

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr David Palin, a prisoner at HMP Altcourse, on 22 April 2022

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

OGI

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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 David Palin died of ischaemic heart disease and organising pneumonia with liver cirrhosis on 22 April 2022 at HMP Altcourse. He was 75 years old. I offer my condolences to his family and friends.

The clinical reviewer concluded that the healthcare Mr Palin received at Altcourse was partially equivalent to that which he could have expected to receive in the community.

She was concerned that healthcare staff failed to use the National Early Warning Score (a tool to assess unwell patients) when assessing Mr Palin's condition on 31 January 2022, that he did not receive his secondary health screen in line with NICE guidelines and that healthcare staff failed to monitor Mr Palin's blood sugar levels after a nurse noted it was raised. My investigation also found that no hot debrief was carried out for those staff who were involved in Mr Palin's death.

I have made recommendations in respect of the use of NEWS2 scores in three previous investigations and I have also previously made a recommendation in respect of the lack of a post incident hot debrief. It is very disappointing and concerning that I am having to raise these issues again.

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

Kimberley Bingham
Acting Prisons and Probation Ombudsman

July 2023

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Summary

Events

1. On 31 January 2022, Mr David Palin was remanded to HMP Altcourse charged with multiple historic sexual offences. On 2 February, he was sentenced to 12 years imprisonment.
2. Mr Palin had reported that he had no pre-existing medical conditions. However, at his initial health screen, a nurse noted that he was frail and that he used crutches to move around. She referred him for a GP review and requested his community GP records.
3. The following day, a prison GP saw Mr Palin. She noted from his community medical records he had been previously diagnosed with memory impairment, cardiomyopathy, heart failure with reduced ejection fraction, hyperlipidaemia, type 2 diabetes, atrial fibrillation (for which he had undergone a surgical procedure to implant a cardiac defibrillator), tricuspid regurgitation, ischaemic heart disease and gastro oesophageal reflux. The GP also noted Mr Palin was doubly incontinent and had needed the assistance from a full-time carer before being sent to prison. She reviewed his prescribed medications and created care plans to manage his conditions.
4. On the evening of 8 April, a prison nurse took a note of Mr Palin's blood sugar level, and it was very high. There is no evidence in his medical records to suggest further blood sugar levels were taken. The following day, a prison GP saw Mr Palin. She noted his blood sugar levels were still raised. She raised his prescribed level of insulin. Later that day, he was reviewed by a healthcare assistant, after he told prison officers that he had vomited. She took a note of his observations and recorded his NEWS2 score (a tool to assess unwell patients). She asked a prison nurse to carry out a further review. The nurse repeated the observations and noted his oxygen saturation level had improved. There is no evidence that any further NEWS2 scores were recorded.
5. On 20 April, a prison GP saw Mr Palin. She noted that he appeared jaundiced and requested that blood tests be taken. However, there is no record in Mr Palin's medical records to indicate that the blood tests were arranged. The following day, a prison nurse carried out a routine review. She checked his blood sugar level which was low. She gave him food, and then rechecked his blood sugar level which had improved. She asked another prison nurse to recheck his blood sugar level later that evening.
6. The nurse checked his blood sugar level at 9.51pm and recorded it as 10.1. She took a note of his observations, and they were outside the normal range. She considered that although his condition was not life threatening, hospital staff should review him. She telephoned for a non-emergency ambulance and planned to review him twice hourly. When she reviewed him at 1.35am the following morning, Mr Palin was unresponsive. She radioed a medical emergency code blue (indicating a prisoner is unconscious or is having breathing difficulties) and started cardiopulmonary resuscitation (CPR). Control room staff immediately upgraded the earlier request for an ambulance to urgent.

7. Paramedics arrived in the healthcare inpatient unit at 1.44am and took over Mr Palin's care but he did not respond. At 2.26am, the paramedics confirmed that Mr Palin had died.
8. The post-mortem report gave Mr Palin's cause of death as ischaemic heart disease and organising pneumonia with liver cirrhosis.

Findings

9. The clinical reviewer concluded that the healthcare Mr Palin received at Altcourse was partially equivalent to that which he could have expected to receive in the community.
10. She was concerned that a prison nurse did not act correctly when she recorded a raised NEWS2 score.
11. The clinical reviewer also noted that on the evening of 8 April, a prison nurse had recorded Mr Palin had a raised blood sugar level. However, despite him being a type 2 diabetic, there is no evidence in his medical records to suggest further blood sugar levels were taken.
12. Mr Palin's secondary health screen was not carried out within seven days of his initial health screen, contrary to national guidance.
13. There is no evidence that a hot debrief for the staff involved in the emergency response took place after Mr Palin died as it should have done.

Recommendations

- **The Head of Healthcare should ensure that all primary and agency care staff:**
 - **adhere to the Royal College of Physicians NEWS2 Score guidance; and**
 - **complete a full set of physical observations to ensure that prisoners with a deteriorating condition receive a timely initial assessment by a clinician.**
- **The Head of Healthcare should ensure that in line with NICE guideline NG57:**
 - **all prisoners receive a thorough first night screen accessing relevant information from the patient clinical records to ensure continuity of care;**
 - **all prisoners receive a second reception screen within seven days of the initial reception screen; and**

- **prisoners should undergo a medicines reconciliation within 72 hours of admission to the prison.**
- **The Head of Healthcare should ensure that glucose blood monitoring should be carried out in accordance with the care plan for those patients at higher risk of Hyperglycaemia and Type 2 diabetes, especially following abnormal results (HbA1c levels), and blood sugar testing should be repeated for monitoring any deterioration in accordance with NICE Guidance NG28**
- **The Head of Healthcare should ensure that a hot debrief takes place including all staff involved in a prisoner's care following a death in custody, in order to share any immediate learning and provide any further ongoing support that maybe required**

The Investigation Process

14. 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. No one responded.
15. The investigator obtained copies of relevant extracts from Mr Palin's prison and medical records.
16. NHS England commissioned a clinical reviewer to review Mr Palin's clinical care at the prison.
17. We informed the Coroner for Liverpool and The Wirral of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
18. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.
19. The Ombudsman's family liaison officer wrote to Mr Palin's next of kin, his son, to explain the investigation and to ask if he had any issues he wished the investigation to consider. He did not respond to her letter.

Background Information

HMP Altcourse

20. HMP Altcourse is a local prison in Liverpool which holds up to 1,164 remanded and sentenced men. G4S manages the prison and provides the healthcare services at Altcourse.
21. In addition to a range of primary care services, the prison also has a twelve-bed inpatient unit.

HM Inspectorate of Prisons (HMIP)

22. The most recent inspection of HMP Altcourse was in November 2021. Inspectors reported that staffing vacancies within the healthcare department, in particular primary care, mental health and the pharmacy were a considerable concern and were negatively affecting key areas of delivery. However, inspectors noted that efforts were being made to reduce those vacancies by the use of bank and agency clinicians to cover shortfalls.
23. Inspectors were concerned that clinical supervision did not regularly take place within the healthcare department. They were also concerned that over half of healthcare staff had not had an annual appraisal with their manager in the previous twelve months. They felt this had a negative effect on the delivery and safety of care. Despite their concerns, they considered that health services were well-led and that clinical leaders had an awareness and oversight of key risk areas.

Independent Monitoring Board

24. 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 report for the year to June 2021, the IMB considered that the health and wellbeing needs of prisoners were being met. However, they were concerned at the length of waiting times for GP and dentist consultations. In addition, the Board were also concerned that the specific needs of older prisoners, those requiring social care and prisoners with serious mental health needs were not being fully met.
25. The Board noted they had met with the Head of Healthcare and had discussed the action plans which are made following recommendations made in our previous reports. They were reassured that the Ombudsman's recommendations were being addressed systematically and effectively.

Previous deaths at HMP Altcourse

26. Mr Palin was the sixteenth prisoner to die at Altcourse since April 2020. Of the previous deaths, eleven were from natural causes and four were self-inflicted.
27. In three previous investigations into the deaths of prisoners at Altcourse in May 2021, and January and July 2022, we made recommendations about the use of

NEWS2 scores. The prison accepted our recommendations and said that NEWS2 training was mandatory for all healthcare staff. Also, in an investigation in April 2021, we made a recommendation about the importance of hot debriefs following a death in custody. It is therefore extremely concerning that we are raising these issues again in this report.

Key Events

28. On 31 January 2022, Mr David Palin was remanded to HMP Altcourse charged with multiple historic sexual offences. On 2 February, Mr Palin was sentenced to 12 years imprisonment.
29. Mr Palin had several pre-existing medical conditions, including memory impairment, cardiomyopathy (a condition in which the walls of the chambers of the heart become stretched, thickened or stiff), heart failure with reduced ejection fraction (a reduction in the flow of blood from the left ventricle), hyperlipidaemia (abnormally high levels of fats in the blood) type 2 diabetes, atrial fibrillation (an irregular and rapid heart rate for which he had undergone a surgical procedure to implant a cardiac defibrillator), tricuspid regurgitation (a disorder in which a valve in the heart does not close correctly), ischaemic heart disease and gastro oesophageal reflux (a condition in which acid from the stomach flows up into the oesophagus).
30. At his initial health screen, Mr Palin told a nurse that he had no pre-existing medical conditions. However, she noted he was frail and that he used crutches to move around. She referred him for a GP review and requested his community GP records.
31. The following day, a prison GP saw Mr Palin. She reviewed his community GP records and noted his several medical conditions. She also noted that Mr Palin was doubly incontinent and needed assistance from a full-time carer in the community. She reviewed his prescribed medications and created care plans to manage his conditions.
32. The following day, Mr Palin was moved to the prison's healthcare inpatient unit for closer observation. Healthcare staff reviewed him twice hourly and undertook overnight hygiene reviews. The prison's multi-disciplinary complex care meetings discussed his care needs and treatment regularly.
33. On 5 February, a nurse saw Mr Palin. She considered he appeared to be extremely unwell and may have developed sepsis (an extreme reaction to infection). He was taken to hospital by emergency ambulance. The hospital confirmed that he had sepsis and admitted him to hospital as an inpatient. Mr Palin was treated with intravenous antibiotics, and he was discharged from hospital and returned to the prison on 22 February.
34. Two days later, Mr Palin was reviewed by a nurse from the prison's Mental Health Inreach Team (MHIRT). She carried out a mini mental state examination (MMSE, a thirty-point exam used as a measure of cognitive impairment) and Mr Palin scored 23, which indicated a mild level of impairment. She planned to review him in a further twelve months.
35. On 3 April, a prison GP reviewed the results of Mr Palin's routine blood tests, and they were abnormal. He sent Mr Palin to hospital by emergency ambulance for further review.
36. The hospital diagnosed Mr Palin with mild liver failure. He was discharged from hospital and returned to the prison later that evening. Healthcare and social care staff reviewed and updated his care plans and saw him regularly.

37. On 6 April, a Healthcare Assistant (HCA) saw Mr Palin. She took a note of his observations and recorded his oxygen saturation which was outside the normal range. She recorded his NEWS2 score as three (indicating a low to medium risk which requires a GP review to determine the cause of the condition). There is no evidence in Mr Palin's medical records to indicate that she asked for a GP review.
38. On the evening of 8 April, a nurse took a note of Mr Palin's blood sugar level. She recorded it as 27 mmol/L, which was very high. There is no evidence in his medical records to suggest further blood sugar levels were taken. The following day, a prison GP saw Mr Palin. She noted his blood sugar levels were still raised and she increased his prescribed level of insulin.
39. Later that day, an HCA saw Mr Palin after he told prison officers that he had vomited. She took a note of his observations and recorded his NEWS2 score as five. (A NEWS2 score of 5 or more indicates the need for an urgent review by a GP and admission to hospital.) She asked a nurse to carry out a further review. The nurse repeated his observations and noted his oxygen saturation level had improved. There is no evidence that any further NEWS2 scores were recorded.
40. On 20 April, a prison GP saw Mr Palin. Mr Palin appeared jaundiced (a discolouration of the skin that makes it appear to have a yellow hue). The GP asked for blood tests be taken. There is no evidence in Mr Palin's medical records to indicate that healthcare staff completed the blood tests.
41. The following day, a nurse carried out a routine review. She noted that Mr Palin had refused his evening meal. She checked his blood sugar level which she recorded as 1.8 mmol/L (a blood sugar level below 3.0mmol/L requires immediate intervention). She gave him food, and then rechecked his blood sugar level, which had improved. She asked another nurse to recheck his blood sugar level later that evening.
42. The other nurse checked his blood sugar level at 9.51pm and recorded it as 10.1. She took a note of his observations and recorded his oxygen saturation level as 91%, his respiratory rate as 12-20 breaths per minute (within normal range) and his pulse at 107 beats per minute (normal pulse rate is between 60-100 bpm). She considered that although his condition was not life threatening, he would benefit from a review by hospital staff.
43. She telephoned for a non-emergency ambulance. However, she was told as Mr Palin's condition was not life threatening, an ambulance would be dispatched as soon as one was available. She reviewed him twice every hour while waiting for the ambulance to arrive.
44. However, when she reviewed him at 1.35am the following morning, Mr Palin was unresponsive. She radioed a code blue and began CPR. Control room staff immediately upgraded the earlier request for an ambulance to urgent.
45. At 1.44am, paramedics arrived and took over attempts at CPR. Mr Palin continued to be unresponsive and, at 2.26am, the paramedics confirmed that Mr Palin had died.

Contact with Mr Palin's Family

46. At 7.30am on 22 April 2022, the prison appointed a family liaison officer (FLO). He left the prison at 9.00am, accompanied by the Deputy Director, to visit the home address of Mr Palin's next of kin, his son, to inform him of his father's death. However, they discovered that he no longer lived at the address listed on prison records. They telephoned him, but he did not answer. They left a message for him to contact them at his earliest convenience.
47. At 2.45pm, the Deputy Director spoke with Mr Palin's son and informed him of his father's death. He told him that the FLO would telephone him to discuss any issues and answer any questions he may have about his father's death.
48. At 12.30pm on 25 April, the FLO telephoned Mr Palin's son to introduce himself as the FLO and to offer him support. He told the FLO that he did not wish to be involved in his father's funeral arrangements, but did ask that his ashes be spread in Crewe Remembrance Park and asked the FLO to dispose of his father's property.

Support for prisoners and staff

49. After Mr Palin's death, welfare checks were offered to the staff involved in the emergency response. There is no evidence that a post-incident debrief was carried out.
50. The prison posted notices informing other prisoners of Mr Palin'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 his death.

Post-mortem report

51. The post-mortem report gave Mr Palin's cause of death as ischaemic heart disease and organising pneumonia with liver cirrhosis.

Inquest into Mr Palin's death

52. The inquest into Mr Palin's death was held on 22 March 2023 and a verdict of natural causes was recorded.
53. The coroner concluded Mr Williams' death was due to ischaemic heart disease and organising pneumonia with cirrhosis of the liver.

Findings

Clinical care

54. The clinical reviewer concluded that the care Mr Palin received at HMP Altcourse was partially equivalent to that which he could have expected to receive in the community.
55. She was concerned that there was no evidence in Mr Palin's medical records to indicate that a nurse recorded a NEWS2 score when she reviewed him on 21 April 2022. The Head of Healthcare said that there is a local operating procedure in place to guide staff on how to calculate a prisoner's NEWS2 score when their condition deteriorates. The local operating procedure also advises healthcare staff about what actions they should take in respect of a raised NEWS2 score. However, we have made recommendations about the use of NEWS2 scores in three previous investigations: in May 2021, and January and July this year. It is concerning that the operating procedure the Head of Healthcare makes reference to does not appear to have been fully embedded. We recommend:

The Head of Healthcare should ensure that all primary and agency care staff:

- **adhere to the Royal College of Physicians NEWS2 Score guidance; and**
- **complete a full set of physical observations to ensure that prisoners with a deteriorating condition receive a timely initial assessment by a clinician.**

56. The National Institute for Clinical Guidance (NICE) NG57 (assessing diagnosing and managing physical health problems of people in prison) recommends that a healthcare professional should carry out a second stage health assessment for every person received into prison. It is also recommended that the second stage health screen should be carried out within seven days of the prisoner's initial health screen.
57. Mr Palin arrived at Altcourse on 31 January 2022. A prison nurse carried out an initial health screen on the day he arrived. However, his secondary health screen was not carried out until 7 April, two months after his arrival at the prison, which is not in line with NICE guidance. We recommend

The Head of Healthcare should ensure that in line with NICE guideline NG57:

- **all prisoners receive a thorough first night screen accessing relevant information from the patient clinical records to ensure continuity of care;**
- **all prisoners receive a second reception screen within seven days of the initial reception screen; and**

- **prisoners should undergo a medicines reconciliation within 72 hours of admission to the prison.**

58. NICE Guidance, NG28, details the requirement for the increased blood glucose monitoring of type 2 diabetic patients on prescribed insulin. The guidance is particularly important to those prisoners at risk of a hyperglycaemic attack (which can cause vomiting, excessive hunger and thirst, rapid heartbeat and vision problems) and older prisoners diagnosed with type 2 diabetes

59. On the evening of 8 April, a nurse took a note of Mr Palin's blood sugar level. She recorded it as 27 mmol/L. There is no evidence in his medical records to suggest further blood sugar levels were taken, as it should have been. We recommend:

The Head of Healthcare should ensure that glucose blood monitoring should be carried out in accordance with the care plan for those patients at higher risk of hyperglycaemia and type 2 diabetes, especially following abnormal results (HbA1c levels), and blood sugar testing should be repeated for monitoring any deterioration in accordance with NICE Guidance NG28.

60. After Mr Palin's death, welfare checks were offered to the staff involved in the emergency response. However, there is no evidence that a post-incident debrief was carried out by healthcare staff with the clinicians involved. We recommend:

The Head of Healthcare should ensure that a hot debrief takes place including all staff involved in a prisoner's care following a death in custody, in order to share any immediate learning and provide any further ongoing support that may be required.

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