

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Cheryl Thompson on 21 August 2023, following her release from HMP New Hall.

A report by the Prisons and Probation Ombudsman

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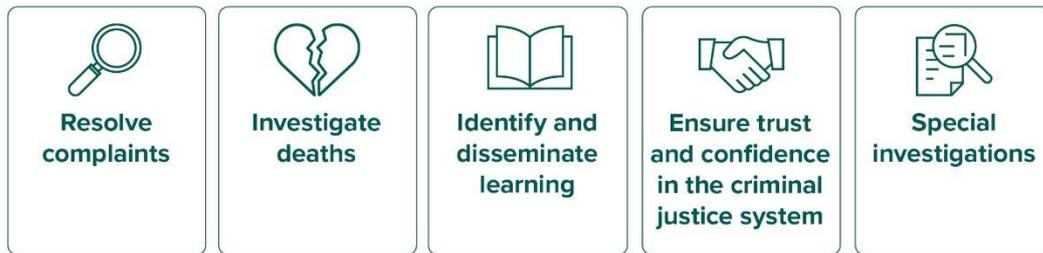
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OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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Summary

1. 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.
2. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
4. Ms Cheryl Thompson died of multi organ failure on 21 August 2023 following her release from HMP New Hall on 18 August 2023. She was 47 years old. We offer our condolences to those who knew her.
5. We did not find any issues relating to how prison or probation staff managed her release, and we make no recommendations.

The Investigation Process

6. HMPPS notified us of Ms Thompson's death on 22 August 2023.
7. The PPO investigator obtained copies of relevant extracts from Ms Thompson's prison and probation records.
8. We informed HM Coroner for Wakefield of the investigation. We have sent the Coroner a copy of this report.
9. The Ombudsman's family liaison officer contacted Ms Thompson's daughter to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP New Hall

11. HMP New Hall is a closed prison which holds up to 381 female prisoners aged over 18 who have either been convicted or are on remand. It is managed by HMPPS. The physical and mental health provider is Practice Plus Group, Health in Justice and the substance misuse treatment provider is Inclusion, Midlands Partnership NHS Foundation Trust.

Probation Service

12. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervise people throughout their licence period and post-sentence supervision.

Key Events

13. On 19 August 2020, Ms Cheryl Thompson was remanded to HMP New Hall. On 14 October, she was convicted of robbery and was sentenced to 41 months in prison. Ms Thompson stayed at New Hall.
14. Ms Thompson had some medical conditions including asthma and Raynaud's disease. (Raynaud's disease causes some areas of the body such as fingers and toes to feel numb and cold in response to cold temperatures or stress. Smaller arteries that supply blood to the skin narrow which limits blood flow to affected areas.) Her medical records indicated that she had always struggled with managing her health.
15. On 15 May 2022, Ms Thompson was released from New Hall.
16. While Ms Thompson was in the community, her health issues increased. Professionals working with her initially believed her problems to be linked to her asthma and Raynaud's disease. Ms Thompson also had a history of substance misuse and took heroin and crack cocaine in the community.
17. Ms Thompson struggled to stay abstinent from drugs when she was in the community. She was supported by Calderdale Recovery Steps (delivering drug and alcohol treatment services). Ms Thomson was allocated a drug treatment worker.
18. On 6 March, the drug treatment worker accompanied Ms Thompson to a GP appointment. The GP did not raise any concerns.
19. Ms Thompson's Community Offender Manager (COM) told us that by May 2023, the concerns about Ms Thompson's health had increased. Ms Thompson struggled with accessing medical care in the community. She did not always book or attend her medical appointments. The COM supported her to arrange appointments with her GP.
20. In May, the GP referred Ms Thompson to the oncology unit for tests for cancer, however Ms Thompson missed the appointments and the consultant referred Ms Thompson back to her GP.
21. Ms Thompson started to lose weight and reported new pain symptoms, so the COM again supported her to arrange an appointment with her GP. She called the oncology nurse with Ms Thompson; she also attended her consultant appointment but was unable to attend the scan appointment so made arrangements for Ms Thompson's housing worker to accompany her. She also arranged to pick Ms Thompson up from the appointment.
22. On 9 June, the COM referred Ms Thompson to the Making Every Adult Matter multi-disciplinary team (MDT) meeting in Calderdale, who work with complex individuals who struggle with everyday life. She made the referral because she was worried about Ms Thompson's health as she was not attending her health appointments.
23. Ms Thompson continued to lose weight and experience pain. The Probation Service tried to avoid recalling Ms Thompson to prison to help her get the right support for her health. However, there were also concerns with her persistent drug use that

was linked to her offending behaviour, and doubts whether probation could manage her risk effectively in the community.

24. On 27 July, Ms Thompson was recalled to prison for 28 days due to her lack of engagement with community services and continued drug use. Ms Thompson had failed to attend probation appointments, had not attended medical appointments, and was not engaging with Recovery Steps drug service. Ms Thompson did not have a diagnosis for her ill health at this time.
25. Following her arrest and while at the police station, Ms Thompson complained of chest pain so was immediately taken to Calderdale Royal Infirmary hospital. The police officer told the COM that Ms Thompson had suffered a mild heart attack due to a blood clot and she was sedated and intubated. They described her condition as life threatening and she was under constant review, however the consultant believed her condition would improve over the next few days, which it did.
26. While in hospital on 3 August, Ms Thompson had a biopsy taken for a possible abdominal mass or abdominal tuberculosis. The same day, hospital staff said Ms Thompson was medically fit for discharge and she returned to New Hall.
27. When Ms Thompson arrived at New Hall, the wing staff completed hourly observations due to her ill health. The consultant informed healthcare staff that Ms Thompson had suspected abdominal tuberculosis and the staff entering her cell needed to wear full PPE. Ms Thompson was able to communicate normally, however she had limited mobility.
28. On 4 August, Ms Thompson's breathing became irregular, she was vomiting, and her health had deteriorated. The prison called an ambulance and the paramedics transferred Ms Thompson to Pinderfields hospital. Two prison officers escorted her, and she was restrained using an escort chain. On 6 August, a prison manager authorised for the restraints to be removed due to the seriousness of Ms Thompson's condition. The next day, Ms Thompson was moved to the intensive care unit under the critical care team.
29. On 8 August, a nurse at New Hall, spoke to a hospital nurse. The hospital nurse said that Ms Thompson had a very poor prognosis, she was still being treated but was not suitable for resuscitation. Ms Thompson was treated for sepsis, pneumonia (an infection that inflames the lungs), cardiac failure (when the heart is unable to pump blood around the body properly), LV thrombus (a serious complication of acute myocardial infarction), ventricular compromise (caused by hypertension) and acute kidney injury (AKI - sudden damage to the kidneys that causes them to not work properly). Ms Thompson was referred to the palliative care team at Pinderfields hospital.
30. On 11 August, a nurse received a call from the hospital. Staff there informed her that Ms Thompson had breast cancer which had spread to other parts of her body. She was not suitable for chemotherapy or surgery and the plan was for her to start oral treatment. Ms Thompson was now considered suitable for palliative care.
31. That day, the Governor at New Hall approved a special purpose licence (SPL - when the prison approves short term release to prisoners for medical, court, or compassionate proceedings) for Ms Thompson due to her deteriorating health.

However, two prison officers remained at the hospital with Ms Thompson for pastoral care.

32. On 18 August, Ms Thompson was released from prison at the end of her sentence, but she stayed in hospital as she was too unwell to be discharged. The hospital was hoping to move Ms Thompson into a hospice when a space became available.
33. On 21 August, Ms Thompson died in hospital.

Cause of death

34. A post-mortem examination was not carried out as the coroner accepted the cause of death provided by a doctor. The doctor gave Ms Thompson's cause of death as multi organ failure (when two or more organs in the body fail to support the body's needs) due to pneumonia (an infection that inflames your lungs) and metastatic carcinoma of the breast (cancer started in the breast but which has spread to other parts of the body).
35. The coroner concluded it was not necessary for an inquest to take place.

Findings

36. We did not find any issues of concern and make no recommendations. We are satisfied that prison and probation staff supported Ms Thompson with the deterioration of her health. The healthcare team at New Hall regularly contacted the hospital for updates on Ms Thompson's condition, and when she returned from the hospital staff monitored her appropriately.

Good practice

37. Currently, COMs across the Probation Service have high caseloads working with complex individuals, and providing support and prioritising need is imperative. We consider that the COM who had overall responsibility for Ms Thompson's risk management went well above and beyond her professional duty to support Ms Thompson in the community. She arranged medical appointments and accompanied Ms Thompson to them (or ensured someone else was able to). She tried to avoid recalling Ms Thompson to prison so that she could access the medical help she needed.

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Prisons and Probation Ombudsman

April 2024

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