



A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in September
2013 at HMP Altcourse.**

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 who died of lung disease on 13 September at HMP Altcourse. He was 64 years old. I offer my condolences to the man's family and friends.

The investigation was carried out by an investigator. A Clinical Reviewer reviewed the clinical care the man received at Altcourse. The prison cooperated fully with this investigation.

The man was sentenced to 14 years imprisonment on 3 April 2007 and sent to HMP Altcourse. He suffered with several long standing medical conditions, however his health deteriorated from 2010. He was treated for chronic obstructive pulmonary disease (COPD) although it is not clear when this was diagnosed. His ill health led to several admissions to hospital, where he was treated for respiratory problems. The man often refused treatment and had made it clear that he did not want to be resuscitated in the event of a respiratory or cardiac arrest.

On 5 September 2013, the man was admitted to hospital with end stage COPD, but requested to go back to prison to die. He returned to the inpatient unit at Altcourse, where he died three days later.

The clinical reviewer found that the man's chronic conditions of COPD and ongoing pain were managed satisfactorily and his overall care was good. However, the investigation identifies the need for improved record keeping at Altcourse.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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SUMMARY

1. The man was remanded into custody on 23 August 2006 for serious sexual offences. He was convicted and sentenced to 14 years imprisonment on 3 April 2007 and sent to HMP Altcourse where he remained until his death.
2. The man had several long standing health conditions and was treated for asthma, depression and cervical spondylosis (degeneration of joints in the neck). He said that he had suffered from chest pains for two years before he came to prison. He was a heavy smoker.
3. The prison medical records note that the man suffered from chronic obstructive pulmonary disease (COPD – a term used to describe a range of lung conditions) however it is unclear when this was diagnosed. The first mention of COPD was on 22 September 2006 when the man saw a prison GP complaining of shortness of breath, wheeziness and a cough.
4. The man suffered with several chest infections and complications associated with COPD and he was admitted to hospital many times. After an admission to hospital in July 2010, the man signed a DNAR (do not resuscitate order).
5. On 4 March 2012, a prison GP examined the man and found a large mass in his abdomen. The man refused to attend hospital or to allow any further investigations to take place.
6. On 30 October 2012 a prison GP, assessed the man as 'essentially bed bound' and at the end stage of COPD. The man declined any medical intervention and admission to hospital several times.
7. In April 2013, the man was diagnosed with chronic failure of the right side of the heart and right upper lobe consolidation of his lung. This was considered secondary to his COPD. A rectal mass was also found and the man was referred to a colorectal clinic.
8. A doctor reviewed the man on 5 September 2013 after his health deteriorated and he was admitted to hospital. It was confirmed that he was at the end stage of COPD. No life expectancy was given. The man asked to return to the prison. He was discharged from hospital on 10 September to the inpatient unit at Altcourse, where he died three days later.
9. The clinical reviewer is satisfied that the man's COPD was managed as effectively as possible and noted that he often refused treatment. We make one recommendation about appropriate record keeping.

THE INVESTIGATION PROCESS

10. The investigator issued notices to staff and prisoners at HMP Altcourse informing them of the investigation and inviting anyone who had relevant information to contact her. No-one responded.
11. The investigator obtained copies of the man's relevant prison and prison medical records. She informed the Director in writing of the preliminary findings of the investigation.
12. NHS England commissioned a Clinical Reviewer to review the man's clinical care at the prison.
13. The investigator informed HM Coroner for Merseyside, Liverpool District of the investigation and the Coroner provided the cause of death. A post-mortem examination was not conducted. We have sent the Coroner a copy of this investigation report.
14. One of the Ombudsman's family liaison officers wrote to the man's family to explain the investigation process and inviting them to be involved. No response was received.
15. The investigation has assessed the main issues involved in the man's care, including his diagnosis and treatment, whether appropriate palliative care was provided, liaison with his family, his location, whether compassionate release was considered; and security arrangements for escort and bedwatch.

HMP ALTCOURSE

22. 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. 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.

HM Inspectorate of Prisons

23. The most recent inspection of HMP Altcourse was in October 2012. The Inspectorate found health care to be reasonable but staff shortages had affected some areas of clinical care. Chronic disease clinics for asthma, diabetes and coronary heart disease were run on an ad hoc basis. Inspectors were concerned that not all that the needs of all prisoners were being met, partly because of a lack of nurses, although staff were being recruited.
24. The Inspectorate noted that there was a comprehensive palliative/end of life policy and a clear 'do not attempt resuscitation' policy, which involved the prisoner and his family. There was evidence that the holistic needs of terminally ill prisoners and their families had been considered and facilitated in a commendable manner.

Independent Monitoring Board

25. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure that prisoners are treated fairly and decently. In its most recent annual report for the year ending June 2013 the IMB commented that GP services were provided by two fully qualified doctors with previous experience of prisons and prisoners. They also noted that a robust approach was taken regarding appropriate medical prescribing, with regular reviews of medication.

Previous deaths at HMP Altcourse

26. There have been eight deaths from natural causes at Altcourse since 2010. None of the issues raised during previous investigations are similar to those in this case.

ISSUES

The diagnosis of the man's terminal illness and informing him of his condition

27. During the man's reception health screen in August 2006 he reported that he smoked, suffered from asthma and depression and had been prescribed asthma inhalers and antidepressants in the community. He said that he had suffered from chest pain for a couple of years. The prison requested a copy of the man's community GP records.
28. On 22 September 2006 a prison GP examined the man and noted that he had a long standing cough, shortness of breath on exertion, and associated wheezing. His chest was clear, but the GP thought that the man's symptoms were "very suggestive of COPD". The GP requested that the man should have a reversibility test (spirometry). This measures how deeply a person can breathe and how fast air can move into and out of the lungs. The only record indicating a test took place is an entry on 6 March 2007, which indicates that a lung function test had been clear.
29. On 14 March 2007, the man saw a prison GP and complained he had suffered with a cough for about four days and produced a brown coloured phlegm. The GP wrote in his medical records that the man had "known COPD".
30. There is no record of any discussion with the man's community GP about his diagnosis on COPD and it was not possible to identify from the man's prison medical records how and when the diagnosis of COPD was made
31. Between March 2007 and June 2010, the man had frequent chest infections and exacerbation of his COPD. This resulted in several hospital admissions.
32. On 1 June 2010, the man collapsed in his cell and was admitted to University Hospital Aintree. He was treated for a chest infection in hospital and discharged back to the prison healthcare unit on 11 June.
33. On 4 March 2012, a prison GP examined the man and found a large mass in his abdomen. The man refused to attend hospital or to allow any further investigations to take place.
34. On 30 October 2012 a prison GP, assessed the man as "essentially bedbound" and diagnosed end stage COPD. Due to his significant poor health he remained in the inpatient healthcare unit at Altcourse.
35. On 10 April 2013, the man was diagnosed with chronic failure of the right side of the heart. A chest X-ray on 29 April showed right upper lobe consolidation of his lung. Both conditions were considered secondary to his COPD. The man was advised of the results and the possibility of an infection, such as tuberculosis (TB), or cancer. Staff in the healthcare unit carried out a screening test which proved negative for TB. The man was referred by the hospital for a CT scan (which gives detailed images of the inside of the body)

within three months. None of the investigations confirmed a diagnosis for either the abdominal mass or the lung shadowing.

36. On 16 April, just over a year after his abdominal mass was first discovered a prison GP examined the man and found a rectal mass. The GP referred him to the colorectal clinic at Aintree University Hospital.
37. The man had consistently refused any treatment, but eventually agreed to be seen at the colorectal clinic on 20 August. He underwent a rectal examination and the consultant referred the man for a colonoscopy. The clinical reviewer comments that there was more than twelve months between the two doctors identifying a mass. The man had refused any investigations after the original lump was discovered in March 2012, but there is no evidence from the records that this was discussed with him further.
38. The clinical reviewer said that it was not possible to identify from the medical notes, when the diagnosis of COPD was made. It is therefore not possible to say whether the diagnosis was made appropriately. However it is clear that the man did not want any tests or treatment and was aware of the terminal nature of his condition. The records are not clear about the man's previous medical history and some diagnostic tests. We therefore make the following recommendation:

The Head of Healthcare should ensure that all results of diagnostic investigations and previous medical history should be documented in a prisoner's medical record

The man's medical treatment

39. The man frequently suffered chest infections and exacerbation of his COPD, which often resulted in admission to hospital. His COPD was treated with steroids, antibiotics, asthma inhalers and oxygen when required.
40. On 27 July 2010, the man signed an 'advanced decision' (a living will). In this document he agreed to medical treatment only to alleviate pain or distress. He also confirmed he did not want any treatment or intervention aimed at prolonging his life. A Consultant Forensic Psychiatrist deemed he had the mental capacity to make this decision. He signed a Do Not Attempt Resuscitation (DNAR) order on 29 July. (A DNAR means that in the event of a cardiac or respiratory arrest no attempt at resuscitation will be made. All other appropriate treatment and care will continue to be provided). This was frequently reviewed, the last time being the 28 August 2013.
41. The man often declined to attend hospital appointments for assessment and investigations and healthcare staff explained the risks associated with this. However, between June and August 2013 he was admitted to hospital three times, related to respiratory complications associated with his COPD.
42. On 5 September 2013, a GP examined the man and described him as being incontinent, agitated and hallucinating. He refused his food and would not

take any prescribed medication. He was admitted to University Hospital Aintree, for assessment.

43. Hospital staff confirmed that the man had end stage COPD and he asked if he could return to prison to die. An advanced care plan was completed, which detailed the mans preferences for his care during his final days. The man returned to the healthcare unit at Altcourse on 10 September.
44. At 9.22am on 13 September, the GP examined the man and he asked if someone would sit with him. Two nurses sat with the man. He became increasingly weaker during the day and, when he was reviewed at 10.47pm, no pulse could be found. No attempt was made to resuscitate the man, in line with his DNAR. The GP confirmed the man's death at 11.55pm.
45. Once it becomes evident that a serious medical condition will not be responsive to active treatment, it is appropriate that a palliative care plan is put into place. The NHS document 'The route to success in end of life care – achieving quality in prisons and for prisoners' sets out how an end of life care pathway might be implemented in prisons. Among the benefits of an end of life pathway are that it helps carers plan when and how care will be delivered and helps patients make choices about how they are cared for towards the end of their lives.
46. The clinical reviewer commented that there was good evidence throughout the medical record that regular medication reviews occurred and appropriate palliative care was given. The man's oral pain relief was changed when necessary and when his condition deteriorated it was administered by injection. A syringe driver was used during his final admission to hospital, but this was discontinued before he was discharged back to the prison after an assessment by the hospital palliative care team. A statement of advanced care planning was completed at hospital to assist healthcare staff at the prison to plan his care when he returned.

The man's location

47. The man remained at Altcourse after his conviction and sentencing. He was admitted to the inpatient healthcare unit at Altcourse after he was discharged from a hospital stay on 11 June 2010 and continued to live there for the rest of his life.
48. During his final hospital admission on 5 September, the man asked to return to prison to die. He was discharged from hospital on 10 September and returned to the inpatient unit at Altcourse where he died three days later.
49. The healthcare manager said that two healthcare staff cover all areas of the prison at night. However, in the event of a terminally ill prisoner they aim to increase healthcare staffing levels to offer additional care. Staffing levels at night were increased to three staff during the latter stages of the man's life to ensure that someone was available to support him.

50. We are satisfied that the man's wishes about his location were appropriately considered.

Restraints, security and escorts

51. When prisoners travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.
52. We are satisfied that there was appropriate risk assessment which took into account the man's health and mobility during his last visits to hospital in August and September 2013 and the man was not restrained

Liaison with the man's family

53. The man had been unwell for a number of years and the prison had been in touch with his daughter for some time. When his condition deteriorated and he was admitted to hospital, his family were informed and were offered the opportunity to visit him.
54. The man's family asked to be kept updated about his condition, but did not want to be involved in decisions about his care or eventual funeral. His family requested they should be informed by telephone when he died. The prison respected his family's wishes.
55. The prison arranged and paid for the man's funeral.

Compassionate release

56. Prisoners can be considered for release on compassionate grounds for medical reasons. In order to be released on these grounds, a prisoner must have been diagnosed with a terminal illness and there must be an indication that death is likely to occur soon (usually within three months).
57. An application for compassionate release was submitted on 18 August 2013. The application did not give a clear prognosis and the man's risk was not considered manageable outside the custodial setting. The application was declined on 23 August.
58. We are satisfied that the prison appropriately considered the possibility of compassionate release, but the circumstances made it unlikely that it would be granted.

RECOMMENDATION

The Head of Healthcare should ensure that all results of diagnostic investigations and previous medical history should be documented in the prisoner's medical record

ACTION PLAN

| No | Recommendation | Accepted/Not accepted | Response | Target date for completion and Function Responsible | Progress (to be updated after 6 months) |
|----|---|-----------------------|--|---|---|
| 1 | The Head of Healthcare should ensure that all results of diagnostic investigations and previous medical history should be documented in the prisoner's medical record | Accepted | <p>The Head of Healthcare will ensure that all applicable staff who deal with updating offender records are aware that all results of diagnostic investigations and previous medical history should be updated accordingly.</p> <p>Paper based results will be scanned and placed onto System one by admin staff, tasked to the Doctor. A separate log of these will be kept so the Senior Clinicians and Head of Healthcare can randomly audit them. Admin staff already audit the tasks that they create.</p> <p>Electronic results automatically link to the offender's record.</p> | <p>31st March 2014</p> <p>Head of Healthcare</p> | |