

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Jones, a prisoner at HMP Oakwood, on 14 June 2025

A report by the Prisons and Probation Ombudsman

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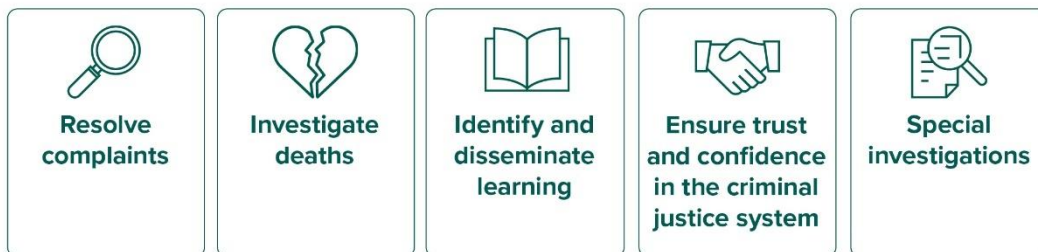
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OUR VISION

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. 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 Mark Jones died in a hospice of pancreatic cancer on 14 June 2025, while a prisoner at HMP Oakwood. He was 54 years old. We offer our condolences to his family and friends.
4. The clinical reviewer concluded that the clinical care Mr Jones received at Oakwood was not equivalent to that which he could have expected to receive in the community. She found that the care Mr Jones received in the weeks prior to his diagnosis was poor as despite healthcare staff seeing him ten times between 22 and 27 April, they did not review previous records to build a full clinical picture. The Head of Healthcare has already taken steps to address the clinical reviewer's recommendation on this. The clinical reviewer made three other recommendations relating to the wider care Mr Jones received, which the Head of Healthcare will wish to address.
5. We found that Release on Temporary Licence (ROTL) was not considered for Mr Jones, despite him being in a hospice since 21 May for end-of-life care. Mr Jones' sister told us that she and her brother had no privacy as two officers were there throughout. This had a significant impact on her final weeks with him. Given that an application for early release on compassionate grounds (ERCG) was in progress, we can see no reason why ROTL was not considered in the meantime to provide dignity and privacy.

Recommendation

- The Governor should ensure that staff understand the requirements for Release on Temporary Licence for medical purposes and a robust process is implemented to ensure applications are made when appropriate.

The Investigation Process

6. HMPPS notified us of Mr Jones' death on 14 June 2025.
7. NHS England commissioned an independent clinical reviewer, to review Mr Jones' clinical care at HMP Oakwood. The clinical review is attached as Annex 1.
8. The PPO investigator investigated the non-clinical issues relating to Mr Jones' care. She interviewed one member of prison staff on 19 August.
9. The Ombudsman's office wrote to Mr Jones' sister to explain the investigation and to ask if she had any matters she wanted us to consider. She asked several questions about Mr Jones' care in the lead up to his diagnosis and raised concerns about his treatment in hospital. We have addressed these questions and comments in this report and in a separate letter.
10. We shared our initial report with HMPPS and the prison's healthcare provider, Practice Plus Group (PPG). They found no factual inaccuracies. HMPPS provided an action plan which is annexed to this report.
11. We sent a copy of our initial report to Mr Jones' sister. She provided comments which we have addressed in a separate letter.

Previous deaths at HMP Oakwood

12. Mr Jones was the nineteenth prisoner to die at HMP Oakwood since June 2022. All the previous deaths were from natural causes. There are no similarities between the findings in our investigation into Mr Jones' death and the findings from our investigations into the previous deaths.

Key Events

13. On 21 August 2023, Mr Mark Jones was sentenced to four years in prison for assault. He was taken to HMP Oakwood.
14. Mr Jones had a longstanding injury to his left arm and right leg from an accident before entering custody. He often requested pain medication for this and was under the care of a bone specialist at the hospital.
15. On 22 April 2025, Mr Jones went to the healthcare unit for a blood test. He told the healthcare assistant that he had black stools and had been vomiting. The healthcare assistant took Mr Jones' clinical observations and calculated a NEWS2 score of three (The National Early Warning Score (NEWS2) is a tool used to assess clinical deterioration. A score is calculated from the clinical observations taken and the higher the score, the higher the risk. A score of three is low to medium risk.) She asked him to provide a stool sample.
16. Later that day, a nurse repeated Mr Jones' clinical observations and calculated a NEWS2 score of zero. She advised him to contact healthcare staff if his symptoms worsened.
17. On 23 April, Mr Jones complained of chest pain. An officer radioed a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties that alerts healthcare staff to attend and the control room to call an ambulance). A nurse attended his cell. Mr Jones said the pain was mainly in his stomach, and he had been vomiting. The nurse took his clinical observations and calculated a NEWS2 score of one. As he showed no signs of shortness of breath or difficulty breathing, she stood down the code blue. She suspected that Mr Jones had a sickness bug and asked a GP to prescribe anti-sickness tablets.
18. On 24 April, Mr Jones collected his anti-sickness tablets from the medications hatch. He told the nurse at the hatch that he had been vomiting every 30 minutes.
19. Later that day, a nurse saw Mr Jones in his cell. She took his clinical observations and calculated a NEWS2 score of two. She arranged for him to have a blood test the following morning and advised him to contact healthcare if his symptoms worsened overnight.
20. On 25 April, Mr Jones did not attend his blood test appointment.
21. On 26 April, a nurse visited Mr Jones in his cell. He said he had stomach pain for the past three weeks that was worsening, along with nose bleeds, black stools, and vomiting. The nurse took his clinical observations and calculated a NEWS2 score of two. She discussed Mr Jones' condition with the designated emergency response nurse and agreed to review him again within four hours.
22. At around 9.00pm, a nurse saw Mr Jones again. She took his clinical observations and calculated a NEWS2 score of one. Mr Jones said he had no pain or sickness at the time. She advised him to alert healthcare staff if he felt unwell overnight.
23. On 27 April, officers radioed a code blue as Mr Jones was feeling unwell. A paramedic responded, took his clinical observations, and checked his stomach.

They stood down the code blue, deciding he did not need an ambulance at the time. They arranged urgent blood and urine tests.

24. At around 11.36am, a healthcare assistant tried to take Mr Jones' blood in his cell. Mr Jones said he did not feel well enough, and they agreed to try again later.
25. At around 3.24pm, a nurse and paramedic returned to take Mr Jones' blood. As he still felt unwell, they decided to call an ambulance. Mr Jones was taken to hospital and admitted.
26. On 30 April, while in hospital, doctors diagnosed Mr Jones with a bowel obstruction.
27. On 8 May, a nurse at Oakwood visited Mr Jones in hospital. She was told that an MRI scan showed he had pancreatic cancer that had possibly spread to his liver, and a blocked artery in his gut. The consultant gave a prognosis of weeks to months. The nurse asked for a letter from the consultant to start an application for early release on compassionate grounds (ERCG).
28. On 16 May, doctors at the hospital gave Mr Jones a prognosis of two weeks.
29. On 21 May, Mr Jones was moved to a hospice for end-of-life care.
30. On 28 May, staff at Oakwood submitted an ERCG application for Mr Jones' to the public protection casework section (PPCS) within HMPPS, for consideration. PPCS had not made a decision on the application before Mr Jones' death.
31. On 14 June, Mr Jones' condition deteriorated, and he died later that day.

Cause of death

32. The Coroner accepted the cause of death provided by a hospice doctor and no post-mortem examination was carried out. The doctor gave the cause of death as metastatic pancreatic cancer (cancer which has spread to other parts of the body).

Findings

Clinical care

33. The clinical reviewer concluded that the care Mr Jones received at Oakwood was not of an adequate standard and was not equivalent to that which he could have expected to receive in the community.
34. The clinical reviewer found that the care Mr Jones received in the lead up to his diagnosis was poor. Although healthcare staff saw Mr Jones ten times between 22 and 27 April, there was little evidence that they reviewed previous entries, considered the whole picture including Mr Jones' reported history, or considered the clinical observations within that context. The clinical reviewer considered that while earlier intervention would not have changed the outcome for Mr Jones, it could have prevented or at least mitigated the distress and anxiety he experienced before his hospital admission on 27 April. The clinical reviewer also noted that no NEWS2 was calculated by any of the staff who saw him on 27 April, either in response to the code blue or when they were trying to take blood.
35. The Head of Healthcare has already created an action plan to address these issues so we do not repeat the clinical reviewer's recommendation. The clinical reviewer made three other recommendations relating to the wider care Mr Jones received, which the Head of Healthcare will wish to address.

Release on Temporary Licence (ROTL)

36. The Release on Temporary Licence (ROTL) Policy Framework sets out how a Special Purpose Licence (SPL) can be issued in response to a specific event or circumstances that would not usually require release on a regular basis.
37. Section 6.31 of the ROTL Policy Framework says that a SPL may be granted for offenders to attend medical out-patient appointments, or inpatient requirements.
38. Section 6.26 says if an offender is subject to a Restricted ROTL (which sets limitations on ROTL due to their sentence, offence, or risk) they are still eligible for a SPL for medical treatment, providing:
 - the offender needs essential medical treatment in the community; and
 - a senior manager chaired ROTL board has sat; and
 - the governor or deputy governor has agreed SPL is appropriate in all the circumstances.
39. Mr Jones was in hospital from 27 April and was moved to a hospice for end-of-life care on 21 May, where he remained until he died on 14 June. Throughout this period, he remained on a two-officer bed watch.
40. The investigator spoke to the Head of Offender Management Services at Oakwood, who said that ROTL was not considered for Mr Jones as staff were focusing on

completing his ERCG application and as a hospice place had been secured, ROTL would have had limited benefit.

41. We disagree. Mr Jones would have been eligible to apply for a Special Purpose Licence ROTL on medical grounds and this should have been considered by Oakwood to ensure his dignity was preserved and to offer privacy to his family in his final weeks. We recommend:

The Governor should ensure that staff understand the requirements for Release on Temporary Licence for medical purposes and a robust process is implemented to ensure applications are made when appropriate.

Inquest

42. At the inquest held on 17 August 2026, the Coroner concluded that Mr Jones died from natural causes.

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December 2025



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