

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr James Bardoe a prisoner at HMP North Sea Camp on 4 May 2019

**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 James Bardoe died on 4 May 2019 of lung cancer while a prisoner at HMP North Sea Camp. He was 69 years old. I offer my condolences to Mr Bardoe's family and friends.

I am satisfied that the healthcare Mr Bardoe received at North Sea Camp was equivalent to that which he could have expected to receive in the community. We have made no recommendations.

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**

**August 2019**

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# Summary

## Events

1. On 1 November 1967, Mr James Bardoe was convicted of murder and sentenced to life imprisonment, with a minimum term of 20 years. He was released on life licence in 1987, but was recalled in 2002 after committing further offences. On 26 May 2017, Mr Bardoe was transferred to HMP North Sea Camp.
2. Mr Bardoe had a medical history of multiple myeloma, COPD and heart disease.
3. On 28 January 2019, Mr Bardoe was taken to hospital by emergency ambulance because he had chest pains and difficulty breathing. While in hospital, Mr Bardoe was diagnosed with lung cancer.
4. On 6 February, a multidisciplinary meeting took place at the hospital, where treatment options were considered. Mr Bardoe was only suitable for supportive care because his advanced COPD meant that treatment was not an option.
5. On 19 February, a specialist nurse practitioner from a hospice assessed Mr Bardoe's needs and completed an advanced care plan. Mr Bardoe said that his preferred place of care was North Sea Camp or a hospice, and his preferred place of death was a hospice.
6. On 28 April, Mr Bardoe's health deteriorated and he was transferred to a hospice.
7. On 4 May, at 4.13pm, it was confirmed that Mr Bardoe had died.
8. The coroner gave Mr Bardoe's cause of death as lung cancer.

## Findings

9. The clinical reviewer concluded that the care Mr Bardoe received at North Sea Camp was good and equivalent to that that which he could have expected to receive in the community.
10. His pre-existing health issues were managed properly.
11. After his diagnosis, Mr Bardoe's physical and mental wellbeing were well supported by healthcare staff and prompt action was taken to address and manage his pain and other care needs. His wishes were respected and his care was modified so he could remain at North Sea Camp, rather than be moved to another prison with a palliative care unit.
12. We are satisfied that the prison appropriately considered Mr Bardoe's release on compassionate grounds.
13. We make no recommendations.

## The Investigation Process

14. 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.
15. The investigator obtained copies of relevant extracts from Mr Bardoe's prison and medical records.
16. NHS England commissioned a clinical reviewer to review Mr Bardoe's clinical care at the prison.
17. We informed HM Coroner for Central and West Lincolnshire of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
18. We wrote to Mr Bardoe's next of kin to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They did not respond to our letter.
19. 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

20. HMP North Sea Camp is an open (Category D) prison near Boston in Lincolnshire, holding approximately 400 men. Accommodation is provided in five residential units. There are also 66 beds in four detached houses which are used for long-term prisoners living independently.
21. Nottinghamshire Healthcare NHS Foundation Trust provide healthcare services at the prison.

## HM Inspectorate of Prisons

22. The most recent inspection of HMP North Sea Camp was conducted in July 2017. Inspectors reported that the 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.
23. 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.

## Independent Monitoring Board

24. 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, there were some issues with the distance that prisoners had to travel for some treatments, especially those with disabilities.

## Previous deaths at HMP North Sea Camp

25. Mr Bardoe was the fifth prisoner to die at North Sea Camp in the last two years. Three prisoners died from natural causes and one was a drug-related death. There are no similarities with those deaths.

## Findings

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

26. On 1 November 1967, Mr Bardoe was convicted of murder and sentenced to life imprisonment, with a minimum term of 20 years. He was released on life licence in 1987, but was recalled in 2002 after committing further offences. On 26 May 2017, Mr Bardoe was transferred to HMP North Sea Camp.
27. A nurse completed Mr Bardoe's reception screening on his arrival at North Sea Camp. She noted that he had been diagnosed with multiple myeloma, a type of bone marrow cancer, in January 2007, which was treated by a stem cell transplant in 2010; COPD in April 2012; and a heart attack in 2002; and that he had ongoing associated heart disease, for which he received medication.
28. On 30 May, a nurse carried out a secondary health screening. Appropriate care plans were put in place for Mr Bardoe's health issues and were discussed with him.
29. Mr Bardoe was granted release on temporary licence (ROTL) to attend his hospital appointments so that his cancer and COPD could be monitored. He was accompanied by prison officers in a supportive role. Mr Bardoe was reviewed by healthcare staff on a regular basis and was given advice to stop smoking, which he refused to do.
30. On 28 January 2019, Mr Bardoe was taken to Pilgrim Hospital by emergency ambulance because he complained of chest pains and difficulty breathing. While in hospital, Mr Bardoe was diagnosed with lung cancer. Mr Bardoe was transferred back to North Sea Camp on 31 January, and a nurse spoke to him about his diagnosis.
31. On 6 February, a multidisciplinary meeting took place at Pilgrim Hospital where treatment options were considered. Mr Bardoe was suitable for supportive care only, because his advanced COPD meant treatment was not an option for him.
32. On 9 February, Mr Bardoe was admitted to hospital again because of chest pains. He was treated for sepsis. His terminal lung cancer diagnosis was explained to him while he was in hospital. On 15 February, Mr Bardoe was discharged from hospital and was transferred back to North Sea Camp.

### Mr Bardoe's clinical care

33. On 12 February, Mr Bardoe was discussed at a complex case meeting. It was agreed that staff would try to secure a place at HMP Leyhill because it had a specialist palliative care unit, and was better equipped to care for Mr Bardoe.
34. On 19 February, a specialist nurse practitioner from St Barnabas Hospice assessed Mr Bardoe's needs. She completed an advanced care plan with Mr Bardoe, and a do not attempt cardiopulmonary resuscitation order (which means that no attempt at resuscitation will be made if the patient's heart or breathing stops) was put in place. Mr Bardoe said that his preferred place of care was North Sea Camp or a hospice, and his preferred place of death was a hospice.

35. On 20 February, Leyhill agreed to accept Mr Bardoe. Mr Bardoe refused to transfer to Leyhill, however, because he said that he wanted to stay at a prison he was familiar with. North Sea Camp staff then created a care plan to enable Mr Bardoe to stay at North Sea Camp. This included support from the Marie Curie rapid response team if Mr Bardoe needed medical assistance outside of healthcare hours, the prescription of anticipatory medicines to manage end of life care, and a social care assessment to support his increased care needs. His needs continued to be monitored by staff and his care and medications were adapted accordingly.
36. On 28 April, Mr Bardoe's health deteriorated and he was transferred to Butterfly Hospice.
37. On 4 May, at 4.13pm, it was confirmed that Mr Bardoe had died.

### **Mr Bardoe's location**

38. Mr Bardoe was located in a single room in the prison and had access to a disabled bathroom. In February 2019, when Mr Bardoe's health began to deteriorate, the prison considered transferring him to Leyhill, because it had 24-hour healthcare provision and could provide specialist palliative care.
39. Mr Bardoe told staff he did not want to move to Leyhill, and that his preferred place of death was a hospice. The prison created a care plan to enable Mr Bardoe to stay at North Sea Camp.
40. From 7 March, Mr Bardoe's care plan was updated to include two hourly checks. This was increased to hourly checks from 24 April, because of a further decline in his health. On 28 April, Mr Bardoe moved to Butterfly Hospice, where he died.
41. We are satisfied that Mr Bardoe's needs were met by the prison and he was transferred to his preferred place of death in a timely manner.

### **Restraints, security and escorts**

42. 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.
43. North Sea Camp is a category D prison and therefore many prisoners can leave the prison unaccompanied under ROTL (to help facilitate integration into the community as prisoners are coming to the end of their sentence).
44. Mr Bardoe visited the hospital on many occasions and although there was a ROTL in place, a member of prison staff accompanied him for support. Appropriately, he was not restrained.

### **Liaison with Mr Bardoe's next of kin**

45. On 15 November 2018, an officer was appointed as Mr Bardoe's Family Liaison Officer (FLO). He visited Mr Bardoe the same day and explained the FLO role,

and Mr Bardoe gave a friend's details as his next of kin. The FLO maintained regular contact with Mr Bardoe and his next of kin, facilitating phone calls and providing updates.

46. On 4 May, when Mr Bardoe died, the FLO phoned Mr Bardoe's next of kin, as agreed. The FLO continued to support the next of kin with funeral arrangements and the return of Mr Bardoe's property.
47. Mr Bardoe's funeral took place on 14 June. The prison contributed to the funeral costs in line with national policy.

### **Compassionate release**

48. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they have a terminal illness and have a life expectancy of less than three months.
49. In February 2019, a request was sent to Mr Bardoe's Offender Supervisor to begin the compassionate release process. The application was not submitted because the prison did not receive a prognosis letter from Mr Bardoe's doctors. Mr Bardoe also said that he did not want to be considered for compassionate release because he said that he had nowhere to be released to and wanted to stay in prison for as long as possible and then go into a hospice.
50. We are satisfied that compassionate release was appropriately considered in the circumstances.

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