Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Deryk Alex-Sanders a prisoner at HMP Channings Wood on 11 February 2016

A report by the Prisons and Probation Ombudsman
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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Deryk Alex-Sanders died on 11 February 2016 of cancer while a prisoner at HMP Channings Wood. He was 82 years old. I offer my condolences to Mr Alex-Sanders' family and friends.

Mr Alex-Sanders had been treated for bladder cancer and skin cancer before he had been sentenced to prison in May 2015. He frequently refused to go to hospital for follow-up assessments. In January 2016, it was discovered he had advanced, inoperable cancer. The clinical reviewer did not consider that Mr Alex-Sanders' refusal to attend outpatients affected the outcome, as the cancer was well advanced.

I am satisfied that Mr Alex-Sanders received a good standard of care at the prison and there was nothing healthcare staff could have done to prevent his death. While I recognise it is unlikely that a decision would have been reached before Mr Alex-Sanders died, the prison should have dealt with his application for compassionate release more urgently.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **September 2016**

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Summary

Events

1. On 15 May 2015, Mr Deryk Alex-Sanders was sentenced to two years in prison and sent to HMP Exeter.

2. In 2012, Mr Alex-Sanders had been diagnosed with bladder cancer and had cancerous growths removed from his bladder. In 2014, he was treated for skin cancer. He had also had a heart bypass, suffered from type 2 diabetes, hypertension and chronic kidney disease.

3. A doctor at Exeter asked for urgent tests and liaised with hospital staff about Mr Alex-Sanders' ongoing secondary care. Blood tests indicated he needed an iron infusion for anaemia and poor kidney function. On 15 June, Mr Alex-Sanders transferred to HMP Channings Wood and staff booked a hospital appointment for 21 August, for the iron infusion. However, on 1 August, Mr Alex-Sanders sent a letter declining to attend any hospital appointments unless it was an emergency and his life was at risk.

4. In September, hospital consultants wrote to the prison about the need for Mr Alex-Sanders to have the iron infusion and regular cystoscopies to examine the bladder to check for a recurrence of cancer. Mr Alex-Sanders continued to refuse to attend these appointments.

5. On 20 November, a prison GP examined Mr Alex-Sanders and found a hard mass in his abdomen. Mr Alex-Sanders was admitted to hospital, where he had a blood transfusion and a cystoscopy, which cleared a blockage. On 26 November, Mr Alex-Sanders was discharged from hospital. He had an appointment for a CT scan in December, but refused to attend.

6. Mr Alex-Sanders lost a lot of weight and fell several times from the end of December. On 22 January, a prison GP was concerned about his condition and sent him to hospital where a scan revealed an inoperable tumour extending from the left side of his bladder and pelvis to his bowel. Mr Alex-Sanders remained in hospital and died on 12 February.

Findings

7. Throughout his time in prison, healthcare staff were fully aware of Mr Alex-Sanders' medical condition and treated him appropriately. The clinical reviewer did not consider that Mr Alex-Sanders' refusal to attend outpatient appointments or to have a CT scan in December, affected the outcome, as the cancer was very advanced. There was nothing to suggest that Mr Alex-Sanders did not have capacity to make decisions about his treatment and we are satisfied that his care was equivalent to that he could have expected to receive in the community.

8. It appears that Mr Alex-Sanders was unnecessarily restrained for a short time in hospital in November 2015, but we are satisfied that restraints were removed not long after, and he was never restrained again. Mr Alex-Sanders died very quickly after his hospital admission in January. While it appears unlikely that a decision would have been reached before he died, in view of his short life

expectancy, we consider the prison should have given it more priority to his application for compassionate release,

Recommendation

- The Governor should ensure that applications for compassionate release for prisoners with a very short life expectancy are given appropriate priority and that all required information is sought and obtained promptly.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Channings Wood informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

10. The investigator obtained copies of relevant extracts from Mr Alex-Sanders prison and medical records.

11. NHS England commissioned a clinical reviewer to review Mr Alex-Sanders clinical care at the prison.

12. We informed HM Coroner for Plymouth, Torbay and South Devon of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

13. One of the Ombudsman's family liaison officers contacted Mr Alex-Sanders' daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Alex-Sanders' daughter had the following concerns:

    - Her father's health issues were not taken seriously and prison staff delayed appropriate treatment.
    - Her father's application for compassionate release was not dealt with quickly enough.
    - It was inappropriate for two officers to accompany and restrain her father when he went to hospital.

14. The investigation has assessed the main issues involved in Mr Alex-Sanders' care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

15. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

16. Mr Alex-Sanders' daughter received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.

Background Information

HMP Channings Wood

17. HMP Channings Wood is a medium security prison near Newton Abbot in Devon. It holds over 700 men. Dorset NHS University Trust provides health services at the prison. There is one permanent GP, with locum GPs running additional clinics. Nurses are on duty everyday and there is an out of hours GP service.

HM Inspectorate of Prisons

18. The most recent inspection of HMP 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 a GP, and urgent problems could be dealt with the same day. There were delays for some clinics and chronic disease management was not always systematic.

Independent Monitoring Board

19. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to August 2015, the IMB reported healthcare staff were working under pressure, but morale had improved with the appointment of a permanent healthcare manager. Recruitment for other permanent healthcare staff was ongoing but waiting times to see doctors were too long. The IMB noted that the increasing number of older prisoners put additional strain on the system for dispensing medication.

Previous deaths at HMP Channings Wood

20. Mr Alex-Sanders was the fourth prisoner to die from natural causes at Channings Wood since January 2015. There were no significant similarities between the circumstances of Mr Alex-Sanders' death and previous deaths at the prison. We have made a number of previous recommendations about the use of restraints for elderly and infirm prisoners taken to hospital.

Findings

The diagnosis of Mr Alex-Sanders' illness and informing him of his condition

21. On 15 May 2015, Mr Alex-Sanders was sentenced to two years in prison for indecent assault. He was sent to HMP Exeter.

22. In 2012, Mr Alex-Sanders had been diagnosed with bladder cancer, and had had cancerous growths removed, followed by radiotherapy. In June 2014, he was treated for skin cancer on his jaw. Mr Alex-Sanders had had a triple heart bypass operation and had type 2 diabetes, hypertension and catastrophic kidney failure.

23. We are satisfied that Mr Alex-Sanders was aware of the cancer diagnosis and his other serious conditions before he was sentenced to prison.

Mr Alex-Sanders' clinical care

24. When Mr Alex-Sanders arrived at Exeter, healthcare staff reviewed him appropriately and prescribed the medication he needed. A prison GP requested urgent blood and urine tests and information about his ongoing secondary care. The blood tests indicated anaemia and poor kidney function. On 27 May, healthcare staff discussed the results with the renal team at hospital, who agreed that Mr Alex-Sanders should have an iron infusion.

25. On 15 June, Mr Alex-Sanders transferred to HMP Channings Wood. Healthcare staff contacted the renal team at hospital and booked the earliest available iron infusion appointment, which was 21 August.

26. On 1 August, Mr Alex-Sanders sent a letter to healthcare staff saying he would not attend any routine hospital appointments and would only go to hospital in a medical emergency. He did not give any reason for this. Prison healthcare staff continued to make hospital appointments and advised Mr Alex-Sanders of the risks of not going.

27. On 11 September, a consultant kidney specialist at hospital wrote noting Mr Alex-Sanders had not attended the nephrology clinic and his blood tests indicated he needed a hospital follow-up.

28. On 14 September, a nurse spoke to Mr Alex-Sanders about a pre-operation assessment for a routine cystoscopy to check his bladder for a recurrence of cancer. Mr Alex-Sanders said he had sent a letter saying he did not want to attend hospital appointments. On 17 September, a consultant urology surgeon at hospital wrote to Mr Alex-Sanders about the need for regular checks that the bladder cancer had not returned. The consultant offered checks at a day clinic, but Mr Alex-Sanders still refused to attend.

29. On 20 November, Alex-Sanders, reported feeling dizzy and faint. A prison GP examined him and noted he had a large hard mass in his abdomen, and there was blood trickling from his urethra. The GP arranged for Mr Alex-Sanders to be admitted to hospital immediately. Mr Alex-Sanders had a blood transfusion and a cystoscopy, which cleared a blockage.

30. On 26 November, the hospital discharged Mr Alex-Sanders. The hospital had arranged a CT scan for 7 December, and a follow up plan to see a consultant urologist three months later. Mr Alex-Sanders refused to go for the CT scan.

31. On 16 December, a prison GP reviewed Mr Alex-Sanders, who was worried that he had lost weight and was not sleeping well. He thought his health was declining and he would not make it out of prison. The GP prescribed an antidepressant and a nutritional supplement and planned to review him again a few weeks' later.

32. From 29 December, Mr Alex-Sanders fell several times in his cell and a nurse referred him to the occupational health team at hospital. On 6 January 2016, he was treated for a urine infection. On 14 January, a prison GP reviewed Mr Alex-Sanders and stopped two of his medications, as she thought that they could be causing him to fall.

33. On 19 January, a prison GP examined Mr Alex-Sanders, who reported passing loose black stools. His abdomen was soft with no masses and she considered the dark stools were caused by iron medication.

34. On 22 January, a prison GP examined Mr Alex-Sanders. He was concerned about his condition and arranged his admission to hospital. In hospital, a scan revealed that Mr Alex-Sanders had an inoperable tumour extending from the left side of his bladder and pelvis to his bowel. He also had a fistula (an opening) connecting his bladder to his bowel. Mr Alex-Sanders remained in hospital where his condition continued to decline. He died in hospital on 12 February.

35. The coroner informed us that Mr Alex-Sanders had died from metastatic melanoma (skin cancer that spread to other organs) and carcinoma of the urinary bladder (bladder cancer), contributed to by ischaemic heart disease and chronic kidney disease.

36. The clinical reviewer had no concerns about Mr Alex-Sanders' treatment in prison and found there was good liaison with hospital staff. The prison healthcare teams were fully aware of his medical history and treated him appropriately. There was no reason to suppose Mr Alex-Sanders did not have capacity to refuse to attend appointments and treatment. The clinical reviewer did not consider that his refusal to attend appointments affected the outcome, as the cancer was well advanced. We are satisfied that Mr Alex-Sanders' care in prison was equivalent to that he could have expected to receive in the community.

Mr Alex-Sanders' location

37. Mr Alex-Sanders was 81 when he was sentenced to prison. Staff assessed him as very vulnerable and he had a ground floor cell at both Exeter and Channings Wood. Healthcare staff saw him most days and a prisoner carer assisted him with daily living tasks and with his mobility.

38. The clinical reviewer noted that although Mr Alex-Sanders fell several times in his cell, he had a falls assessment and staff always carefully reviewed him. We are satisfied that Mr Alex-Sanders had appropriate accommodation in prison.

Restraints, security and escorts

39. When prisoners have to travel outside prison, a risk assessment determines the nature and level of any security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk, taking into account factors such as the prisoner's health and mobility.

40. Mr Alex-Sanders was admitted to hospital twice, on 20 November 2015 and on 22 January 2016. There is no risk assessment for 20 November, but a risk assessment dated 22 November, noted that Mr Alex-Sanders was in poor health and restraints would hamper his care. A prison manager decided that two officers should escort him but should not use restraints. On 22 January 2016, a manager again decided that two officers should escort Mr Alex-Sanders but he should not be restrained.

41. In September, Mr Alex-Sanders told a nurse that he would not go to hospital appointments, as he did not want to be restrained. He had not mentioned this in his letter refusing to attend appointments, but it might have been helpful for someone to have explained the risk assessment process and that he would not necessarily be restrained.

42. Mr Alex-Sanders' family complained that he had told them he had been restrained in hospital for the first 24 hours of his stay. They were unclear about the date, but it appears that this was when he was admitted to hospital in November. The prison has been unable to find the risk assessment for the first two days of his hospital admission on 20 and 21 November. However, there is a reference in the escort record on 20 November to one of the escort officers checking cuffs, which would suggest Mr Alex-Sanders was restrained at the time. The fact that a manager made a further risk assessment, just two days after he was admitted to hospital and decided he did not need to be restrained, also suggests he had been restrained until that point.

43. Because of his age, health, and poor mobility, we consider that it is unlikely that restraints would have been justified when Mr Alex-Saunders was first admitted to hospital on 20 November. We have made recommendations to the prison before about the need to take these factors fully into account when assessing whether the use of restraints is justified for elderly and infirm prisoners. However, we recognise that this was done on 22 November and Mr Alex-Saunders was never restrained again after that point, including during for his final admission to hospital in January 2016. Mr Alex-Saunders family also queried the need for officers to be present at the hospital. As he was still in prison custody, we consider this was reasonable.

Liaison with Mr Alex-Sanders' family

44. On 28 January 2016, the prison appointed a Supervising Officer (SO) as their family liaison officer. He visited Mr Alex-Sanders in hospital and spoke to Mr Alex-Sanders' daughter the next day. He kept in contact with Mr Alex-Sanders' daughter about her father's condition. His daughter was very positive about the support the SO gave her.

45. Mr Alex-Sanders' funeral was on 7 March. The prison contributed to the costs, in line with national policy.

Compassionate release

46. Prisoners can be released before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness, have a life expectancy of less than three months, and fulfil other criteria. Decisions to allow release are taken by Ministers in the Ministry of Justice.

47. On 28 January 2016, Mr Alex-Sanders' daughter asked the SO about the possibility of compassionate release. A prison GP discussed Mr Alex-Sanders condition with hospital staff, who said that Mr Alex-Sanders was not expected to live longer than a few days and would not leave hospital.

48. That day, the prison GP started the application for compassionate release, and Mr Alex-Sanders' offender supervisor completed his section of the compassionate release application. To progress the application, the prison needed a report from the hospital consultant, which they did not receive until 9 February. Sadly, Mr Alex-Sanders died on 12 February and the application had not been progressed further.

49. While most of the delay was with the hospital consultant, the prison did not progress the application once it had been received. Prison Service instructions say that, when prisons are dealing with medical applications for early release involving a very short life expectancy, they should alert the National Offender Management Service department, which deals with applications, by telephone at an early stage. We recognise that it would always have been difficult to deal with the application in such a short time, but there is no evidence that this was done or that the prison did anything else to expedite the application, in recognition of the urgency. We make the following recommendation:

    The Governor should ensure that applications for compassionate release for prisoners with a very short life expectancy are given appropriate priority and that all required information is sought and obtained promptly.

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