



A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in January 2015
at HMP & YOI 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 in January 2015 at HMP Altcourse of bladder cancer, which had spread to his lungs. He was 66 years old. I offer my condolences to his family and friends.

A clinical review of the care the man received at Altcourse was undertaken. The prison cooperated fully with the investigation.

The man was sentenced to six years in prison in November 2014. He had been diagnosed with bladder cancer in 2009, which had spread to his lungs. At the time of his sentencing, he had a life expectancy of no more than six months. He received chemotherapy treatment in hospital every three weeks.

On 12 January 2015, a prison doctor sent the man to hospital as he was finding it difficult to breathe. A scan showed that his condition had deteriorated and further active treatment would not be possible. The hospital discharged him on 16 January, and he returned to the prison's inpatient unit where he received palliative care. His condition deteriorated very quickly and he died a few days later.

I am satisfied that healthcare staff kept the man well informed about his condition and I commend the high standard of compassionate care and support he received. However, I am concerned that managers decided that he should be restrained by an escort chain when he went to hospital, without fully considered risk assessments to justify this. I have raised this issue with Altcourse before, and the Director needs to take active steps to ensure that staff understand the legal position.

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 2015

CONTENTS

Summary

The investigation process

HMP & YOI Altcourse

Issues

Recommendation

Action plan

SUMMARY

1. The man was sentenced to six years in prison for sexual offences on 5 November 2014, and sent to HMP & YOI Altcourse. In 2009, he had been diagnosed with bladder cancer, which had spread to his lungs. At the time he was sentenced, he had been given less than six months to live.
2. After he was sentenced, the man received chemotherapy treatment at hospital every three weeks. Hospital consultants advised that he should be admitted to hospital if his temperature increased after chemotherapy and he was admitted to hospital several times for intravenous antibiotic treatment.
3. On 12 January 2015, the man was admitted to hospital when he was severely short of breath. A CT scan showed his condition had deteriorated significantly and active treatment was no longer possible. He agreed that he did not want to be resuscitated if his heart or breathing stopped.
4. The hospital discharged the man back to the prison on 16 January. Healthcare staff began an end of life care plan to ensure he received appropriate pain relief and support. His condition deteriorated very quickly and he died a few days later.
5. The clinical reviewer concluded that the man received a high standard of care at Altcourse. We agree and commend the caring approach of staff at the prison. However, each time he was taken to hospital, managers authorised that he should be restrained by an escort chain, without sufficient healthcare input into the risk assessments to justify their use. We make one recommendation.

THE INVESTIGATION PROCESS

6. The investigator issued notices to staff and prisoners at HMP Altcourse informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.
7. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison records.
8. NHS England commissioned a clinical reviewer to review the man's clinical care at the prison.
9. We informed HM Coroner for Merseyside of the investigation, who provided the cause of death. We have sent the coroner a copy of this investigation report.
10. One of the Ombudsman's family liaison officers contacted the man's sister to explain the investigation. She said that towards the end of his life he had been unable to use the telephone because he needed constant oxygen and she asked about the availability of portable oxygen cylinders. She questioned the appropriateness of the use of an escort chain to restrain him when he was in hospital.
11. The investigation has assessed the main issues involved in the man's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital visits, liaison with his family, and whether compassionate release was considered.
12. The man's sister received a copy of the draft report. She did not make any comments.
13. The draft report was shared with the Prison Service. The action plan has been added to the end of this report.

HMP ALTCOURSE

14. HMP Altcourse is a local prison in Liverpool, which takes prisoners from the courts in Merseyside, Cheshire and North Wales. It holds up to 1,324 sentenced and remanded adult and young adult men. G4S custodial services manages the prison and runs the company that provides primary healthcare services at the prison. Prime Care provides secondary mental health services.

HM Inspectorate of Prisons

15. The most recent inspection of Altcourse was in June 2014. Inspectors found that prisoners had satisfactory access to most health services. There was a good range of clinical and screening services. Prisoners were generally positive about the care provided, especially in the inpatient unit. There were good arrangements for palliative and end of life procedures.

Independent Monitoring Board

16. Each prison in England and Wales 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 June 2014, the IMB noted that prisoners in the inpatient unit spoke highly of the care and treatment they received from all healthcare staff. The IMB noted the good end of life care given to a long-term prisoner, who had died in 2013.

Previous deaths at HMP Altcourse

17. The man was the fourth prisoner to die from natural causes at Altcourse since the start of 2013. We have raised the issue of the need for appropriate risk assessments to justify the use of restraints in two of these previous cases. We also made similar recommendations in 2011 and 2012.

ISSUES

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

18. The man was sentenced to six years in prison on 5 November 2014. In 2009, he had been diagnosed with bladder cancer and this had spread to his lungs. He was under the care of a hospital and doctors had given him a prognosis of approximately six months. When he arrived at Altcourse, he was fully aware of his terminal condition and life expectancy.

The man's clinical treatment

19. At the time of his sentencing, the man was receiving chemotherapy treatment intravenously through a catheter. On 7 November, he went to hospital to have his catheter line flushed. He returned to the prison but later the same day staff took him to another hospital as he had a high temperature. The hospital treated him with intravenous antibiotics and discharged him on 12 November.
20. On 13 November, the prison's end of life link nurse advised the man about his medication and arranged him to receive a soft food diet. She was involved in his ongoing care.
21. On 18 November, the man went to hospital for chemotherapy treatment, which he agreed to continue at three weekly intervals. Hospital consultants created a treatment plan, which advised that he should be admitted to hospital if his temperature increased after chemotherapy and should receive intravenous antibiotics within one hour of a spike in his temperature. He was admitted to hospital on 24 November and 7 December for antibiotic treatment.
22. Healthcare staff at the prison monitored the man daily. The staff treated his occasional symptoms of sickness.
23. At 6.53pm on 3 January 2015, a nurse called an ambulance because the man had a raised temperature. The ambulance arrived at 7.30pm. The senior crew member told her it was inappropriate to take him to hospital but the nurse explained this was a requirement of his hospital care plan. The ambulance eventually took him to hospital at 7.50pm. The hospital treated him with antibiotics and he returned to prison on 9 January. (This ambulance delay is outside the remit of the PPO's investigation but the clinical reviewer has drawn this to the attention of NHS England.)
24. On 12 January, a prison GP examined the man, who was feeling breathless. The doctor gave him oxygen and sent him to hospital, as he suspected a possible pulmonary embolism (clot on the lungs). A CT scan showed his condition was due to a deterioration of the cancer in his lungs. Hospital consultants considered that he should not continue with active treatment.
25. On 15 January, the man discussed his symptoms and prognosis with a hospital consultant, who told him that he had a matter of weeks to live. He

agreed that he did not want anyone to attempt to resuscitate him if his heart or breathing stopped. He signed an order to that effect.

26. The hospital discharged the man on 16 January. Healthcare staff at the prison began an end of life care plan to manage his pain relief and palliative care. This included use of a fixed concentrator unit to give him a constant supply of oxygen through a facemask, when required. The Acting Head of Healthcare told us that they were investigating providing a portable oxygen cylinder when he died. However, he died unexpectedly quickly, just days after his discharge from hospital, and before alternative arrangements could be made.
27. On 17 January, a prison GP had a full discussion with the man about his condition, including his decision about resuscitation. He said that his consultant had told him that he had only had weeks to live. The GP arranged for his cell door to be left unlocked at all times so that nurses could easily attend to him.
28. A nurse noted the man was having difficulty breathing and a prison GP prescribed oromorph (liquid morphine) and a nebuliser (which gives medication in the form of a mist inhaled into the lungs) to help him breathe. At 5.55pm, a healthcare assistant placed him on his side to sleep. At 6.10pm, he checked him again and noted he did not appear to be breathing. A GP attended and certified death at 6.13pm.
29. The prison GP gave the cause of death to the coroner as cancer of the bladder with secondary metastases of the lungs.
30. We agree with the clinical reviewer that the man received a high standard of end of life care. The prison's healthcare team provided compassionate care, which was at least equivalent to that he could have expected to receive in the community.

The man's location

31. Throughout his time at Altcourse, the man lived in the prison's healthcare inpatient unit where staff could meet his clinical and care needs. On 17 January, he told a prison GP that he would like to move to a hospice close to his home, but he died before this could be considered. We are satisfied he was appropriately located throughout his illness.

Restraints, security and escorts

32. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. 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 takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape

when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that prison staff should consider medical opinion about the prisoner's ability to escape as part of the assessment process and keep this under review as circumstances change. It found that restraining a prisoner by handcuffs, who was receiving chemotherapy, was degrading and would be likely to be regarded as inhumane unless justified by other relevant considerations.

33. When the man went to hospital on 7 November, a security risk assessment showed he was a low risk of escape and low risk to hospital staff and the public. He had no history of escape or violence. The healthcare section, which was a series of yes/no answers, did not record any objection to the use of restraints and indicated his medical condition did not restrict his ability to escape unaided. There was no further information about his medical condition. Two officers escorted him and restrained him with an escort chain. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.) The medical assessments for further risk assessments on 18 November 2014, 24 November, 7 December, 3 January 2015 and 12 January were the same as for the original assessment and officers restrained him with an escort chain each time, including when he was receiving chemotherapy.
34. Public protection is fundamental, but security measures must be proportionate to a prisoner's individual circumstances, which must be fully considered, taken into account and balanced against the security risks. The man was described as polite and fully compliant. The escort assessments show all his risks, including of escape, as low. His offences had been over thirty years earlier. He was extremely unwell and suffering from terminal cancer. At least one of his hospital admissions was for chemotherapy treatment, in which circumstances the court judgment specifically found that the use of restraints was degrading and would be inhumane without justified security concerns. We are not satisfied that the risk assessments fully justified the use of restraints on each occasion, or that managers appropriately reviewed the risk as circumstances changed.
35. In previous investigations, we have recommended that information about the prisoner's medical condition is included in risk assessments for restraints. The recommendations were accepted and the prison's action plans said that medical information would be included in all escorts and each prisoner would be assessed according to the risk they posed at the time. However, we are concerned the risk assessments completed when the man went to hospital did not include sufficient healthcare input and that 'yes' or 'no' answers do not give sufficient information to allow a considered opinion of how a prisoner's health impacts on their risk of escape. We make the following recommendation:

The Director 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

36. On 19 December, as the man's condition deteriorated, the prison appointed an officer as the family liaison officer. She explained her role to him and kept in touch with healthcare staff about his condition. On 8 January, she contacted his brother and updated him about his condition.
37. The man was able to speak to his brother and sister by telephone, but this became more difficult as he became increasingly breathless. After he was discharged from hospital on 16 January, he was unable to leave his cell because he was dependent on oxygen from a fixed cylinder. The family liaison officer telephoned his family on his behalf that day. In the two days before he died, the prison did not have time to make alternative arrangements. The prison arranged a family visit, but he died before this took place.
38. After the man died, the family liaison officer and a prison chaplain visited the man's sister, who he had listed as his next of kin, and informed her of his death. They offered condolences and support. The prison contributed towards the funeral costs in line with national guidance.
39. We are satisfied the prison liaised appropriately with the man's family as his condition deteriorated and supported them appropriately after his death.

Compassionate release

40. Prisoners can be released on compassionate grounds for medical reasons before their sentence has expired. This is usually when they are suffering from a terminal illness, have a life expectancy of less than three months and meet a range of other criteria. However, early release on compassionate grounds is not normally allowed if it is based on facts of which the sentencing court was aware. The court was fully aware of the man's terminal condition when he was sentenced to prison, just over two months before his death and, therefore, early release would have been unlikely.

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.

Action Plan

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible
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>A review will be undertaken of the escort risk assessment process to make sure that assessments fully take into account the health of the prisoner and are based on the actual risk the prisoner presents at the time.</p> <p>The legal position regarding risk assessments for prisoners taken to hospital will be communicated to all relevant staff.</p>	<p>Head of Security</p> <p>30 June 2015</p> <p>Head of Healthcare</p>