

**The Death of a Man
in hospital
on 11 April 2004**

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

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CONTENTS

	Page
Foreword	2
Summary	3
Arrival at HMP Hull	4
Time in hospital	6
Information about HMP Hull	7
Conduct of the investigation	7
Findings	8
Recommendation	12

Foreword

This is the report of an investigation into the circumstances surrounding the death of a man on 11 April 2004. He died at a hospital whilst serving a sentence of 18 months imprisonment.

All deaths of prisoners in custody are investigated, including those due to natural causes. The responsibility for carrying out these investigations traditionally fell to the Prison Service, but has now been passed to the Prisons and Probation Ombudsman to bring independence and greater consistency to the task. In this case one of my investigators carried out the enquiry.

The man was sentenced to 18 months imprisonment at Hull Crown Court on 16 March 2004 and was then granted Release On Temporary Licence the day before his death.

My colleagues and I would like to extend our condolences to his family and friends at their sad loss. We express particular sympathy to his widow. We would also like to thank the Governor and other members of his staff who assisted us for their help throughout the investigation. We found staff very helpful.

STEPHEN SHAW CBE
Prisons and Probation Ombudsman

SUMMARY

1. On 16 March 2004 the man was sentenced to 18 months imprisonment at Hull Crown Court and the court also recommended that he be deported at the conclusion of his sentence.
2. At the time of conviction he was 31 years old. He originally came from Angola. He arrived at HMP Hull on the afternoon of 16 March 2004. He reported that he was suffering from Lupus and was awaiting a transplant and chemotherapy. Hull is able to supply full-time medical attention to prisoners and he was correctly allocated to the prison's Healthcare Centre (HCC) following his First Reception Health Screen.
3. Although he spoke very little English medical staff at Hull obtained critical information about his medication and medical condition from both his wife and from doctors in the community who had been treating him. He remained in the HCC at Hull for the next ten days until 26 March 2004 and on that date he was transferred to hospital.
4. The man remained under escort in the hospital until 10 April 2004. On 9 April 2004 he was transferred to the hospital's High Dependency Unit and by 07:00 on the morning of Saturday 10 April 2004 he was described by the senior officer in charge of the escort as being very poorly.
5. The Governor in charge of the prison that day decided to remove his restraints and to withdraw the escorting staff from the Intensive Care Room. During the afternoon of 10 April 2004 the governor was informed that his condition had deteriorated further and accordingly he granted him compassionate ROTL as he understood that his death was imminent.
6. He died in hospital at 08:50 on the following evening, 11 April 2004. The report to the Hull coroner from the Home Office Pathologist, who subsequently examined the man, identified the cause of death as being pulmonary fibrosis due to systemic lupus erythematosus.
7. The man's clinical care was reviewed by the Director of Professional Development at Eastern Hull Primary Care Trust (PCT). Her review concludes with an observation that his clinical notes at HMP Hull should have been more clearly written, signed and dated. The Clinical Director at Hull and East Yorkshire Hospitals' Trust submitted a letter which noted that he was a young man with a very serious systemic illness on profoundly immuno-suppressing drugs. The Clinical Director considered that his life expectancy was very limited and it was always a significant possibility that he would develop a life threatening infection while in prison.

ARRIVAL AT HMP HULL

8. On 16 March 2004 the man was sentenced to 18 months imprisonment at Hull Crown Court for conspiracy to defraud and the court also recommended that he be deported at the conclusion of his sentence.
9. He originally came from Angola and he spoke Portuguese but little English.
10. The Prisoner Escort Record (PER) opened on 16 March 2004 at Hull Crown Court after the man received his prison sentence indicated that there were both medical and suicide risks. The section of the form where further information about risk is recorded refers to "blood disorder - lung problems" and also states that F2052SH was opened at court. (This is a document which is opened when a prisoner is thought to be at risk of self-harm or suicide.) The PER shows that the man was received at Hull at 12:40 on 16 March 2004.
11. Towards the end of this inquiry the investigator received copies of a number of documents handed over to Humberside Police by Hull on 12 April 2004. These documents include a Suicide Warning Form opened by staff at Hull Crown Court at 11.30 on 16 March 2004. The form warned staff receiving the man at HMP Hull that he seemed very depressed and there was concern about his reaction to the sentence he had just received. He was described as tearful.
12. On 16 March 2004 when he arrived at Hull a Self-Harm at Risk form (F2052SH) was opened. When the prison doctor saw him the next day she wrote on the form thus:

"Not depressed, feels ill and wishes to go home because he is very ill."
13. F2052SH remained open until 7 April 2004 when a Senior Officer decided it should be closed as the man was on a bed watch in hospital and was therefore being closely watched throughout each 24 hour period.
14. As the man passed through reception processes at Hull on the afternoon of his arrival, a good deal of information about him was recorded on various documents. The Personal Summary Sheet in his prison record contained his home address in Hull and his wife's telephone number. The summary sheet also indicated that he spoke little English.
15. A First Reception Health Screen was conducted on the same day. He supplied the name and address of his doctor in the community and told the nurse who was screening him that he had seen that doctor recently. He explained that he received steroids daily and that he was suffering from the serious illness of lupus which is an ulcerous skin condition, especially one due to direct infection with tuberculosis. He told the nurse that he was awaiting a transplant and chemotherapy. He said he was due to start chemotherapy for his lung in three weeks time and he referred to a lung biopsy in Angola three years previously. He said he had worries about his general health due to his breathing difficulty.

16. In the Additional Information box of the Health Screen document the following information was recorded:

“Speaks very little English so unable to take full history regarding this man’s physical/mental health status. States feeling low and may harm himself. Very concerned about his wife. Obvious breathing difficulties. F2052SH opened. Will require Portuguese interpreter once on HCC wing, for in-depth medical history. Admit HCC.”
17. The Continuous Medical Record section of the man’s Inmate Medical Record indicates that he telephoned his wife on the day of his arrival at HMP Hull and his sister-in-law confirmed the medication he had been receiving in the community. His widow is also a Portuguese speaking African lady but his sister-in-law is English.
18. On 17 March 2004 the Continuous Medical Record notes that the prison doctor, telephoned the man’s doctor who confirmed his lupus and stated that he needed to go to hospital every three weeks for an injection. The same entry by a registered nurse concluded thus:

“Please note that Dr B stated that when he starts to get poorly he deteriorates rapidly and he will require hospital intervention A.S.A.P. Please closely observe for signs of deterioration.”
19. The man’s Healthcare Care Plan refers to him being admitted to the prison’s HCC on 18 March for assessment. On 19 March the prison’s Clinical Director made further contact with the man’s doctor in the community then on 22 March 2004 an initialled entry in his Continuous Medical Record states

“Please transfer to A Wing, at the moment feels well.”
20. Although the instructions stated that he should be transferred to normal location on A Wing, he actually remained in the HCC until 26 March 2004. Entries on 24 and 25 March 2004 in the Care Plan refer to him spending most of the day in bed.
21. The last entry in his Medical Record was made on 26 March 2004 and states he had been unwell for the past three days with complaints of tachycardia, chest pain and shortness of breath. He was transferred to the Acute Assessment Unit at a nearby hospital following contact with Dr B at that hospital.
22. During the ten days that the man spent at HMP Hull prior to his transfer to hospital two entries were made in the Record of Events section of his prison record. On 20 March 2004 he was described as a quiet man who created no management problems at present. On 22 March the entry reads as follows:

“Seen by Diversity Manager. Speaks little English. Speaks Portuguese so Language Line (translation service) may be necessary if problems occur. Immigration form filled in for the man.”

TIME AT HULL ROYAL INFIRMARY

23. From 26 March 2004 until shortly before his death on 11 April 2004 the man was handcuffed whilst at the hospital and was accompanied by two prison officers at a time. Information about this period is contained in the Hospital Watch Occurrence Log. The copy of the log made available to the investigator begins at 19:40 on 26 March 2004 when he was located on ward 70 at the hospital and concludes at 07:00 on 10 April 2004.
24. The log is maintained by prison officers, not medical personnel, and it therefore provides relatively few insights into the man's medical condition or state of mind. There are many references to checks of the handcuffs and equipment and there are a number of references to management visits being paid to the man. The log is also a source of information about visits made by his wife, family and friends. At 13:30 on 31 March 2004 the man complained that his handcuffs were too tight but the officer on the bedwatch writes that he and his senior officer checked the cuffs and decided they were okay and did not need to be loosened. On 1 April 2004 an officer wrote at 12 noon that the man had been examined by a doctor who stated that his lung infection would probably clear up in a few days with the antibiotics.
25. Despite that optimistic prediction the man remained in hospital. At 08:00 on 9 April 2004 another officer wrote in the occurrence log that he had been told by the medical staff that the man had not been taking his medication. The medical staff also wanted him to have exercise on a regular basis, short walks up and down the corridor would suffice. At 13:00 the officer wrote in the log that escort staff had been told by a doctor of a move to the Intensive Care Unit later that day.
26. At 13:30 the man was transferred to ward three, the High Dependency Unit at the hospital. At 20:00 a Senior Officer wrote in the log that the man was "currently weak, on oxygen, drip and wired up." At 22:30 the same evening the Senior Officer wrote of nursing staff indicating that there might be a possibility that they would want his cuffs to be removed quickly in an emergency. The last entry in the occurrence log was made at 07:00 on 10 April 2004 by the Senior Officer. He recorded that the man had not slept well and his condition appeared to have deteriorated during the night. The officer wrote that he had been polite "but is very poorly."
27. The weekend when the man's condition worsened was the Easter holiday. The Governor in charge of HMP Hull over the weekend of Saturday 10 and Sunday 11 April 2004 was Mr T. In an e-mail to the investigator he explained that, as a result of lengthy discussions with the hospital authorities around the man's worsening condition, he instructed the escorting staff to remove the restraints and to withdraw from the Intensive Care room. He added that this decision was designed to allow the man and his family an appropriate level of privacy and dignity.
28. During the afternoon of Saturday 10 April 2004 Mr T was informed that the man's condition had deteriorated further and he approved compassionate

Release on Temporary Licence (ROTL) on the basis that the man posed no further threat to the public or risk of escape given that his death was imminent. Mr T, with a colleague, visited the hospital and spoke at length with the man's wife and family friends to explain the conditions of the ROTL and to offer any support possible under the circumstances. The licence document is attached to this report. It indicates that the man was released from prison on temporary licence from 18:00 on 10 April 2004 until 18:00 a week later. He was licensed to be in hospital, with Mr T signing the document on the Governor's behalf and his wife signing for her husband.

29. The escorting staff were duly withdrawn from the hospital and prison authorities first learned of the man's death the following day. At approximately 21:00 on 11 April 2004 the Night Orderly Officer, who was the most senior officer on duty in the prison at the time, received a telephone call from a Senior Staff Nurse who informed him that the man had just died in the Intensive Care Department. The Staff Nurse reported that the time of death was recorded as being 20:50 with cause of death probably being heart and lung failure. The Senior Officer was informed that the man's next of kin and his wife were present at the time of death.

INFORMATION ABOUT HMP HULL

30. HMP Hull was opened in 1870 and is now a Category B local prison serving courts in East and North Yorkshire and North Lincolnshire. Hull receives prisoners directly from court. A major expansion programme, completed in late 2002, added 356 places to the prison's operational capacity and a further 40 places were added in March 2004. The certified normal accommodation is 812 but the operational capacity (the maximum number of prisoners who can be held) is 1071.
31. The HCC at the prison is a new purpose built two-storey building which opened in April 2003. The HCC provides 24-hour nursing care with the in-patient unit being located on the upper level of the building.

CONDUCT OF THE INVESTIGATION

32. After the man's death the investigator visited Hull and obtained all relevant documentation relating to the ten days that he spent at the prison between 16 and 26 March 2004. In addition to such internal documents as his Inmate Medical Record and Core Prison Record, the investigator obtained a copy of the Hospital Watch Occurrence Log which was maintained at the hospital between 26 March 2004 and 10 April 2004.
33. The investigator wrote to the coroner for East Riding and Kingston upon Hull and received a copy of the post mortem report. A pathology Professor at Sheffield University reported to the coroner that the cause of death was pulmonary fibrosis due to systemic lupus erythematosus. The professor

concluded that the degree of lung disease present was sufficient to account for the man's death. The professor added that it was a death from natural causes.

34. My Family Liaison Officer wrote to the man's widow on 14 June 2004 but, although the letter was sent to the correct address in Hull, she did not receive it. A further effort to make telephone contact with her was successful and the investigator visited her at her home in Hull on 15 July 2004. She did not speak English well but on that occasion she was accompanied by her English sister in law and by a Brazilian friend who acted as translator. She expressed a number of concerns about her husband's treatment as recorded in the investigator's letter to her of 16 July 2004. The investigator commissioned a clinical review of the case from the Director of Professional Development at Eastern Hull PCT. I am very grateful indeed to the clinical reviewer for the review document she submitted to the investigator on 18 August 2004. It is attached to this report.
35. The clinical reviewer additionally commissioned a professional opinion from the clinical director at Hull and East Yorkshire Hospitals' Trust regarding the care given to the man. He reported on the man as follows in a letter to the clinical reviewer of 2 August 2004

“He was a young man with a very serious systemic illness, on profoundly immuno-suppressing drugs. His life expectancy was very limited, and it was always a significant possibility that he would develop a life threatening infection while in prison. The severity of his illness was recognised as soon as he arrived at Hull Royal Infirmary and his subsequent management (and documentation thereof) is good. Unfortunately, despite all appropriate attempts to treat his infection, he deteriorated and died.”
36. Both the clinical reviewer and the clinical director are highly experienced clinical professionals who work in complete independence from the Prison Service.

FINDINGS

37. As soon as the man arrived at Hull on the afternoon of 16 March 2004 he supplied information about his serious medical condition to Healthcare staff.
38. He was appropriately located in the prison's HCC following his First Reception Healthscreen and the prison acted with commendable speed to find out additional relevant medical information. On the day of his arrival a phone call was made to his wife to establish the medication he had been receiving in the community.
39. Prompt efforts were made by the doctor at Hull to make contact with her colleagues in the community who had been treating the man. By the day after his arrival at the prison his lupus had been confirmed, the medical

authorities at the prison knew he needed an injection every three weeks and they also knew that his condition could deteriorate rapidly.

40. During the meeting that the investigator had with the widow in Hull on 15 July 2004 she expressed a number of concerns about her husband's treatment in prison. She spoke of a senior medical lady at the prison telling her husband that he was too sick to be in prison. In her letter to the investigator of 13 August 2004 the clinical reviewer wrote that there is no evidence within the clinical notes of such a conversation. She adds there is evidence that the prison doctor contacted Dr B at Hull Royal Infirmary for confirmation of lupus disease on 17 March 2004.
41. His widow also said that her husband became depressed once in prison but the clinical reviewer comments there is no evidence within the clinical notes that depression was detected or recorded.
42. The man's wife expressed concerns about what her husband had eaten and drunk whilst in Hull Prison. The clinical reviewer reports in her letter of 13 August 2004 that within care plan 1 it is recorded on 24 March 2004 that the man was reluctant to take the prison diet. An entry on the following day states that he was accepting light diet only. The clinical reviewer observes that "there is nothing within written notes that he was refusing fluids or that fluids were being encouraged." There is, however, a reference in the Continuous Medical Record dated 16 March to him having difficulty with food. The doctor wrote that he should have Fortisip and cranberry juice. Fortisip is a high energy milk shake-style dietary supplement. There is a Care Plan 1 entry for 19 March which states that the man accepted his Fortisip supplement on that date.
43. The Continuous Medical Record reports that on 26 March 2004, after the man had been feeling unwell for the previous three days, he was transferred to hospital.
44. He had been recommended for deportation at the end of his prison sentence and in those circumstances the decision that he should be escorted at the infirmary by two prison officers was appropriate.
45. At her meeting with the investigator on 15 July 2004 his widow asked why he had been handcuffed for so long in hospital and felt that he should have been granted ROTL at an earlier stage. The Hospital Watch Occurrence Log Notes suggest that his condition deteriorated markedly on Friday 9 April 2004. An entry at 13:30 on that date states that he was moved to the High Dependency Unit (ward three). A possible indication of a further worsening in his condition is the entry at 22:30 on 9 April when the nursing staff indicated to escorting prison officers that his handcuffs might have to be removed quickly in an emergency. By 07:00 on 10 April 2004 the Senior Officer, who was in charge of the escort, wrote that his condition "appears to have deteriorated during the night. He has been polite but is very poorly." The e-mail submitted to the investigator by the governor who was in charge of Hull over the Easter weekend indicates responsiveness to the changing situation

at the infirmary. The governor's first decision, after lengthy discussions with the hospital authorities around the man's worsening condition, was to instruct his escorting staff to remove the man's restraints and to withdraw from the Intensive Care Room. The governor wrote that his motivation was to allow the man and his family an appropriate level of privacy and dignity. This was a humane and commendable decision.

46. On the afternoon of Saturday 10 April the governor was informed that the man's condition had deteriorated further and, after consulting with the governing governor at Hull, he approved the man's ROTL on compassionate grounds. The governor writes quite openly that the basis for his decision was his knowledge that the man posed no further threat to the public or risk of escape given that his death was imminent. This again was a decent and humane decision on the governor's part. Despite his widow's criticism the available documentation (and in particular the licence document timed to commence at 18:00 on 10 April 2004) suggests that the governor responded as quickly as he could to the information he was receiving about the man's rapidly changing and deteriorating medical condition.
47. The expert medical contribution supplied by the clinical director at Hull and East Yorkshire Hospitals Trust, notes that the man was young with a very serious systemic illness on profoundly immuno-suppressing drugs. "His life expectation was very limited and it was always a significant possibility that he would develop a life threatening infection while in prison."
48. The clinical review submitted on 18 August 2004 concludes by referring to a Learning Event as follows

"That notes should be clearly written, signed and dated. The person writing the notes should also print their name and designation."
49. The clinical reviewer subsequently expanded her advice to the investigator in a later communication dated 7 October 2004 as follows:

"The Nursing & Midwifery Council guidelines for records and record keeping state that good record keeping helps to protect the welfare of patients and clients by promoting
 - high standards of clinical care
 - continuity of care
 - better communication and dissemination of information between members of the inter-professional health care team
 - an accurate account of treatment and care planning and delivery
 - the ability to detect problems, such as changes in the patient's or client's condition, at an early stage
Thus on reviewing the clinical records these standards should be adopted. "
50. Issues raised by this report were discussed at a meeting held in Hull on 30 September 2004. The meeting was attended by key personnel from Eastern

Hull Primary Care Trust (PCT), Hull Prison and the Prisons and Probation Ombudsman's Office.

RECOMMENDATION

The Learning Event identified by the Director of Professional Development at Eastern Hull PCT is drawn to the attention of the Governor at HMP Hull and to the PCT. The Director provides evidence for her observation in the body of her clinical review and her recommendation is endorsed by the investigator. The prison and PCT have already drawn up an Action Plan to determine how professional performance is to be improved in this area. A copy of the relevant section of the HMP Hull Prison Healthcare Action Plan, with a covering letter dated 13 October 2004 from the Assistant Director Prison Healthcare at HMP Hull, is attached to this report.