Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Philip Stier a prisoner at HMP Frankland on 25 February 2016

A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE

PO Box 70769
London, SE1P 4XY
Email: mail@ppo.gsi.gov.uk
Web: www.ppo.gov.uk
T | 020 7633 4100
F | 020 7633 4141

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 Phillip Stier died on 25 February of bronchopneumonia and a hypoglycaemic brain injury, due to diabetes, in hospital, while in the custody of HMP Frankland. He was 52 years old. I offer my condolences to Mr Stier's family and friends.

I am satisfied that Mr Stier received a standard of care at the prison equivalent to that he could have expected to receive in the community. Although he generally refused to take medication for his diabetes or to be located in the healthcare unit when he was very ill, staff did their best to persuade him otherwise while remaining sensitive to his wishes. However, he had a number of falls towards the end of his life and staff did not formally review his pain relief, despite concerns that he was 'over sedated'.

I am pleased that the prison appointed a family liaison officer in good time before his death and that staff took a humane decision not to use restraints when Mr Stier had to go to hospital for treatment shortly before his death.

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 **January 2017**

Contents

Summary

Events

1. In 2007, Mr Phillip Stier was sentenced to life imprisonment, with a minimum time to serve of 16 years and three months, for murder. He arrived at HMP Frankland on 23 January 2008 and, in 2010, a doctor formally diagnosed him with type 2 diabetes.

2. Following his diagnosis, Mr Stier generally refused to comply with most of his diabetes medication or to relocate to the prison's healthcare unit when he was especially ill. He made these decisions, despite healthcare staffs' attempts to convince him otherwise. He signed a directive refusing treatment and an order refusing resuscitation. His condition deteriorated as he developed eyesight problems and neuropathic pain, lost weight, had falls and suffered from numerous infections, including gangrene.

3. On 11 February 2016, Mr Stier agreed to be admitted to hospital for insulin therapy but discharged himself the next day. On his return to prison, healthcare staff gave him the medication in the prison's healthcare unit rather than on the residential unit.

4. On 17 February, a prison manager found Mr Stier looking unwell in his healthcare cell and called for a nurse and a doctor, who attended immediately. The doctor gave Mr Stier a glucagon injection but he did not stabilise so she asked the control room to call an ambulance, which they did. Paramedics arrived and took Mr Stier to hospital as an emergency. The hospital admitted him and, after a brief improvement in his health, Mr Stier declined again and died on 25 February 2016 at approximately 1.35pm.

Findings

5. The clinical reviewer felt that staff did their best to manage Mr Stier and to persuade him to engage with treatment while sensitively balancing this with his entrenched wishes not to accept therapy. She felt that the care he received was equivalent to that he could have expected to receive in the community. However, she noted that Mr Stier had a number of falls towards the end of his life and that these should have prompted a formal review of this medication as healthcare staff had noted that he was 'over sedated'.

6. We are pleased that the prison appointed a family liaison officer early on to act as a contact point for Mr Stier's family. We are also pleased that staff did not restrain Mr Stier during his last admission to hospital.

Recommendation

- The Head of Healthcare should ensure that where a patient is on multiple pain relieving medicines, there are regular structured medicine reviews.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Frankland informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. The investigator obtained copies of relevant extracts from Mr Stier's prison and medical records.

9. NHS England commissioned a clinical reviewer to review Mr Stier's clinical care at the prison.

10. We informed HM Coroner for Durham and South Darlington of the investigation. Our investigation was suspended for over four months until we received the post-mortem report from the coroner. We regret the consequent delay in issuing this report. We have sent the coroner a copy of this report.

11. One of the Ombudsman's family liaison officers contacted Mr Stier's sister to explain the investigation and to ask if she had any matters they wanted the investigation to consider. She did not raise any concerns.

12. Mr Stier's sister received a copy of the initial report. They did not make any comments.

13. The initial report was shared with the Prison Service. The Prison Service pointed out some factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Frankland

14. HMP Frankland is one of eight high security prisons in England and Wales. It holds more than 800 men. There is 24-hour inpatient care. G4S Forensic & Medical Services provide general nursing services and substance misuse services. Spectrum Healthcare provides GP and pharmacy services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Frankland was in February and March 2016. Inspectors reported that, although health provision was reasonably good, staffing issues were impacting on care delivery. However, prisoners had access to a range of primary care services and visiting specialists. Prisoners with long-term conditions received regular reviews by appropriately trained staff and there were high-standard arrangements for palliative and end-of-life care for the terminally ill.

Independent Monitoring Board

16. 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 most recent annual report for the year to November 2015, the IMB said that the quality of healthcare provision was generally good and in some individual cases outstanding. However, the IMB was concerned about the affect of staffing vacancies on healthcare provision.

Previous deaths at HMP Frankland

17. Mr Stier was the fifth person to die from natural causes at Frankland since January 2015. There were no similarities between the circumstances of Mr Stier's death and previous deaths at the prison.

Key Events

18. On 3 September 2007, Mr Philip Stier was sentenced to life imprisonment, with a minimum time to serve of 16 years and three months, for murder and sent to HMP Doncaster. He transferred to HMP Frankland on 23 January 2008.

19. On 28 April 2010, Mr Stier saw a nurse about a skin lesion on his scalp. She prescribed antibiotics but, when his condition did not improve, he went to see a prison GP. On 11 May, the GP noted that Mr Stier was excessively thirsty. He performed a blood glucose test, which gave a reading of 30 mmol/litres (a level of 11.1 mmol/litres or above indicates that an individual has diabetes), and provisionally diagnosed type 2 diabetes. On 13 May, a nurse took a fasting reading of 18.2 mmol/litres and, the next day, the GP explained Mr Stier's type 2 diabetes diagnosis to him.

20. From this diagnosis, the GP and other healthcare staff prescribed Mr Stier metformin (to reduce his blood sugar levels) and simvastatin (to reduce associated cholesterol levels). However, with the exception of a brief period between August and October 2010, Mr Stier refused all medication for his diabetes. Healthcare staff regularly told him about the implications of his actions, which included the possibility of that he could die, but he simply refused to comply. He told staff on several occasions, between 2010 and 2015, that he was punishing himself for his offence. He also continued to eat a large quantity of sugary foods.

21. Healthcare staff were concerned that Mr Stier's refusal to comply and his wish not to be resuscitated if his heart or breathing stopped (first stated on 31 October 2008) showed a decline in his mental state. On 12 July 2010, the clinical team manager completed a mental capacity assessment and determined that Mr Stier had the capacity to make decisions. On 13 April 2011, a prison GP noted that Mr Stier was not deluded, appeared to have a good understanding of his diabetes and had said that he wanted to die from it.

22. Mr Stier formally signed an Advanced Directive Refusing Treatment and a Do Not Attempt Cardio Pulmonary Resuscitation Order on 7 June 2012. Meetings were held reviewing this decision (although details of advice given by healthcare staff on the matter are missing).

23. Over the next few years Mr Stier was provided with equipment, including a TENS machine (transcutaneous electrical nerve stimulation is a method of pain relief involving the use of a mild electrical current), special cushions and a mattress, a heater, thermal clothes and additional food supplies and supplements to alleviate the symptoms he was starting to exhibit as a result of his treatment refusal.

24. On 2 April 2015, IMB spoke to Mr Stier again about his decision to refuse medication but he still wanted to sign an updated form, as he had done in June 2012. They made it clear he could change his decision at any time. He reconfirmed his wish to not be resuscitated on 15 May 2015.

25. Mr Stier's non-compliance caused his health to deteriorate significantly and, by 2015, he began to suffer from multiple, related complaints. On 15 May, Mr

Stier saw a prison GP with visual disturbances in his eyes (which were a direct result of his diabetes) and this problem reoccurred in July. On 20 May, he saw her with 'pitting oedema' (swelling due to water retention) and he presented with neuropathic and general pain in July, September and October that year.

26. Around the same time, his skin also broke down and he suffered multiple infections. In September, one of his fingers became gangrenous but, again, he refused all treatment including admission to hospital.

27. Mr Stier's weight also dropped dramatically in the years between his diagnosis and his death. On 12 July 2010, he weighed 69.8kgs with a BMI (body mass index) of 24.1 (the normal range is 18-25), but by 6 December 2015 he weighed only 48kgs with a BMI of 16.61.

28. In the last eight months of his life, Mr Stier had 12 falls. He generally slipped from his chair but did not sustain any serious injuries. On occasions healthcare staff felt that he had fallen because he was 'over sedated' and when this happened, they withheld his pain relief medicine until they were satisfied it was safe to administer it again. There was no record that these decisions led to a formal medication review.

29. In light of his falls, Mr Stier agreed to be admitted to the prison's healthcare unit on 2 November 2015, but he discharged himself the next day. Due to his falls, staff issued Mr Stier with a personal alarm on 11 November. However, he suffered further falls and, after Mr Stier continued to refuse to be admitted to the healthcare unit, the Governor ordered that Mr Stier be admitted on 29 November. He moved to the palliative care cell on 7 December. (Macmillan palliative care services had also been involved in Mr Stier's care since 2012 and provided advice and support throughout his time at Frankland.)

30. On 11 December, Mr Stier asked a prison GP about starting insulin treatment for his diabetes because his hands and wrists were becoming weak and this frightened him. She told Mr Stier that there was no guarantee that starting treatment would help with that particular symptom and that it would only be safe to start treatment in hospital. Mr Stier initially refused to be admitted to hospital but changed his mind on 10 February 2016. The hospital admitted him for insulin therapy on 11 February. Staff did not use restraints but two officers accompanied him. Mr Stier discharged himself again on 12 February and the prison healthcare unit administered the treatment instead.

31. On 17 February, at approximately 9.30am, a prison manager looked in Mr Stier's cell, as she knew him quite well, and wanted to know how he was getting on. She saw him huddled in a corner of his bed and she asked a nurse to attend. The nurse entered Mr Stier's cell and found that he was unresponsive with a low oxygen saturation level (82%). He gave Mr Stier oxygen, which raised his saturation level to 98%, and asked a prison GP to attend. The GP arrived and tried to stabilise Mr Stier's low blood sugar levels with an injection. Mr Stier's condition did not improve and, at 9.55am, a member of healthcare staff radioed the control room to ask them to call an ambulance. Paramedics arrived and took Mr Stier to hospital. Staff did not apply restraints but two officers accompanied him.

32. The hospital admitted him and, in the early hours of 18 February, they moved him to the Acute Medical Unit. Hospital staff considered Mr Stier's condition was critical and suspected that he had a hypoglycaemic brain injury (where low blood sugar levels damage the brain's neurones). They treated this with antibiotics and Mr Stier improved briefly on 21 February. However, he deteriorated again and died on 25 February, at approximately 1.35pm.

Contact with Mr Stier's family

33. The prison appointed a family liaison officer, prison manager, in May 2015, when Mr Stier requested their involvement. She arranged a meeting with Mr Stier's sister and healthcare staff on 16 May to discuss his condition and wishes.

34. The prison manager stayed in contact with Mr Stier's family and informed his sister about his admission to hospital on 17 February. She kept in touch with them while he was in hospital. His sister was with him when he died on 25 February, and she continued to stay in touch offering condolences and support.

35. Mr Stier's funeral was held on 8 March. The prison contributed to the costs, in line with national policy.

Support for prisoners and staff

36. After Mr Stier's death, a prison manager debriefed the escorting staff to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

37. The prison posted notices informing other prisoners of Mr Stier's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Stier's death.

Post-mortem report

38. The post-mortem report confirmed that Mr Stier died of from bronchopneumonia and a hypoglycaemic brain injury due to diabetes mellitus.

Findings

Clinical care

39. The clinical reviewer noted that the healthcare team at Frankland did everything they could do to engage with Mr Stier and to encourage him to manage his diabetes. However, he would not comply with their advice and his determination to refuse treatment ultimately resulted in his early death. She felt that the care he received was of a standard he could have expected to receive in the community.

40. A prison GP promptly diagnosed Mr Stier's diabetes in May 2010, after he had presented with infected skin lesions, and there were no earlier indications that he had the disease. Despite Mr Stier being adamant that he did not want to accept treatment for his condition, staff frequently discussed his decision with him and checked that he had the capacity to make decisions around treatment and resuscitation. The clinical reviewer noted that although staff made references to liaising with specialist organisations about this topic, they did not record the advice they received.

41. Although Mr Stier refused a move to the healthcare unit, until the Governor intervened, staff still tried to care for him while respecting his views on the matter. The standard of palliative care he received was also good although the clinical reviewer felt that the link and overlap between that and end of life care was not always clear from the records and that staff could have initiated structured care planning at an earlier stage.

42. Mr Stier was on a variety of medication to manage his pain although he refused standard diabetes medication. The clinical reviewer noted that following some of his falls, healthcare staff found that he was 'over sedated'. While they would temporarily withdraw his medication, the clinical reviewer believed that concern about 'over sedation' should have resulted in a formal review of his medications. We make the following recommendation:

    The Head of Healthcare should ensure that where a patient is on multiple pain relieving medicines, there are regular structured medicines reviews.

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