

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Owens a prisoner at HMP Altcourse on 12 September 2016

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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*



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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.

The 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 Mark Owens died on 12 September 2016 of ischaemic bowel disease and alcoholic liver disease in hospital, while a prisoner at HMP Altcourse. Mr Owens was 53 years old. I offer my condolences to Mr Owens's family and friends.

Mr Owens was extremely unwell when he arrived at Altcourse and there was a lack of continuity of care when managing his long term medical conditions. The clinical reviewer concluded that during his short time at Altcourse, Mr Owens' clinical care was not of the standard he could have expected in the community, as healthcare staff did not follow the national clinical guidelines for the management of his chronic health conditions or use formal assessment tools to assess any deterioration. We have made a recommendation about these issues before.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman

April 2017

Contents

Summary 1
The Investigation Process 3
Background Information 4
Key Events 5
Findings..... 8

Summary

Events

1. On 22 June 2016, Mr Mark Owens was sentenced to eight months in prison and sent to HMP Altcourse.
2. Mr Owens had a history of alcohol abuse and suffered from chronic obstructive pulmonary disease (COPD – lung disease), angina, type 2 diabetes and ischaemic heart disease. A prison GP admitted him to the prison's inpatient unit for observation.
3. Mr Owens complained of chest pain on several occasions and underwent electrocardiogram (ECG- a test to measure the electrical activity of the heart) tests with normal results. He spent time in hospital where doctors diagnosed portal hypertension (increased blood pressure in the portal vein), a cirrhotic liver and an enlarged spleen.
4. On 2 September at 12.34pm, Mr Owens complained of chest pain and staff requested an emergency ambulance. Hospital doctors diagnosed ischaemic colitis and alcoholic liver disease. Due to the severity of his condition, Mr Owens was not suitable for active treatment. Mr Owens continued to deteriorate and he died at 10.45pm on 12 September.

Findings

5. Healthcare staff did not request Mr Owens' community medical records and there was a lack of a co-ordinated approach in managing his medical needs. The prison did not put in place appropriate care plans in line with the National Institute for Health and Care Excellence (NICE) guidelines for the management of his long term conditions. For this reason, we agree with the clinical reviewer that the standard of care Mr Owens received at Altcourse was not equivalent to that he could have expected in the community.
6. We are concerned that the National Early Warning Score (NEWS – a tool for the assessment and response to acute illness) was not used and NICE guidelines were not implemented for Mr Owens' chronic health conditions. Although this may not have affected the outcome for Mr Owens, it could be vital to the outcome for other prisoners in the future.

Recommendations

- The Head of Healthcare should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare in line with PSO 3050.
- The Head of Healthcare should ensure that healthcare staff manage prisoners with complex and chronic medical conditions in line with NICE guidance including implementing detailed care plans appropriate to their needs, regular planned reviews and accessible management plans to manage deterioration of their condition.

- The Head of Healthcare should ensure that staff understand and use the NEWS tool to assess, monitor and respond to acute illness.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Altcourse 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 Owens' prison and medical records.
9. NHS England commissioned a clinical reviewer to review Mr Owens' clinical care at the prison.
10. We informed HM Coroner for Merseyside Liverpool District of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
11. One of the Ombudsman's family liaison officers contacted Mr Owens' sister and ex partner to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They had no specific matters for the investigation to consider.
12. Mr Owens' family received a copy of the initial report. They raised a number of issues that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
13. The initial report was shared with the Prison Service. We are disappointed they have not responded in time. They have not submitted an action plan addressing our recommendations or detailed any factual inaccuracies.

Background Information

HMP Altcourse

14. HMP Altcourse is a local prison in Liverpool, which takes prisoners from courts in Merseyside, Cheshire and North Wales. It holds up to 1,324 remanded and sentenced adults and young men. G4S manage the prison and provide primary healthcare services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Altcourse was in June 2014. Inspectors reported that prisoners had satisfactory access to most health services, apart from GP appointments. There was a good range of clinical and screening services. Prisoners were generally positive about the care provided, especially in the inpatient unit.

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 latest annual report for the year to June 2016, the IMB reported that a new GP practice was responsible for delivering primary care to the prison. This had resulted in a more consistent approach to the prescribing of medication. Dedicated slots for specific clinics, regular medication reviews and an appointments co-ordinator had reduced the waiting list to see a GP.

Previous deaths at HMP Altcourse

17. Mr Owens was the ninth prisoner to die of natural causes at Altcourse since January 2015. There has been one subsequent death. We have made recommendations before about the management of chronic medical conditions and using appropriate assessment tools.

Key Events

18. On 22 June 2016, Mr Mark Owens was sentenced to eight months in prison for driving whilst disqualified and sent to HMP Altcourse.
19. At an initial health screen at Altcourse, a nurse noted that Mr Owens had a history of chronic obstructive pulmonary disease (COPD- the name for a collection of lung diseases such as chronic bronchitis and emphysema), angina, type 2 diabetes and ischaemic heart disease. Mr Owens told the nurse he had two broken ribs from a fall five days before he arrived at Altcourse. Mr Owens also had a history of alcohol abuse. Mr Owens used a glyceryl trinitrate (GTN) spray to relieve his chest pain from angina. Mr Owens declined the offer of help to stop smoking. There was no evidence that healthcare staff requested Mr Owens' community medical records.
20. The same day a prison GP assessed Mr Owens and noted that he smelt of alcohol and looked jaundiced. She diagnosed cirrhosis of the liver and liver failure. She prescribed medication to ease his symptoms of alcohol withdrawal and admitted Mr Owens to the healthcare inpatient unit for observation. There was no evidence that healthcare staff created care plans to manage Mr Owens' medical conditions.
21. On 24 June, a prison GP arranged for a full set of blood and liver function tests. He reviewed the results the same day and noted they were abnormal. He arranged for a non-emergency ambulance to take Mr Owens to hospital for further investigation into his symptoms.
22. Hospital doctors diagnosed Mr Owens with portal hypertension (increased blood pressure in the portal vein), a cirrhotic liver and an enlarged spleen. He had a lower respiratory tract infection and three fractured ribs. Mr Owens returned to Altcourse on 1 July. The discharge summary advised a scan to check bone density due to Mr Owens' liver failure. The hospital arranged an appointment for 8 August. There was no record that Mr Owens' went to his appointment or that healthcare staff received the results before Mr Owens died. A prison GP prescribed tramadol to ease Mr Owens' pain from his fractured ribs and Mr Owens agreed to return to a cell on the wing.
23. On 19 July, Mr Owens told a prison GP he had a dull ache in his chest. His respiratory rate and blood pressure were within normal limits. An electrocardiogram (ECG- a test to measure the electrical activity of the heart) was normal. The GP arranged a taxi to take Mr Owens to hospital for further investigation. Hospital doctors performed another ECG test and Mr Owens had a chest x-ray. The results revealed an enlarged heart. When Mr Owens returned to prison on 21 July, the discharge summary said he might have had a heart attack three months ago and could be under the care of the cardiology team at another hospital. Hospital doctors advised the prison to investigate this further with the other hospital. On 3 August, a prison GP asked the healthcare administration team to contact the other hospital. There is no evidence that this took place.
24. Mr Owens complained of chest pain again on 6 August. A prison GP performed an ECG, which returned normal results. Mr Owens' blood pressure, pulse rate

and temperature were within normal range. The GP did not use the National Early Warning Score (NEWS- a tool used to determine the degree of illness of a patient and subsequent levels of monitoring). On 15 August, a prison GP reviewed Mr Owens and noted he saw a cardiologist at hospital in 2013. The GP said it was impractical to refer Mr Owens to the cardiology team at another hospital due to the length of time he was in prison. He said healthcare staff would continue to monitor Mr Owens' chest pain and would make an urgent referral to the cardiology team if his condition deteriorated.

25. On 30 August, a prison GP saw Mr Owens, who complained of tightness in his chest and tingling in his left arm and hand which was not relieved by his GTN spray. The results of an ECG test did not reveal any changes from previous readings and his blood pressure, oxygen saturation level and pulse rate were normal. The GP performed a troponin test (to measure the level of protein in the blood) which did not show any evidence of damage to Mr Owens' heart.
26. At 2.48am on 31 August, Mr Owens pressed his cell bell and said he had chest pain. A prison officer immediately contacted the healthcare department and a nurse arrived to assess him. She took Mr Owens' pulse and blood pressure (which were normal) but did not use the NEWS tool. After using his GTN spray Mr Owens said his chest pain had stopped. Later that day, a prison GP reviewed Mr Owens and noted he had a history of neck pain and falls. He diagnosed musculoskeletal pain caused by damage to the muscle tissue.

2 September

27. At 12.34pm on 2 September, Mr Owens complained of chest pain, which was not relieved by his GTN spray. A prison officer radioed an emergency code blue (which indicates a prisoner has symptoms including chest pain and difficulty in breathing) and the control room immediately called an emergency ambulance. A nurse arrived at 12.37pm and noted Mr Owens was pale, clammy and sweating. His blood pressure was low (78/61) and his blood sugar level was also low (3.7). The nurse gave Mr Owens soluble glucose to raise his blood sugar level and inserted an intravenous line in case Mr Owens needed emergency medication before the ambulance arrived. The nurse performed an ECG, which did not show any new damage to Mr Owens' heart.
28. At 12.48pm the ambulance arrived and took control of Mr Owens' care. Mr Owens left the prison at 1.10pm for hospital. He was not restrained. Mr Owens initially told prison officers he did not want his family informed that he was in hospital, he later changed his mind. Hospital doctors diagnosed ischaemic colitis and alcoholic liver disease. They decided that Mr Owens' condition was not suitable for active treatment due to the severity of his liver disease. Mr Owens continued to deteriorate and he died at 10.45pm on 12 September.

Contact with Mr Owens' family

29. On 5 September 2016, the prison appointed a prison chaplain as family liaison officer. Mr Owens had named his sister as his next of kin. The chaplain visited Mr Owens in hospital and offered him support. Mr Owens agreed for the chaplain to contact his sister and to arrange for her and other family members to visit him.

30. On 7 September, Mr Owens' sister and ex-partner visited him in hospital. They asked the chaplain to telephone them when Mr Owens died.
31. At 10.45pm on 12 September, a prison manager contacted the chaplain and told him Mr Owens had died. He telephoned Mr Owens' sister and ex-partner in accordance with their wishes and offered condolences and support. The chaplain remained in contact with Mr Owens' sister and ex partner until his funeral on 10 October. The prison contributed towards the costs in line with national instructions.

Support for prisoners and staff

32. After Mr Owens' death, the Director posted a notice to staff informing them of Mr Owens' death and directing to them to the staff care team, human resources and their line manager if they required support.
33. The prison posted notices informing other prisoners of Mr Owens' death and offering support. Staff reviewed all prisoners assessed as at risk of suicide or self-harm in case they had been adversely affected by Mr Owens' death.

Post-mortem report

34. The coroner concluded that the cause of death was ischaemic bowel disease. Mr Owens also suffered from alcoholic liver disease.

Findings

Clinical care

35. The clinical reviewer concluded that the standard of care Mr Owens received was not equivalent to that he could have expected in the community. When Mr Owens arrived at Altcourse he was acutely unwell with jaundice and several fractured ribs. Healthcare staff assessed him and moved him to the healthcare inpatient unit for observation. Mr Owens suffered from several long-term conditions including type 2 diabetes, COPD, cirrhosis of the liver and angina. There was no evidence that healthcare staff requested Mr Owens' community medical records.
36. Prison Service Order (PSO) 3050 states that for continuity of healthcare 'efforts should be made to retrieve any information required from the prisoner's GP or other relevant service he/she has recently been in contact with'. Healthcare staff told us that records are usually requested within 48 hours. However, this does not appear to have happened. When Mr Owens returned to prison from hospital on 21 July, the discharge summary suggested that he was under the care of a cardiology team after he had a heart attack shortly before he arrived at Altcourse. There is no evidence that healthcare staff investigated this further. The clinical reviewer considered there was a lack of co-ordination in managing Mr Owens' care.

The Head of Healthcare should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare in line with PSO 3050.

37. The clinical reviewer has commented that the National Institute for Health and Care Excellence (NICE) provides national guidelines and advice on how to manage Mr Owens' long term conditions. She considered that prison doctors appropriately referred Mr Owens to hospital when he suffered episodes of chest pain but did not manage his long term conditions in accordance with NICE guidelines.

The Head of Healthcare should ensure that healthcare staff manage prisoners with complex and chronic medical conditions in line with NICE guidance including implementing detailed care plans appropriate to their needs, regular planned reviews and accessible management plans to manage deterioration of their condition.

38. The clinical reviewer also commented that prison GPs and nurses should have used the used the National Early Warning Score (NEWS – a tool for the assessment and response to acute illness) to assess Mr Owens when he complained of chest pain. It is used to inform healthcare staff of the urgency and frequency at which reviews should be completed. This would have provided healthcare staff with a more comprehensive assessment of his clinical condition.

The Head of Healthcare should ensure that staff understand and use the NEWS tool to assess, monitor and respond to acute illness.

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