PRISONS AND PROBATION OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man at hospital, while a prisoner at HMP Altcourse, in February 2013

Our Vision

‘*To be a leading, independent investigatory body,*
a model to others, that makes a significant contribution
to
safer, fairer custody and offender supervision’

This is the investigation report into the death of a man, a prisoner at HMP Altcourse, who died from cancer at hospital in February 2013. He was 50 years old. I offer my condolences to his family and friends.

A clinical review of the man's medical treatment was undertaken. Staff at Altcourse cooperated fully with the investigation.

The man had been a prisoner at Altcourse since May 2011. When he arrived, he was dependent on opiates and he received methadone treatment for his addiction for most of his time at Altcourse. He suffered from leg ulcers as a result of vein damage cause by injection, which required regular treatment.

In January 2013, the man reported suffering from shortness of breath, facial swelling and eye irritation. At the beginning of February, he coughed up blood and a chest X-ray suggested a vein might be obstructed. He was admitted to hospital on 14 February, where further tests showed he had cancer. After becoming agitated and disruptive, he discharged himself from hospital on 25 February. He returned to Altcourse where he was admitted to healthcare centre. His health deteriorated significantly the next day and he was taken back to hospital by emergency ambulance where he died. A post-mortem examination indicated that he died of lung cancer.

I am satisfied that the man received a satisfactory standard of health care at Altcourse. His symptoms were identified and he was referred appropriately to hospital for exploratory tests, where his condition was diagnosed.

Although a very sick man, the use of restraints on the man appears justified on security grounds, including his poor behaviour. I also note that his escort chain was appropriately removed some hours before his death. However, the investigation found a lack of information from healthcare staff in the risk assessments about how his condition affected his risk. While support for his family was also generally good, had his mother been informed earlier of the seriousness of his condition she might have been able to visit him before his death, although I recognise that his deterioration was sudden and unexpected.

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 2013**

CONTENTS

SUMMARY

1. The man arrived at HMP Altcourse on 6 May 2011. He was addicted to opiates and was prescribed methadone. He had damage to his veins caused by injecting drugs and had developed chronic leg ulcers for which he received treatment and was under the care of a vascular surgeon.

2. On 1 February 2013, a nurse examined the man in his cell after staff told her that he was not well. She noted that his eyes and neck glands were swollen, and his throat appeared red and inflamed. A doctor prescribed antibiotics. The next day, he told another doctor that he was suffering from shortness of breath. The doctor thought he might have a heart or kidney problem and requested a blood test and a chest X-ray.

3. On 8 February, the man told a nurse he had been coughing up blood and had back pain. The nurse saw he had swelling to the left side of his face, but had no pain. She made an appointment for him to see a doctor. He then attended hospital for his X-ray, which suggested that he might have cancer of the lungs. He was told the results of the X-ray on 13 February and, because he was short of breath and in pain, he was sent to hospital. On 15 February, another scan confirmed he had cancer.

4. On 25 February, during his stay in hospital, the man became difficult to manage and the escorting prison staff applied handcuffs as well as the escort chain (a long chain with a handcuff at each end) they were already using. Nurses gave him a nebuliser to use and he calmed down. He discharged himself from hospital later that day and returned to Altcourse. He told a nurse at the prison that he was aware he had been diagnosed with cancer.

5. At 5.00pm on 26 February, a nurse found the man sitting in the corridor of the prison healthcare centre. He refused all offers of help and became verbally abusive towards nurses and asked to be left alone. He then said he had a pain in his chest and had difficulty breathing. A doctor examined him and sent him to hospital, where he was taken to the resuscitation ward at 5.45pm. His family was not informed of his admission to hospital.

6. At hospital, the man was again restrained by an escort chain. That evening he had chest X-rays taken. At 2.10am, a doctor examined him as he was coughing up blood. At 4.45am, the doctor asked that restraints be removed as he was not responding to medication and his condition was deteriorating. His mother was then informed. A family liaison officer was appointed and arranged to collect her from her home and take her to the hospital. Sadly, he died before she was able to get there.

7. We are satisfied that the man received an appropriate standard of healthcare at the prison. We make two recommendations about risk assessments for the use of restraints and informing famlies when a prisoner is seriously ill.

THE INVESTIGATION PROCESS

8. The Ombudsman was notified of the man's death. Notices announcing the investigation were posted at Altcourse inviting prisoners and staff with relevant information to contact the investigator. No one responded.

9. The investigator visited Altcourse on 4 March, where he met the liaison officer and spoke to the Deputy Director, the Head of Safer Custody and a member of the Independent Monitoring Board. He obtained the man's prison records. A clinical review of the man's healthcare was undertaken. On 23 May, the investigator returned to Altcourse to interview a nurse and four prison officers.

10. The investigator informed the local coroner of the investigation. The investigation report has been sent to the coroner.

11. One of the Ombudsman's family liaison officers contacted the man's mother to explain the purpose of the investigation and to invite her to identify relevant issues she wished the investigation to cover. She said she would like to know why her son discharged himself from hospital against medical advice and about his subsequent deterioration and return to hospital. She said that she would have liked to have been told that he had returned to hospital, as this would have meant that she and his brother might have had the opportunity to see him before he died.

12. In response to the publication of the draft report, the man's mother highlighted some factual errors, which have been amended in this version. The NOMS response to the recommendations is attached to the relevant section.

HMP ALTCOURSE

13. HMP Altcourse is a 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. G4S runs the company that provides healthcare services at the prison. There is a 12 bed in-patient facility which provides 24 hour cover and has a palliative care suite.

Previous deaths at Altcourse

14. There were two deaths at Altcourse from natural causes each year from 2008 to 2012. None of the circumstances of the previous investigations was similar to those in this case.

Her Majesty's Inspectorate of Prisons

15. HM Inspectorate of Prisons conducted an unannounced short follow-up inspection of Altcourse between 15 and 17 October 2012. Inspectors found that methadone and other substitution medications were administered safely and appropriately. A recommendation made in January 2010, that prescribing and dosing regimes for substance-dependent prisoners should be flexible and based on individual need, had been achieved. Inspectors assessed healthcare as of a reasonable standard, although staff shortages affected some areas of clinical care.

Independent Monitoring Board (IMB)

16. Each prison has an Independent Monitoring Board of unpaid volunteers from the local community who oversee all aspects of prison life to help ensure proper standards of care and decency. In the IMB report 2011-2012, the IMB commented that, in their opinion, the general healthcare provided within the prison met the standards which prisoners could reasonably expect in the community. The IMB was concerned that an influx of prisoners with severe mental health problems was disturbing for other prisoners in the inpatient unit who were unwell, particularly those who were there for palliative care.

KEY EVENTS

17. On 6 May 2011, the man was sentenced to five years imprisonment for supplying a controlled drug. He was sent to HMP Altcourse. He told healthcare staff when he arrived that he was in the care of his local community drug treatment service for opiate addiction and was taking methadone (an opioid substitute) daily. He said he had also been injecting heroin on top of his prescription. Injecting had damaged his veins and resulted in leg ulcers. He continued on a methadone maintenance programme for most of his time at Altcourse. There were no other concerns about his physical health and no suicidal or self-harming behaviour was noted. He said that he had suffered from depression for 14 years, for which he was prescribed medication. The prison confirmed his prescriptions with his community GP.

18. The man was referred to hospital in relation to his chronic leg ulcers and on 28 September 2011 he was given a gel to help. Healthcare staff at Altcourse were advised to continue dressing the ulcers. In November, he was diagnosed with venous insufficiency (when the vein cannot pump blood back to the heart) of his right leg. He saw a consultant vascular surgeon again in January 2012, and was prescribed morphine sulphate for pain relief. (This was changed to dihydrocodeine in June 2012.)

19. A prison doctor saw the man on 19 April about a pigmented lesion on his lower lip. He had had a non-malignant lesion removed from his lower lip in 2008. The doctor referred him to a dermatologist.

20. On 27 June, a doctor saw the man, who said his leg ulcers were very painful despite regularly taking paracetamol. She prescribed amitriptyline (often used for chronic pain). In September, another doctor prescribed nefopam also for pain relief. He was again referred to hospital for a lip ulcer.

21. On 7 November, the man saw a doctor. He said that he had shortness of breath in the morning when walking up the stairs to get his medication. She discussed the risks of smoking. After a pulmonary function test (which measures how well the lungs take in and release air), she prescribed a salbutamol inhaler. She also changed his prescribed medication for depression.

22. The man saw a doctor on 4 January 2013, and requested alternative pain relief. The doctor thought that his pain was likely to be neuropathic (sensory system) pain. He advised him that he could have a different neuropathic medication, if he first reduced, and then came off, methadone.

23. A week later, the man saw a doctor and complained that his shortness of breath had got worse over the previous week. The doctor diagnosed asthma and prescribed a Qvar 100 inhaler, a salbutamol inhaler,

amoxicillin (an antibiotic) and prednisolone (a steroid given to help asthma). On 21 January, the doctor prescribed fusidic acid (antibiotic eye drops) for an eye infection.

24. A doctor examined the man on 24 January, after he complained of facial swelling, eye irritation and shortness of breath. She noted that his face was puffy and his conjunctivas were red. However, his heart sounded normal and his lungs were performing well. Blood, liver and kidney tests were satisfactory. She arranged for a chest X-ray (which took place on 8 February) to check for evidence of chronic changes and prescribed an antihistamine tablet, cetirizine, for a non-specific skin rash. On 28 January, another doctor examined him when he complained of feeling light-headed when standing up. His heart function, lungs and blood pressure were normal. The doctor diagnosed anxiety.

25. On 1 February, a nurse went to the man's cell after staff informed her he was not well and appeared to have a swollen neck. He said he felt bunged up, had a bad headache at the front of his head, sore throat symptoms and pain in his face. His eyes and glands were swollen, and his throat was red and inflamed. He felt pain when the nurse pressed on the sinus region of his head and cheek bones and he sounded very nasaly. A doctor prescribed an antibiotic, doxycycline.

26. The next day, a doctor noted the man's history of suffering facial swelling in the morning. He said he had been suffering from shortness of breath which was worse when he lay flat and that he sometimes woke up short of breath. The doctor noted some facial swelling but no leg swelling. The doctor diagnosed congestive cardiac failure or pulmonary heart disease and requested a blood test and a chest X-ray.

27. A nurse listed the man to see a doctor on 8 February after he said he had been coughing up blood. He had swelling to the left side of his face and complained of back pain for which she gave him ibuprofen. He then attended hospital for his chest X-ray later that day.

28. On 11 February, the man told a doctor he was in pain from his leg ulcers which the doctor noted were getting smaller. He said he experienced breathlessness on exertion, which was worse at night. The doctor noted that he was taking in slightly less air, but was not wheezing and had normal cardiac sounds. The doctor prescribed diclofenac sodium and mirtazapine.

29. On 12 February, a doctor from the hospital confirmed that the man's X-ray showed a large mass in the right lung suspected to be a bronchial neoplasm (an abnormal mass). The presence of swelling around his eyes suggested that he had an obstruction of the superior vena cava (a large vein which carries blood to the heart). The doctor concluded that

he should be referred to the Rapid Access Chest Clinic for further investigation.

30. The next day, 13 February, a doctor discussed the findings of the X-ray with the man. She noted that his neck, face and right arm were very congested, he had pain in his back and right arm and was very short of breath. She arranged for him to be admitted to hospital and agreed to increase his methadone to 10mls.

31. At 5.00pm, the man was admitted to hospital and was accompanied by two officers. He had been assessed as a medium risk of harm to the public and a medium risk of escape and was restrained using an escort chain. (The assessment was reviewed while he was in hospital.) The next day, he had an endoscopy (a flexible camera put down the throat) and an X-ray. Just after midnight on 15 February, the escorting prison officers warned him about his behaviour when he swore and moaned about the hospital staff. At 10.15am, he had a scan and, at 3.35pm, a hospital doctor explained to him that he had cancer and they were going to decide on a course of action.

32. A doctor spoke to the man on 17 February about taking a biopsy from his throat. On 19 February, the doctor told him he would be having the biopsy in three days, and offered to explain the situation to his mother. He preferred to tell her himself and telephoned her at 5.35pm. [In her response to the draft report, his mother said that he only told her about the tests during this call.]

33. At 9.20am and 11.25am on 23 February, a phlebotomist (who takes blood for tests) was unable to obtain a blood sample from the man. Later, a doctor tried to take blood when he was abusive to the accompanying nurse and swore at the escort officers when they asked him to calm down. They warned him he would have to return to the prison if he continued being abusive. He was then abusive to the doctor who walked away and left him. He then calmed down.

34. The next day, the man had more bloods tests as hospital staff were still investigating his illness. At 8.05pm, he told a officer that his head was sore and he just wanted to know what was going on. After receiving liquid morphine from a nurse at 8.15pm, he went to sleep.

35. On 25 February, the man told a PCO he had not slept that night. At 4.00pm, a doctor told him that they expected his biopsy results in two days which should indicate what was causing a blockage in his jugular vein and enable it to be treated. He asked to be able to go outside in the fresh air and to obtain orders from the prison shop. (Prisoners are able to buy weekly supplies of items such as tobacco, toiletries, food and telephone credit.) The PCO explained he was not allowed outside for security reasons, but that his shop orders could be arranged. He was reported to be argumentative and abusive when the officer reminded him he was still subject to Prison Rules.

36. Two PCOs took over escort duties at 8.40pm. At 8.45pm, the man tried to leave the ward, complaining he could not breathe. He said he wanted to go to the toilet but went past the toilet and pulled PCO A by the escort chain into the corridor. He sat down in the corridor and refused to move, so the officers lifted him back to his bed. He was described as extremely agitated, aggressive and argumentative and single handcuffs were used to restrain him as well as the escort chain. A nurse gave him a nebuliser to use and he calmed down.

37. PCO B told the investigator that the man had calmed down when the handcuffs were applied, but only for a few minutes. He said that he told him that he would take the handcuffs off if he calmed down, but he remained too agitated for him to do so.

38. At 9.20pm, the man spoke to a nurse and insisted he wanted to discharge himself. The nurse and doctor tried to talk him out of this but he was adamant and aggressive about his decision and said he wanted to return to the prison. At 9.35pm, he signed a medical disclaimer discharging himself from the hospital. At 10.35pm, hospital staff gave the officers discharge papers for Altcourse healthcare staff, including a medications summary, and he was taken back to Altcourse.

39. A nurse admitted the man back to the prison's healthcare centre. She spoke to him at length and he told her he had just had enough. She said he was aware he had cancer, but she was not sure how much he understood.

40. At 1.52pm on 26 February, the man's mother rang Altcourse because she was concerned that he had discharged himself from hospital. A member of staff passed the message to healthcare, who said that they could not give her any further information because of patient confidentiality. But she did not receive a call until the following day.

41. At 5.00pm, a nurse found the man sitting in the corridor of the healthcare centre fully conscious. He said he felt warm. Another nurse came and advised him that if he went back into his cell they could open the window and make him feel cooler by removing his outer layer of clothing. He refused their help. The nurses said he became verbally abusive and swore and shouted at the nurses to leave him alone.

42. The man started to become out of breath, but refused the nurses help to get him back to to his bed. He then said he had a pain in his chest and shuffled back to his cell and nto his bed, still refusing to be helped. His breathing became more erratic and he said he could not breathe. A pulse oximeter (which monitors oxygen saturation of blood) showed his oxygen saturation was only at 82%. Oxygen was given through a mask and his oxygen saturation increased to 99%. The oxygen flow was then lowered and his saturation remained stable at 96%.

43. However, the man's breathing remained difficult and his skin became purple around his fingers and ears. An emergency ambulance was called, which arrived at 5.15pm. The ambulance staff and the the doctor were unable to insert a canula into his vein to administer treatment and he was taken to hospital at 5.40pm. Two PCOs escorted him, who was restrained using an escort chain. He arrived at hospital at 5.45pm and was taken to the resuscitation ward. At 8.45pm, another two PCOs took over the night escort. At 9.10pm, he had a chest X-ray and another X-ray was taken at 9.30pm.

44. At 2.10am, a doctor examined the man, who was coughing up blood. At 4.05am, the doctor saw him again and noted that his blood pressure was low and his heartbeat was faster than normal. At 4.45am, the doctor asked PCO C if the restraints could be removed as he was not responding to medication and his condition was worsening. Altcourse's duty operations manager gave permission for the restraints to be removed.

45. The doctor asked that the man's next of kin should be informed and at 5.00am the operations manager told PCO C that he had spoken to the man's mother, who should be at the hospital around midday. At 5.15am, the duty director telephoned one of the prison's staff to ask him to act as the prison's family liaison officer (FLO). At 5.20am, he was reported to appear to be stable.

46. At 6.00am, PCO C informed the duty director that there was no change in the man's condition and he was still very ill. At 6.20am, the PCO noted that he was with the critical care doctor and coughing up blood. The family liaison officer telephoned the man's mother at 6.35am and arranged to bring her from her home in North Wales to the hospital.

47. At 6.55am , two other PCOs took over the escort duty. A doctor told them the man's condition had stabilised but that he would die shortly. At 7.00am, the family liaison officer left Altcourse to go to collect the man's mother. At 7.30am, there was no change in his condition.

48. At 7.55pm, the two escort officers were standing next to the man's bed when he stopped breathing. A nurse attended followed by a doctor who confirmed that he had died. Just at that time, his brother arrived to see him and the officers left the hospital cubicle to allow him some private time with his brother.

49. The family liaison officer, who was still on the way to the man's mother's home, was told that he had died. He arrived at 9.20am to inform her of her son's death but she had already spoken to her son and was aware that her son had died. He drove her to stay with her son.

50. After the man's death, the prison offered a financial contribution towards the funeral expenses in line with national guidelines. A memorial service was held at the prison.

ISSUES

Clinical care

51. The clinical reviewer has reviewed the level of care provided to the man at Altcourse. He notes that most of the interaction that he had with healthcare staff at Altcourse was for treatment for his leg ulcers which were treated regularly with compression bandages.

52. The clinical reviewer also found that the man's facial swelling was reviewed appropriately, and that, when she received the chest X-ray result on 13 February, the prison doctor made an immediate referral to a consultant. This led to him being admitted directly to hospital and his eventual diagnosis of cancer.

53. The clinical reviewer has made one recommendation in his clinical review about arrangements with the local hospital for blood tests. As the matter is not directly related to the man's death, we do not repeat the recommendation here. Overall, we are satisfied that he received an appropriate standard of health care at Altcourse. When his symptoms indicated he was referred to hospital where he was diagnosed with cancer.

Use of restraints

54. The Prison Service has a duty to protect the public when escorting prisoners to hospital and a responsibility to balance this by treating prisoners with humanity and maintaining their dignity. The level of restraints used should be necessary and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account factors such as the prisoner's health and mobility. A judgement in the High Court in 2007 indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process.

55. The man was restrained when he was taken to hospital on both occasions in February 2013. His initial escort risk assessment indicated he was regarded as of medium risk of harm to the public and of escape. While in hospital, he behaved aggressively to prison and hospital staff several times. On 25 February, when he discharged himself from hospital, he was still strong enough to pull one of the escort officers into the corridor using the escort chain. The use of an escort chain when he returned to hospital the next day might therefore have been reasonable in the circumstances.

56. However, when the man was first taken to hospital on 13 February, there was no medical assessment completed on the escort risk assessment and neither was medical opinion sought to inform a risk assessment when he was admitted to hospital again on 26 February. Although he was taken to hospital at relatively short notice, this section

should still have been completed, even if retrospectively after his admission as a necessary part of the escort risk assessment. We are pleased to note that the restraints were removed when a doctor requested but it is possible that these could have been removed at an earlier stage with a more dynamic risk assessment which fully took into account his state of health. We make the following recommendation:

The Director should ensure that escort risk assessments for prisoners taken to hospital include medical opinion about the impact of health and mobility on risk.

Family liaison

57. The man's mother asked for more information about the circumstances in which her son discharged himself from hospital, the deterioration in his condition and his return to hospital. We are satisfied from the events outlined above that Altcourse staff acted appropriately. His mother was concerned that she had not been informed earlier that he had been admitted to hospital, as she might then have been able to visit him before he died.

58. Prison Rule 22 requires a prisoner's next of kin to be informed at once if a prisoner becomes seriously ill. The man's mother was aware of his illness, although it is not clear that she, or even the healthcare staff involved in his care, were aware of the gravity. However, as he had already been diagnosed with cancer, and was considered sufficently ill to be taken to hospital by emergency ambulance, we consider that his family should have been informed of his admission to hospital at that stage. This would have allowed them the opportunity to discuss his condition with the hospital and decide whether to visit that night.

The Director should ensure that the next of kin of seriously ill prisoners are informed as soon as possible of their emergency admission to hospital.

RECOMMENDATIONS

1. The Director should ensure that escort risk assessments for prisoners taken to hospital include medical opinion about the impact of health and mobility on risk.

   NOMS accepted the recommendation and commented:

   "Although medical information is supplied on routine escorts, emergency escorts do not have this information. The Head of Security is now incorporating this information into all escorts."

2. The Director should ensure that the next of kin of seriously ill prisoners are informed as soon as possible of their emergency admission to hospital.

   NOMS accepted the recommendation and commented:

   "Those offenders that have been identified as having a serious illness will have their next of kin informed about any admission to hospital. This will be clearly documented on the escort paperwork"