Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Alan Hines, a prisoner at HMP Oakwood, on 7 April 2023

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T l 020 7633 4100

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

© Crown copyright, 2025

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

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. 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.

3. Mr Alan Hines died on 7 April 2023, of invasive adenocarcinoma of the cardia of the stomach with multi focal sclerotic bony metastases (stomach cancer that had spread to his bones), at HMP Oakwood. He was 71 years old. We offer our condolences to Mr Hines' family and friends.

4. The clinical reviewer concluded that the clinical care Mr Hines received at Oakwood was equivalent to that which he could have expected to receive in the community. She found that the healthcare team should be commended for the good standard of palliative and end of life care they provided to Mr Hines.

5. We found that the decision to restrain Mr Hines when he was taken to hospital was not justified given his advanced age and poor health. We have made similar findings in several recent investigations at Oakwood and, in March 2024, made two national recommendations regarding the use of restraints during hospital escorts at Oakwood and healthcare input into the risk assessment process.

The Investigation Process

6. HMPPS notified us of Mr Hines' death on 7 April 2023.

7. NHS England commissioned an independent clinical reviewer to review Mr Hines' clinical care at HMP Oakwood.

8. The PPO investigator investigated the non-clinical issues relating to Mr Hines' care.

9. The PPO family liaison officer wrote to Mr Hines' wife to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Hines' wife did not have any specific questions and said that she would like a copy of our report.

10. We shared the initial report with HM Prison and Probation Service (HMPPS). They did not identify any factual inaccuracies.

11. We also shared the initial report with Mr Hines' wife. She did not respond.

Previous deaths at HMP Oakwood

12. Mr Hines was the 12th prisoner to die at HMP Oakwood since 7 April 2020. Of the previous deaths, nine were from natural causes and two were apparent drug related deaths. Up to 2 April 2024, there have been a further seven deaths of prisoners at Oakwood, all of which were due to natural causes. In four of our previous reports, we made recommendations about the inappropriate use of restraints on elderly and unwell prisoners.

Key Events

13. On 21 November 2018, Mr Hines was admitted to HMP Birmingham on remand. He was convicted of a number of sex offences and sentenced to seven and a half years in prison.

14. In February 2020, Mr Hines was diagnosed with Waldenstrom macroglobulinemia, a rare slow growing blood cell cancer.

15. On 6 May 2021, Mr Hines was transferred to HMP Oakwood.

16. In September 2021, Mr Hines was diagnosed with an abdominal aortic aneurysm (a bulge in the main blood vessel of the body).

17. On seven occasions in January and February 2023, Mr Hines attended outpatient hospital appointments. We have not seen documents about the hospital visit of 12 January, but single handcuffs were applied to Mr Hines during the six other hospital visits (this means that one standard handcuff is attached to the wrist of the prisoner with the other handcuff attached to the wrist of an officer). Healthcare staff did not indicate on the escort risk assessment forms that there were any medical reasons that would prevent staff from applying normal cuffing procedures, except during a 'procedure/scan' on 13 and 16 February 2023.

18. On 1 March, a gastroenterology consultant informed Mr Hines that he had a cancerous tumour in his stomach that had spread to his lungs and bones. He could only be treated with palliative care as the cancer was at an advanced stage. Nursing staff created a palliative care plan. A ReSPECT form was completed. This included an instruction not to resuscitate Mr Hines should his heart and breathing stop.

19. On 2 March, the Head of Safety was appointed as a family liaison officer.

20. On 3 March, a nurse emailed the Head of Security and asked that staff not apply handcuffs to Mr Hines because he was a palliative care patient who presented a greater risk of sustaining fractures, and to assist in maintaining his dignity.

21. On 6 March, Mr Hines became unwell and attended hospital via ambulance, leaving the prison at around 10.00am. A nurse noted that he was handcuffed following his admission and that healthcare staff were unable to complete the medical aspect of the risk assessment because he was transferred as an emergency. Later that day, the nurse emailed the Head of Safety and said that "due to [Mr Hines'] deterioration it is really NOT [her capitals] appropriate for him to be cuffed".

22. At 12.12pm, prison staff removed the handcuffs and Mr Hines remained unrestrained for the rest of the hospital escort. The Head of Safety supported telephone contact with and a visit from Mr Hines' wife. On 8 March, Mr Hines returned to Oakwood.

23. On 2 April, the Head of Safety arranged for Mr Hines' wife to visit him in the prison at his cell.

24. On 5 April, the community palliative care team visited Mr Hines and recorded that he was now actively dying and suitable for hospice admission. No hospice beds were available at the time. (On 6 April, a hospice bed became available that Mr Hines would have been able to move into on 7 April.) Mr Hines' cell door was left open during the night, with staff instructed to make regular wellbeing checks.

25. At around 5.00am on 7 April prison and healthcare staff identified that Mr Hines was no longer breathing. Paramedics attended and, at 5.55am, confirmed that Mr Hines had died.

26. The Head of Safety notified Mr Hines' wife of his death.

Post-mortem report

27. The Coroner certified Mr Hines cause of death as invasive adenocarcinoma of the cardia of the stomach with multi focal sclerotic bony metastases.

Findings

Clinical care

28. The clinical reviewer concluded that the clinical care Mr Hines received at Oakwood was equivalent to that which he could have expected to receive in the community. She found that the healthcare team at Oakwood should be commended for the good standard of palliative and end of life care they provided to Mr Hines. The clinical reviewer made one recommendation, regarding the provision of a pressure-relieving mattress, which the Head of Healthcare will wish to address.

Restraints, security and escorts

29. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. It said that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

30. Mr Hines was 71 years old. He had a history of poor health and was diagnosed with cancer. Staff did not identify a heightened risk of escape. On many of his hospital visits in 2023, healthcare staff did not identify any medical reasons that would outweigh normal cuffing requirements. It is particularly concerning that restraints were used for the first hours of an emergency admission in March 2023, three days after healthcare staff had explicitly requested that they not be used on future escorts.

31. Mr Hines' symptoms and medical history, in line with the High Court judgement, meant that his risk could have been effectively managed by the officers accompanying him without the use of restraints.

32. In four recent investigations, we have highlighted that restraints were inappropriately used on older or terminally ill prisoners at Oakwood. In March 2024, we issued two national recommendations regarding the use of restraints at Oakwood and the wider lack of meaningful healthcare contribution to the risk assessment process throughout England and Wales. We do not repeat those recommendations here but hope that meaningful action will result from the recommendations we have made.

Inquest

33. The inquest into Mr Hines death concluded on 13 June 2024, returning a verdict of natural causes.

Adrian Usher
Prisons and Probation Ombudsman **April 2024**

Prisons & Probation Ombudsman
Independent Investigations

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T l 020 7633 4100