

**Investigation into the circumstances surrounding the
death of a man
at Leicester Royal Infirmary in June 2006,
whilst a prisoner at HMP Leicester**

**Report by the Prisons and Probation Ombudsman for
England and Wales**

November 2006

This is a report into the circumstances surrounding the death of a man at Leicester Royal Infirmary in June 2006. Prior to his transfer to hospital, the man was a prisoner at HMP Leicester. He was 80 years old when he died.

The death of a loved one is always distressing. I would like to add my condolences to the man's family and loved ones to those already expressed by one of my Family Liaison Officers.

The man arrived at HMP Leicester on 22 September 2005, after being remanded into custody by Leicester Magistrates' Court. Prior to being remanded, the man had been an in-patient at Leicester General Hospital and he was returned there, under escort, just hours after his arrival at the prison. He spent the next month at the hospital before returning to HMP Leicester on 24 October. He was located in the Healthcare Centre, where a cell with specialist facilities had been set up in anticipation of his discharge from hospital. The man was admitted to hospital, on this occasion the Leicester Royal Infirmary, on 30 May 2006 and, over the next two weeks, his condition steadily deteriorated. He died in the early hours of 13 June.

The man suffered from a number of serious health problems that presented a significant challenge to HMP Leicester. I was pleased to find that the prison allocated extra resources for his care and that staff were recruited solely to cater for his individual needs. I am more than satisfied that the measures put in place helped ensure that the man was treated with both dignity and respect at a time of great vulnerability and ill-health.

I make two recommendations in light of my investigation into the circumstances surrounding the man's death, which are directed to the Eastern Leicester Primary Care Trust. I also cite one example of good practice, which reflects positively on HMP Leicester and the Primary Care Trust.

I question why a frail elderly man with such deteriorating health and chronic diseases was given a custodial sentence in the first place. With that in mind, I propose to share this report with the Department for Constitutional Affairs.

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SUMMARY

The man who is the subject of this report appeared at Leicester Magistrates' Court on 22 September 2005 and was remanded into the custody of Leicester prison. Upon his arrival he disclosed to the reception staff that he suffered from a number of physical health problems, including visual impairment, reduced mobility, reduced physical capacity, difficulty with co-ordination, severe disfigurement and a progressive condition. After further examination, the prison doctor concluded that Leicester could not adequately care for him. Arrangements were therefore made for him to be admitted to Leicester General Hospital, where he had previously been an in-patient.

On 24 October, the man returned to the prison. In the interim, a package of care had been put in place to deal with his complex needs. Specialist medical equipment was acquired and two dedicated nursing staff were employed so that he could be treated 24 hours a day.

Between October and early March 2006, the man settled into a routine and his health remained stable. On 6 March, he was admitted to Leicester Royal Infirmary, although he was discharged to the prison the next day after tests concluded that no medical intervention was needed.

On 17 April, the man experienced a 'fit'. This caused him to vomit and resulted in him becoming extremely confused. He was taken to the Accident and Emergency Department of Leicester Royal Infirmary, where he was admitted a short time later. He returned to Leicester prison on 19 April.

On 28 April, the man was taken to Leicester Royal Infirmary after clinical tests revealed that the potassium levels in his blood were dangerously low. He remained at the hospital until 25 May, by which time his condition had been stabilised. However, later that day and again in the early hours of 26 May, he suffered further 'fits'. Healthcare staff were preparing him for a further hospital admission when his health started to improve. He therefore remained at Leicester prison until 30 May, by which time his health had deteriorated again.

Over the next couple of weeks, the man's condition steadily worsened and he died in the early hours of 13 June. After his death, the prison and local police made concerted efforts to track down a suitable family member to inform of his death, as he had earlier stated that he had no relatives. At 1.00pm on 13 June, one of the prison chaplains informed a cousin of the man's of his death.

THE INVESTIGATION PROCESS

1. My investigator considered the man's prison documentation, including his clinical records, before formally opening the investigation on 13 July 2006.
2. Prior to my investigator arriving at Leicester, notices were issued to staff and prisoners announcing the investigation and inviting anyone who had information relevant to the man's death to make themselves known to the investigator. In the event, nobody came forward. Informal interviews were conducted with the manager of the healthcare centre, and three members of his team. Discussions also took place between my investigator and the Governor.
3. One of my Family Liaison Officers contacted the man's next-of-kin to offer them the opportunity to participate in the investigation process. I hope that this report addresses any concerns they may have about the circumstances surrounding his death.
4. My investigator contacted Her Majesty's Coroner to inform him of the nature and scope of the investigation and to request a copy of the post mortem report. Upon completion, this report will be sent to the Coroner to assist him in his enquiries.
5. Eastern Leicestershire Primary Care Trust conducted a review of the care the man received whilst in prison.

HMP LEICESTER

6. HMP Leicester is a Category B local prison situated in the centre of the city. It is a Victorian establishment with an operational capacity of 385 prisoners.
7. The prison was last inspected by Her Majesty's Chief Inspector of Prisons in July 2003. In terms of healthcare provision, the Chief Inspector's report notes that

'[p]risoners had good access to healthcare staff through a triage system and by reporting special sick, and they were seen the same day. Healthcare staff also visited the wings everyday.' The report continues,

'the in-patient facility was well cared for, and patients were provided with a rudimentary regime. The pharmacy provision was excellent, and a pharmacy technician was present in the prison every week day morning.'

8. Since April 2004, when my office became responsible for the investigation of all deaths in prison custody, there have been eight other deaths at Leicester: five apparently self inflicted, two from natural causes and one homicide.
9. Healthcare at the prison is commissioned by Eastern Leicester Primary Care Trust. The healthcare in-patient unit has 11 beds, ten of which are in shared cells. The remaining bed is located in a large, single occupancy cell which the man occupied throughout his time at the prison.

KEY FINDINGS

10. The man appeared at Leicester Magistrates' Court on 22 September 2005, charged with a number of serious offences. His application to be released on bail was refused and his case was committed to Leicester Crown Court. He was remanded into the custody of Leicester prison, and arrived there at 1.50pm.
11. Upon his reception at Leicester, the man was subject to a health screening. He disclosed to the nurse conducting the assessment that he suffered from a number of physical health problems, including visual impairment, reduced mobility, reduced physical capacity, difficulty with co-ordination, severe disfigurement and a progressive condition. Further examinations conducted by the nurse and a doctor revealed that the man had partial blindness in his right eye, diabetes, poor memory, limited mobility requiring the use of a wheelchair and problems controlling his bodily functions. Based on the health screening, the doctor concluded that "Leicester prison cannot provide the nursing care required at present". Arrangements were therefore made to return the man to Leicester General Hospital, where he had been an in-patient for a number of months prior to being remanded into custody. The man left the prison at 4.00pm and was located on Ward 6. He was guarded by prison staff and restrained in accordance with the bedwatch policy.
12. During the morning of 28 September, the man was discharged by Leicester General Hospital. He returned to the prison, where he was assessed by a doctor who deemed him fit to appear in court. He was then taken to Leicester Magistrates' Court, but returned shortly afterwards, his case having been further adjourned until 26 October. At 11.15am, the man was taken by taxi to Leicester General Hospital, where he was once again admitted as an in-patient under prison escort.
13. The man spent the next month in hospital. Healthcare staff from the prison maintained contact with the hospital, in order to monitor his progress. On 12 October it was noted that the man's health had deteriorated and that he needed two members of nursing staff to assist him with basic tasks such as washing and dressing. However, his condition stabilised and he was returned to Leicester prison on 24 October.
14. Due to his chronic health problems, the man needed a dedicated medical care package that was over and above what is normally provided by the healthcare centre at Leicester. Before he was discharged from the hospital, the manager of the healthcare centre managed to secure additional funding, so that a specialist bed and mattress could be acquired for the man, as well as a number of other items of equipment that were necessary to care for him properly. Funding was also secured to employ two extra nursing assistants to care for the man during the night. The nature of his health needs meant he had to be turned and treated in his bed at least every two hours.
15. On 27 October, a care plan was drawn up by healthcare staff which detailed how his health problems were to be managed. Particular attention was given to

how best to deal with the issue of his confinement to his bed, which gives rise to medical problems of its own, such as pressure sores. As most, if not all, of the man's health problems were degenerative in nature and therefore likely to get worse over time, the focus of the plan was on making him as comfortable as possible and ensuring that he did not experience unnecessary pain.

16. Between October and early March 2006, the man settled into a routine that consisted of him being turned and treated at regular intervals. His physical condition remained pretty constant over this time, although he did have good days and bad days. On 6 March, he was admitted to Leicester Royal Infirmary after an obstruction in his bowels was detected. However, he only stayed at the hospital for one night before being returned to prison, tests having concluded that no medical intervention was needed to treat the problem.
17. During the morning of 17 April, the man who is the subject of this report experienced a 'fit'. This caused him to vomit and resulted in him becoming extremely confused. On the advice of a doctor, the man was taken to the Accident and Emergency Department of Leicester Royal Infirmary, where he was admitted a short time later. At some point during the afternoon the man collapsed and fell unconscious. He was moved to the resuscitation unit, where he was given oxygen. He subsequently regained consciousness and was moved to a regular ward. He remained at the hospital until 19 April, when he was again discharged to the prison.
18. On 24 April, the man appeared at Leicester Crown Court, where he received a sentence of 12 years' imprisonment. He was returned to Leicester prison later in the day, and upon his reception to the healthcare centre his mood was described as "subdued".
19. As the man was now a sentenced prisoner with a distant release date (the earliest he could have been released under the parole system was September 2011), Leicester set in motion the process of attempting to transfer him to an establishment more suited to his needs. HMP Norwich, which has a specialist unit for elderly and infirm prisoners, was approached on 25 April, but it had no spaces.
20. During the night of 26-27 April, the man vomited and also showed other symptoms indicative of an upset stomach. This appeared to resolve itself without recourse to medication. However, at 5.15pm on 28 April, he was taken to hospital by ambulance after clinical tests revealed that the potassium levels in his blood were very low - 1.7 mEq/litre, compared to a usual reading of 3.5 to 5.0 mEq/litre. Low potassium levels are known to have serious effects on the body, particularly the heart, nerves and muscles. He was treated at Leicester Royal Infirmary, where he was given potassium supplements and put on an intravenous drip.
21. He remained at the hospital until 25 May, all the while under the guardianship of prison staff. At 7.20pm on 25 May, he arrived back at the prison, when it was noted that he was "in good spirits". However, he was observed to have pressure sores and a possible chest infection. At 9.45pm, he suffered a 'fit'

which lasted for about five minutes. For about 20 minutes afterwards he was described as being “unresponsive”, although he subsequently improved and became more aware of his surroundings. Healthcare staff contacted the on-call doctor, who suggested that the man’s medication needed to be reviewed the following day.

22. At 5.30am the following morning, the man experienced another ‘fit’, this time lasting for two minutes. He recovered after about five minutes on this occasion. At 8.30am, he was seen by the doctor, who proposed getting the man readmitted to hospital if his health deteriorated further. However, over the next 24 hours, his condition improved slightly.
23. Although there was an improvement in his presentation, albeit negligible, the man’s appetite was limited and he left most of his meals untouched or only ate a couple of mouthfuls. By 30 May, healthcare staff were sufficiently worried about the man to get him readmitted to Leicester Royal Infirmary. He left the prison at 3.00pm and was located on Ward 19 of the hospital, again guarded by prison staff.
24. He was moved to Ward 23 at 9.45pm and, early the next morning, went for an x-ray. Over the next week, the man’s physical health continued to deteriorate. He was visited by prison chaplain on 2 June and again on 5 June. During the course of the visit of 2 June, the chaplain asked the man if he had any relatives. He replied that he did not.
25. At 2.25pm on 9 June, the deputy governor authorised the removal of the man’s restraints as his physical state made it extremely unlikely that he would be able to escape. Prison staff continued to watch over him though.
26. The man was visited by the prison chaplain on a further three occasions, on 11 June and twice on 12 June. During the course of the second visit on 12 June, the ‘last rites’ were conducted. At 1.25am on 13 June, he stopped breathing. He was formally pronounced dead at 1.53am.
27. At 1.00pm on 13 June, the prison chaplain, accompanied a police officer to the home of the man’s next-of-kin, to personally break the news of his death. The apparent delay came about because the man had told the chaplain that he had no relatives and there was nothing in the prison records to indicate otherwise.

ISSUES

Leicester's readiness for an elderly prisoner with complex health needs

28. When the man was remanded into custody by Leicester Magistrates' Court on 22 September 2005, it would be fair to say that Leicester was not in a position to cater for his complex health needs. Quite appropriately, arrangements were made to return him immediately to Leicester General Hospital, where he had been an in-patient for many months prior to being remanded into custody.
29. Although a care package was put in place that appears to have met his needs, I question why it took more than four weeks for this to be arranged. This concern is shared by the clinical reviewer, who suggests that there was an unnecessary delay in the man's discharge from hospital. The clinical reviewer suggests that joint care and discharge planning by the Primary Care Trust and the local hospitals would help ensure a smooth transition between hospital and prison settings. I would hope that any such arrangement would also speed up the process. I therefore fully endorse his recommendation that the Primary Care Trust be formally involved with the local hospitals in planning the discharge and shared care of prisoners.

Eastern Leicester Primary Care Trust should be formally involved in planning the discharge and shared care of prisoners located in local hospitals.

30. In addition, given that elderly prisoners with complex health needs are likely to constitute an increasing proportion of the prison population in the coming years, I would urge the local Primary Care Trust to conduct a review of Leicester's ability to meet the needs of frail, elderly prisoners.

Eastern Leicester Primary Care Trust should review Leicester's ability to meet the needs of frail, elderly prisoners.

The man's care whilst a prisoner at Leicester

31. Whilst acknowledging that there may have been a delay in the man being returned to the prison from Leicester General Hospital, I was pleased to learn from the clinical reviewer that the care he received whilst located in the healthcare centre was "as good...as a similar individual with his problems would have received in the community". Indeed, some of the prison and healthcare staff spoken to as part of the investigation have suggested that the man was given a more attentive and dedicated service in the prison, than when he was in hospital.
32. The healthcare centre not only acquired a specialist bed and mattress for the man, but the prison and Primary Care Trust jointly arranged funding to employ two extra nursing assistants to care for him during the night. Having spoken informally to numerous members of staff in the healthcare team it is apparent that they knew the man well and took a genuine interest in his well-being.

Having worked so closely with him over such a long time, some members of staff were saddened to learn of his death.

33. I therefore commend the healthcare staff team for their dedication in delivering a high quality nursing service to the man, which can only be seen as an example of good practice. I hope the Area Manager and Governor see fit to acknowledge the work, commitment and dedication of the healthcare team in caring so sensitively and compassionately for the man. The clinical reviewer is firmly of the opinion that the man's death could not have been reasonably prevented or delayed, and my investigation found no evidence to suggest that anything more could have been done to make his final days more comfortable.

RECOMMENDATIONS

To Eastern Leicester Primary Care Trust

1. **Eastern Leicester Primary Care Trust should be formally involved in planning the discharge and shared care of prisoners located in local hospitals.**
2. **Eastern Leicester Primary Care Trust should review Leicester's ability to meet the needs of frail, elderly prisoners.**

Eastern Leicester Primary Care Trust has accepted both of these recommendations and has devised an action plan to implement them by February 2007.

GOOD PRACTICE

3. **The extra resources allocated by the Primary Care Trust and Leicester prison to care for the man helped ensure that he received a dedicated and attentive service from healthcare staff.**