The death of a man a resident at Approved Premises in the Avon and Somerset Probation Area, in hospital in April 2007

Report by the Prisons and Probation Ombudsman for England and Wales

December 2007

This is a report into the death of a man. The man died from leukaemia in April 2007, in hospital. He had been released on his Non-Parole Date from HMP Albany. Due to the nature of his conviction, the man was located in Approved Premises, where staff were unfortunately unaware that he was terminally ill. The lack of pre-release communication on the part of healthcare at Albany meant that the hostel was unable to prepare adequately for his arrival.

Effective communication is a tool of professional practice to ensure seamless and appropriate care and management. I make no formal recommendations, but urge managers both in prison and probation to consider how effective their current communication strategies are.

I offer my sincere condolences to the man's family and those touched by his death.

My former Deputy Ombudsman carried out this short investigation and considered the care the man received whilst at Approved Premises. In addition, my Senior Family Liaison Officer has had some contact with the man's sister.

This is the final report into the man's death. Copies of this report will be circulated to Avon and Somerset Probation Area and HMP Albany.

This version of my report, published on my website, has been amended to remove the name of the man who died and those of staff and prisoners involved in my investigation.

Stephen Shaw CBE
Prisons and Probation Ombudsman **December 2007**

In prison

The man was a highly skilled builder who spent many years working in the developing world, teaching local people how to build round chimney stacks. I am told that he was a sociable character, with a fun loving personality, who liked to help others.

In October 2001, the man was sentenced to eight years' imprisonment. It was his first experience of prison and something he and his family never came to terms with. Whilst in HMP Albany, The man was diagnosed with leukaemia. The prison's probation officer recorded in August 2006 that the man was currently an in-patient at St Mary's Hospital, where he had been for 16 weeks and was so poorly that he was offered the last rites. He began a course of chemotherapy in hospital, but sadly, his condition did not improve.

The man's family have commented on the excellent care and support they received from the Governor and staff at Albany. His sister said that, when her brother was first in hospital, nothing was too much trouble for the bed-watch staff and they did everything they could to make him comfortable. I am pleased to be able to commend managers and staff at Albany for their management of the man whilst he was in their care.

The man's release from HMP Albany

The man had been refused parole, and was released in February 2007, which was his Non-Parole Date. He had been living in Greater Manchester and his probation officer wrote to Avon and Somerset Probation Area to notify them that he wished to be released to their area so that he could live near his mother and sister. The probation officer wrote that, "given his current health needs [the man] is not a suitable candidate for an approved premises". In the event, all attempts to find alternative accommodation were unsuccessful, including several proposals from his family. None of the addresses was deemed suitable on risk grounds.

As a result, the man was released to Approved Premises, despite the reservations expressed by him and his family. Staff there had not been told that his condition was terminal. (The Avon and Somerset Probation Area has told me that efforts to find the man suitable private accommodation continued following his release up until his death.)

His family and the Probation Area present differing accounts of the day of the man's release. According to the family, they were told to collect him and to get him back to the town where the Approved Premises were located by 2.00pm. Due to work commitments and the distance involved, this was a physical impossibility. The man's sister contacted probation in the town to ask for some leeway with the time, but was told that he had to be back by 2.00pm or face having his licence breached. The man's sister contacted Albany to discuss how she could facilitate this request. Albany offered to escort the man to Southampton to cut down the journey time. This offer was gratefully accepted and they managed to get the man to the town by 2.00pm.

The Probation Area says that the family wanted to collect the man and that, although there were discussions about the detail, these largely concerned the prison. The Area says that arrangements were made and kept for the man to report to his probation officer (offender manager) by 2.00pm and to the Approved Premises by 4.00pm.

I make no formal recommendation in respect of these differing accounts, but I do believe that, notwithstanding the importance of ensuring that licence conditions are met, some flexibility should be allowed in respect of the signing on time at an Approved Premises in light of the particular circumstances.

In Approved Premises

When the man arrived at the Approved Premises, it was apparent that staff had not been made aware of his full health and social care needs. He was physically weak and required regular and on-going treatment at hospital. The man was not capable of climbing stairs and, until recently, the Approved Premises did not have any ground floor accommodation. However, a ground floor office had been converted for use by residents who might find the stairs difficult and this is where the man was located. The Probation Area has told me that the room was sparsely furnished (for example, it had no curtains) as there was no money to do it up, and that the man's family made improvements to it. There was a limited amount of furniture in the room, but the family brought in some soft furnishings and made it more comfortable for him.

The man's medical records had not been provided by either the healthcare centre at Albany or the hospital where he had been treated. His family and the probation officer attempted to obtain the records to forward to his new GP. The doctor asked the probation officer whether there were any child protection concerns, after which the doctor said that hospital security staff should be notified. The man's family told the hostel that his health could deteriorate quickly and advised that an emergency ambulance should be called, pending receipt of the records.

This lack of inter-agency information sharing clearly caused distress to the man, his family and the staff at the Approved Premises. It is important that effective communication occurs between organisations to enable timely local planning in advance of an individual arriving at an Approved Premises. Communication is a two way process and both parties should ensure that they have sent or received the information they require. The Probation Area tells me that the Approved Premises did seek information about the man and explained the limitations of what was on offer. It seems the Approved Premises staff had misgivings about accepting the man but, taking into account both risk and health concerns, nowhere else was deemed suitable and the pressure was to take him.

A number of conditions were attached to the man's licence. These included residence at Approved Premises, compliance with the hostel rules, keeping away from particular places and people, and, because of the assessed risk, at the beginning he had to report to staff every hour. The man was referred to the Multi Agency Public Protection Procedures, which meant that police and probation worked together to monitor his progress. He was also required to undergo breathalyser tests.

When the man had checked into the Approved Premises, he was taken to the doctor's surgery by his sister. The doctor referred him to the local hospital to have his Hickman Line checked. (The Hickman Line is used to administer chemotherapy.) The man and his sister arrived at the hospital where they were faced with a very long delay due to a serious road traffic accident. Hospital staff were not able to see the man immediately and so his sister telephoned the Approved Premises to inform them that he would be unable to report as required. Unfortunately, somebody apparently contacted his sister's workplace. According to her, the person (whom it has not been possible to identify) gave full details of the man's offence and the reason for the call, as they believed he had absconded.

Hostel staff have denied that any of them contacted the man's sister's workplace, and I am told that his case record has a reference to his sister complaining that someone calling themselves a Child Protection Officer had rung. The Probation Area has explained that the call could have been from the police, Social Services or someone else entirely.

However, hostel staff acknowledge that one of them did ring the hospital. As the man was supposed to sign in every hour and, because it was felt, he was unhappy to be at the Approved Premises, they thought they should check that he was actually at the hospital. Hostel staff admit saying where they were from but not revealing details of the man's offence.

This all distressed his sister who alleged that sensitive and personal information had been passed to a member of her staff who was not aware of her brother's situation. Furthermore, she said that the call to the hospital resulted in local police being contacted by hospital security. The man's sister says that the end result was that he had to be accompanied by uniformed police officers at all subsequent hospital visits. In fact, he was accompanied by hospital security staff because he was being monitored under the MAPPA arrangements.

This issue was discussed with Approved Premises staff during a visit by my Deputy Ombudsman. They said they were not aware that full details had been given to a member of staff at the man's sister's workplace, but did know that enquiries had been made. They added that the decision by hospital security and the subsequent decision by the police was out of their control. The Probation Area notes that the issue arose, not because of any failure to pass on the message from the man's sister, but because of the need to check its veracity. I understand this, but I am also conscious of the unfortunate outcome – whoever was responsible for it.

My own view is that it was entirely appropriate to make further enquiries as to the man's whereabouts when it was thought (wrongly) that he had absconded. However, if the message from the man's sister had been passed on in a timely manner, this whole unhappy episode might have been avoided.

The man's reporting conditions were relaxed to enable him to visit permitted relatives and, soon after his arrival, were reduced to two hourly reporting. The Approved Premises staff considered that the man had generally settled well into the hostel routine. He signed on time, kept all his appointments with his probation officer, and

the two hourly reporting was reduced to twice daily. He talked openly to staff about his diagnosis and the nature of the treatment. They described him as calm and positive about his situation.

The man's healthcare needs

Over the coming weeks, the man had to attend the hospital on a regular basis for palliative care, including inpatient stays. His family were asked to take him to appointments, as they wanted to be involved and he was too weak to attend on his own. The man was prescribed a significant number of medications to control his pain and manage his deteriorating health. National policy meant that his medications were held by staff and, according to his family, he was required to collect them at specific times. The family considered that, at times, the staff were not as flexible as they perhaps could have been in enabling him to access his medication when required. I understand he became agitated and angry about this on occasion. (On sight of my first draft of this report, Avon and Somerset Probation commented as follows: There are several periods in a day when residents can collect medication, usually by appointment but there is provision for emergency dispensation. In the case record, the man himself complained at one stage about a member of staff who had given him his medications outside the set hours, so he was put back on set times.)

It is important that individuals have access to their medication when it is required. I am aware of on-going work with the Department of Health and the NOMS Approved Premises Team regarding in-possession medication for residents of Approved Premises. I therefore make no formal recommendation in this case and await with interest the outcome of the work.

The man's family have commented on how he was managed whilst at the Approved Premises and what they describe as the conflicting advice and access to facilities he received. One issue concerns the man's access to the toilet on the ground floor. I am told that he was initially allowed to use the staff toilet on the ground floor, but this facility was later withdrawn. The Approved Premises staff advised my investigator that this was due to health and safety reasons. Commenting on the first draft of this report, Avon and Somerset Probation said that the man had been observed as fully mobile at this stage. When hostel staff were advised of the seriousness of his condition, the manager reinstated the facility to use the staff toilet.

The man's sister told my Senior Family Liaison Officer that she perceived herself to be a "trouble-maker" in the eyes of the Approved Premises staff. I find this of some concern, as she believes that she was trying to support her brother through the end stages of his life. However, the man's key worker believed he got on well with him and his family. The key worker was sympathetic and understood that the pressures on them might affect their attitudes.

On one occasion, I am told that the man's sister was suddenly asked to wait outside the hostel when she arrived to collect him to take him to hospital for out-patients appointments. This occurred some time after his reception to the Approved Premises and only after, she had brought to the attention of staff a number of issues. Avon and Somerset Probation have said that the Approved Premises does not have

a waiting area, but only a staff office where confidential information is held and discussed. They acknowledge that it is regrettable, but not unusual, for visitors to be asked to wait outside.

The Probation Area has advised that the man's health and the circumstances of his offence determined their dealings with him and his family. They endeavoured to balance the management of risk of serious harm and the management of his health issues. For example, I understand that hostel staff were flexible about the requirement that he should report to staff, and also endeavoured to find accommodation, which would suit his needs.

By 16 March 2007, the man had had several in-patient hospital stays to receive chemo-therapy. Although alternative accommodation had been suggested, hostel staff recorded that he wanted to remain at the Approved Premises as his treatment was intensive and he preferred to be close to the hospital. Ten days later his sister asked if the man could go to stay with his mother, and a home visit was planned to assess the suitability of the arrangement. Other housing applications were still being made by Probation staff on the man's behalf. On 2 April, he failed to report at 10.00pm as required and was given a verbal warning by hostel staff.

The man was given permission to stay at his mother's home provided that he registered with the police, in accordance with the MAPPA arrangements. However, in early April, the man was admitted to hospital, suffering from pneumonia. His sister informed the Approved Premises that the chance of survival was low and he remained in hospital until his death a week later.

After the man's death

The Governor and medical staff from HMP Albany contacted the man's sister to offer their condolences following his death. The prison's chaplain provided support in arranging the funeral and travelled from the Isle of Wight to conduct the service for the family. His key worker from the Approved Premises attended the funeral to represent the hostel staff and residents.

Conclusions

The man was seriously and terminally unwell when he was released on licence from HMP Albany in late February 2007. He died in hospital from natural causes less than two months later.

This short investigation has shown that there were a number of misunderstandings and communication failures between the prison, the Approved Premises, and the man and his family. Communication is an important part of continuing care and public protection, and I urge both prison and probation to ensure they have effective inter-agency information sharing protocols in place to avoid a lack of information sharing in future.

On his arrival at the Approved Premises, staff responded quickly to ensure accessible accommodation was made available to the man. However, there is a wider issue of healthcare provision for the residents of Approved Premises that needs to be kept under review.

I have been pleased to learn that the man's family were very well supported by staff from HMP Albany and Approved Premises. This went a long way to giving them comfort in a very difficult time.