Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Raymond Jones a prisoner at HMP Full Sutton on 29 July 2015

A report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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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.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Raymond Jones died of bronchial pneumonia and lung cancer at HMP Full Sutton on 29 July 2015. He was 77 years old. I offer my condolences to Mr Jones' family and friends.

I am satisfied that Mr Jones received a high standard of care at Full Sutton, equivalent to that he could have expected to receive in the community. As I have found in other recent investigations into deaths from natural causes at Full Sutton, Mr Jones received good end of life care, which allowed him to die pain free and with dignity.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **March 2016**

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Summary

Events

1. On 23 April 2013, Mr Raymond Jones was sentenced to ten years in prison. He had been at HMP Full Sutton since September 2013.

2. Mr Jones suffered from heart disease, chronic obstructive pulmonary disease (COPD) and poor mobility. Prison nurses and doctors monitored his condition at medication reviews, through clinical observations and elderly person checks.

3. In June and July 2015, Mr Jones' COPD deteriorated. He was treated for an infection and a GP ordered blood tests and an X-ray of his hand to check for osteomyelitis (inflammation of bone or bone marrow). On 20 July 2015, a GP reviewed Mr Jones and noted that the X-ray had not indicated any abnormality but he was concerned about the results of the blood tests. Mr Jones was breathless and suffering from shoulder pain. The GP arranged an urgent chest X-ray and further blood tests.

4. On 27 July, the X-ray indicated an abnormality to a third of Mr Jones' lung, which indicated a malignancy. Against advice, Mr Jones refused to go to hospital for specialist investigations or treatment. Later that day, healthcare staff admitted him to the prison's palliative care suite and implemented a care plan. Healthcare staff monitored him frequently and doctors managed his pain.

5. At 11.15pm on 29 July, a nurse noted Mr Jones was unresponsive. A paramedic and doctor attended and confirmed Mr Jones' death.

Findings

6. Healthcare staff at the prison monitored Mr Jones regularly. When a doctor noted unexplained changes in his existing symptoms, he arranged further investigations, in line with national guidelines for suspected cancer. When lung cancer was indicated, Mr Jones declined further investigations or treatment. He had full capacity to make such a decision and received appropriate palliative care at the prison. We are satisfied that Mr Jones received a high standard of care at the prison, particularly his end of life care, in the short time after the diagnosis of suspected lung cancer and his death. His care was equivalent to that he could have expected to receive in the community. We make no recommendations.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Full Sutton informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. The investigator obtained copies of relevant extracts from Mr Jones' prison and medical records.

9. NHS England commissioned a clinical reviewer to review Mr Jones' clinical care at the prison.

10. We informed HM Coroner for Kingston upon Hull and the East Riding of Yorkshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

11. One of the Ombudsman's family liaison officers contacted Mr Jones' brother, his next of kin, to explain the investigation. His brother had no specific matters he wanted the investigation to consider.

12. The investigation has assessed the main issues involved in Mr Jones' care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, liaison with his family, and whether compassionate release was considered.

13. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

14. Mr Jones' family were informed the initial report was available, but did not wish to receive a copy or make any comment.

Background Information

HMP Full Sutton

15. HMP Full Sutton is a high security prison near York, which holds up to 600 men. Healthcare services are commissioned through the Yorkshire and Humber Area Team of NHS England and are provided by Spectrum Community Health. There are registered general and mental health nurses, as well as a nurse who is qualified to prescribe medication. There is daily GP cover. There is an inpatient healthcare unit with six beds and 24-hour nursing cover. The healthcare accommodation includes a palliative care suite for prisoners with a terminal illness.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Full Sutton was in December 2012. Inspectors reported that clinical governance arrangements were satisfactory and the range and quality of healthcare services were good, although prisoners were generally dissatisfied with these services. Inspectors described the inpatient healthcare unit as satisfactory and patients were positive about the quality of care they received.

Independent Monitoring Board

17. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its most recent annual report for the year to October 2014, the IMB noted that the healthcare unit continued to provide a comprehensive service in all areas of primary care. However, uncertainty about the change in healthcare provider meant that some healthcare staff had left the prison, leaving several posts in primary care, dialysis, mental health and pharmacy unfilled.

Previous deaths at HMP Full Sutton

18. Mr Jones was the third prisoner to die of natural causes at Full Sutton since the start of 2015. Our investigations into the other deaths also found that the men received a good standard of care at the prison.

Findings

The diagnosis of Mr Jones' terminal illness and informing him of his condition

19. Mr Raymond Jones was sentenced to ten years in prison in April 2013 when he was 75. He had been at Full Sutton since September 2013. Mr Jones had poor health including high cholesterol, high blood pressure, angina, and chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases including chronic bronchitis and emphysema). His mobility was poor. He declined help to give up smoking. Mr Jones had routine elderly person's checks, regular monitoring of his health conditions and medication reviews.

20. On 23 June 2015, a nurse saw Mr Jones for an annual COPD review. He was not concerned about his chest, but had difficulty walking and had shoulder pain. The nurse prescribed ibuprofen gel and paracetamol.

21. On 14 July 2015, a prison GP prescribed an antibiotic, as Mr Jones had infected spots on his left hand. On 17 July, another prison GP examined Mr Jones' infected hand and ordered a blood test and X-rays to look for signs of osteomyelitis.

22. On 20 July, a prison GP saw Mr Jones and noted the X-ray had not shown any abnormality. The blood tests indicated an infection and anaemia. Mr Jones still had shoulder pain. The doctor noted Mr Jones had lost one and a half stones since January. He was concerned about the possibility of cancer and ordered an urgent chest X-ray and further blood tests.

23. In the early evening of 23 July, Mr Jones was admitted to the prison's inpatient after he fell in his cell. A nurse noted that Mr Jones was breathless, wheezy and had a cough. His temperature and pulse rate were raised and his blood pressure was low. A GP examined Mr Jones and noted he had a rattley cough. He prescribed an antibiotic for a chest infection and noted the possibility of a malignancy was being investigated. Nurses completed a care plan with two hourly observations and took sputum and urine samples for analysis.

24. On 24 July, a GP and a nurse spoke to Mr Jones about his failing health and told him they suspected he might have lung cancer.

25. On 27 July, a chest X-ray taken in the healthcare unit showed gross abnormal changes to a third of Mr Jones' lung. A nurse told Mr Jones that the changes indicated cancer. Mr Jones understood, but said he did not want to go to hospital for further investigations or treatment. Healthcare staff were satisfied that Mr Jones had mental capacity to refuse treatment.

26. We are satisfied that healthcare staff managed Mr Jones' chronic health needs in line with national guidance and arranged further investigations when his symptoms worsened. A doctor arranged further investigations in line with national guidelines for suspected cancer. There was no delay in his diagnosis.

Mr Jones' clinical care

27. Healthcare staff implemented a care plan for Mr Jones with frequent observations. Mr Jones had decided on 24 July, that he did not want anyone to try to resuscitate him if his heart of breathing stopped.

28. Mr Jones had a specialist bed with a pressure-relieving mattress in the healthcare centre. On 27 July, staff moved Mr Jones to the prison's palliative care suite and began an end of life care plan. Doctors prescribed pain relief and nurses continued to monitor him.

29. On the morning of 29 July, a clinical team leader spoke to Mr Jones about his failing health. Mr Jones again said that he did not want to be resuscitated. At 7.30pm, a nurse checked Mr Jones and noted he was watching television and responsive. She checked him several times throughout the evening. At 11.05pm, Mr Jones was sleeping.

30. At 11.15pm, an officer (Mr Jones' family liaison officer) and a nurse were sitting with Mr Jones when he stopped breathing. In line with Mr Jones' wishes, the nurse did not try to resuscitate him. A paramedic attended and confirmed that Mr Jones had died. At 1.18am on 30 July, a GP certified his death.

31. A post-mortem examination showed that Mr Jones died of bronchial pneumonia and disseminated carcinoma of the lung (cancer that is widespread throughout the lung).

32. The clinical reviewer found, and we are satisfied, that Mr Jones received a high standard of clinical care, with regular monitoring and assessments of his condition. Pain management was good and doctors increased Mr Jones' pain relief when needed. Records show that every effort was made to ensure that Mr Jones' emotional, psychological, social, cultural and spiritual needs were considered. Staff discussed his refusal of treatment with him frequently. The timely implementation of an end of life care plan meant that Mr Jones died pain free and with dignity.

Mr Jones' location

33. On 23 July, healthcare staff admitted Mr Jones to the inpatient unit for nursing care and observations and he moved to the palliative care suite on 27 July. Mr Jones wanted to remain at Full Sutton and refused to go to hospital for any investigation or treatment. Healthcare staff discussed this decision with Mr Jones frequently, but he steadfastly refused to change his mind. We consider that Mr Jones' location was appropriately located at Full Sutton.

Liaison with Mr Jones' family

34. On 27 July, the prison appointed an officer as Mr Jones' family liaison officer. Mr Jones told the officer that he had not been in contact with his family for a number of years and did not want them informed of his condition.

35. The family liaison officer was with Mr Jones when he died. At 11.20am on 30 July, another family liaison officer and an officer visited Mr Jones' brother and

informed him of his death. They explained that he had not wanted the prison to inform his family of his illness.

36. The prison arranged Mr Jones' funeral for 19 August and contributed to the costs, in line with national instructions. On 26 August, they held a memorial service at the prison.

37. We are satisfied that the prison complied with Mr Jones' wishes not to inform his family of his illness and there was appropriate family liaison after his death.

Compassionate release

38. Prisoners can be released before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months.

39. We are satisfied that the prison was not in a position to make an application for compassionate release for Mr Jones. He made it clear that he did not want to leave prison and said he wanted to die there.

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