

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Beales a prisoner at HMP Altcourse on 13 June 2017

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*



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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.

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

Mr Beales died on 13 June 2017 of a heart attack caused by the spread of prostate cancer while a prisoner at HMP Altcourse. He was 94 years old. We offer our condolences to Mr Beales' family and friends.

Overall, we consider that the care Mr Beales received at Altcourse to have been equivalent to that he could have expected to receive in the community. He was largely well cared for, and steps were taken to ensure he was comfortable during his final days.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman

January 2018

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Summary

Events

1. On 8 December 2016, Mr John Beales was convicted of historic sexual offences and remanded to HMP Altcourse. He was sentenced to 14 years imprisonment on 14 December.
2. Mr Beales' initial health screen recorded that he was old, frail and using a wheelchair. A prison GP reviewed him a few hours later and noted that he had had a stroke 20 years earlier, and would require a further review on receipt of his community medical notes.
3. On 18 December, Mr Beales was taken to hospital and treated for a heart attack. On his return to Altcourse on 21 December, a prison GP instructed staff to observe him daily, and record his respiratory rate. Over the next few months, the same prison GP emphasised the importance of recording these observations, and reminded staff several times to do this.
4. On 5 January 2017, a prison GP referred Mr Beales to a urology specialist with suspected prostate cancer. On 19 January, the urologist confirmed that Mr Beales potentially had a malignant prostate disease, and sent him for a bone scan. A follow-up appointment with the urologist following this scan was cancelled due to prison transport issues. The urologist reviewed Mr Beales on 28 February, and confirmed his diagnosis of prostate cancer.
5. On 19 February, Mr Beales fractured his leg and became bed-bound. He was given a care plan, and the prison GP increased his observations to twice daily. After several were missed, the GP reminded staff to record these observations a few days later.
6. At the end of February, Mr Beales spent a few days in hospital where he was reported to have had a heart attack. Following his return to Altcourse in early March, Mr Beales' condition deteriorated. His life expectancy was thought to be a few weeks at best. However, his condition improved, and there were no further significant medical concerns until his condition deteriorated at the beginning of June.
7. On 13 June, a nurse observed that Mr Beales had deteriorated during the night, and noted that at 6.50am, he appeared to have taken his last breath. At 8.10am, a GP pronounced Mr Beales dead.

Findings

Clinical care

8. The clinical reviewer concluded that, overall, Mr Beales received a level of care at Altcourse which was at least equivalent to that which he could have expected to receive in the community. He was referred to an urologist in a timely manner in respect of his prostate cancer, and was managed appropriately and with sensitivity following this diagnosis.

9. However, we are concerned that Mr Beales missed an important follow-up appointment with the urologist due to prison transport problems. We are also concerned that healthcare staff failed to follow the express instructions of a prison GP by not performing or recording observations consistently, something he deemed necessary to give an early warning of any deterioration in Mr Beales' condition.

Contact with Mr Beales' family

10. When Mr Beales became ill in January, the prison made active efforts to locate members of his family. They managed to make contact with his son and his nephew. The prison facilitated visits for both and kept them informed about his condition. We are satisfied that the prison acted appropriately in their contact with Mr Beales' family.

Compassionate release

11. An application for release on compassionate grounds was started following Mr Beales' diagnosis of cancer in March. In April, Mr Beales expressed his wish to remain at Altcourse, and his application was stopped. We are satisfied that the prison acted appropriately in starting this application promptly, and then stopping it according to Mr Beales' wishes.

Restraints, security and escorts

12. Mr Beales was never restrained while he was at Altcourse, and we commend the prison for deciding not to restrain him.

Recommendations

- The Director and the Head of Healthcare should ensure that prison and healthcare staff communicate effectively with each other and with outside agencies to ensure that prisoners' appointments are not missed.
- The Head of Healthcare at HMP Altcourse should ensure that clinical observations are performed and recorded according to instructions, to ensure that any change in a patient's condition is detected

The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Altcourse informing them of the investigation and asking anyone with relevant information to contact him.
14. The investigator obtained copies of relevant extracts from Mr Beales' prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Beales' clinical care at the prison.
16. We informed HM Coroner for Liverpool and Wirral of the investigation. The coroner confirmed the cause of death, and we have sent him a copy of this report.
17. The investigator wrote to Mr Beales' son to explain the investigation and to ask whether he had any matters he wanted the investigation to consider. He did not respond to our letter.
18. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy and this report has been amended accordingly.

Background Information

HMP Altcourse

19. 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 manages the prison and provides primary healthcare services. There is an inpatient unit with 12 beds and 24-hour healthcare cover.

HM Inspectorate of Prisons

20. The most recent inspection of HMP Altcourse was in June 2014. Inspectors reported that prisoners had satisfactory access to most health services. There was a good range of clinical and screening services. Care was provided over 24 hours with two health care staff based on the inpatient unit overnight. Prisoners were generally positive about the care provided, especially in the inpatient unit.

Independent Monitoring Board

21. 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 with wide experience of prisons had improved primary care services. There was a more consistent approach to providing and reviewing medication and GP waiting lists had reduced.

Previous deaths at HMP Altcourse

22. Mr Beales was the eighth prisoner to die of natural causes at Altcourse since January 2016. We have previously made recommendations about record keeping.

Compassionate release

23. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000, *Parole Release and Recall*. The criteria include: a minimal risk of re-offending, the view that further imprisonment would reduce life expectancy, adequate arrangements for the prisoner's care and treatment outside prison, and that release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the Her Majesty's Prisons and Probation Service (HMPPS).

Key Events

24. On 8 December 2016, Mr John Beales was convicted of historic sexual offences and remanded to HMP Altcourse. He was sentenced to 14 years imprisonment on 14 December.
25. A nurse reviewed Mr Beales at a reception health screen on his admission to Altcourse. She observed that Mr Beales was old, frail, and wheelchair-bound so she referred him to the GP. The GP saw Mr Beales later that evening, and noted that he had poor eyesight, was deaf in one ear, and had urinary incontinence. He also recorded that Mr Beales had had a stroke 20 years earlier. He prescribed him a glyceryl trinitrate spray (GTN - commonly used to treat angina). He noted that Mr Beales would require a further review once his medical notes were received from his GP in the community.
26. On 18 December, a prison GP saw Mr Beales following complaints of a sudden onset of chest pain. Mr Beales was taken to hospital with a suspected heart attack, and remained there until 21 December. The hospital confirmed that Mr Beales had had a NSTEMI heart attack (a non-ST elevation myocardial infarction which relates to a particular heart rhythm). A prison GP reviewed Mr Beales on his return to Altcourse, and planned daily observations which were to include his respiratory rate.
27. On 22 December, a prison GP discussed resuscitation with Mr Beales. (A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order means that in the event of cardiac or respiratory arrest no attempt at resuscitation will be made. All other appropriate treatment and care will continue to be provided.) Mr Beales said that his wish was to be resuscitated if he suffered from a suspected heart attack in the future.

The diagnosis of Mr Beales' prostate cancer

28. On 23 December, the prison GP examined Mr Beales after he complained of vague generalised abdominal pain and dysuria (pain when passing urine). He suspected a urinary tract infection but did not want to treat Mr Beales without prior testing and sight of his community medical records, for fear of exacerbating any existing conditions. He planned for a urine test, and tasked administrative staff with chasing up Mr Beales' GP notes in the community.
29. On 2 January 2017, the prison GP reviewed Mr Beales and noted that he had no new urinary or respiratory symptoms, and his bowels appeared stable. He requested urine and blood tests, and repeated his request for the administrative team to chase up Mr Beales' community GP summary.
30. On 5 January, the prison GP made an urgent referral to the urologist under the NHS pathway. This requires patients with suspected cancer to be seen by a specialist within two weeks. In his referral letter, he stated that Mr Beales had abnormal blood results, complained of dysuria and had difficulty passing urine. The following day, he informed Mr Beales that his blood results indicated that he might have prostate cancer, and explained the need for the referral.

31. On 9 January, the prison GP reviewed Mr Beales' GP notes which had just been faxed to the prison. He noted that Mr Beales had had a heart attack in September 2015, so he decided to wait until after the urologist's review before prescribing tamsulosin. (This is used to improve urination in men with an enlarged prostate).
32. On 19 January, a urologist saw Mr Beales and performed a digital rectal examination. He informed Mr Beales that the examination, along with the earlier abnormal blood test results, raised the possibility that he might have a malignant prostate disease. He referred Mr Beales for a bone scan to investigate this further, and gave him a prescription for tamsulosin.
33. On 23 January, the lead nurse for end of life care, noted that Mr Beales had been diagnosed with prostate cancer. She recorded that "he will have a bone scan and if it has gone into his bones they will treat it." She started Mr Beales on a palliative care support plan.
34. On 2 February, Mr Beales had a bone scan and a follow-up appointment with the urologist was scheduled for 15 February. This was cancelled because the prison had transport difficulties due to Mr Beales being in a wheelchair. The appointment was rescheduled for 28 February. The Urology Department stated that: "Mr Beales needs to attend this appointment as it is classed as urgent". Mr Beales attended this appointment as an inpatient at the hospital.
35. The urologist confirmed that Mr Beales had prostate cancer T3. (This is a condition where the cancer has advanced immediately beyond the prostate but not elsewhere within the body.) The urologist planned to manage this conservatively with the use of drugs.

Mr Beales' clinical care and other health concerns

36. On 9 January, the prison GP reviewed Mr Beales following a possible angina attack two days earlier. He noted that Mr Beales was pain-free and had no respiratory concerns. He concluded that there was a problem with the GTN spray, and obtained a new one. Two days later, he recorded that Mr Beales' respiratory rate should be recorded daily. This would give an early indication of any acute decline in his health.
37. On 23 January, the prison GP saw Mr Beales following complaints of a pain in his right knee and observed that his knee was swollen. He arranged for blood tests to check for deep vein thrombosis (DVT). As the blood results came back as abnormal later that day, he referred Mr Beales to the hospital for a scan. On 31 January, the scan results returned as negative for DVT.
38. On 27 January, the prison GP saw Mr Beales and observed that he had no chest pain and no respiratory concerns. He reminded healthcare staff to record Mr Beales' respiratory rate to give an early indication of any deterioration in his condition. He discussed the pros and cons of DNACPR with Mr Beales, who now decided he did not want to be resuscitated in the event of a cardiac arrest. The DNACPR form was signed by the prison GP on 31 January.
39. On 3 February, the prison GP noted that staff had not recorded Mr Beales' respiratory rate the previous day, and reminded them to do this. On 10 February,

he noted that the record of Mr Beales' observations was incomplete. He reiterated the need to do this regularly. On 13 February, he again reminded staff to complete these observations after they were missed yet again.

40. On 19 February, Mr Beales fell in the shower and was treated in hospital for a broken leg. He returned to Altcourse the following day but was bed-bound as a result of the injury. A fracture care plan was created for him. The prison GP reviewed Mr Beales on his return, and increased his planned observations to twice per day, with a GP review at least once per day. On 23 February, the prison GP noted that there was no record of any observations the previous day, and only one the day before. He robustly reminded staff, using block capitals in the medical notes, that these observations were a priority.
41. On 25 February, Mr Beales was taken to hospital with blood in his urine. Three days later, a staff nurse at the hospital told a senior nurse that Mr Beales had had a heart attack the previous night. He was comfortable but his condition was deteriorating. On 2 March, Mr Beales returned to Altcourse, and needed to be kept in his bed because of his immobility. A pressure area risk assessment was conducted, and a care plan was started. Mr Beales' condition deteriorated over the next few days, and he was regularly reviewed by a nurse and other healthcare staff.
42. On 6 March, a palliative medicine consultant, assessed Mr Beales. He stated that Mr Beales was: "slowly dying but currently comfortable... Ensure family aware that prognosis likely short weeks at best." A Probation Officer started an application for compassionate release that day. The palliative medicine consultant recorded that Mr Beales was not currently fit to be moved and that if he was to be released, he would require 24-hour nursing care.
43. Mr Beales' condition appeared to improve, and he remained relatively stable for a number of months. During that time, the prison GP and a nurse supervised his clinical care and kept him under regular review. His medication was reviewed and adjusted where necessary, and further advice sought when needed. On 18 April, the prison GP wrote to the palliative medicine to update her about Mr Beales, stating, "He has remained stable since you last saw him... There are no new respiratory symptoms and he now rarely complains of any increased work of breathing." He added that Mr Beales had developed some difficulty in swallowing.
44. On 21 April, a nurse noted that Mr Beales: "...has expressed his desire to stay in prison where we can care for him. He expressed that he didn't see the point in being moved to somewhere for his last few days."

Mr Beales' clinical care and other health concerns

45. During the morning of 5 June, the nurse noted that Mr Beales had deteriorated and appeared to be in the last few days of his life. She observed that he drifted between semi-consciousness and lucidity. The nurse updated Mr Beales' care plans, and instructed healthcare staff to assess his level of pain by non-verbal means and adjust his medication accordingly. Later that morning, a prison GP reviewed Mr Beales and planned to stop regular medication and observations but to continue with palliative medication. By the afternoon of 5 June, Mr Beales'

condition had improved, so he restarted some of his medication and planned to keep this under review.

46. Mr Beales' condition remained stable for the following week, and he gave no indication of pain or discomfort. He remained on an end of life pathway. On 8 June, a prison GP instructed healthcare staff to contact Woodlands Hospice for advice if no GP was available.
47. In the early hours of 13 June, a nurse observed Mr Beales and noted that he had deteriorated during the night. She noted that at 6.50am, Mr Beales had appeared to have taken his last breath. She summoned assistance and performed observations which detected no signs of life.
48. At 8.10am, a doctor arrived and pronounced Mr Beales dead.

Contact with Beales' family

49. When Mr Beales became ill in January 2017, the prison appointed an officer as his family liaison officer. Mr Beales had no details of next of kin recorded in his prison records, but contact information for his son and nephew was found.
50. On 2 February, the family liaison officer spoke to Mr Beales' nephew. He informed her that Mr Beales' son did not know where his father was, but that he would speak to him to let him know. Mr Beales' nephew subsequently called back to say that Mr Beales' son wanted to visit his father. They both visited Mr Beales two days later. Mr Beales' son asked to be placed on Mr Beales' permitted telephone list, and to be updated with any changes in his condition; both were done.
51. Mr Beales' son and nephew visited him several times over the following months. They both remained in contact with the prison, and discussed the care Mr Beales was receiving. They asked to be informed by telephone if Mr Beales died.
52. At 9.03am on 13 June, the family liaison officer called Mr Beales' son to inform him of his father's death. He thanked her for all the prison had done for his father, and told her he would let Mr Beales' nephew know of the death.
53. Mr Beales' funeral was held on 14 July, and the prison contributed towards the cost in line with national policy.

Support for prisoners and staff

54. After Mr Beales' death, duty director debriefed the staff involved in his death to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
55. The prison posted notices informing other prisoners of Mr Beales' 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 Beales' death.

Post-mortem report

56. There was no post-mortem for Mr Beales but his cause of death was recorded as myocardial infarction (a heart attack). Disseminated prostatic cancer was detailed as an underlying condition which led to Mr Beales' death.

Findings

Clinical care

57. The clinical reviewer concluded that overall Mr Beales received a level of clinical care at HMP Altcourse at least equivalent to that which he could have expected to receive in the community. With the caveats set out below, we agree with the clinical reviewer.
58. Mr Beales was managed appropriately by means of a palliative care plan following his terminal diagnosis, and recognise that he was treated with care and dignity throughout his time at Altcourse. We join the clinical reviewer in commending the care and attention shown by the prison GP towards Mr Beales.
59. We are concerned that Mr Beales missed an important appointment with the specialist at the hospital on 15 February. We note that the prison had problems obtaining appropriate transport due to Mr Beales being in a wheelchair, but we would have expected this to have been planned better, especially since it was a scheduled appointment. Although unlikely to have affected the outcome for Mr Beales, this resulted in a delay of almost two weeks for what was an important follow-up appointment.

The Director and Head of Healthcare should ensure that prison and healthcare staff communicate effectively with each other and with outside agencies to ensure that prisoners' appointments are not missed

60. We share the concerns of the clinical reviewer over the failure of healthcare staff to follow clear instructions relating to Mr Beales' care. On a number of occasions, observations were either not performed, or not recorded on Mr Beales' medical records, despite the prison GP expressly stating how important they were. The prison GP felt the need to remind staff several times of their importance and, in these circumstances, we would have expected staff to have prioritised these observations. We make the following recommendation:

The Head of Healthcare at HMP Altcourse should ensure that clinical observations are performed and recorded according to instructions, to ensure that any change in a patient's condition is detected

Contact with Mr Beales' family

61. When Mr Beales became ill in January 2017, the prison made active efforts to locate members of his family and managed to make contact with his son and his nephew. The prison facilitated visits for both Mr Beales' son and nephew, and kept them informed of his condition throughout his time at Altcourse.
62. We are satisfied that the prison acted appropriately in their contact with Mr Beales' family.

Compassionate release

63. An application for release on compassionate grounds was started for Mr Beales immediately following his diagnosis of cancer at the beginning of March 2017. The prison sought input from the palliative medicine consultant, who stated on 6

March that Mr Beales was not fit to be moved, and would require 24-hour nursing care if he was relocated. In April, Mr Beales expressed his desire to remain at Altcourse, and his application was therefore not proceeded with.

64. We are satisfied that the prison properly considered compassionate release. The process was started promptly when Mr Beales was given his terminal diagnosis, and appropriate advice was taken from the palliative medicine consultant. The prison then considered Mr Beales' wishes, and withdrew this application when he expressed his desire to be cared for at Altcourse.

Restraints, security and escorts

65. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of 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.
66. Mr Beales was not restrained at any time while he was at Altcourse. We find that the prison acted appropriately in deciding not to restrain him, and commend them for this.

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