Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Paul Corrigan a prisoner at HMP North Sea Camp on 11 December 2018

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 I oversee can improve their work in the future.

Mr Paul Corrigan died in hospital on 11 December 2018 while a prisoner at HMP North Sea Camp. He died of pneumonia exacerbated by the spread of cancer and chronic lung disease. He was 67 years old. I offer my condolences to Mr Corrigan's family and friends.

I am satisfied that the healthcare Mr Corrigan received at North Sea Camp was good and equivalent to that he could have expected to receive in the community.

All prison staff worked with staff at the hospital to support Mr Corrigan and respected his wishes. The prison and healthcare staff provided excellent support to Mr Corrigan and displayed good practice in managing a prisoner with complex medical needs.

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 **July 2019**

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Summary

Events

1. In 1982, Mr Paul Corrigan received a sentence of life imprisonment for the kidnap and manslaughter of a child. On 17 May 2016, he was transferred to HMP North Sea Camp.

2. Mr Corrigan had a number of health concerns including previous cases of nose and kidney cancer, kidney disease, lung disease and a history of surgery on his prostate.

3. Mr Corrigan attended hospital for routine check-ups with specialists. He was also admitted on several occasions to treat infections and cases of pneumonia. As a result, he spent long periods in hospital.

4. In April 2018, after a routine scan, it was discovered that Mr Corrigan had developed cancer in his adrenal gland. Although the cancer was removed, it was subsequently established that cancer had spread throughout Mr Corrigan's body.

5. On 17 November, Mr Corrigan was admitted to hospital. He remained there until he died on 11 December 2018.

Findings

6. The clinical reviewer considered that the clinical care Mr Corrigan received at North Sea Camp was of a good standard and equivalent to that which he could have expected to receive in the community.

7. Prison staff also displayed excellent multi-disciplinary work, ensuring that they managed Mr Corrigan's complex health needs. All of these were dealt with in a timely manager, ensuring Mr Corrigan received the care he required.

The Investigation Process

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

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

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

11. We informed HM Coroner for Lincolnshire (Boston and Spalding) of the investigation. He gave us the results of the Report of Death to Coroner notice and we have sent the coroner a copy of this report.

12. The investigator wrote to Mr Corrigan's next of kin to explain the investigation and to ask whether he had any matters he wanted the investigation to consider. He did not respond to our letter.

13. The investigation has assessed the main issues involved in Mr Corrigan'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.

14. We shared our initial report with HM Prison and Probation Service (HMPPS). They did not find any factual inaccuracies.

Background Information

HMP North Sea Camp

15. HMP North Sea Camp is an open (Category D) prison, holding approximately 400 men. Accommodation is provided in five residential units. There are also 66 beds in four detached houses, known as the Jubilee Units. These are used for long-term prisoners living independently.

16. Nottinghamshire Healthcare NHS Foundation Trust provide healthcare services at the prison.

HM Inspectorate of Prisons

17. The most recent inspection of North Sea Camp was conducted in July 2017. Inspectors reported that clinical governance of healthcare was sound, and good relationships had been established across the prison. A range of appropriate primary care services were provided and waiting lists for clinics were short, although a significant number of men were waiting too long for routine podiatry care.

18. Inspectors noted that the safer custody and healthcare teams had a complex needs register for prisoners identified as having adult social care needs. This allowed them to track referrals to, and responses from, adult social care. Men were assigned ‘buddies’ to assist them where appropriate. Men at risk were considered for a single room and a log documented the reason for allocating them one.

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 February 2018, the IMB highlighted the good physical and mental health care provided at North Sea Camp. However, the Board raised some issues with the distance that prisoners had to travel for some treatments, especially those with disabilities.

Previous deaths at HMP North Sea Camp

20. Mr Corrigan is the third prisoner to die at North Sea Camp since 2017. There are no similarities between these previous deaths and that of Mr Corrigan.

Findings

Diagnosis of Mr Corrigan's illness

21. Mr Corrigan was serving a life sentence and had been at HMP North Sea Camp since 17 May 2016. At his initial health screening, it was noted that Mr Corrigan had been diagnosed and treated for nose and kidney cancer. He had other health concerns which had developed during his time in custody including kidney disease, lung disease and problems with his prostate. Although Mr Corrigan revealed no significant substance misuse issues during his screening, he had taken an overdose in the past so he was referred to the mental health team.

22. On 25 May 2016, a full mental health assessment took place and Mr Corrigan presented with anxiety. He was provided with a listener (a fellow prisoner who is trained by the Samaritans to provide support to other prisoners) and he completed anxiety management work. Mr Corrigan received support from the mental health team for twelve months.

23. In August 2016, Mr Corrigan completed an 'advance health directive' because of his ongoing health concerns. This meant he was able to specify his wishes, including his preferred location of death. The following month, Mr Corrigan requested that 'A Do Not Attempt Cardio Pulmonary Resuscitation' (or DNACPR) order be put in place. (This was intended to prevent any attempt to save his life in the event of his going into cardio-respiratory arrest.) The DNACPR was renewed up until his death.

24. On 25 November 2016, Mr Corrigan was admitted to Pilgrim Hospital, Boston for treatment for pneumonia and heart failure. After being discharged, Mr Corrigan attended further cardiology appointments to manage his heart condition.

25. In January 2017, at a routine hospital appointment, further tests showed heart failure and that Mr Corrigan's kidney function was poor. Although he was on medication for his heart failure, it was difficult for clinicians to make changes to Mr Corrigan's medication because of his poor kidney function.

26. Other tests also showed that Mr Corrigan had Chronic Obstructive Pulmonary Disease (or COPD, progressive lung disease). He was advised to stop smoking but declined any support to help him do so. Mr Corrigan was referred to a respiratory consultant for specialist support.

27. On 4 April 2018, the prison received results from routine tests for Mr Corrigan's ongoing health issues. A CT scan had picked up a mass on his adrenal gland. On 18 April 2018, Mr Corrigan had his left adrenal gland removed as his previous cancer had spread. Mr Corrigan also developed pneumonia, and his heart failure had worsened while in hospital. He was therefore transferred for specialist cardiac care.

28. On 11 June 2018, during a hospital admission for a benign cyst and low blood pressure, Mr Corrigan received treatment for another case of pneumonia and subsequent sepsis. On 22 June, he was reviewed by a consultant oncologist, who explained to Mr Corrigan that his cancer was still present and could spread

to other organs. Unfortunately, Mr Corrigan was considered too weak to tolerate any treatment.

29. On 10 August, Mr Corrigan was reviewed again by a consultant oncologist who suspected the further spread of the cancer into the right adrenal gland and abdomen. A course of immunotherapy was planned to treat Mr Corrigan and this took place on 6 September.

30. On 22 September, Mr Corrigan was again admitted into hospital for six days due to another instance of sepsis. He was also treated for acute kidney injury (a sudden reduction in kidney function which can occur when a person is ill with another condition) and received antibiotics and fluids.

31. Mr Corrigan's next course of immunotherapy was postponed due to his recent illness. He returned to North Sea Camp and a social care needs assessment was carried out. Mr Corrigan was given support with showering and was allocated a 'buddy', a fellow prisoner who would help him with day-to-day tasks.

32. On 14 October, Mr Corrigan was re-admitted to hospital for another case of pneumonia and possible injury to his right shoulder. He was reviewed by a dermatology specialist, who found nodules across Mr Corrigan's abdomen, back and armpit. This could indicate cancer so Mr Corrigan was referred to the hospital skin cancer multi-disciplinary team for further review.

33. While Mr Corrigan was in hospital, he was visited by a nurse from St Barnabas' Hospice. She discussed Mr Corrigan's current and future needs. She continued to visit Mr Corrigan, and Marie Curie nurses were to visit him in prison should this become necessary.

34. After being discharged from hospital, Mr Corrigan was monitored under the complex care process at North Sea Camp. A multi-disciplinary meeting took place on 12 November which Mr Corrigan attended although he was very frail. He agreed to going into a hospice to assist his symptom control. The healthcare team was also trying to ensure that it had the necessary equipment to support Mr Corrigan's needs in prison. The team was also arranging any necessary training. A referral was made to a dietician for advice as Mr Corrigan had lost weight.

35. On 17 November, Mr Corrigan was again re-admitted to hospital with a throat infection and low blood pressure. He was also treated for pneumonia again.

36. On 26 November, a palliative care plan was put in place by the prison for Mr Corrigan's possible return to North Sea Camp.

37. On 5 December, the hospital began a fast track process to transfer Mr Corrigan either to North Sea Camp or to a hospice.

38. Mr Corrigan continued to receive antibiotics and fluids in hospital. He was also fed by a tube into his stomach. There is evidence to show that healthcare staff maintained good levels of contact with the hospital.

39. Mr Corrigan continued to deteriorate and died on 11 December 2018 at Pilgrim Hospital from pneumonia caused by the spread of cancer and COPD.

Mr Corrigan's clinical care

40. The clinical reviewer is satisfied that Mr Corrigan received a good standard of both physical and mental healthcare at North Sea Camp prior to his admission to hospital and that the care was equivalent to that he would have received in the wider community.

41. The clinical reviewer also commented on how Mr Corrigan's various co-morbidities were assessed and reviewed in a timely manner. He had equal access to early referrals to specialists and screening. All of this is comparable to the care that Mr Corrigan would have received in the community.

42. We agree with the clinical reviewer that Mr Corrigan experienced many chest infections and pneumonia, however these were always noted and escalated to the appropriate professionals.

43. Prison staff and healthcare staff at North Sea Camp supported Mr Corrigan, particularly at the end of his life, when he became involved in the planning of his own care. He was also supported by social care staff when his functional ability declined and this included support from a buddy and a carer. The clinical reviewer considers that it is clear that Mr Corrigan's care was holistic in nature. There were plenty examples of good practice.

Mr Corrigan's location

44. At North Sea Camp, before he was admitted to hospital, Mr Corrigan lived in Jubilee House 1. (This is a detached house, separate from the main prison and designed to help prisoners develop independent living skills.) A room was offered to Mr Corrigan in another part of the prison but he declined the move and the prison continued to support him where he was.

45. We are satisfied that Mr Corrigan's needs could be met at this location before he became ill and was admitted into hospital for the last time on 17 November 2018.

Restraints, security and escorts

46. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

47. North Sea Camp is a category D prison and therefore many prisoners are allowed to leave the prison unaccompanied under release on temporary licence (ROTL) arrangements to help them re-integrate into the community as they are coming to the end of their sentence.

48. Mr Corrigan had been granted ROTL for unaccompanied shopping trips in the community before he became seriously ill.

49. He was also granted ROTL on many occasions when he needed to attend hospital appointments or stay in hospital. He was usually accompanied by a member of prison staff to ensure that he had the support that he required. In the days leading up to his death officers also provided a bed watch in hospital to support Mr Corrigan and to ensure his privacy (as, because of his offence, there was some local media interest in the fact that he was in hospital).

50. We are satisfied that it was reasonable to grant Mr Corrigan ROTL when he was in hospital and that he received appropriate support.

Liaison with Mr Corrigan's family

51. On 3 May, a complex case review meeting took place at North Sea Camp, while Mr Corrigan was in hospital after being diagnosed with cancer of the adrenal gland. It was agreed at the meeting that a prison family liaison officer (FLO) would be appointed but in the meantime an officer would open a decision log until a permanent FLO had been appointed.

52. On 5 May, the officer visited Mr Corrigan and discussed his support network. Mr Corrigan clarified that his next of kin was a friend who was also a former prisoner and that they had been stopped from contacting each other because of the nature of their offences.

53. Until a permanent FLO was appointed, the officer kept in regular contact with the hospital and with the prison staff who accompanied Mr Corrigan while he was in hospital.

54. On 15 June, North Sea Camp appointed a FLO. She went to visit Mr Corrigan in hospital and introduced herself as his FLO and explained what her role involved. She also brought Mr Corrigan some money and asked whether he had any family that he would like to have contacted. Mr Corrigan explained that he had lost contact with his family years ago.

55. When Mr Corrigan was not in hospital, the FLO visited Mr Corrigan at least three or four times a week. She also made regular visits to see Mr Corrigan when he was in hospital.

56. On 29 June, the Head of Residence at North Sea Camp decided that Mr Corrigan could have contact with his nominated next of kin via telephone and mail. As Mr Corrigan's health declined, it was decided that his next of kin would be allowed to visit Mr Corrigan on compassionate grounds. Arrangements were made to facilitate this.

57. On 5 September, the FLO discussed Mr Corrigan's wishes. He stated that he would like to be buried and that he carried a donor card.

58. On 20 October, Mr Corrigan's next of kin came to visit him at North Sea Camp. Due to Mr Corrigan's rapid decline there were no further visits.

59. When Mr Corrigan was admitted into hospital for the final time, the FLO maintained communication with Mr Corrigan's next of kin in accordance with his wishes.

60. Mr Corrigan's health continued to decline and he died in hospital on 11 December, at 1:35pm.

61. His funeral took place on 7 January and was attended by the FLO and the Governor. North Sea Camp's Chaplain conducted the service. The prison provided a financial contribution in line with national policy.

62. We recognise the efforts of staff to ensure that arrangements were made to ensure that Mr Corrigan was well supported from the time of his diagnosis until his death. Prison staff facilitated contact with and a visit from his next of kin and ensured that Mr Corrigan's wishes were met.

Compassionate release

63. 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.

64. On 18 June, the Head of Residence at North Sea Camp discussed compassionate release for Mr Corrigan with the Custody and Community Offender Management team. The application process was started even though Mr Corrigan had not yet been given a terminal prognosis. This was because the Head of Residence wanted to identify any potential obstacles early.

65. The prison agreed that Mr Corrigan should have contact with his next of kin as he was the only person that Mr Corrigan knew outside the prison. This would allow him to have contact with someone in the community if he was to be released on compassionate grounds.

66. The application for compassionate release was continued but was not completed prior to Mr Corrigan's death. We are satisfied that compassionate release was appropriately considered in the circumstances.

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