

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Armitage, following his release from HMP Leeds, on 10 May 2025

A report by the Prisons and Probation Ombudsman

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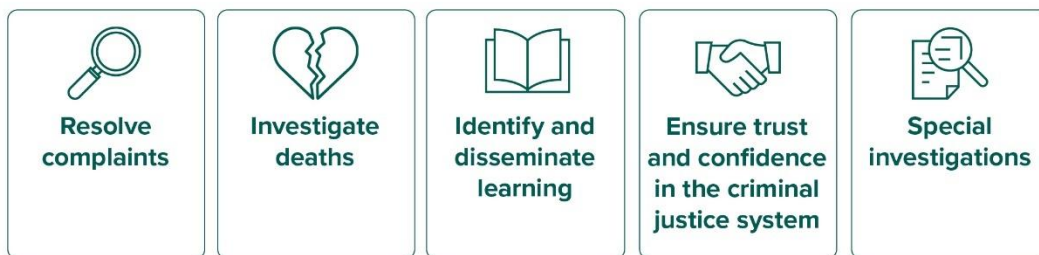
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OUR VISION

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. Since 6 September 2021, the PPO has investigated 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. Mr John Armitage died of lung cancer on 10 May 2025, following his release from HMP Leeds on 28 April. He was 45 years old. We offer our condolences to those who knew him.
5. The clinical reviewer concluded that the care Mr Armitage received at HMP Lincoln and then following his transfer to Leeds was of a good standard and equivalent to that which would have been received in the community. She found that Mr Armitage was seen by the healthcare team on each occasion that he reported chest/lung pain and the healthcare team reviewed his records where possible. However, as he had refused to give consent for his previous records to be shared with both establishments, staff were unable to view previous related concerns. The clinical reviewer made no recommendations.
6. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Mr Armitage.

The Investigation Process

7. HMPPS notified us of Mr Armitage's death on 31 May 2025.
8. The PPO investigator obtained copies of relevant extracts from Mr Armitage's prison and probation records.
9. NHS England commissioned an independent clinical reviewer, to review Mr Armitage's clinical care at HMP Leeds and HMP Lincoln. The clinical review is attached as Annex 1.
10. The investigator and the clinical reviewer interviewed ten members of healthcare staff from Lincoln and Leeds between 15 and 31 July.
11. We informed HM Coroner for Leeds of the investigation. They informed us that Mr Armitage's death had not been referred to their office and that no inquest would be held.
12. The Ombudsman's office contacted Mr Armitage's next of kin, his sister, to explain the investigation and to ask if she had any matters she wanted us to consider. She raised the following concerns which have been addressed in the clinical review and our report:
 - Why was Mr Armitage not seen by nurses when he asked?
 - Why was he refused medical care/treatment?
 - Why was he released from prison in so much pain and simply given a train timetable and some money and left to get on with things?
 - What medical treatment/care did he receive in prison?
 - Why was he seen by a nurse for tooth pain in Lincoln but not in Leeds?
 - Was it true that he was in so much pain that he was unable to walk, and other prisoners had to carry him around?
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
14. Mr Armitage's family received a copy of the draft report. They raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

Background Information

HMP Leeds

15. HMP Leeds is a category B reception and resettlement prison. Practice Plus Group provides healthcare services, including mental health services and substance misuse services.

HMP Lincoln

16. HMP Lincoln is a category B reception and resettlement prison, which holds convicted and remand prisoners. Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provide the integrated health services.

Probation Service

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

Key Events

Background

18. On 24 January 2025, Mr John Armitage was admitted to HMP Lincoln as a remand prisoner. Mr Armitage had a history of pneumothorax (collapsed lung). However, it is recorded that he did not consent to share his community medical records with HMP Lincoln, and subsequently HMP Leeds. Neither healthcare team therefore had access to his previous records in the community.

HMP Lincoln

19. On 2 February, Nurse A saw Mr Armitage due to complaints of lung pain. He told her that he previously had collapsed lungs, due to his lifestyle. Nurse A took observations, and all results were within normal range. During interview, Nurse A told us that she checked Mr Armitage's medical records, and as he had not consented to his records being shared, she could only go as far back as his arrival at Lincoln. She saw nothing of concern.
20. On 3 February, Nurse B saw Mr Armitage to follow up regarding his lung pain. Mr Armitage declined to have his clinical observations taken. He self-reported previous pneumothorax. Nurse B told us that he reviewed Mr Armitage's medical records to try and find a hospital discharge summary to confirm this, however, there was not one in his records. Nurse B recorded that there were no obvious signs of pain and that Mr Armitage was able to run up the stairs/landing.
21. On 5 February, Ms A, a paramedic at Lincoln, referred Mr Armitage to the GP at Lincoln due to his persistent lung pain.
22. On 26 February, Mr Armitage was convicted of burglary and sentenced to six months in prison.
23. On 27 February, Dr A, a GP operating at Lincoln, saw Mr Armitage and examined his chest. Dr A took Mr Armitage's clinical observations, and all results were in normal range. He prescribed pain relief medication and recorded that he would review Mr Armitage in four weeks. Dr A told us that he reviewed Mr Armitage's medical records for any relevant history, however he was unable to see any previous relevant history in the community due to Mr Armitage's refusal to share his records.
24. On 7 March, Ms B, Mr Armitage's Prison Offender Manager (POM), saw Mr Armitage. She told him that his housing provider had said that his partner was living in his property. Mr Armitage told her that he consented to the housing provider securing the property and taking his partner to another property.
25. On 11 March, Mr Armitage attended a video link interview with Ms C, his Community Offender Manager (COM). He agreed for Ms C to contact his housing provider and the substance misuse service so they could work together.
26. On 16 March, Nurse C saw Mr Armitage due to chest pain. It is recorded that he repeatedly requested medication. She examined his chest, and his clinical observations were within normal range.

27. On 27 March, Mr Armitage did not attend his appointment with Dr A to review his lung pain.
28. On 2 April, Ms B saw Mr Armitage to go through his licence with him. He refused to sign his licence as he said he did not agree with a non-contact condition with his partner.

Release from HMP Lincoln

29. On 3 April, Nurse D saw Mr Armitage for his discharge screening. He reported no issues, denied any health concerns and was planning to attend his GP in the community to continue medication. Nurse D gave him a discharge letter to give his GP in the community and 28 days' worth of his prescribed medication. He attended the probation office, and his induction was held with another probation practitioner as Ms C was not at work. He was given a travel warrant to cover his travel to his home address in Leeds.
30. On 4 April, Mr Armitage telephoned probation staff to tell them his property had been boarded up and he had to sleep on the street the previous night. The housing provider confirmed that they would get new keys issued urgently. Probation staff provided them with Mr Armitage's number so they could contact him directly. Mr Armitage said he would stay with his daughter over the weekend.
31. On 8 April, the housing provider contacted Ms C and said Mr Armitage had caused damage to the property. They said that he would lose the tenancy if he did not change the way he engaged.
32. On 9 April, Mr Armitage failed to attend his probation appointment and made no contact to explain his absence.
33. On 10 April, Ms C called Mr Armitage and could hear his partner in the background. She initiated a fixed term recall due to him breaching one of his licence conditions.

Recall to HMP Leeds

34. On 15 April, Mr Armitage was recalled to prison and taken to HMP Leeds. Nurse E completed his reception screening and Mr Armitage told her that he had lung issues.
35. On 17 April, Officer A, a member of the pre-release team, completed a Commissioned Rehabilitative Services (CRS) accommodation referral to sustain Mr Armitage's tenancy. Ms D, Mr Armitage's POM, introduced herself to Mr Armitage.
36. On 21 April, Nurse F documented that Mr Armitage stopped her on the wing and told her he had been having pain in his lung for six months. He reported that he had previously had a collapsed lung. Nurse F sent a task to the GP to check his medical history and consider a referral for a chest X-ray. Medical records confirm that a GP appointment was arranged for 8 May.
37. On 23 April, Nurse G saw Mr Armitage for a mental health assessment, and he reported that he had issues with his lungs and breathing. Nurse G told us that other than Mr Armitage speaking quietly she did not observe any difficulties with his

breathing. Nurse G advised him to see his GP in the community for additional support and Mr Armitage confirmed that he planned to do this.

38. Ms D contacted Ms C about Mr Armitage's accommodation. Ms C told her that he had a tenancy with a housing provider which he would be returning to.
39. On 25 April, Mr Armitage attended the medication hatch stating that he had shortness of breath and that he had put in numerous applications to see the GP. Records indicate that Mr Armitage did not submit any applications to be seen by healthcare staff. Pharmacy Technician Ms E recorded that Mr Armitage was rude, irate and shouting at the medication hatch. Ms E also told us that there was nothing that indicated that he was short of breath and she advised him to notify prison staff if he did become short of breath. Ms E advised Mr Armitage that he had an appointment with the GP booked for 8 May. She told us that she has no way of knowing prisoners' release dates and was therefore not aware that Mr Armitage would have been released by this point.

Release from HMP Leeds

40. On 28 April, Nurse H saw Mr Armitage prior to his release. He told her he would go to his GP as soon as possible about his health concerns and he was given 28 days' worth of his prescribed medication. Mr Armitage was released from Leeds. He attended his induction with probation staff. Ms C had been in contact with the housing provider to ensure that Mr Armitage had access to his property on release.
41. On 2 May, probation staff received a phone call from a hospital. They said Mr Armitage was admitted there on 30 April with shortness of breath and he was currently on oxygen and unable to speak.
42. On 8 May, Mr Armitage's sister called Ms C. She told her that he remained in hospital and had been diagnosed with terminal cancer.
43. On 9 May, Mr Armitage was moved to a hospice.

Circumstances of Mr Armitage's death

44. On 12 May, Ms C received a text from Mr Armitage's sister saying that Mr Armitage had died at 5.00am on 10 May.

Cause of death

45. The doctor gave the cause of death as lung cancer. Emphysema and hepatitis C were listed as contributory factors.

Findings

Clinical care

46. The clinical reviewer concluded that the care Mr Armitage received in the lead up to his releases from HMP Lincoln and HMP Leeds was equivalent to that which would have been received in the community.
47. She found that Mr Armitage reported lung/chest pain on a number of occasions. On each occasion, he was assessed and his symptoms were not deemed significant enough to warrant further investigations and as Mr Armitage had refused for his medical records to be shared with Lincoln and Leeds, the healthcare teams had no information regarding previous chest/lung concerns. The healthcare teams also prescribed pain relief on each occasion.
48. The clinical reviewer was satisfied that Mr Armitage's symptoms/presentation did not suggest that urgent investigations were required. She also noted that the healthcare department at Leeds had limited opportunity to conduct further investigations as he was only at the establishment for 14 days. She was satisfied that they checked that Mr Armitage was registered with a community GP before his release. The clinical reviewer did not make any recommendations.

Adrian Usher
Prisons and Probation Ombudsman

December 2025

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