

**Investigation into the circumstances surrounding the death of a prisoner
released on temporary licence from HMP Woodhill, at a hospice, in
September 2005**

Report by the Prisons and Probation Ombudsman for England and Wales

October 2006

This is the report of an investigation into the death of a man in September 2005. The man died in a Hospice in Milton Keynes, having been released on temporary licence from HMP Woodhill. He was 38 years old at the time of his death and had liver disease.

An inquest into the man's death was held in September 2005. The Coroner recorded that the man died from natural causes.

My colleagues and I would like to extend our condolences to his family and all those touched by his death.

The investigation was conducted by one of my colleagues. An independent clinical review into the man's care was carried out by Milton Keynes Primary Care Trust. I must apologise for the delay in completing this report.

I am critical of aspects of the clinical care the man received while in prison custody, and make recommendations directed to HMP Bedford and HMP Woodhill.

Stephen Shaw CBE
Prisons and Probation Ombudsman

October 2006

SUMMARY

The man was received into HMP Bedford in June 2005, having been charged with a number of offences of shoplifting. He had a long history of drug and alcohol abuse.

On reception into prison, he was noted to be under the care of a hospital consultant as he was suffering from hepatitis C and liver cirrhosis. Although the man's liver disease was identified on reception, little was done at HMP Bedford, or subsequently at HMP Woodhill, to ensure appropriate continuing care of his condition. The man was issued medication to manage his withdrawal from drugs, and the pain associated with the liver problems, but these were not fully thought through. On at least one occasion, he was prescribed medication that is clearly contraindicated in liver disease. Whilst I do not believe this had a direct bearing on the final outcome, it is worrying that a standardised approach was taken to detoxification with no consideration of personal clinical needs. Furthermore, the standards of record keeping at times fell below required standards.

Towards the end of August 2005, the man was referred by Woodhill to the local hospital in Milton Keynes. He was admitted for further tests and what ultimately turned out to be terminal care. The man was appropriately transferred from the local general hospital to a hospice for palliative care, where he spent his last few days. The man died in September.

KEY FINDINGS AND ISSUES

The man was born in Northamptonshire. He had begun sniffing glue at the age of 13, and at 14 had begun to drink alcohol. By the age of 28, he was injecting heroin. At the time of his arrest, the man admitted to using three to four bags of heroin and occasionally smoking cannabis.

The man had left school without any formal qualifications, but was numerate and literate. He had a number of transient labouring jobs, but had not worked for a number of years because of his ill-health and was dependent upon Income Support. The sum he received each week was insufficient to meet his everyday living needs in tandem with his substance misuse.

His pre-sentence report notes that he was under the care of specialists at hospital in Cambridge for cirrhosis of the liver and hepatitis C. He was also noted to be taking prescribed dihydrocodeine for pain control. The man had engaged with the local community drug team, but they were struggling to identify a suitable detoxification programme because of his health needs and the number of medications that are contraindicated in people with liver disease. The community drug team were liaising with the man's hospital to see what they could safely prescribe.

In May 2005, the man spent a period of eight days on remand at HMP Woodhill, charged with shoplifting offences, but was then released on bail. In June, he was arrested for a further offence and taken to the local police station where he was seen by the Forensic Medical Examiner. He was prescribed medication to help with the symptoms of withdrawal and his painkillers were continued. The next day, the man appeared at Corby Magistrates' Court and was remanded into prison custody. From court he was taken to HMP Bedford, arriving about 7.30pm.

On arrival, the man was seen by the reception staff and a cell sharing risk assessment was completed. This identified him as being a high risk, after he told staff that he could become aggressive as a result of his withdrawal from illicit drugs. Section four of the risk assessment requires a referral to a duty manager in the event of a prisoner being assessed as a high risk. This section has been signed, but the boxes identifying the type of accommodation (single, shared or other cell) have not been completed. Whilst the failure to complete this section fully had no bearing on what was to follow, it could be vital in the case of other prisoners.

The Governor of Bedford should remind all managers of the importance of fully completing cell sharing risk assessments.

The man was also seen by a healthcare worker and a new reception health assessment was completed. This process correctly identified his liver problems and his continuing care at hospital. A note was made of his current prescriptions and substance misuse. The reception screening document and an entry in the medical record appropriately refer the man to the medical officer for a further assessment. The entry also indicates that the man was issued with the standard 'First night detox'. The three medications contained in this pack - two painkillers and one sleeping tablet - are not recognised detoxification medication, but would provide some relief for the symptoms of withdrawal. For this reason, they should not be

referred to as 'detox' medication. It is also of concern that no consideration appears to have been given to the man's current medication, or his presenting clinical conditions which would have restricted the nature and type of medication he could take.

The healthcare manager at HMP Bedford should ensure that the care of substance misusers is individualised and takes into account clinical needs which may contraindicate the prescribing and issue of certain medications.

The man was seen by the medical officer on 1 July, and the plan of care was for him to commence an opiate detox and for contact to be made with the hospital treating him for further information. The contact telephone number and hospital number are noted in the continuous clinical record and a subsequent entry notes that the man had an appointment for 1 September. The entry does not contain any further information about the man's condition, treatment or prescribed medication.

Later that day, he was visited on the residential units by a member of the healthcare team to issue his Lofexidine. However, he refused his new prescription, saying that he still had his 'first night detox' in his cell. As a result, only a sleeping tablet was given to him on this occasion. The entry in the clinical record notes that his blood pressure and pulse were checked and were found to be within normal limits.

Apart from the administration of his Lofexidine, there are no further entries in the clinical record over the next week. Clinical guidelines indicate that patients should have their blood pressure and pulse monitored for the first three days when administering Lofexidine, but the clinical record does not reflect that this occurred. The healthcare manager will wish to remind healthcare staff of the need to take these observations for at least the first three days.

In July, the man appeared in court and was sentenced to 243 days imprisonment. Following sentencing, he was taken to HMP Woodhill. On arrival, a further cell sharing risk assessment was fully completed, and the man was seen by a doctor who noted his past medical history and prescription medication. The doctor referred him to the substance misuse team. The man was seen by a member of the team the following day, and the entry notes that he was not showing any signs of withdrawal and was refusing any further medication.

The next entry in the medical record is dated 21 July when he saw the doctor for a repeat prescription. A doctor examined him and found his liver to be palpable. It appears that this was the first time the man was physically examined. However, as the clinical reviewer notes, it is not clear why further examination or tests were not considered. Furthermore, there is no documentary evidence to show that any further information or advice was sought from the man's outside hospital.

The Milton Keynes Primary Care Trust and the healthcare manager at HMP Woodhill should ensure that systems are in place for promptly obtaining past medical records to assist the understanding of clinical conditions and future multi-disciplinary care planning.

On 11 August, the man complained of pain that was not being well controlled. The entry in his medical record notes that he had an enlarged abdomen with prominent veins, but this still did not prompt a referral to either the specialist hospital or the local hospital in Milton Keynes. The presenting clinical symptoms should have alerted clinicians to the seriousness of the man's condition and prompted such a referral. During the evening of 13 August, staff in healthcare were asked to see the man who was complaining of 'abdominal / chest pain'. A nurse visited the man and contact was made with the on-call doctor who prescribed paracetamol. This is clearly contraindicated in patients with liver conditions. The man was also offered admission to the healthcare centre, but he refused.

The following day, he was seen by the medical officer and the entry notes that the man asked to be referred to the hospital where he had previously been treated and this was agreed. There is no evidence to show that a further physical examination was undertaken. An entry dated four days later makes reference to the scheduled appointment at hospital, originally booked for 1 September, having been rebooked, but gives no further information. A later entry notes this rescheduled appointment to be on 22 September.

On 31 August, a doctor saw the man for his 'distended painful abdomen'. The doctor completed a thorough and well documented examination of the man and noted that he required ascetic draining. The doctor requested that the hospital be contacted to bring forward the appointment as soon as possible. There is no evidence that this occurred. On 2 September, the same doctor saw the man again and arranged for him to be admitted to the local hospital. The man was taken to the local hospital that day and admitted for drainage of the collection of fluid in his abdomen.

The doctor should be commended for his record keeping. This is in direct contrast to some of the other entries. They are difficult to read, do not reflect the plan of care, and have signatures that are unclear with no printed name or designation.

Healthcare professionals at HMP Woodhill should be reminded of the need for good standards of record keeping. A clinical audit should be developed to monitor compliance with the standards of records and record keeping required by professional bodies.

The man remained in hospital until mid-September when he moved to a hospice for palliative care. In early September, Release on Temporary Licence papers had been completed, and he was issued with and signed a temporary release licence the following day. The licence noted that one officer would remain with him at all times to offer support. The licence was appropriately reviewed and extended seven days later. The following day, it was amended to reflect his admission to a local hospice.

The man died early evening on a day in September as a result of his liver problems. An inquest held at the end of September 2005 concluded that his death was from natural causes.

RECOMMENDATIONS

- 1. The Governor of Bedford should remind all managers of the importance of fully completing cell sharing risk assessments.**
- 2. The healthcare manager at HMP Bedford should ensure that the care of substance misusers is individualised and takes into account clinical needs which may contraindicate the prescribing and issue of certain medications.**
- 3. The Milton Keynes Primary Care Trust and the healthcare manager at HMP Woodhill should ensure that systems are in place for promptly obtaining past medical records to assist the understanding of clinical conditions and future multi-disciplinary care planning.**
- 4. Healthcare professionals at HMP Woodhill should be reminded of the need for good standards of record keeping. A clinical audit should be developed to monitor compliance with the standards of records and record keeping required by professional bodies.**