A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

Investigation into the death of a man in December 2013 while in the custody of HMP Brixton

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 in December 2013, while in the custody of HMP Brixton. He had been suffering from leukaemia. He was 49 years old. I offer my condolences to his family and friends.

A clinical reviewer assessed the medical care the man received at Brixton. The prison cooperated fully with the investigation.

The man had been in prison since August 2010 and moved to HMP Brixton in August 2013. He had no serious longstanding medical conditions at the time. In October 2013, a prison GP examined him after he reported symptoms of dizziness and shortness of breath. The GP requested blood tests which led to a diagnosis of leukaemia.

The man began a course of treatment and was monitored closely by healthcare staff at the prison. Early on 1 December, he complained of severe abdominal pain. He was admitted to hospital where his condition deteriorated rapidly and he died three days later.

The clinical reviewer was satisfied that the man received a good standard of care at Brixton and his hospital referral and diagnosis were appropriate and timely. I agree that he received good care at the prison. While it did not impact on the outcome, I am concerned that he missed his first hospital appointment due to confusion at the prison. Staff need to ensure that prisoners with serious illnesses are able to attend all hospital appointments.

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 **July 2014**

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SUMMARY

1. The man was sentenced to eight years in prison for a drugs offence on 23 August 2010 and sent to HMP Pentonville. He transferred to HMP Brixton in August 2013, where his reception health screen noted that he had a history of haemorrhoids, gum disease and temporary hearing loss. He did not suffer from any chronic diseases and was not prescribed any long term medication.

2. On 17 October 2013, the man reported feeling dizzy and short of breath on exertion. A prison GP examined him and noted that his heart, lungs and blood pressure were all normal. The GP requested a blood test.

3. Results of a blood test four days later showed that the man had severe anaemia (a decrease in the number of red blood cells) and that his lymphocyte count was raised, which is an indicator of leukaemia. On 22 October, the GP told him of the likely diagnosis of leukaemia and he was admitted to hospital the same day for further tests, which confirmed a diagnosis of chronic lymphocytic leukaemia. He was discharged from hospital seven days later. His planned treatment included two, five day courses of high dose methylprednisolone (a corticosteroid hormone).

4. On 31 October, the man missed a hospital appointment for a blood test because there was some confusion about his release on temporary licence. He attended all further hospital appointments.

5. Early in the morning on 1 December, the man reported abdominal pains and was taken to hospital. The prison informed his family of his admission to hospital later that day. In hospital his condition deteriorated rapidly and he was placed in a medically induced coma. A prison officer remained with him until 3 December. He subsequently died in hospital. Members of his family were with him at the time.

6. The clinical reviewer concluded that the standard of healthcare provided at HMP Brixton was equivalent to that the man could have expected to receive in the community. We agree that he received good care at the prison, but consider there is a need to ensure that prisoners with diagnosed serious illnesses do not miss hospital appointments. We make one recommendation about this.

THE INVESTIGATION PROCESS

7. The investigator issued notices to staff and prisoners at HMP Brixton informing them of the investigation and inviting anyone with relevant information to contact him. Three prisoners responded.

8. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison record. He visited HMP Brixton on 9 December and spoke to the healthcare manager and the man's friends. He met the Governor and the prison family liaison officer.

9. The investigator interviewed two members of staff on 24 February at Brixton. He gave the Governor initial written feedback about the preliminary findings of the investigation.

10. NHS England commissioned a clinical reviewer to assess the man's clinical care at the prison.

11. We informed HM Coroner for the Inner South London district of the investigation, who provided the results of the post-mortem examination. We have sent the Coroner a copy of this investigation report.

12. One of the Ombudsman's family liaison officers wrote to the man's sister to explain the investigation. His family did not have any specific concerns for the investigation to consider.

13. The man's family received a copy of the draft report. The solicitor representing the family wrote to us pointing out some factual inaccuracies. The report has been amended accordingly. They also raised a number of questions that do not impact on the factual accuracy of this report. We have provided clarification by way of separate correspondence to the solicitor. The prison has also submitted an action plan detailing what they have done to address the issues we raised and this is included at the end of the report

14. The investigation has assessed the main issues involved in the man's care, including his diagnosis and treatment, his medical care, location and security arrangements, liaison with his family, and whether compassionate release was considered.

HMP BRIXTON

15. HMP Brixton is a resettlement prison which houses up to 800 medium and low security category prisoners in five main residential units. Healthcare services at the prison are coordinated by Care UK with a number of different providers including the South London and Maudsley NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust. A GP service runs from 8.00am until 5.00pm five days a week and nurses are available from 7.00am to 7.30pm every day.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Brixton was in July 2013. The Inspectorate found that health services were generally good, external appointments were well managed and coordination between providers effective. Access to GPs, nurses and the dentist was good and care of prisoners with chronic diseases was reasonably well managed.

Independent Monitoring Board

17. 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 recently published report for the year to 31 August 2013, the IMB noted that healthcare provision was generally good. Serious cases out of hours were sent to hospital and a non-emergency telephone service was provided a night.

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Previous deaths at HMP Brixton

18. The man was the second prisoner to die from natural causes in the last two years at HMP Brixton. We have raised the issue of missed hospital appointments before.

ISSUES

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

19. The man transferred to HMP Brixton on 6 August 2013. His reception health screen noted a history of haemorrhoids, gum disease and temporary hearing loss. He did not suffer from any chronic diseases and was not prescribed any long term medication.

20. On 15 August, the man was given an anti-bacterial mouthwash for bleeding gums and, on 22 August, he was prescribed an antibiotic for a suspected dental abscess after complaining of swollen glands and pain when eating. On 19 September, he told a prison GP that he had persistent problems with inflammation of the inside of his nose, snoring and symptoms of sleep apnoea (disturbed breathing at night). The GP referred him to the Ear, Nose and Throat department at hospital, but his subsequent illness meant these issues were never addressed. On 30 September, a dentist prescribed anti-bacterial mouthwash and antibiotics for a periodontal infection.

21. On 17 October, the man told the GP that he had been experiencing dizziness and shortness of breath on exertion for some days. The doctor examined him and noted that his heart, lungs and blood pressure were normal. He requested a blood test.

22. The man had the blood test on 21 October. At 6.00pm that evening, a haematology registrar from the hospital telephoned a nurse at Brixton to say that the blood test showed that he had severe anaemia (a decrease in the number of red blood cells) and a high lymphocyte count, an indicator of leukaemia, and needed further bloods test urgently. He went to the hospital, but there were long waits for blood tests and he decided not to stay and went back to the prison.

23. The next day, 22 October, the GP reviewed the blood test results and discussed the man's condition and symptoms with him. The doctor explained that it was likely he had leukemia and needed urgent hospital admission for further investigation and a blood transfusion. He was admitted to hospital later that day.

24. The man stayed in hospital until 29 October. He had a bone marrow biopsy and CT scan, which confirmed he had chronic lymphocytic leukaemia, which can be life-limiting. Hospital staff informed him of the diagnosis, but were unable to give a clear prognosis.

25. The consultant haematologist in charge of the man's care said that he had told her he had been unwell for three months and had complained of bleeding gums and swollen glands. The clinical reviewer noted that he had a history of gum disease, which was treated, and had not reported swollen glands before August 2013. He said that chronic lymphocytic leukaemia is difficult to diagnose clinically and requires blood tests. He considered that the GP's prompt actions ensured there was no delay in his diagnosis and that the blood

tests the GP arranged on 17 October were pivotal in making an early diagnosis. Appropriate specialist advice was obtained and he was admitted to hospital at the earliest opportunity.

26. We are satisfied that there was no delay in diagnosing the man's condition, and that he was appropriately informed of his diagnosis.

The man's medical treatment

27. The man was discharged from hospital on 29 October and prescribed antibiotic, antiviral and antifungal medications. The discharge summary outlined further treatment of two, five-day courses of high dose methylprednisolone (a corticosteroid hormone) over a 21 day period and twice weekly blood tests at the hospital. The initial blood tests were scheduled for 31 October and 4 November.

28. The man did not attend his appointment on the 31 October because there was some confusion about arranging his release on temporary licence to attend. He did not miss any further appointments and the clinical reviewer was satisfied that this did not impact on the management or outcome of his illness.

29. On 5 November, the man attended the chemotherapy unit at hospital to begin the first five day course of methylprednisolone. The haematology registrar reviewed him on 11 November. She explained that methylprednisolone was a preliminary treatment to the definitive treatment for leukaemia and that he would require a further five day cycle of this medication.

30. On 21 November 2013, as part of his ongoing support, a nurse offered to arrange for him to speak to someone from the primary care mental health team to help him come to terms with his diagnosis. He declined and said that he was okay.

31. The man began his second course of methylprednisolone on 25 November. As a result of the treatment, his blood glucose level was significantly raised and needed to be monitored. Healthcare staff at the prison showed him how to use the glucose monitoring equipment and record his blood glucose levels four times a day. The staff said that they usually checked his blood glucose levels for him during the day, but there were no healthcare staff on duty at night. He was told to alert prison staff, who had been informed of his condition, if he felt unwell at night.

32. Healthcare staff left instructions that an ambulance should be called if the man suffered abdominal pain during the night. At 5.49am on 1 December, he pressed his cell bell to alert staff. An officer responded and he said he was in agony with abdominal pain. He was taken to hospital by emergency ambulance.

33. The man was admitted to hospital where his condition deteriorated rapidly. On 2 December, he was placed in a medically induced coma. He did not recover and subsequently died.

34. A post-mortem examination concluded that the man died of multi-organ failure, coagulopath (bleeding disorder) and chronic lymphatic leukaemia. However, histology results remain outstanding at the time of this report.

35. We are satisfied that the care the man received at the prison after his diagnosis was a good standard and healthcare staff reviewed him frequently. Although the clinical reviewer was satisfied this had no detrimental impact, we are concerned that he missed his first hospital appointment after he was diagnosed with leukaemia because of confusion at the prison about the arrangements for him to attend. We make the following recommendation.

The Governor should ensure that prisoners diagnosed with serious illnesses do not miss scheduled hospital appointments.

The man's location

36. Before his diagnosis, the man lived in a double cell on C wing. On 5 November he moved to a single cell on the same wing. He said he was content on the wing among his friends and he remained living there until he was taken to hospital shortly before his death. We are satisfied that he was appropriately located throughout his illness.

Restraints, security and escorts

37. When prisoners have to travel outside prison such as to hospital, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints or escorts. As a category D prisoner, the lowest security category of prisoners who are trusted not to escape, the man was not restrained at any time. Before his diagnosis he had been released on temporary licence to attend hospital appointments.

38. After the man's diagnosis on 29 October, the hospital advised that, due to the nature of the treatment, he would need someone with him for support. For all appointments afterwards, a prison officer accompanied him.

39. When the man was admitted to hospital as an emergency on 1 December, a single prison officer accompanied him for support. His family did not consider that it was necessary to have a prison officer present and after discussions with the hospital, the prison withdrew the officer on 3 December. We are satisfied that this was appropriate.

Liaison with the man's family

54. The man was in contact with his family and able to inform them of his diagnosis in October. The prison did not believe it was necessary at that stage to set up formal liaison arrangements. As his condition was not regarded as terminal at that stage, we satisfied that this was appropriate.

55. On 1 December at about 2.35pm, when it was recognised he was seriously ill, prison staff attempted to contact the man's partner, his nominated next of kin, but were unsuccessful. The prison contacted his father shortly afterwards and informed him that his son was seriously ill in hospital.

56. On 3 December, a chaplain was appointed as prison family liaison officer. He went to the hospital and spoke to the man's partner to offer support. He remained in contact with the family after his death.

57. The funeral was on 11 February 2014, and the prison offered financial assistance in line with the national guidance.

58. We are satisfied that the prison informed the man's family promptly when he became seriously ill on 1 December and received appropriate support afterwards.

Compassionate release

59. Prisoners can be released from custody on compassionate grounds before their sentence has expired. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months. As the man did not have a clear prognosis and his treatment plans extended into 2014 he would not have met the criteria for compassionate release when he was first diagnosed. When his health suddenly deteriorated on 1 December there was insufficient time for such an application.

RECOMMENDATION

The Governor should ensure that prisoners diagnosed with serious illnesses do not miss scheduled hospital appointments.

ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and Function Responsible	Progress (to be updated after 6 months)
1	The Governor should ensure that prisoners diagnosed with serious illnesses do not miss scheduled hospital appointments.	Accepted	Discipline and healthcare staff will work together to devise a strategy to protect appointments for prisoners with serious medical conditions. This will include prioritising and using a system to alert the staff responsible for arranging the escort. The use of *Telemedicine* will also be explored to determine whether consultations can take place within the prison with appropriate professionals in hospital settings.	Healthcare Manager/ Head of Operations June 2014	