

A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in March 2014,
while at HMP Channings Wood.**

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 hepatitis C and pancreatitis on 13 March 2014, while a prisoner at HMP Channings Wood. He was 46 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 Channings Wood. The prison cooperated with the investigation.

The man was sentenced to life imprisonment in 1999 and transferred to Channings Wood in 2013. He had been diagnosed with hepatitis C in 1995 and was regularly monitored by hospital specialists and a liver specialist nurse. His condition deteriorated slowly over several years and, by October 2013, he had started to decline significantly. The prison and hospital worked well together to ensure he was well cared for.

In January 2014, the man's liver function showed signs of further deterioration and, in early March 2014, he was admitted to hospital. The man was very ill and remained in hospital until he died.

I am satisfied that the man was well cared for at Channings Wood and agree with the clinical reviewer that his clinical care was equivalent to that he could have expected to receive in the community. However, I am concerned that the man was restrained without appropriate healthcare input into the risk assessment, and that his family were not informed he was in hospital until the day he died.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

November 2014

CONTENTS

Summary	5
The investigation process	6
HMP Channings Wood	7
Key events	8
Issues	11
Recommendations	13
Action Plan	14

SUMMARY

1. The man was sentenced to life imprisonment in 1999 and was released on licence in 2002. In August 2005, he was recalled to prison for breaching his licence conditions and sent to HMP the Verne. In 2010, he moved to HMP Leyhill, an open prison.
2. The man had been diagnosed with hepatitis C in 1995. A liver biopsy in 2002 showed minimal disease. The man remained under the care of liver specialists throughout his time in prison and his condition deteriorated slowly over several years.
3. In March 2013, the man transferred to HMP Channings Wood because of concern about his drug use. His care transferred to liver specialists at Torbay Hospital. A specialist nurse, who came to the prison every week, monitored him and ensured he had regular liver function tests.
4. In October 2013, a nurse noted that the man showed signs of jaundice and was generally unwell. On 8 October, a prison GP referred him urgently to a specialist who requested tests for suspected cancer. The man became increasingly unwell and was admitted to hospital on 13 October, where a CT and MRI scan showed abnormalities to his liver. Hospital specialists diagnosed autoimmune liver disease and prescribed high dose steroids. The man went back to Channings Wood on 22 October. The prison and hospital worked well together to ensure he was well cared for.
5. In January 2014, a liver specialist at Torbay hospital examined the man and noted his symptoms had worsened. He arranged a biopsy for late February. On 21 February, a prison GP became concerned about the man's condition and sent him to hospital. He returned to the prison the next day. The man's condition continued to deteriorate and he was admitted to hospital again on 4 March.
6. The man became very ill and was moved to intensive care on 13 March. The prison informed his family that day and they were with him when he died later that afternoon.
7. We agree with the clinical reviewer that the man's care in prison was equivalent to that he could have expected in the community. He was well looked after at Channings Wood and had regular appointments with the hospital specialist and visiting liver specialist nurse. However, we are concerned that the man was restrained without fully considered risk assessments on at least his last two admissions to hospital. The man's family should have been informed of his hospital admission much earlier. We make two recommendations.

THE INVESTIGATION PROCESS

8. The investigator issued notices to staff and prisoners at HMP Channings Wood informing them of the investigation and inviting anyone with relevant information to contact her. No one responded
9. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison records. She interviewed two members of staff by telephone and wrote to the Governor with the preliminary findings of the investigation.
10. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.
11. We informed HM Coroner for Torbay and South West Devon District of the investigation, who provided the cause of death. We have sent the Coroner a copy of this investigation report.
12. One of the Ombudsman's family liaison officers contacted the man's mother, his nominated next of kin, to explain the investigation. She also spoke to his daughter who asked for confirmation that the prison were aware of her father's diagnosis of hepatitis C and how this was managed.
13. The man's family received a copy of the draft report. They raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence. 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.

HMP CHANNINGS WOOD

14. HMP Channings Wood is a category C training prison near Newton Abbot in Devon. It holds over 700 men.
15. Dorset NHS University Trust provides health services at the prison. There is no inpatient unit. There is one permanent GP and locum GPs run additional clinics. Nurses are on duty everyday. There is an out of hours GP service.

HM Inspectorate of Prisons

16. The most recent inspection of Channings Wood was in September 2012. The Inspectorate noted that healthcare staff were generally helpful and respectful, although many prisoners were unhappy with the support provided. Prisoners had reasonably good access to nurses and the GP and urgent problems could be dealt with on the same day. There were delays for some other clinics and chronic disease management was not always systematic. Inspectors found that some very sick prisoners were inappropriately restrained in hospital.

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 recent annual report for the year to August 2013, the IMB noted that healthcare was under new management and that after five months the initial signs were positive, with improved doctor continuity and staffing numbers. The IMB also noted that there was improved pain relief and healthcare for older prisoners.

Previous deaths at HMP Channings Wood

18. The man was the fourth prisoner to die from natural causes at Channings Wood since the start of 2013. We have previously raised the issues of incomplete risk assessments for restraints and the need to inform a family as soon as a prisoner becomes seriously ill.

KEY EVENTS

19. On 13 October 1999, the man was sentenced to life imprisonment for violent offences. In October 2002, he was released on life licence. In August 2005 his licence was revoked because he breached its conditions. He was recalled to prison and sent to HMP the Verne. There is nothing significant in his medical record between August 2005 and March 2008.
20. The man had been diagnosed with hepatitis C in 1995 and, in 2002, a liver biopsy had shown minimal disease with mild inflammation. At the time, the specialist concluded the man's liver was unaffected by the virus. While at The Verne, the man remained under the care of a liver specialist at Dorset County Hospital.
21. On 26 May 2010, the man transferred to HMP Leyhill, an open prison. He continued to attend regular appointments for liver function tests. On 14 March 2013, the man transferred to HMP Channings Wood to address his drug problems after he was found to have been using illicit subutex (a heroin substitute) and had medication in his possession he had not been prescribed. An initial health screen showed his history of hepatitis C.
22. A liver specialist nurse attends Channings Wood each week as part of an outreach service. In addition, a consultant attends with her once every three months to review patients known to the gastroenterology and liver team and to supervise treatments. This means that patients do not have to go to hospital for routine appointments. From August 2013, the liver specialist nurse saw the man each week to monitor him and ensure he had his liver function blood tests.
23. For about six weeks from the 13 September, records show the man was suffering from intense itching of the skin, had jaundice, had lost weight and was generally feeling unwell. A prison GP prescribed hydrocortisone (a steroid used to treat skin conditions) and diprobace cream (an emollient). The itching did not subside and the GP referred him to a liver specialist at Torbay Hospital.
24. On 8 October, the liver specialist examined the man and noted that his liver was a little enlarged. The liver specialist said the itching was caused by an obstruction of the flow of bile from his liver into the gut, causing liver bile salts in the skin. The liver specialist referred the man for an urgent ultrasound and CT scan for suspected cancer.
25. On Saturday 12 October, a nurse recorded that there was a significant difference in the man's appearance and that he looked more jaundiced and was breathless. The nurse called an out of hours doctor and, at 2.17pm, a doctor examined the man. He recorded that blood tests should be taken on Monday morning, that the urgent referral for an ultrasound and scan should be followed up and that, if his temperature went above 37.5, he should be admitted to hospital.

26. Healthcare staff observed the man closely and the next day, another locum GP reviewed him. He was concerned that the man was more jaundiced, lethargic and generally unwell. He arranged for the man to go to Torbay Hospital the same day.
27. While in hospital, the man had CT and MRI scans. The results showed no malignancy but a possible thickening of the wall of the main bile ducts in the liver. Hospital specialists made a provisional diagnosis of autoimmune pancreatitis/cholangiopathy (this is an autoimmune liver disease) and prescribed a high dose steroid. The man returned to Channings Wood on 22 October. The result of an ultrasound scan on 29 November was normal.
28. The liver specialist nurse continued to review the man and he had weekly blood tests. The results showed a steady improvement in his liver function and his steroid medication was reduced.
29. The liver specialist (the liver specialist) saw the man on 3 January, after his liver function test showed signs of deterioration. The liver specialist arranged a liver biopsy to assess damage and further treatment options, which was booked for 25 February.
30. The man's condition continued to deteriorate. Healthcare staff at Channings Wood and the liver specialist team at Torbay Hospital worked together to ensure the best treatment for the man. As his health deteriorated, he was prescribed azathioprine (a medication to suppress the immune system).
31. A liver specialist examined the man on 17 February and increased his steroid medication. On 21 February, a prison GP noted the man's condition had worsened; he had swollen legs and was breathless. The GP was concerned that he had developed ascites (fluid in the abdomen). He arranged an urgent review by a liver specialist the same day. The man was taken to Torbay Hospital restrained by a single cuff and then an escort chain. He had a chest X-ray and after tests the specialist considered he was stable. The man returned to the prison the next day.
32. The man's condition continued to deteriorate and, on 4 March, the liver specialist nurse spoke to a consultant at Torbay Hospital and arranged for him to be admitted the same day. He was restrained by a single cuff for the journey and an escort chain in hospital. The man had increasing ascites and jaundice, which are signs of deteriorating liver function. The fluid was drained from his abdomen, but over the next few days he became more unwell and confused. He had possible sepsis and was noted to have a high hepatitis C viral load (the amount of specific viruses in a given volume of blood). On 9 March, the prison security manager re-assessed the man's risk and authorised the removal of restraints.
33. Healthcare staff at Channings Wood remained in regular contact with the hospital. On 13 March, the man moved to intensive care. The same day, hospital staff informed the prison that the man's health had deteriorated

rapidly and he was in liver failure. An operational manager contacted the man's family to inform them. His family went to visit him at the hospital and the man died at 3.30pm. His mother, stepfather and sister were with him at the time.

Liaison with the man's family

34. A prison family liaison officer was appointed on 13 March and went to see the man's family on 17 March. The prison offered to contribute towards funeral costs in line with national guidance. The man's family declined this and asked that no prison staff should attend his funeral. A service was held at the prison on 1 April, to coincide with the man's funeral.

Support for Staff and Prisoners

35. Staff and prisoners were informed of the man's death by a Governor's notice which offered support to anyone affected. Prisoners identified as at risk of suicide and self-harm were reviewed in case they had been adversely affected by the news of the man's death. The operational manager held a debrief for prison and healthcare staff on 13 March.

Cause of death

36. The Coroner gave the man's cause of death as hepatitis C and pancreatitis.

ISSUES

Clinical Care

37. The clinical reviewer concludes that the care the man received at Channings Wood was equivalent to the care he could have expected in the community. Medical records and discussion with the liver specialist nurse indicate that communication was very good between the prison and Torbay Hospital. When the man's symptoms worsened, the prison acted in a timely manner to make referrals for further tests and hospital admissions.

Restraints and escorts

38. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as 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 in all the circumstances 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 made it clear that a distinction needs to be made between the risk of escape (and the risk to the public in the event of an escape) posed by a prisoner when fit and those risks posed by the same prisoner when suffering from a serious medical condition. The judgement indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process. It also deemed that restraining by handcuffs of a prisoner receiving chemotherapy (and by implication, other life saving treatment) was degrading and that such restraint would be likely also to be regarded as inhumane unless justified by other relevant considerations.
39. The man went to hospital on many occasions but the prison were not able to provide us with all the documentation we requested. However, we reviewed the risk assessments for the man's last two admissions to hospital on 21 February and 4 March 2014. Both show that the man was restrained using a single cuff and escort chain, to be removed for emergency treatment purposes only with the duty manager's approval. The risk assessments were based solely on the man's offending history and did not take into account his health condition at the time. There was no written healthcare input and nothing to indicate whether his condition impacted on his risk of escape, as required by the 2007 High Court judgement. We are pleased to note that restraints were removed on 9 March and not replaced.
40. The investigator spoke to the security manager who said it was not always possible to get input from healthcare staff because the prison does not have 24 hour healthcare. However, on both occasions the man was admitted to hospital during the day and after a review by healthcare staff. Although it is ultimately the Governor's responsibility to ensure the process is managed properly, the Head of Healthcare also needs to ensure healthcare staff have appropriate input into risk assessments. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

Liaison with the man's Family

41. Prison Rule 22, about the notification of illness or death, states:

“If a prisoner dies, becomes seriously ill, sustains any severe injury or is removed to hospital on account of mental disorder, the governor shall, if he knows his or her address, at once inform the prisoner's spouse or next of kin, and also any person who the prisoner may reasonably have asked should be informed.”

42. Prison Service Instruction (PSI) 64/2011 also says that when prisoners have a terminal illness or suffer an unpredicted or rapid deterioration, the prison must have procedures in place for supporting the prisoner and engaging with their next of kin or nominated person.

43. The man's family were not informed he was in hospital until he was moved to intensive care on the day he died. The operational manager told us that there was no indication earlier than this that the man was seriously ill or dying, and the prison does not routinely inform families of a prisoner's admission to hospital because of security implications and the risk of assisted escape. There was no individual risk assessment suggesting that this was an issue with the man and the risk assessments we have seen do not contain any evidence of such a concern.

44. We are not persuaded by the prison's position. It is clear from the records that the man's condition had been deteriorating over a period of weeks, and, when he was admitted to hospital on 4 March, he was seriously ill and his family should have been informed. The day before he died, it was agreed that he was so seriously ill that the process of compassionate release should begin yet the prison did not inform his family until the next day. We make the following recommendation:

The Governor should ensure that a prisoner's next of kin is informed at the earliest opportunity following admission to hospital with a serious illness.

RECOMMENDATIONS

1. The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.
2. The Governor should ensure that a prisoner's next of kin is informed at the earliest opportunity following admission to hospital with a serious illness.

ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and <u>function responsible</u>
1	The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.	Accepted	<p>Risk assessment documentation has been updated so that the actual risk posed by individual prisoners is taken into consideration at the time of assessment.</p> <p>The revised version will also include information about the legal position with regards to the use of restraints.</p>	<p>October 2014</p> <p>Head of Security & Operations</p>
2	The Governor should ensure that a prisoner's next of kin is informed at the earliest opportunity following admission to hospital with a serious illness.	Accepted	A section will be added to the medical part of the risk assessment documentation which outlines staff responsibilities for notifying prisoners' next of kin when they are seriously ill.	<p>October 2014</p> <p>Head of Security & Operations</p>