A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of Stephen Lewis at Howard House Approved Premises, Leicester on 10 April 2014

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 Mr Stephen Lewis, who died of bowel cancer on 10 April 2014, while a resident of Howard House Approved Premises, Leicester. He was 63 years old. I offer my condolences to Mr Lewis' family and friends.

The investigator was Ms Sonja Marsh. Staff at Leicester and Rutland Probation Trust cooperated fully with the investigation.

On 12 August 2013, while in HMP Leyhill, a prison GP saw Mr Lewis who reported ongoing abdominal pain. The GP referred him for an ultrasound scan which showed he had gallstones. On 28 October 2013, Mr Lewis was released from HMP Leyhill on licence. As part of his licence conditions, he was required to live at Howard House Approved Premises. Mr Lewis complied with the regime and licence conditions, and was popular with both staff, and other residents.

Mr Lewis continued to have adnominal pain. He saw his community GP and hospital specialists and was due to have his gallbladder removed. In March 2014, his health began to deteriorate with increased pain, weight loss and constipation. On 14 March, Mr Lewis was admitted to Leicester Royal Infirmary (LRI) with severe pain. He was discharged the following day with a change to his pain medication. On 28 March, he was admitted to hospital again as an emergency. He had an operation the following day which revealed cancer of the bowel with secondary cancers of the liver. Mr Lewis and was told the cancer was too advanced to treat and he remained in hospital until he died.

We are satisfied that staff at Howard House appropriately supported Mr Lewis and encouraged him to seek the medical attention he needed. However, family liaison should have been better, which might have avoided some confusion and unnecessary upset for Mr Lewis' family.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **January 2015**

CONTENTS

Summary 5

The investigation process 6

Howard House Approved Premises 7

Issues 8

Recommendations 13

Action Plan 14

Annexes

Transcripts of interviews with:

1. Ms Grania Niland, Key Worker
2. Ms Dipika Patel, Key Worker
3. Mr David Piper, Probation Officer
4. Summary of telephone conversation with Dr Catherine Glover at HMP Leyhill

Documents considered but not annexed

Mr Lewis' prison medical records from HMP Leyhill
Entries from the Prison National Offender Management System (P-NOMIS)
Mr Lewis' record of contact at Howard House

SUMMARY

1. On 23 February 1982, Mr Lewis was sentenced to life imprisonment for sexual offences. He spent time in a number of prisons before he was transferred to HMP Leyhill in February 2012.

2. Mr Lewis had a number of chronic conditions including chronic obstructive pulmonary disease (COPD), ischemic heart disease, gallstones and guttate psoriasis (a skin rash which is often associated with upper respiratory infections). Mr Lewis attended a number of hospital outpatient appointments and healthcare staff saw Mr Lewis frequently to monitor and manage these conditions.

3. On 12 August, a prison GP examined Mr Lewis after he complained of abdominal pain and made a routine referral for an ultra sound. On 12 September, Mr Lewis attended hospital for the ultrasound which showed a dilated bile duct and gallstones, his liver was normal.

4. On 30 September, as Mr Lewis was due to be released on licence, a prison GP wrote to Leicestershire Healthcare Trust, recommending further investigation into Mr Lewis' pain. She suggested a referral to a specialist for the removal of his gallbladder.

5. On 28 October, Mr Lewis was released on licence from HMP Leyhill and went to Howard House Approved Premises in Leicester. He attended several medical appointments for his gallstones and staff at the approved premises ensured his special dietary needs were met. Staff encouraged Mr Lewis to take his prescribed medication and to seek medical attention for ongoing pain, although he often refused. However, in March 2014, Mr Lewis' health began to deteriorate further, he lost weight and was constipated.

6. On 14 March, Mr Lewis was admitted to Leicester Royal Infirmary (LRI) with severe pain. His medication was changed and he was discharged back to Howard House the next day.

7. On 28 March, Mr Lewis was admitted to LRI again with pain. He underwent an operation the next day and was diagnosed with obstruction and cancer of the bowel with secondary cancers of the liver. Hospital staff told Mr Lewis the cancer was too advanced to treat and he was likely to have only a matter of months left to live.

8. Mr Lewis had not had any family contact for a number of years, but agreed that Mr David Piper, his probation officer, would inform his sister who was his nominated next of kin. Mr Lewis died on 10 April while in hospital. Mr Piper acted as the single point of contact for Mr Lewis' family, however there was confusion over the funeral costs which caused them some upset. Mr Piper was not supported in his family liaison role and was not aware of national guidance relating to the role. We make one recommendation.

THE INVESTIGATION PROCESS

9. The investigator, Ms Sonja Marsh, issued notices to staff and residents at Howard House Approved Premises, inviting anyone with relevant information to contact her. No one responded.

10. Ms Marsh obtained copies of Mr Lewis' prison medical records and relevant extracts of his approved premises records. She interviewed three members of staff at Howard House Approved Premises on 9 May 2014. Ms Marsh wrote to the Assistant Chief Officer at the Probation Trust with initial feedback on the preliminary findings of the investigation.

11. We informed HM Coroner Leicester City and South District of the investigation, who provided a copy of the post-mortem report. We have sent the Coroner a copy of this investigation report.

12. One of our family liaison officers, Ms Seema Vishram, spoke to Mr Lewis' brother, nominated by the family as the first point of contact to explain the investigation process. They had a number of issues for the investigation to consider.

    - Whether staff at HMP Leyhill were aware that Mr Lewis had cancer and, if so, what treatment was received.
    - That there had been a lack of communication from the probation trust and had concerns that family members were not notified of Mr Lewis' condition or kept informed.
    - Mr Lewis' family also asked for more information about the events leading up to his death.

13. Mr Lewis' family received a copy of the draft report. They pointed out some factual inaccuracies. This report has been amended accordingly. Mr Lewis' family also raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

HOWARD HOUSE APPROVED PREMISES, LEICESTER

14. Approved premises (formerly known as probation and bail hostels) accommodate offenders released from prison on licence and those directed to live there by the courts as a condition of bail. Their purpose is to provide an enhanced level of residential supervision in the community, as well as a supportive and structured environment. Residents are supported to register with a GP. However, the registration and management of medical appointments remains the responsibility of the individual resident.

15. Howard House is one of two approved premises in the Leicestershire area, managed by the Leicestershire and Rutland Probation Trust. Howard House has eight shared rooms and five single rooms. It is a catered premise, with breakfast and evening meals provided. There is a communal area for dining and socialising and areas set aside for group work. Each resident is allocated a key worker, with whom the resident discusses their progress and well-being. The key worker also ensures that residents adhere to their individual licence conditions and the rules of the approved premises. Howard House is staffed 24 hours a day by probation employees. There have been no previous deaths at Howard House.

KEY EVENTS

16. Mr Lewis was sentenced to life imprisonment for sexual offences at Leicester Crown Court on 23 February 1982. During his time in prison, he developed a number of chronic conditions including chronic obstructive pulmonary disease, Ischemic heart disease and gutate psoriasis. These conditions were frequently monitored and routine blood tests in 2012 indicated liver abnormalities. A prison GP, Dr Catherine Glover, advised that tests should be completed for blood borne viruses. These were negative and Mr Lewis continued to receive regular blood tests to monitor his liver function.

17. Mr Lewis was diagnosed with gallstones in March 2012 and had annual scans and blood tests to monitor his condition. On 9 August 2013, a healthcare assistant, Ms Mae Williams, saw Mr Lewis who said he had ongoing right sided abdominal pain. Dr Glover examined him on 12 August and referred him for an ultra sound investigation of his stomach. On 12 September, Mr Lewis had an ultrasound at Frenchay Hospital in Bristol, which confirmed gallstones and a dilated bile duct. The hospital considered the gallstones the likely cause of his abnormal pain as his liver function was clear. In October, Mr Lewis was treated for anaemia, but there were no other symptoms and his weight remained stable.

18. On reviewing the ultrasound results, Dr Glover wrote to Leicestershire Healthcare Trust. She explained that Mr Lewis was due to be released on licence and recommended that they investigate his pain further and refer him to hospital for the removal of his gallbladder.

19. Mr Lewis was released on licence to Howard House Approved Premises on 28 October 2013. On 6 November, Mr Lewis registered with the local medical centre and attended a number of GP and hospital appointments over the next five months, including for discussions about surgery to remove his gallbladder.

20. On 1 March 2014, Mr Lewis informed his key worker, Ms Dipika Patel, that he had collapsed with pain while out shopping. Ms Patel advised him to attend the medical walk-in centre, but he refused. Ms Patel encouraged Mr Lewis to make an appointment to see his GP the following Monday. On 3 March, Ms Patel and her colleagues noticed that Mr Lewis had lost a lot of weight and they again encouraged Mr Lewis to see his GP but he refused.

21. On 4 March, Mr Lewis told staff that he had collapsed four times with pain while out in the community. Staff once more encouraged Mr Lewis to seek medical attention, but he again refused stating he was already awaiting a hospital appointment for his condition.

22. On 12 March, Mr Lewis attended the GP' surgery for blood tests and was told he would need to attend every week for his weight to be monitored. On the 13 March, Mr Lewis attended the hospital for an ECG. The results confirmed that there was nothing to indicate that a general anaesthetic would put strain on his heart and the operation to remove his gallbladder could go ahead.

23. At 3.30am on 14 March, Mr Lewis told night staff he was in unbearable pain. On the advice of staff, he contacted NHS direct who advised him to call for an ambulance. Paramedics attended and he was taken to the accident and emergency department at LRI at 5.30am. Mr Lewis was admitted to hospital and discharged the following day with a change in pain relief.

24. On 22 March, Mr Lewis received confirmation of the date of his gallstone operation. The same day he told staff he had not had a bowel movement for five weeks despite taking laxatives. On 26 March, Mr Oliver Kedie, a probation officer at Howard House, went with Mr Lewis to his GP appointment to support him. The GP prescribed Mr Lewis stronger laxatives and advised him to change his diet. Mr Kedie ensured that the chef at Howard House was aware of Mr Lewis' dietary needs.

25. On 29 March, Mr Lewis was admitted to hospital again with pain. An exploratory operation the next day showed an obstruction of the bowel and cancer of the bowel with secondary cancers to his liver. Hospital staff told Mr Lewis the cancer was too advanced to treat and it was likely he had only a matter of months left to live.

26. On 2 April, Mr Lewis' Offender Manager, Mr David Piper, visited him in hospital and asked if he would like his family to be notified of his diagnosis. Mr Lewis had not had any contact with his family for a number of years, but agreed for his sister (his next of kin) to be contacted. At 6.15pm, Mr Piper tried to visit Mr Lewis' sister at her home address, but as nobody was home, he left a note asking for her to contact him. Mr Lewis' sister contacted Mr Piper the following day and he informed her of Mr Lewis' diagnosis. Mr Lewis' sister informed the family of his diagnosis and he was able to have a telephone discussion with his brother in Canada before he died.

27. On 9 April, hospital staff contacted Howard House to discuss an appropriate placement for his release from hospital. Mr Lewis wanted to return to Howard House, but staff were concerned that they could not meet his needs. Ms Patel suggested moving Mr Lewis to the ground floor to assist with his mobility, but this was not formalised. Plans were made for an occupational therapy assessment to be carried out at Howard House by social services, but this was not carried out before Mr Lewis died.

28. Mr Lewis remained in hospital and his condition deteriorated. He died on 10 April In the presence of his family. The following day, operational managers from Howard House, Mr Michael Hopkinson and Mr Amon Kotey, visited Mr Lewis' sister at her home address. They gave her Mr Lewis' possessions and offered their condolences.

29. Mr Piper was appointed as the single point of contact after Mr Lewis' death. The family contacted him on several occasions regarding funeral arrangements, but were left feeling frustrated and upset when the information they were given was unclear. Mr Lewis' funeral took place on 4 July and Mr Piper and a number of Howard House staff attended.

30. Ms Grania Niland, and Ms Dipika Patel, both key workers at Howard House, told us they had both felt supported at the time of Mr Lewis' death. Ms Niland said all residents were told of Mr Lewis' death individually and were supported by their key workers and staff. A residents meeting took place on 11 April, to discuss a memorial and residents and staff agreed on a bench with a plaque to remember Mr Lewis.

Post-mortem

31. A post-mortem examination concluded that Mr Lewis died of faecal peritonitis, obstructed bowel and cancer of the bowel which had spread to the liver.

ISSUES

Clinical care

32. We reviewed Mr Lewis' prison medical records and spoke to Dr Glover at HMP Leyhill. We are satisfied that Mr Lewis was referred for further investigations in a timely manner. Mr Lewis had a number of conditions which were frequently monitored and for which he received specialist care at hospital. We are satisfied Mr Lewis' care was good while at HMP Leyhill and equivalent to that he could have expected to receive in the community.

33. Mr Lewis was released on licence in October and went to Howard House. He was supported by staff to register with his local GP. Mr Lewis attended a number of GPs appointments about his ongoing pain and he was referred to the hospital for the removal of his gallbladder. Although it is the responsibility of residents to manage their own healthcare, we are satisfied that staff at Howard House encouraged Mr Lewis to seek medical attention and supported him to attend appointments where possible.

Liaison with Mr Lewis' family

34. The 2014 Approved Premises Guidance, states, "It is usually best for contact with the deceased's family to be handled by one member of staff. This gives the bereaved a focus for their interaction with the AP and a degree of continuity, which can be a comfort at a difficult time. The relative rarity of deaths in APs means that having a full-time family liaison officer (FLO) is unlikely to be practical. APs should instead appoint a responsible member of staff to act as FLO temporarily. Advice about how to fulfil the role can be obtained from counterparts in prisons, where a full-time post-holder is more likely to be found".

35. Mr Piper told us that he assumed the role as the single point of contact for Mr Lewis' family during his illness. He had not been asked to do this and did not inform his manager. However, after Mr Lewis died, the probation manager, Ms Karen McClean, asked Mr Piper to be the single point of contact and act as the family liaison officer.

36. Mr Lewis' son asked Mr Piper who was responsible for paying funeral costs. Mr Piper was unsure of the procedures and directed the family to the Citizens Advice Bureau, Age Concern or the DWP (Department for Working Pensions). When Mr Piper discussed this matter with colleagues and researched the internet he found that the family could apply to the DWP for a grant and informed them by email.

37. Mr Piper told us he had contact with Mr Lewis' family on a further two occasions when they attended the probation offices voicing their frustration at the process for applying to the DWP for a grant. Mr Piper contacted the DWP on their behalf and was informed that the decision would take at least twenty

eight days. Mr Piper told the family of this information stating that the probation trust would only be able to contribute to the funeral if the claim was refused.

38. Mr Lewis' family said they had been told by a member of staff at Howard House (it is not clear who this was) that the probation trust would pay the funeral deposit of £700 and therefore booked the funeral for the 9 May. Ms McClean sought further clarification from the probation trust and advised them that this was not possible. The funeral was cancelled as a result.

39. The Approved Premises Manual (2014) makes it clear that the probation trust should offer to pay reasonable funeral expenses, unless the deceased had a pre-paid funeral plan or the family is eligible to apply for a grant (such as from the DWP).

40. While Mr Piper eventually correctly informed Mr Lewis' family that they were able to apply for a DWP grant (which was eventually successful), it was initially unclear and caused unnecessary upset and confusion. Mr Piper told us that he did not have experience of dealing with deaths in approved premises and was not aware of the guidance as outlined in the 2014 Approved Premises Manual. Mr Piper also failed to record any family contact after Mr Lewis died.

41. We accept that Mr Piper acted with the best of intentions, but we have a number of concerns about the overall quality of liaison with Mr Lewis' family. Mr Piper did not inform his manager that he was acting as the single point of contact when Mr Lewis was ill. He did not record any further information on Mr Lewis's electronic case management record after Mr Lewis' death, nor did he keep a formal log of the contact with Mr Lewis' family. However, following Mr Lewis' death Mr Piper was formally appointed to act as a family liaison officer but had limited guidance and support, despite his inexperience of the role. We make the following recommendation:

    Leicestershire Probation Trust (LPT) should ensure that all approved premises staff follow the guidance for deaths as outlined in the Approved Premises Manual 2014 and are fully supported when undertaking the role of family liaison officer.

RECOMMENDATIONS

Leicestershire Probation Trust (LPT) should ensure that all approved premises staff follow the guidance for deaths as outlined in the Approved Premises Manual 2014 and are fully supported when undertaking the role of family liaison officer.

ACTION PLAN: Mr Stephen Lewis, Howard House Approved Premises, Leicester on 10 April 2014

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1.	Leicestershire Probation Trust (LPT) should ensure that all approved premises staff follow the guidance for deaths as outlined in the Approved Premises Manual 2014 and are fully supported when undertaking the role of family liaison officer.	Accepted	The relevant Local Delivery Unit of the National Probation Service will ensure that the task of family liaison is assigned to an appropriate member of staff as soon as possible after the death of an AP resident, and that that member of staff has management support throughout the time that they are carrying out the role.	n/a This action can be taken only in the event of another AP resident's death in the area.	n/a