

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Dean Taylor a prisoner at HMP Full Sutton on 14 August 2018

A report by the Prisons and Probation Ombudsman

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 Dean Taylor died of cancer on 14 August 2018 at HMP Full Sutton. He was 56 years old. I offer my condolences to Mr Taylor's family and friends.

I am satisfied that the healthcare Mr Taylor received in prison was equivalent to that which he could have expected to receive in the community. His diagnosis was made in a timely manner and he received good, compassionate care from staff at Full Sutton.

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

Sue McAllister CB
Prisons and Probation Ombudsman

February 2019

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Summary

Events

1. Mr Dean Taylor, who was serving a life sentence for murder, was moved to HMP Full Sutton in February 2009.
2. On 4 August 2016, Mr Taylor told a prison GP he had pain in his right eye. The GP made an urgent referral to an ophthalmologist (eye specialist). On 5 August, a consultant ophthalmic surgeon diagnosed malignant melanoma (a type of cancer) in Mr Taylor's right eye. Surgeons removed Mr Taylor's right eye on 22 November.
3. Hospital specialists reviewed Mr Taylor every three months and on 2 August 2017, an MRI scan showed that the cancer had spread to Mr Taylor's liver. On 7 August, a prison GP told Mr Taylor his condition was terminal.
4. On 22 November, a CT scan showed that the cancer had spread further to Mr Taylor's lungs and abdomen. Mr Taylor started palliative chemotherapy on 8 January 2018.
5. On 8 June, a CT scan showed that Mr Taylor's cancer had continued to progress.
6. At approximately 5.10am on 14 August, a prison officer found Mr Taylor collapsed in his cell. Mr Taylor was moved to the inpatient unit's palliative care suite where he died at 8.39am.
7. Mr Taylor died from metastasizing malignant melanoma (where cancer has spread from the tumour to other parts of the body), which was caused by right eye melanoma.

Findings

8. The clinical care Mr Taylor received was equivalent to that which he could have expected to receive in the community. Healthcare staff referred Mr Taylor to hospital specialists when appropriate and he received a timely diagnosis. Healthcare staff supported Mr Taylor emotionally after his diagnosis and during his chemotherapy treatment. Prison and healthcare staff respected Mr Taylor's wish to remain on the wing where he received support from a prisoner carer. The clinical reviewer considered that healthcare staff provided Mr Taylor with coordinated and compassionate care.
9. We make no recommendations.

The Investigation Process

10. 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.
11. The investigator obtained copies of relevant extracts from Mr Taylor's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Taylor's clinical care at the prison.
13. We informed HM Coroner for East Riding and Kingston upon Hull of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
14. The investigator wrote to Mr Taylor's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
15. The investigation has assessed the main issues involved in Mr Taylor'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.
16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HM Prison Full Sutton

17. HMP Full Sutton is a high security prison near York, which holds up to 626 men. Spectrum Community Health CIC provides a range of integrated health services. Healthcare staff are on duty for 24 hours a day. An inpatient healthcare unit, with six beds, provides full nursing care for patients, including a palliative care suite. Spectrum contracts the East Riding of Yorkshire Council for social care arrangements.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Full Sutton was an unannounced inspection in January 2016. The inspectors found that healthcare provision was reasonable overall, with good access to an appropriate range of services. Chronic disease management was reasonable but social care arrangements were underdeveloped. The inpatient unit provided a calm and decent service. Palliative care was available in the inpatient unit and had been used appropriately in the previous 12 months.

Independent Monitoring Board

19. 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 2017, the IMB was satisfied that healthcare at Full Sutton was available equally to all prisoners. Visits to external hospitals were carried out discreetly, with dignity and respect.

Previous deaths at HMP Full Sutton

20. Mr Taylor was the ninth prisoner to die at Full Sutton since August 2015. Seven of the previous deaths were from natural causes and one prisoner took their own life. There has been one death from natural causes since. There were no similarities between Mr Taylor's death and previous deaths at Full Sutton.

Findings

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

21. Mr Dean Taylor was convicted of murder and sentenced to life in prison in November 2008. He was moved to HMP Full Sutton on 11 February 2009.
22. On 4 August 2016, a prison GP, saw Mr Taylor who complained of pain in his right eye and reduced vision. He made an urgent referral to an ophthalmologist (eye specialist) under the NHS pathway that requires patients with suspected cancer to be seen by a specialist within two weeks.
23. On 5 August, Mr Taylor went to the eye clinic at hospital. A consultant ophthalmic surgeon diagnosed a large mass in Mr Taylor's right eye, which she suspected to be a malignant melanoma (a type of cancer that develops from pigment-forming cells known as melanocytes, which typically occurs in the skin but may rarely occur in the mouth, intestines or eye). She noted that Mr Taylor had a dense cataract in his left eye. She referred him to the ocular oncology clinic at another hospital.
24. On 16 August, an ophthalmic oncologist examined Mr Taylor and recommended that he have surgery to remove the cataract in his left eye followed by a complete removal of his right eye.
25. On 29 September, surgeons removed the cataract in Mr Taylor's left eye which restored most of his vision. On 22 November, surgeons removed Mr Taylor's right eye and replaced it with a prosthetic eye. Hospital specialists reviewed Mr Taylor every three months in the ocular oncology clinic.
26. On 29 June 2017, an ultrasound showed a small cyst on Mr Taylor's liver. On 2 August, a magnetic resonance imaging (MRI) scan (a scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body) showed that the cancer had spread to his liver. On 7 August, a prison GP told Mr Taylor that his condition was terminal.
27. We are satisfied that prison GPs referred Mr Taylor to hospital specialists when appropriate and there was no delay in his cancer diagnosis. A prison GP informed him of his terminal diagnosis and discussed it with him.

Mr Taylor's clinical care

28. On 14 September, a consultant oncologist (cancer specialist) assessed Mr Taylor at hospital. He told Mr Taylor that the results of a computerised tomography (CT) scan (a scan that uses a computer and X-rays to produce detailed images of the inside of the body) in three months would determine if his condition was suitable for palliative chemotherapy. He gave Mr Taylor a life expectancy of approximately 12 months.
29. On 22 November, Mr Taylor had a CT scan, which showed that the cancer had spread to his lungs and abdomen. Mr Taylor's condition was deemed suitable for palliative chemotherapy which he would receive every month with a review after the third cycle. On 18 December, the consultant oncologist wrote to Full

Sutton's healthcare unit and said that Mr Taylor's first chemotherapy treatment was on 8 January 2018.

30. On 8 January, a nurse created a care plan to manage Mr Taylor's treatment, pain relief medication and to monitor his risk of side effects from chemotherapy. Prison managers arranged for a prisoner carer to assist Mr Taylor with collecting his meals and activities of daily living.
31. On 29 January and 20 February, Mr Taylor was taken to hospital for chemotherapy.
32. On 7 March, a CT scan showed that Mr Taylor's cancer had progressed. On 12 March, the consultant oncologist wrote to Full Sutton's healthcare unit and said he had changed Mr Taylor's chemotherapy treatment.
33. Between April and May, Mr Taylor had seven cycles of chemotherapy. On 8 June, a CT scan showed that Mr Taylor's cancer had continued to progress.
34. Nurses saw Mr Taylor daily in accordance with his care plan. On 13 August, a prison GP prescribed Mr Taylor fentanyl (opioid painkiller). Mr Taylor agreed to consider a move to the inpatient unit to enable healthcare to monitor the effects of his pain relief medication.
35. At approximately 5.10am on 14 August, Mr. Taylor was found collapsed in his cell. Nurses immediately attended and moved Mr Taylor to the inpatient unit's palliative care suite. Prison managers arranged for his prisoner carer to remain with him until he died at 8.39am. Mr Taylor died from metastasizing malignant melanoma (when the cancer has spread from the tumour to other parts of the body), which had been caused by right eye melanoma.
36. The clinical reviewer found that Mr Taylor received a good standard of clinical care at the prison which was equivalent to that which he could have expected to receive in the community.

Mr Taylor's location

37. Mr Taylor lived in a single cell on a general residential wing. He told prison and healthcare staff he wanted to remain on the wing where he received support from his prisoner carer. On 14 August, Mr Taylor agreed to move to the palliative care suite where he died on the same day. We are satisfied that Mr Taylor's wishes to remain on a general residential wing, rather than move to the healthcare unit, were respected and that he was appropriately located throughout his illness.

Restraints, security and escorts

38. When prisoners have to travel outside the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility.

39. A prison risk assessment found Mr Taylor to be a high risk to the public due to the violent nature of his offence, specifically his use of firearms. His risk of escape and the likelihood of outside assistance was assessed as medium due to his involvement with gang culture. There were no medical objections to the use of restraints. Staff used an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer) to escort him to hospital which was removed during treatment.
40. Mr Taylor was fully mobile when he was taken to hospital and given his risk profile, we consider that the use of an escort chain was reasonable.

Liaison with Mr Taylor's family

41. On 2 August 2017, the prison appointed a prison officer as a family liaison officer (FLO). Mr Taylor told the FLO he would tell his sister, his nominated next of kin, about his condition when she visited him on 9 August. The FLO saw Mr Taylor in his cell regularly to offer support. Mr Taylor said he was well supported by his prisoner carer.
42. At 9.15am on 14 August, the FLO telephoned Mr Taylor's sister and told her of his death. Due to potential media interest in Mr Taylor's case and because Mr Taylor's sister lived a considerable distance from the prison, the FLO was concerned that Mr Taylor's sister would find out about his death before prison staff could visit her. Mr Taylor's sister told the FLO that she already knew Mr Taylor had died because his prisoner carer had telephoned her to tell her.
43. The FLO kept in contact with Mr Taylor's sister until his funeral on 6 September. The prison contributed towards the costs in line with national policy.

Compassionate release

44. Prisoners can be released from custody 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.
45. When Mr Taylor was diagnosed with metastatic melanoma in August 2017, prison staff asked him if he wanted to make an application for release on compassionate grounds. Mr Taylor told staff he preferred to remain in Full Sutton where he felt supported by his friends.
46. When his condition deteriorated in June 2018, prison staff discussed compassionate release with Mr Taylor again. Mr Taylor said that he did not want to apply.
47. We are satisfied that the prison appropriately discussed compassionate release with Mr Taylor.

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