
A Report by the
Prisons and
Probation
Ombudsman
Nigel Newcomen CBE

**Investigation into the death of a man in December
2014 at Tulse Hill Approved Premises**

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 pneumonia, as a result of throat cancer, in December 2014, at Tulse Hill Approved Premises, London. He was 47 years old. I offer my condolences to his family and friends.

Staff at London Probation Trust cooperated fully with the investigation.

At the end of May 2014, while a prisoner at HMP Brixton, the man reported having a sore throat. A doctor prescribed antibiotics. On 30 July, he was released from prison on licence and required to live at Tulse Hill Approved Premises. He continued to suffer from throat pain and his GP referred him to hospital for further tests. On 26 September, he was diagnosed with cancer of the larynx. Doctors said that the cancer had been diagnosed early and his prognosis was good. On 28 October, he started radiotherapy and chemotherapy, which he completed on 5 December.

On 15 December, the man told his probation officer that his throat was hurting, which he thought was due to side effects of radiotherapy but otherwise he felt fine. He did not report to anyone that he felt unwell after that. One evening, a few days later, a member of staff found him collapsed on his bedroom floor. She began emergency treatment, but an ambulance was not called for over 15 minutes. Paramedics arrived shortly after being called. The paramedics noted signs that he had died some time earlier and resuscitation would not have been possible.

I am satisfied that staff at Tulse Hill appropriately supported the man while he was living there and there was nothing they could have done to have prevented his sudden death. Although it would not have changed the outcome for him, the investigation identified a need to improve emergency procedures.

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 involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

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SUMMARY

1. On 30 July 2014, the man was released from HMP Brixton, where he had been serving an 18-month prison sentence. During his last few weeks in prison, he had reported a sore throat for which he had been given a throat spray and paracetamol. On 15 July, a prison GP diagnosed sinusitis and prescribed antibiotics. He received nicotine replacement treatment to help him cut down his smoking.
2. After his release from prison, the man was required to live at Tulse Hill Approved Premises, as part of his licence conditions. He registered with a local medical centre and had a number of GP and dental appointments for ongoing throat and mouth pain. Dental X-rays identified no concerns and a GP referred him to a hospital specialist. On 20 September, a biopsy indicated he had cancer of the larynx. Doctors were positive that this had been identified at an early stage and there was a good chance of a cure.
3. On 4 October, the man moved to a self-contained unit within the approved premises, to help reduce his risk of infection. Staff arranged for him to have a soft diet. On 22 October, the hospital inserted a feeding tube into his stomach. A week later, he began a six-week curative course of radiotherapy and chemotherapy, which he completed on 5 December. On 15 December, he told his probation officer that his throat was hurting, due to side effects of radiotherapy, but otherwise he felt fine. He did not report to anyone that he felt unwell after that.
4. On the afternoon, a few days later, a member of staff noted the man was sitting in his room watching TV. He indicated that he was OK. Later that evening, another member of staff checked him and found him collapsed on the floor. She began basic life support, but he did not respond. She was unable to operate the emergency mobile phone so went to get help from another member of staff in the downstairs office and then called an ambulance. This was over 15 minutes after she had first found him unresponsive.
5. The staff continued to attempt to resuscitate the man under the guidance of the ambulance service operator until paramedics arrived shortly afterwards. However, paramedics found signs, including the presence of rigor mortis, which indicated that he had died some time earlier and resuscitation would not be possible.
7. We make one recommendation about emergency procedures.

THE INVESTIGATION PROCESS

8. The investigator issued notices to staff and residents at Tulse Hill Approved Premises, inviting anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of the man's prison medical records and his records from his time at the approved premises. She interviewed seven members of staff at Tulse Hill in January and February 2015.
10. We informed HM Coroner Inner London 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.
11. One of our family liaison officers spoke to the man's sister about the investigation. She asked why his throat cancer had not been diagnosed while he was at HMP Brixton and why no one had identified that he had pneumonia.
12. We do not normally have a clinical review for deaths in approved premises, as healthcare in the community is not within the Prisons and Probation Ombudsman's remit. However, we asked an independent doctor, an experienced clinical reviewer, to assess the man's clinical notes from his time at Brixton. The doctor considered a full clinical review was not needed because reasonably competent GPs would not have been expected to make an urgent referral based on the man's symptoms while he was in prison.
13. The man's family received a copy of the draft report and indicated that they were satisfied with the findings. The Probation Trust also received a copy of the draft report and the response to the recommendations has been added to the end of the report.

TULSE HILL APPROVED PREMISES

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 helped to register with a GP, but management of their health and any health conditions is the responsibility of the individual resident.

15. Tulse Hill is one of nine approved premises in the London area, managed by the National Probation Service. It has capacity for up to 30 residents and provides breakfast and evening meals. There is a communal area for eating and socialising and areas for group work. Each resident has a key worker, who oversees their progress, wellbeing and adherence to licence conditions and the rules of the approved premises. Tulse Hill is staffed 24 hours a day by probation employees. There have been two previous deaths at Tulse Hill but there were no similarities with this case.

KEY EVENTS

14. On 15 November 2013, the man was sentenced to eighteen months imprisonment at Crown Court. He moved to HMP Brixton from HMP Belmarsh on 4 February 2014. While he was at Brixton, he reported having a sore throat. A nurse saw him on 30 May and prescribed a throat spray. On 11 June, the nurse referred him to the prison GP when his symptoms continued. On 23 June, a GP examined him and advised him to continue with the throat spray.
15. On 2 July, the man told a GP that he had heartburn and an ongoing sore throat, but he was able to swallow and eat without pain. The doctor examined his throat, which was normal, and advised him to stop smoking. The doctor prescribed heartburn relief and paracetamol.
16. On 11 July, the man told the prison pharmacist that his heartburn had reduced, but he still had a sore throat. She arranged a follow up GP appointment. On 15 July, a GP examined him. He diagnosed sinusitis and prescribed antibiotics. The next day, he started a nicotine replacement programme and cut back on his smoking.
17. On 30 July, the man was released from prison on licence to Tulse Hill Approved Premises. On 1 August, he registered with the local medical centre and attended a number of GP and dental appointments about his throat pain. On 17 August, he said that he had been suffering with a sore throat since May, despite several courses of antibiotics. Initial examinations by his GP and dentist, including dental X-rays, could not identify any reason for his pain, so the GP referred him to hospital for further tests.
18. On 8 September, a hospital specialist examined the man and identified a lump in his throat, which would need further investigation by a CT scan and a biopsy. He had a biopsy on 20 September and the results, received on 26 September, indicated that he had cancer of the larynx. The cancer had not spread and doctors offered curative treatment. He told staff that doctors were positive about his prognosis.
19. On 4 October, the man moved to an independent flat within the approved premises, which allowed him privacy and reduced his risk of infection from having to use shared facilities. Staff discussed his dietary needs with him frequently and arranged for him to have a soft diet.
20. On 13 October, the man began to take morphine for pain relief and Macmillan nurses supported him. On 22 October, he went to hospital to have a feeding tube inserted into his stomach.
21. On 27 October, the man began a six-week course of radiotherapy, with two doses of chemotherapy, administered on week one and five. He completed the course on 5 December.

22. On 15 December, the man had an appointment with his probation officer. He said he found it painful to talk, which he blamed on the side effects of the treatment. Over the next few days, he did not report to any staff at Tulse Hill that he felt unwell and he had no medical appointments.
23. At 2.50pm a few days later, an offender supervisor at Tulse Hill completed a routine check of the residents. At the time, the man was sitting on his bed watching television. The offender supervisor asked how he was and if he had everything he needed. He gestured that he was fine and did not need anything.
24. Later that evening, at 7.35pm, a residential assistant, who was one of two members of staff on duty, started evening rounds to check residents' wellbeing. This was later than the usual time of 7.00pm, as she had been held up resolving a computer problem. At 7.40pm, she went into the man's room and found him lying on his back on the floor. He was unresponsive, not breathing and she could not find a pulse. She noted that his body was warm and began chest compressions to try to resuscitate him.
25. After a while, as the man had not responded to her attempts at resuscitation, the residential assistant said she had tried to call an ambulance using the mobile phone in the emergency bag she had with her. However, she was shaking so much she had been unable to turn it on. She then went downstairs to get the office phone. She called an ambulance at 7.56pm, while going back to his room. She covered him with a blanket to keep him warm and then went back to the main office. Another residential assistant, who was covering reception and main office duties at the time, said that he would wait with him, as it was evident that she was upset.
26. At 8.10pm, the residential assistant checked the progress of the ambulance. The ambulance service operator gave her guidance about what to do and she relayed this to her colleague, who had not been trained in basic life support. However, at this point, paramedics and police officers arrived. Paramedics checked the man for signs of life and noted the presence of hypostasis (livor mortis, a discoloration of the skin after death caused by the blood settling when the heart is no longer functioning) and rigor mortis (a stiffening of the muscles, which usually begins between two to six hours after death). The paramedics formally confirmed his death at 8.15pm.

Support for staff and residents

27. Managers at Tulse Hill offered support to the staff. Staff told each of the residents individually that the man had died and key workers offered individual support to anyone who wanted to discuss their reactions. Additional services, including counselling, were available if necessary.

Post-mortem

28. A post-mortem examination concluded that the man had died of bilateral pneumonia, a secondary condition of carcinoma of the larynx (cancer of the throat).

ISSUES

Clinical care

29. The man's prison medical records indicate that he first began to report a sore throat at the end of May. Nurses and doctors treated his reported symptoms at the time. Before he was released, healthcare staff offered him help to give up smoking. There is nothing to indicate that healthcare staff at Brixton missed any obvious signs that he was suffering from anything serious and there was relatively little time between when he first reported having a sore throat and his discharge from the prison. The GPs who examined him found nothing to suggest he had cancer and we note that neither did GPs when he was first released.

31. Shortly after the man was released on licence, he registered with a GP and dentist. He attended a number of GP and dental appointments about his ongoing pain and, on 1 September, the GP referred him to hospital for further tests, which resulted in the biopsy on 20 September and his eventual diagnosis. He was independent and did not need any support from staff to attend medical appointments. As with anyone else in the community, residents of approved premises are responsible for managing their own health. Nevertheless, we are satisfied that staff at Tulse Hill encouraged him to seek medical attention for his problems and supported him during his illness. He appeared to have been responding well to his treatment and we do not consider that there is anything staff at the approved premises could have done to prevent his death. Despite his illness, his death was sudden and unexpected.

Emergency response

31. When the residential assistant first found the man collapsed in his room, she checked for signs of life and immediately began to administer basic life support. After some minutes of attempting resuscitation, he did not respond. She tried to call an ambulance using the mobile phone in the emergency bag, but was unable to turn it on as she was shaking so much from shock. She then used the office phone to call the ambulance.

35. The residential assistant was understandably in shock when she first found the man and her first reaction was to try to resuscitate him, which was commendable. She was in a difficult situation as there was no one else around to help with the resuscitation effort or to call an ambulance. We recognise that she acted with the best of intentions, but this meant that there was a delay of over fifteen minutes between her finding him collapsed and an ambulance being called.

36. This delay in calling an ambulance did not affect the outcome for the man, as it is apparent that he had already died and could not have benefited from emergency treatment. However, in other cases such a delay could

be crucial. An ambulance should be called immediately, whenever there are serious concerns about the health of a resident. If there is no one else present, this should be done before starting cardiopulmonary resuscitation.

37. The Approved Premises Manual 2014 states “All staff involved in the supervision of residents should attend an emergency first aid course”. Although the residential assistant had been trained, her colleague had received no training. While there will always be times when staff are waiting for training, it was said that training had been a problem since they had moved from the London Probation Trust to the National Probation Service. New members of staff, who had been in post for over six months, had still not had access to first aid training.
38. We make the following recommendation:

The Director of the National Probation Service and the manager of Tulse Hill Approved Premises should ensure that all staff supervising residents are first aid trained, in line with national guidance, and that all staff understand that they should call an ambulance immediately, whenever there are serious concerns about the health of a resident.

RECOMMENDATION

The Director of the National Probation Service and the manager of Tulse Hill Approved Premises should ensure that all staff supervising residents are first aid trained, in line with national guidance, and that all staff understand that they should call an ambulance immediately, whenever there are serious concerns about the health of a resident.

ACTION PLAN

No	Recommendation	Accepted/Not accepted	Response	Target date for completion	Progress (to be updated after 6 months)
1.	The Director of the National Probation Service and the manager of Tulse Hill Approved Premises should ensure that all staff supervising residents are first aid trained, in line with national guidance, and that all staff understand that they should call an ambulance immediately, whenever there are serious concerns about the health of a resident.	Accepted	The need for staff to be trained in first aid will be reinforced when NOMS next issues the Approved Premises Manual. Augmented advice about emergency response will be included as well.	Within 6 months. (The next publication date has not yet been finalised.)	