Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Hall a prisoner at HMP Leeds on 2 May 2016

A report by the Prisons and Probation Ombudsman
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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 Christopher Hall died on 2 May 2016, of lung cancer, while a prisoner at HMP Leeds. He was 69 years old. I offer my condolences to Mr Hall's family and friends.

I am satisfied that Mr Hall received a good standard of clinical care at Leeds. Healthcare staff appropriately referred him to specialists and were compassionate and sensitive to his needs as his condition deteriorated. However, I am concerned that there is no evidence that an initial application for compassionate release was completed or submitted.

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 **November 2016**

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Summary

Events

1. On 15 January 2013, Mr Christopher Hall was sentenced to 14 years in prison for sexual offences. He was sent to HMP Leeds.

2. When he arrived at Leeds, Mr Hall said he smoked 15 cigarettes per day. He had several existing medical conditions, including vascular disease, previous abdomen surgery, deep vein thrombosis, previous stroke, internal abscesses, cataracts, arthritis and high blood pressure. Doctors prescribed appropriate medication and healthcare staff regularly monitored him for all these conditions.

3. On 20 April 2014, Mr Hall was taken to hospital with right sided chest pains. Clinical investigations identified cancerous nodules on his right lung.

4. On 25 April, a respiratory consultant saw Mr Hall and arranged further investigations over the next two months. On 26 June, a consultant thoracic surgeon confirmed that Mr Hall had lung cancer and required surgery in due course.

5. On 10 October, Mr Hall had part of his right lung removed. After the operation, hospital doctors referred him to a survivorship clinic (a partnership between Macmillan Support and NHS England offering interventions for those who have survived cancer).

6. On 9 February 2015, a specialist doctor at the survivorship clinic arranged a CT scan of Mr Hall's thorax (the area between the neck and abdomen). A CT scan and ultrasound confirmed that the cancer had returned. Mr Hall had twenty radiotherapy treatments aimed at curing the cancer, and a follow-up appointment was arranged for January 2016.

7. On 15 January, Mr Hall had a CT scan, which identified that the cancer had spread to his lymph nodes and pancreas. In March, an oncologist gave Mr Hall a prognosis of a few months but his condition deteriorated rapidly.

8. On 27 April, Mr Hall was admitted to hospital and he died on 2 May 2016.

Findings

9. We are satisfied that Mr Hall's care at Leeds was equivalent to that he could have expected to receive in the community. Healthcare staff appropriately referred him to specialists and treated him with compassion and sensitivity.

10. We are pleased to note that Mr Hall was not restrained for any of his hospital visits. However, we are disappointed that there is no record that the prison submitted an application for compassionate release in March 2016.

Recommendation

- The Governor should ensure that applications for early release on compassionate grounds are submitted without delay, kept under review and reconsidered quickly when a terminally ill prisoner's condition deteriorates.

The Investigation Process

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

12. The investigator obtained copies of relevant extracts from Mr Hall's prison and medical records.

13. NHS England commissioned a clinical reviewer to review Mr Hall's clinical care at the prison.

14. We informed HM Coroner for West Yorkshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

15. One of the Ombudsman's family liaison officers contacted Mr Hall's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Hall's sister was pleased with the support provided by the prison, and did not have any questions or concerns.

16. The investigation has assessed the main issues involved in Mr Hall's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

17. Mr Hall's sister received a copy of the initial report and indicated that she was satisfied with the findings.

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

Background Information

HMP Leeds

19. HMP Leeds is a local prison which holds up to 1,149 men. On 1 April 2016, Care UK took over the primary healthcare services from Leeds Community Health. Leeds has an inpatient facility with 24 hour nursing care.

HM Inspectorate of Prisons

20. The most recent inspection of HMP Leeds was in December 2015. Inspectors noted that health provision had declined since the last inspection but outcomes for prisoners remained reasonable overall. Waiting times for most clinics were acceptable and chronic disease management arrangements were impressive.

Independent Monitoring Board

21. 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 latest annual report, for the year to December 2015, the IMB reported concerns at major changes to staffing levels and management structures. However, staff continued to show high levels of care and respect to prisoners. Overall, healthcare provision had improved over the last 12 months although there were concerns that these standards could deteriorate if staffing levels were affected by Care UK's takeover in April.

Previous deaths at HMP Leeds

22. Mr Hall was the seventh prisoner to die of natural causes at Leeds since February 2014. There were no significant similarities with the circumstances of the previous deaths.

Findings

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

23. On 15 January 2013, Mr Christopher Hall was sentenced to 14 years in prison for sexual offences and sent to HMP Leeds. He had a number of existing medical conditions when he arrived, including vascular disease, previous abdominal surgery, deep vein thrombosis, previous stroke, internal abscesses, cataracts, arthritis and high blood pressure. He also said he smoked 15 cigarettes a day.

24. Doctors prescribed a number of different medications for Mr Hall's conditions and healthcare staff regularly monitored them. Staff referred Mr Hall for help to give up smoking, but he continued to smoke despite this assistance.

25. On 20 April 2014, a nurse examined Mr Hall as he was complaining of right sided chest pains moving across his back and right arm. An ECG was abnormal so she sent Mr Hall to hospital.

26. In hospital, Mr Hall had a CTPA (computed tomography pulmonary angiography) which identified two nodules on his lungs, which doctors suspected were cancerous. A hospital doctor told Mr Hall that he would need further investigations and made an urgent referral to the lung multi-disciplinary team under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks.

27. On 25 April, a respiratory consultant at hospital assessed Mr Hall and told him that it was likely he had lung cancer and that further investigations would provide more information. Mr Hall underwent further investigations in May and June.

28. On 26 June, a consultant thoracic surgeon told Mr Hall that he had lung cancer and would need surgery in due course.

29. On 10 October, Mr Hall had surgery to remove the cancerous cells in his right lung. He recovered in hospital and returned to Leeds on 16 October.

30. Healthcare staff saw Mr Hall frequently to monitor his condition. He suffered with some pain in his ribs and a prison GP prescribed pain relief.

31. On 29 October, having analysed the tissue sample obtained during Mr Hall's surgery, hospital specialists referred Mr Hall to the oncology team to discuss possible further treatments.

32. On 11 November, an oncologist at hospital referred Mr Hall to the survivorship clinic (a partnership between Macmillan Support and NHS England offering an integrated package of interventions for those who have survived cancer treatment).

33. On 9 February 2015, Mr Hall attended an oncology appointment at the survivorship clinic. A doctor was concerned about how much weight he had lost and booked a CT scan of his thorax (area between the neck and abdomen), which was carried out on 20 February. The CT scan identified possible cancerous tissue. An ultrasound on 2 April confirmed the presence of cancerous tissue.

34. On 7 May, a multi-disciplinary team at hospital diagnosed further cancer in Mr Hall's lungs, and arranged a course of intensive radiotherapy. On 16 June, a specialist reviewed Mr Hall and he agreed to radiotherapy with the aim of curing the cancer. A regime of twenty radiotherapy treatments started on 25 June and finished on 22 July. Mr Hall remained in healthcare and staff saw him several times a day.

35. On 13 August, Mr Hall told a prison GP that he had vomited blood. The GP immediately referred him for a chest X-ray. After the prison chased up the appointment, Mr Hall underwent the X-ray on 2 September. The X-ray did not identify any changes and Mr Hall was referred for a bone scan which took place on 8 September. The GP referred Mr Hall back to oncology at the hospital.

36. The hospital's oncology department booked an appointment for 29 September. However, Mr Hall refused to attend as his sister was visiting him. The appointment was re-scheduled to 20 October. On 20 October, an oncologist reviewed Mr Hall and told him that he would have a follow-up CT scan in January 2016 to see if the radiotherapy had been successful. On 15 January 2016, Mr Hall had a CT scan and, four days later, an appointment with the oncologist to discuss the results. However, the CT results were not ready at the time of their appointment.

37. On 2 March, the oncologist informed the prison that Mr Hall's cancer had spread to his lymph nodes and pancreas and his prognosis was a few months. On 9 March, a locum GP (the name is not recorded) discussed the results with Mr Hall and offered support. On 22 March, the oncologist examined Mr Hall and explained the spread of cancer. The oncologist confirmed his prognosis was a few months.

38. The clinical reviewer considered that healthcare staff identified, assessed and referred Mr Hall's condition appropriately. We are satisfied that healthcare staff at Leeds appropriately referred Mr Hall to hospital when he complained of chest pains. Once his cancer was diagnosed, healthcare staff monitored Mr Hall appropriately and referred him to hospital specialists as his condition deteriorated.

Mr Hall's clinical care

39. On 23 March, a nurse at the hospital referred Mr Hall to a hospice. The hospice appointed a nurse as Mr Hall's palliative care nurse. She regularly attended the prison to provide both specialist palliative care to Mr Hall. Nurses implemented a palliative care plan and saw Mr Hall regularly to monitor his condition. There were regular care meetings that included Mr Hall who indicated he did not wish anyone to resuscitate him if his heart or breathing stopped. Clinicians recorded his wishes.

40. On 30 March, Mr Hall told a nurse that he had changed his mind about resuscitation. However, on 19 April, after discussing his wishes with two nurses, Mr Hall confirmed he did not wish anyone to resuscitate him.

41. On 25 April, a prison GP noted that Mr Hall had been muddled over the weekend, and had a cough and a temperature. The GP diagnosed an infection and prescribed antibiotics.

42. On 26 April, a prison GP noted that Mr Hall seemed less confused but that he had developed twitching and jerking movements in his arms, and that he appeared dehydrated. On 27 April, a blood test identified poor kidney function and Mr Hall was taken to hospital. Mr Hall remained in hospital where his condition deteriorated. He died at 5.36pm on 2 May.

43. The coroner gave the cause of death as widespread metastases as a result of carcinoma of the lung (this means the cancer had spread from his lungs to other parts of the body).

44. We are satisfied that Mr Hall received a good standard of healthcare at the prison, equivalent to that he could have expected to receive in the community. The clinical reviewer said that Mr Hall received good palliative care. As it became evident that his condition was deteriorating, records show he received a good standard of clinical care. His nursing care was appropriate, compassionate and responsive. The clinical reviewer said there was appropriate monitoring and assessment ensuring Mr Hall received sufficient food, fluids and pressure area care. His pain was well managed and there was a smooth transition from the care he received in prison to palliative care in hospital.

Mr Hall’s location

45. Before and immediately after surgery in October 2014, Mr Hall was located in a standard ground floor cell. On 18 December 2014, he moved to a cell on the healthcare wing, with an adjustable bed and wheelchair access. He remained there until 24 February 2016, when he returned briefly to a normal location. However, he moved back to healthcare on 25 March.

46. On 27 April, Mr Hall was admitted to hospital where he was awaiting a hospice bed. However, as his condition declined he was too ill to move to a hospice. We consider that Mr Hall was located appropriately according to his needs.

Restraints, security and escorts

47. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.

48. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity and maintain their dignity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes account of factors such as the prisoner’s health and mobility.

49. Between October 2015 and 27 April 2016, Mr Hall attended hospital on eight occasions. Mr Hall was a frail man who could only walk short distances and required a wheelchair. Mr Hall was assessed as a low risk to the public, and a low risk of escape. Prison managers decided that officers should not restrain Mr Hall for any of his hospital visits. We are pleased that the prison managers considered his health and mobility in making this decision.

Liaison with Mr Hall's family

50. On 23 March 2015, the prison appointed an officer as the family liaison officer. She introduced herself to Mr Hall and his family, and explained her role in supporting them through Mr Hall's illness. She maintained regular contact with Mr Hall and his family.

51. On 20 April 2016, the family liaison officer spoke with Mr Hall's sister as his condition was declining. When he was admitted to hospital, both she and the hospital kept Mr Hall's family informed of his condition, and arranged for them to visit him.

52. Mr Hall's family were with him when he died. The family liaison officer spoke to them and offered her condolences and support. Mr Hall's funeral was on 23 May. The prison contributed towards the costs, in line with national policy.

53. We are satisfied that Mr Hall and his family were properly supported throughout his illness, and his family were appropriately supported after his death.

Compassionate release

54. Release on compassionate grounds is a means by which prisoners, who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000. Among the criteria is that the risk of re-offending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS).

55. On 21 March 2016, a prison GP recorded that that Mr Hall should be released early on compassionate grounds. A senior manager told us that an application was submitted to the PPCS on 24 March. However, the PPCS have no record of this application. The prison has not been able to provide any evidence of an application or response from the PPCS.

56. On 29 April, a hospice bed became available for Mr Hall. The prison submitted an application for early release on compassionate grounds the same day. Sadly, Mr Hall died before the application was considered further.

57. The process for Mr Hall's compassionate release was poorly documented and the prison could not provide any evidence that an application was submitted to the PPCS in March. We do not know whether Mr Hall would have met the criteria for compassionate release at this time, but it is important that the prison consider compassionate release at the earliest opportunity and clearly document discussions and decisions. We make the following recommendation:

    The Governor should ensure that applications for early release on compassionate grounds are submitted without delay, kept under review

and reconsidered quickly when a terminally ill prisoner's condition deteriorates.

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