

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Patrick O’Sullivan a prisoner at HMP Altcourse on 13 November 2018

A report by the Prisons and Probation Ombudsman

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.

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 Patrick O'Sullivan died in hospital on 13 November 2018 of multiple organ failure, caused by amyloidosis (a build-up of abnormal protein in organs and tissues) and lung cancer, while a prisoner at HMP Altcourse. He was 72 years old. I offer my condolences to Mr O'Sullivan's family and friends.

The investigation found that Mr O'Sullivan received a good standard of clinical care at Altcourse, equivalent to that he could have expected to receive in the community. His access to prison GPs was timely and healthcare staff appropriately managed his clinical conditions.

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

Sue McAllister CB
Prisons and Probation Ombudsman

April 2019

Contents

Summary	1
The Investigation Process	2
Background Information	3
Key Events	4
Findings.....	7

Summary

Events

1. Mr Patrick O'Sullivan was serving a 26-year sentence for sexual offences and had been at HMP Altcourse since February 2014. He had type 2 diabetes, chronic obstructive pulmonary disease (COPD - a collection of lung diseases such as chronic bronchitis and emphysema) and coronary heart disease. Prison GPs regularly monitored his clinical conditions.
2. In February 2018, Mr O'Sullivan was admitted to hospital after complaining of feeling weak and lightheaded. A CT scan showed an abnormality on his right lung and hospital specialists diagnosed Mr O'Sullivan with small cell carcinoma. Mr O'Sullivan had chemotherapy treatment and was supported by the prison's palliative care nurse.
3. In September, the results of a routine blood test showed that Mr O'Sullivan had stage 2 acute kidney injury. Prison GPs made a referral to a hospital renal unit and the results of a renal biopsy showed that Mr O'Sullivan had kidney damage. A CT scan showed that Mr O'Sullivan also had severe left ventricular failure (the left ventricle is the heart's main pumping chamber).
4. On 2 November, Mr O'Sullivan was admitted to hospital with chest pain and a low oxygen saturation level. Hospital doctors diagnosed pneumonia and kidney failure. Mr O'Sullivan continued to deteriorate and he died at 9.39am on 13 November.
5. A hospital doctor recorded that Mr O'Sullivan died from multiple organ failure, caused by systemic amyloidosis (build-up of abnormal protein (amyloid) in the tissues and organs) and lung carcinoma (cancer).

Findings

6. The clinical reviewer concluded that Mr O'Sullivan received a good standard of clinical care at Altcourse. Healthcare staff regularly monitored his clinical conditions and he received support from a palliative care nurse after his cancer diagnosis.
7. We make no recommendations.

The Investigation Process

8. 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.
9. The investigator obtained copies of relevant extracts from Mr O’Sullivan’s prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr O’Sullivan’s clinical care at the prison.
11. We informed HM Coroner for Merseyside - Liverpool District of the investigation. The coroner informed us of the cause of death. We have sent the coroner a copy of this report.
12. The investigator wrote to Mr O’Sullivan’s wife, his nominated next of kin, to explain the investigation and to ask if she had any issues she wanted the investigation to consider. She did not respond to our letter.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Altcourse

14. HMP Altcourse is a local prison in Liverpool which takes prisoners from the courts in Merseyside, Cheshire and North Wales. It is managed by G4S custodial services and holds up to 1,324 sentenced and remanded adult and young adult men. G4S 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 HMP Altcourse was in November 2017. Inspectors noted that there was a range of age-appropriate nurse clinics. Many patient care plans for those with long-term conditions were not adequately reviewed but the health care team were working to rectify this. Inspectors said that prisoners' access to external hospital appointments was good.

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 2018, the IMB reported that at the start of the reporting year GP provision was provided by locums which resulted in patchy cover, inconsistent prescribing and delays in prisoners receiving medication. The Board noted that healthcare complaints had dramatically reduced, which suggested that prisoners were generally more satisfied with the healthcare they received.

Previous deaths at HMP Altcourse

17. Mr O'Sullivan was the 16th prisoner to die at Altcourse since November 2015. Of the previous deaths, five were self-inflicted and ten were from natural causes. There have been three deaths since, all from natural causes.

Key Events

18. On 28 February 2014, Mr Patrick O’Sullivan was sentenced to 26 years in prison for sexual offences and sent to HMP Altcourse
19. Mr O’Sullivan had a history of type 2 diabetes, chronic obstructive pulmonary disease (COPD - a collection of lung diseases such as chronic bronchitis and emphysema) and coronary heart disease. He was a smoker and declined help to stop. Mr O’Sullivan took medication for diabetes and heart disease and was under the care of the diabetic clinic at the hospital. Healthcare staff managed his medical conditions with care plans.
20. In September 2016, Mr O’Sullivan complained of a persistent cough and was referred to a respiratory specialist under the NHS pathway that requires patients with suspected cancer to be seen by a specialist within two weeks. Investigations did not show any abnormalities.
21. In January 2017, Mr O’Sullivan had an angioplasty (a procedure to open narrowed or blocked arteries to improve blood circulation) in his right leg. Nurses saw Mr O’Sullivan daily in accordance with his care plans and there was nothing of significance in his medical record until February 2018.
22. In February 2018, Mr O’Sullivan complained of shortness of breath and a prison GP sent him to the hospital. Investigations showed that Mr O’Sullivan had a raised BNP level (a hormone produced by the heart) and a raised white blood cell count. Hospital doctors prescribed antibiotics for a chest infection and referred Mr O’Sullivan for an echocardiogram (a scan of the heart) to investigate suspected heart failure. Mr O’Sullivan refused to have an echocardiogram and a prison GP noted that he understood the associated risks to his health.
23. On 28 February, a prison GP noted that Mr O’Sullivan was weak, lightheaded, had diarrhoea and had lost weight. A blood test showed a low platelet count and a low haemoglobin count. A prison GP made a referral to the gastroenterology clinic (for disorders of the stomach and intestines) at the hospital. Mr O’Sullivan went to the hospital for a blood transfusion and a CT scan and chest X-ray showed that he had an abnormality on his right lung. Hospital doctors told Mr O’Sullivan he needed a position emission tomography scan (PET- used to produce detailed 3D images of the inside of the body). Mr O’Sullivan returned to Altcourse on 2 March.
24. On 23 March, Mr O’Sullivan refused to attend the gastroenterology clinic and signed a disclaimer to that effect. A nurse noted that Mr O’Sullivan understood the risks to his health if he refused to attend.
25. On 29 April, Mr O’Sullivan had another PET scan. The results were received on 14 June and showed that Mr O’Sullivan had small cell carcinoma of the right lung. On 19 June, a respiratory consultant saw Mr O’Sullivan and said that his condition was suitable for chemotherapy treatment.
26. Nurses created a chemotherapy treatment care plan and Mr O’Sullivan had 12 sessions of chemotherapy between 26 June and 4 August which reduced the

size of Mr O'Sullivan's tumour. A prison palliative care nurse provided Mr O'Sullivan with emotional support.

27. On 21 September, the results of a routine blood test showed that Mr O'Sullivan had stage 2 acute kidney injury. A prison GP noted that Mr O'Sullivan refused hospital admission for further investigation into his condition and understood the risks to his health if he refused.
28. On 25 September, Mr O'Sullivan agreed to attend hospital and was admitted to the renal unit at the hospital. Mr O'Sullivan had a renal biopsy which showed he had nephrotic syndrome (a collection of symptoms due to kidney damage) and renal amyloidosis (abnormal protein in the kidneys). A CT scan showed that Mr O'Sullivan had severe left ventricular failure (the left ventricle is the heart's main pumping chamber; the most common form of heart failure is when the left ventricle does not pump efficiently). Hospital doctors prescribed diuretics (to reduce excess fluid) and Mr O'Sullivan had kidney dialysis (to remove waste products and excess fluid from the blood).
29. On 19 October, Mr O'Sullivan returned to Altcourse. The prison GP saw Mr O'Sullivan and noted that he refused admission to the inpatients unit. Mr O'Sullivan said he understood the risks to his health if he remained on the wing. Nurses created a kidney failure care plan.
30. On 1 November, a prison GP saw Mr O'Sullivan in his cell. Mr O'Sullivan said he felt unwell and was unable to get out of bed. Mr O'Sullivan refused further assessment at hospital and admission to the inpatients unit for observation.
31. On 2 November, a nurse assessed Mr O'Sullivan in his cell. Mr O'Sullivan complained of chest pain and said he had collapsed in his cell the previous evening but had not told staff. He recorded Mr O'Sullivan's oxygen saturation level as 87% (low) and noted that Mr O'Sullivan refused oxygen and an electrocardiogram (ECG - to record the electrical activity of the heart). He arranged for an emergency ambulance to take Mr O'Sullivan to hospital. Two officers accompanied him and did not use restraints. A prison manager informed Mr O'Sullivan's wife that he was in hospital.
32. Hospital doctors diagnosed Mr O'Sullivan with pneumonia and kidney failure. Mr O'Sullivan was treated with intravenous antibiotics and oxygen therapy. He continued to deteriorate and he died at 9.39am on 13 November.

Contact with Mr O'Sullivan's family

33. On 6 November, the prison appointed the prison manager as family liaison officer. He arranged for Mr O'Sullivan's wife, his nominated next of kin, to visit Mr O'Sullivan in hospital. Mr O'Sullivan's wife asked him to telephone her when Mr O'Sullivan died.
34. At 10.15am on 13 November, the prison manager telephoned Mr O'Sullivan's wife, in accordance with her wishes, and told her that Mr O'Sullivan had died. He offered condolences and support.
35. Mr O'Sullivan's funeral was held on 30 November. The prison contributed to the cost in line with Prison Service policy.

Support for prisoners and staff

36. After Mr O'Sullivan's death, a prison manager debriefed the staff involved in the emergency response 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 O'Sullivan'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 O'Sullivan's death.

Cause of death

38. A hospital doctor recorded Mr O'Sullivan's cause of death as multiple organ failure, caused by systemic amyloidosis (build-up of abnormal protein (amyloid) in organs and tissues throughout the body) and lung carcinoma (cancer). The coroner accepted the cause of death provided by the hospital and no post-mortem examination was carried out.

Findings

Clinical care

39. Mr O’Sullivan was an elderly man with a history of poor health. The clinical reviewer found that Mr O’Sullivan’s access to prison GPs was timely and healthcare staff regularly monitored his conditions. Nurses created appropriate care plans to manage his clinical needs and he received support from the prison’s palliative care nurse after his cancer diagnosis.
40. Mr O’Sullivan often refused to attend hospital for further investigation into his symptoms. Prison GPs explained the risks to his health and were satisfied that he understood.
41. The clinical reviewer concluded that Mr O’Sullivan’s clinical care was well coordinated and equivalent to that he could have expected to receive in the community.

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