response to the findings of the investigation. The man's family explained that they were pleased to see that the report recognised and commended the care provided by staff at Altcourse. Any concerns not covered in the finalised report are addressed in separate correspondence to the man's family.
13. The investigation has assessed the main issues involved in the man's care including his diagnosis and treatment, liaison with his family, his location and security arrangements, whether compassionate release was considered and whether appropriate palliative care was provided.
14. The report was also issued for consultation with the Prison Service. There were no factual inaccuracies and the response to the recommendation has been added to the recommendations page.

## **HMP ALT COURSE**

15. HMP Altcourse is a category B local prison in Liverpool, receiving prisoners from the courts in Merseyside, Cheshire and North Wales. It is managed by G4S Custodial Services and holds up to 1,324 sentenced and remand adult and young adult males. Altcourse is made up of seven house blocks divided into individual units. These units hold between 60 and 95 prisoners.
16. G4S also runs the company that provides healthcare at the prison. There is a 12 bed in-patient facility that has a care suite and provides 24 hour medical cover from nurses and doctors.
17. HM Chief Inspector of Prisons (HMCIP) last carried out a full unannounced inspection of Altcourse in January 2010. The Inspectorate found that Altcourse was an extremely effective local prison and that healthcare services were adequate, but at the time were affected by staff shortages. Inspectors commented that “there were links with local palliative care agencies, but we were unaware of any palliative care policy”.
18. Each prison in England and Wales has an Independent Monitoring Board (IMB). IMB members are volunteers from the local community who monitor day-to-day life in the prison to help ensure proper standards of care and decency are maintained. The latest report published by the IMB at Altcourse for July 2010 to June 2011 noted that the IMB were satisfied that there was a high standard of delivery in healthcare provision; both clinically and through a range of health promotion activity. There was a dedicated nurse to help meet the needs of older prisoners.

### **Previous deaths at Altcourse**

19. In the last two years, there were three deaths through natural causes at Altcourse, before the man died. There are no similarities with the circumstances of those deaths.

## ISSUES

20. The man arrived at HMP Altcourse on 21 May 2009, having received a five year sentence. He was seventy seven and this was his first time in custody. The prisoner escort record (PER)<sup>5</sup> that accompanied him from court highlighted that he suffered from thrombocytosis and could bruise for no apparent reason. There was an information booklet inside his PER which explained his condition. The man had been diagnosed with this condition a few months before, in January 2009.
21. On arrival, the man had a first reception health screen<sup>6</sup>, when he discussed his medical history and medications. The man was admitted to the healthcare centre for observation, and was referred to the doctor. The prison doctor assessed the man the following day. The doctor recorded that the man had high blood pressure, which was subsequently monitored and managed effectively with medications.
22. Before the man went to Altcourse, his condition was monitored at his local hospital. The prison doctor referred the man to the haematologist at Fazakerley Hospital so that he could continue his follow up appointments. All relevant information and interactions with secondary services were appropriately recorded in his medical file. He had regular blood tests taken in the healthcare centre, enabling the doctors to monitor his condition closely. There is no evidence in the man's medical record that he had any significant health problems relating to his condition throughout 2009 and 2010.

### **The diagnosis of the man's terminal illness**

23. On 24 May 2011, the man attended a follow up haematology review at Fazakerley Hospital. A recent blood test had shown the presence of myeloblasts<sup>7</sup>. According to his medical record, it had been explained to the man that this was likely to be the result of a rapid progression to bone marrow<sup>8</sup> failure, caused by acute myeloid leukaemia.
24. The man had been diagnosed with a chronic blood disorder before he went to prison. He was monitored closely by medical staff and through regular reviews with secondary services. In 2011, his blood test results showed that his condition was transforming into leukaemia. In his clinical review the clinical reviewer says that information about his diagnosis was appropriately documented. The man's medical record shows that the diagnosis was timely and appropriate.

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<sup>5</sup> A form that accompanies prisoners on all journeys from and between police custody, court and prison. Risk factors are highlighted.

<sup>6</sup> A health screen where a prisoner's health needs and concerns are identified.

<sup>7</sup> Cells that do not function normally and either die in the bone marrow or soon after they enter the blood. This leaves less room for healthy white blood cells, red blood cells, and platelets to develop in the bone marrow.

<sup>8</sup> Bone marrow is a flexible tissue inside bones. It produces new blood cells.

## **Informing the man about his condition and treatment**

25. As the man had been diagnosed with thrombocytosis before going into custody, he was already aware of his condition, the symptoms it presented and the treatment that he was to receive for it. During a routine follow up appointment with his haematologist in May 2011, he was told that he had developed leukaemia, which was not suitable for treatment and his prognosis was very poor.
26. An entry in his medical file on 15 June records that the man had had a long chat with a doctor in healthcare regarding his diagnosis. The man said that he had told his wife of the change in his condition. He was offered support from the chaplaincy team and the Macmillan team<sup>9</sup> were also contacted. He continued having regular reviews in the haematology clinic to monitor his condition, but knew there was no effective treatment.
27. On 19 June, the man developed a virus and was admitted to hospital. Due to the seriousness of his condition, a family liaison officer was appointed. However, the man responded to treatment and was discharged back to the prison on 4 July. From then on, the family liaison officer remained in contact with the family throughout the man's illness and after his death.
28. There is no record that the man asked staff about his illness over the following months. However, after he was discharged from hospital on 29 December, when he was very unwell, the man asked a prison doctor for some further information on leukaemia. He was given information leaflets and was told that he could ask any questions. After this, his condition deteriorated quickly and he soon became too drowsy and unwell for healthcare staff to be able to discuss his condition with him.
29. The clinical reviewer notes that the man was thoroughly monitored and well informed about his condition. He was told of his terminal prognosis in a timely manner, and that he was not suitable for active treatment. He was offered appropriate support and information from medical staff at Altcourse.

## **The man's medical appointments and treatment**

30. The man attended regular appointments with secondary health services outside the prison, such as the haematology clinic. He also attended for regular blood tests in the healthcare centre. His appointments and any relevant information relating to his care were recorded appropriately in his medical record. The man missed two haematology appointments. On one occasion there was a shortage of staff due to an emergency in the prison. The next occasion was because he had already been admitted to hospital. The clinical reviewer concludes that this did not have a detrimental effect on his health.

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<sup>9</sup> A team of nurses and doctors that have had specialist training in end of life care, such as the management of pain and associated symptoms, as well as psychological support.

31. Medical correspondence, such as letters between the man's consultants and the doctors at Altcourse, and discharge summaries, were appropriately filed with his medical records. Following hospital appointments, letters were sent to the healthcare centre informing staff of his continuing care needs and any medication changes.
32. The man was admitted to hospital for two weeks in December 2011, suffering from pneumonia. When he arrived back at Altcourse, he went to the healthcare centre for a full assessment. There had been a significant deterioration in his condition. Before his admission to hospital, the man was able to look after himself and had been mobile with support. Staff were shocked at the decline in his physical and medical condition in just two weeks. The Nurse Manager at Altcourse raised concerns with the ward sister at Fazakerly Hospital about the nursing care the man had received during his stay there. This had resulted in bed sores on his buttocks, and these sores were not referred to in his discharge letter.
33. Due to the decline in his condition, the palliative care team from the local hospice was asked to review the man. According to a letter from the Palliative Macmillan Consultant, to the Head of Healthcare, the man had been seen on an "urgent basis". The Palliative Macmillan Consultant apologised for the unsatisfactory discharge from hospital. He noted that despite medical treatment for pneumonia his condition had deteriorated and the man would need "considerable nursing care", as his condition was so poor.
34. On 2 January 2012, the prison's family liaison officer, telephoned the man's wife to speak about the man's condition. She explained that the man had a chest infection which was unlikely to respond to treatment and the doctor needed her permission not to treat him. The man's wife was initially reluctant to make such a decision, however following a telephone discussion with the doctor she agreed that course of action.
35. The man's condition continued to deteriorate steadily over the next few days until his death. His wife and son were at his bedside when he died.
36. We have asked the PCT to ensure that the hospital authorities receive a copy of this report and the clinical review and take note of the recommendation made by the clinical reviewer about the man's treatment while at Fazakerley Hospital. The clinical reviewer was concerned that the man's condition had deteriorated so significantly following his brief admission to hospital for pneumonia, an illness not directly related to his terminal condition.
37. The Palliative Macmillan Consultant recommended that the man should have a pressure relieving mattress, which was requested urgently. The airflow mattress was delivered the following day, 30 December. An airflow mattress aims to ensure that patient's pressure areas do not bear a lot of weight, minimising the risk of pressure sores developing or worsening. This alongside regular changes in position helps to ensure patient comfort. The man's medical record shows that his position was changed regularly by healthcare staff.

38. During his time at Altcourse the clinical review concludes that healthcare staff provided a high level of care and treatment in the healthcare centre. The clinical reviewer concludes that staff showed diligence and commitment, and the care provided to the man during the final stages of his illness was faultless. Assessments of the man's condition were timely and referrals to specialist services, such as the Macmillan team, were appropriate. After his discharge from hospital, the nurse manager at Altcourse contacted the hospital for further information and expressed her concerns regarding the significant change in his condition.
39. The man attended his medical appointments and there was effective communication between healthcare staff and secondary services, which was well documented in his medical record. The treatment he received from staff in the healthcare centre was conducted to a very good standard and he was referred to the palliative care team appropriately, when his condition was at a stage where he needed specialist care. We agree with clinical reviewer that:

**The level of care that the man received during his final illness is an example of good practice.**

#### **The man's pain relief and medication**

40. During the man's first reception health screen he listed the medications that he was taking: co-codamol<sup>10</sup>, losartan<sup>11</sup>, omeprazole<sup>12</sup>, aspirin<sup>13</sup> and hydroxycarbamide<sup>14</sup>. Following a review with the doctor the following day, he was also prescribed bendroflumethiazide<sup>15</sup>. The prison doctor noted that the man's hydroxycarbamide was reducing his platelet count too much, and stopped the prescription. The man took his medications as prescribed and they were regularly reviewed at his consultations.
41. Following the man's diagnosis in May 2011, his pain relief was changed from co-codamol to dihydrocodeine, a stronger pain relief medication used to treat moderate to severe pain. There were no entries in his medical record over the following few months about him being in pain.
42. When the man was discharged from hospital in December, there was no prescription for pain relief. He complained of being in pain, especially when he was being turned to prevent bedsores. Following a review with the doctor, he was prescribed oramorph<sup>16</sup> every two hours which was said to have had a good effect.
43. An entry in the man's medical record on 29 December shows that he was not tolerating medications orally and was still in pain. The Palliative Macmillan

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<sup>10</sup> Used to treat moderate pain.

<sup>11</sup> Used to treat high blood pressure.

<sup>12</sup> Used to reduce the symptoms of excessive stomach fluid.

<sup>13</sup> Used to help thin the blood, to prevent formation of blood clots.

<sup>14</sup> Used to treat leukaemia, some forms of cancer and blood conditions such as thrombocytosis

<sup>15</sup> Used to treat high blood pressure and water retention.

<sup>16</sup> An opiate based pain relief issued in liquid form, also used to treat severe pain.

Consultant advised that he was to have morphine intravenously<sup>17</sup> and the district nurses would be contacted about inserting a syringe driver<sup>18</sup> if necessary. Further entries in his medical record suggest that the man did not always accept pain relief.

44. The man's medications were reviewed on 31 December when the Liverpool Care Pathway<sup>19</sup> (LCP) was implemented. Prescriptions were written for intravenous pain relief, sedatives, anti-sickness, and medications to control spasms and anxiety. A syringe driver was inserted later that day. There are no records that the man complained of further pain or nausea. As he was experiencing itching, his pain relief was changed to an alternative opiate based medication, oxynorm, on 4 January 2012.
45. It was recorded in the man's medical record that he was experiencing twitching and shaking on 14 January. To control those symptoms he was prescribed midazolam<sup>20</sup> every four hours.
46. The man's medications were reviewed regularly and were adjusted to reflect changes in his condition. The clinical reviewer comments in his clinical review that the prompt decision to stop the man's hydroxycarbamide was appropriate. The clinical reviewer also reflects that there was good liaison between the prison and the haematology department. It is apparent from the man's medical record and prescription charts that his pain relief and medications were given at the appropriate times and were effective in controlling his symptoms. As his condition deteriorated, he was assessed by the palliative care team. He had been provided with comfort aids, such as a pressure relieving mattress and a syringe driver was put in place. This is in line with the care pathway for the dying and we agree with the clinical review that it was appropriate for his condition and care needs.

### **Liaison with the man's family**

47. The man's wife was aware that he had a chronic blood disorder before he went to Altcourse. When he was told by his consultant that his condition was turning into leukaemia, he told his wife personally that his condition was non-curable.
48. The prison family liaison officer was appointed as the family liaison officer (FLO) in June 2011, after the man was admitted to hospital. She and the chaplaincy continued to offer support once the man was discharged back to Altcourse. The man's wife visited him regularly and transport was provided by the prison from her home in North Wales. The man was also helped to telephone his wife.

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<sup>17</sup> Infusion of liquid medications straight into a vein.

<sup>18</sup> A small portable pump that can be used to give a continuous dose of painkiller and other medications via a small needle into the vein.

<sup>19</sup> A care pathway implemented during a patients final days and hours of life. It helps medical professionals provide end of life care by meeting care goals and adapting medications and the environment to the patients needs. It also provides emotional support to the patient and their family.

<sup>20</sup> A sedative

49. The FLO contacted the man's wife on 14 December to tell her that her husband had a chest infection and would be going to hospital. The FLO telephoned daily with updates on his condition during his two week hospital admission.
50. On 31 December, the man's wife was told that his condition was irreversible, and resuscitation would not be appropriate if the situation arose. As the man was semi-comatose and unable to make appropriate decisions, his wife signed a "Do Not Attempt Resuscitation" (DNAR) form on his behalf. This was put in his medical file to ensure that all staff were able to access this information if they needed to.
51. According to a note in the man's medical record, his wife was very happy with the support she was receiving and with the level of care he was receiving in the healthcare centre. She asked to be contacted should his condition deteriorate, so she could visit him.
52. As the man's condition continued to deteriorate, senior managers authorised arrangements for his wife to stay overnight if required. The man's breathing became laboured during the early hours of 13 January. His wife was contacted and she immediately made her way to Altcourse. She was then driven home at lunchtime and brought back again in the evening. A bed was made up in the man's cell so that she would be able to comfortably stay through the night. The man's wife then stayed with him until his death the following evening. The man's son was also present.
53. Following the man's death, his wife and son continued to be offered support by the FLO. The funeral arrangements and procedures following a death in custody were discussed and a contribution was made to funeral expenses. A bouquet of flowers was also sent to the man's wife on behalf of the prison, offering their condolences.
54. The man's funeral was held on 30 January. The Deputy Director, the prison chaplain, a former prison chaplain and the FLO attended on behalf of the prison. Following this, the man's wife sent a letter of thanks for the support she received throughout her husband's illness and for the staff attending his funeral. She wrote it was "more important to [her] than you could possibly know".
55. The level of support offered to the man's wife during his illness and after his death was excellent. It is evident from the letter that was sent by the man's wife that she considered that the prison could not have done more for her and the man. It is pleasing to see that the man's family were fully involved in decisions relating to his care, were always kept informed of his condition and were offered very good support. In providing feedback during the consultation period, the man's wife explained that the man was moved to the vulnerable prisoner wing because he was assaulted by another prisoner.

**The support given to the man's family throughout his illness and after his death is an example of good practice.**

## **The man's location**

56. When the man arrived at Altcourse, he was admitted to the healthcare centre for observation. He was able to look after himself and move around independently with the support of aids. A short time later he was transferred to a vulnerable prisoners' wing<sup>21</sup>. There are no recorded complaints from the man and he said he was happy with the level of care he received from staff.
57. As the man's condition deteriorated, he started to become quite infirm and was having difficulty bearing weight. Consequently, he was transferred to the healthcare centre for assessment and observation on 13 December 2011. The man remained in healthcare from this point, apart from a two week admission to hospital with pneumonia, where his changing care needs were met. Staff were able to call on specialist nurses, such as the Macmillan team, and appropriate equipment was available.
58. The man's wife and son visited him on 3 January 2012. As he was in a semi-comatose condition, a discussion was held with his wife and son about the possibility of transferring the man to a hospice. According to his medical record and the FLO log, his wife said that she was happy for him to stay at Altcourse as she was more than happy with the level of care he was receiving in the healthcare centre. There were no restrictions for visits and transport was provided to allow his wife to visit when she wanted.
59. The clinical reviewer notes in his review that:
- "The man was diagnosed with a terminal condition in May 2011, however it was not really until December 2011 that his care became palliative. Up until this point, the man had been able to look after himself either in his own cell or occasionally on the healthcare ward."
60. The man's location was appropriate. He stayed on his wing while he was able to look after himself and then moved to the healthcare centre when his condition was such that he needed assistance with his care needs. The man and his family were happy with the level of care he was receiving and did not want him moved to a hospice. The healthcare centre and staff were equipped to facilitate his end of life care, and specialist equipment and comfort aids were obtained when needed, ensuring that his needs were met at all times.

## **Compassionate release**

61. All prisoners who have not reached their automatic release date, conditional release date or parole eligibility date may apply for early release on compassionate grounds for medical reasons or due to tragic family

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<sup>21</sup> A wing for prisoner's who choose to separate themselves from the main prison population for their own protection, either because of the nature of their offence or for other vulnerabilities.

circumstances. The man was eligible to make an application for compassionate release, which if approved by the Secretary of State, would have meant he would be released into the community under licence conditions<sup>22</sup>.

The man and his family preferred him to stay at Altcourse, rather than be transferred elsewhere. Therefore, the compassionate release process was not started. This appears to have been an appropriate decision, in line with the man and his family's wishes. In response to the draft report, the man's wife explained the possibility of early release on compassionate grounds was not discussed. They add that the man believed he was not eligible for release. The man's family explained that a few days before he died, staff at Altcourse discussed the possibility of moving him to a hospice. The family were however in agreement that a move to a hospice would not be in his best interests, preferring him to remain at Altcourse at this time.

### **Palliative care**

62. The palliative care team were involved in the man's care from an early stage. They were contacted for advice following his diagnosis of leukaemia. When he was discharged from hospital in December 2011, they reviewed his care and facilitated a special mattress and appropriate pain relief according to his needs.
63. The Liverpool Care Pathway (LCP) was started on 30 December. The pathway is used to ensure that patients receive appropriate end of life care, such as efficient pain relief and support for them and their family. The man was aware of his diagnosis and the LCP was explained and discussed with him and his family. He was bedbound, semi-comatose, unable to swallow and was in pain. His medications were reviewed and amended according to his needs and he was provided with specialist equipment.
64. The clinical reviewer comments in his review that there are comprehensive entries in the medical records from the start of the LCP up to the man's death, confirming that the pathway was followed. It is evident that the palliative care team were contacted at an appropriate stage. They had input with his care and the LCP was implemented as his condition deteriorated, so the man was made comfortable and his family had adequate support.

### **Restraints, security and bed watch**

65. When a prisoner is taken out of the prison, a risk assessment should be completed with an assessment of a prisoner's likelihood to escape, ability to do so and his risk to the public. This is to inform a decision about what level, if any, of restraint is required. For hospital visits in particular, the prisoner's state of health is highly relevant.
66. The man was hospitalised with pneumonia on 14 December 2011. He was not able to move independently without aids and was quite unwell. The escort risk

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<sup>22</sup> A licence sets rules and guidance to which a prisoner must adhere to whilst living in the community. The licence is supervised by the Probation Service. They can be recalled to custody at any point until the expiry of their licence if their behaviour gives grounds for concern.

assessment shows that he was a category C prisoner and there was no known likely risk to the public or staff. There is no evidence of a medical contribution to the risk assessment. Nevertheless, the man was escorted by two officers and was restrained using an escort chain,<sup>23</sup> with the stipulation that the chain could be removed with authorisation from the duty manager if emergency medical intervention was needed or if medical professionals felt that his condition warranted the restraints to be removed. As the man was not assessed as a risk to the public, or of escape, it is difficult to see how the use of restraints was justified.

67. At 8.55pm that evening, a bedwatch log entry says that the man's restraints were removed and he had just a single officer escort. There is no evidence of the risk assessment being revisited and there is no recorded explanation for the removal of restraints. When he was discharged back to Altcourse on 28 December, the escort chain was re-applied under direction from the duty manager for the duration of the escort from hospital to prison.
68. We agree it was sensible and appropriate for the restraints to have been removed shortly after the man's admission to hospital and for the escort to be reduced to one officer, but the original use of restraints was not justified by the prison's own risk assessment. His condition deteriorated while he was in hospital and when he was discharged he needed help with his care needs and was not able to use his left leg properly. Yet a manager decided that the escort chain should be reapplied. This decision was not supported by a revised and documented risk assessment.

**The Director should ensure that a prisoner's medical condition is considered in a risk assessment for the level of escort and use of restraints needed. The risk assessment should be reviewed regularly and the level of restraint used should correspond with the assessed risk.**

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<sup>23</sup> A single handcuff is attached to the prisoner and a length of chain connects this to another worn by an officer. The escort chain allows more freedom of movement for the prisoner and makes it easier for nursing staff to administer treatment.

## **CONCLUSION**

69. The clinical reviewer concludes that the care the man received during his final illness from Altcourse healthcare team was “faultless”. He recommends that the healthcare team should be complimented for the high level of care the man received, and we have recognised it as good practice.
  
70. The overall standard of the man’s care at Altcourse was very good. Communication with secondary services was appropriate and all relevant information was adequately recorded in his medical record. However, there is a need to ensure appropriate risk assessments for hospital escorts. Communication with the man’s family was excellent and they were offered the opportunity to be involved in decisions relating to his care.

## **RECOMMENDATIONS**

1. The Director should ensure that a prisoner's medical condition is considered in a risk assessment for the level of escort and use of restraints needed. The risk assessment should be reviewed regularly and the level of restraint used should correspond with the assessed risk.

**Accepted** - The Head of Security / Duty Director when completing the initial risk assessment will as a matter of course review the medical condition of the prisoner. Regular reviews will be completed by the Head of Security and any change in circumstances will be taken into consideration.

## **GOOD PRACTICE**

1. The level of care that the man received during his final illness is an example of good practice.
2. The support given to the man's family throughout his illness and after his death is an example of good practice.