

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Richard Jones, a prisoner at HMP Altcourse, on 21 April 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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Summary

1. 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.
2. Our office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Richard Jones, who was 54 years old, died of a brain tumour on 21 April 2019 while a prisoner at HMP Altcourse. I offer my condolences to Mr Jones's family and friends.
4. The clinical reviewer concluded that the clinical care that Mr Jones received after his diagnosis was of a reasonable standard and equivalent to that which he could have expected to receive in the community. She has made one recommendation about clinical issues, which can be found below.
5. We did not find any non-clinical issues of concern.

Recommendations

- **The Head of Healthcare at HMP Altcourse should ensure that blood pressure monitoring and recording is undertaken in accordance with National Institute for Health and Care Excellence (NICE) CG127.**

Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Jones's clinical care at HMP Altcourse. The clinical review is attached to this report as Annex 1.
7. The PPO has investigated the non-clinical issues in Mr Jones's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
8. Our investigator wrote to Mr Jones's brother 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.
9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out no factual inaccuracies. The action plan has been annexed to this report.

Previous deaths at Altcourse

10. Mr Jones was the 12th prisoner to die at Altcourse since December 2016. Of the previous deaths, three were self-inflicted and eight were from natural causes. There were no significant similarities between the circumstances of Mr Jones's death and these previous ones. There have been no deaths since Mr Jones's death.

Key Events

11. Mr Richard Jones was given a custodial sentence on 4 April 2018 for breaching his sexual offences prevention order. He was transferred to HMP Altcourse.
12. At his first and second health screens, Mr Jones expressed no concerns and healthcare staff recorded nothing of concern apart from slightly raised blood pressure and that Mr Jones had a longstanding difficulty with reading and writing.
13. Mr Jones had no further significant contact with healthcare staff until 31 December, when he was seen by a nurse at the request of a prison officer who was concerned that Mr Jones was less alert than usual and did not seem his normal self. Mr Jones said he felt fine. His observations were all within normal levels and he scored 15 (the highest possible score) on the Glasgow Coma Scale (which measures a person's level of consciousness).
14. The prison officer who was concerned about Mr Jones also referred him to the mental health team. As a result, Mr Jones was assessed by a mental health nurse on 13 January 2019. Prison staff reported that Mr Jones seemed low in mood, was not eating well, was neglecting his personal care and was self-isolating. Mr Jones said that he had low energy, no motivation, a poor appetite and problems sleeping. The nurse recorded that Mr Jones showed no signs of thought disorder or impaired cognitive thinking, but he was unkempt and facially 'flat'. She planned various follow up actions and asked staff to monitor his food intake and to report any changes in his behaviour.
15. On 22 January, Mr Jones was seen twice by healthcare staff after prison officers reported he was not eating and was unsteady on his feet. The following day, Mr Jones was transferred to hospital with a suspected stroke after his condition deteriorated. He was diagnosed with a brain tumour and on 28 January, he had an operation to remove as much of the tumour as possible.
16. On 21 February, he was discharged from hospital and returned to the inpatients' unit at Altcourse. He had some memory problems but was assessed as active, fully mobile and able to self-care. On 26 February, he was assessed as fit to return to a standard prison wing.
17. On 11 March, Mr Jones was transferred to hospital as an emergency as he was not making sense and was behaving strangely. He was discharged back to Altcourse on 14 March.
18. On 21 and 22 March, Mr Jones attended hospital for chemotherapy and radiotherapy treatments. On 25 March, he refused to attend hospital for further treatment and refused to take his medication. Mr Jones was assessed as having the capacity to make his own decisions and signed a disclaimer.
19. On 26 March, at 2.45pm, Mr Jones was assessed by a prison GP. He was unsteady on his feet, incontinent of urine, refusing medication and his speech was repetitive. He was transferred to hospital.
20. On 10 April, a hospital discharge coordinator told a prison nurse that Mr Jones was fit to be discharged. When prison staff visited him the following day, however, they found that he was bed-bound and unable to feed himself. Altcourse were unable to meet his care needs and a decision was made for him

to remain in hospital until compassionate release could be applied for and appropriate palliative care could be provided either in a hospice or at home.

21. On 19 April, Mr Jones was given a prognosis of 24-48 hours to live. He died in hospital on 21 April.
22. There was no post-mortem examination but the Coroner established that the provisional cause of Mr Jones's death was: 1a) progression of brain tumour; 2) staphylococcus septicaemia (blood poisoning).

Non-clinical Findings

Restraints, security and escorts

23. When prisoners have to travel outside of 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.
24. 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 he has 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.
25. Mr Jones was transferred to hospital as an emergency case on three separate occasions during his illness. On each occasion he was accompanied by two prison officers and was restrained with an escort chain during the journey to hospital. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.) This was removed while Mr Jones was in hospital.
26. On 7, 21 and 22 March, Mr Jones attended scheduled hospital appointments. On each occasion he was accompanied by two prison officers and was restrained with a single cuff, which was removed for treatment. He was accompanied by two officers.
27. We agree with the prison's decision not to restrain Mr Jones in hospital due to his very poor health.

Compassionate release

28. 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.
29. An application for early release on compassionate grounds was discussed at a multidisciplinary meeting held at the prison on 11 April 2019, but there is no information to suggest this was progressed before Mr Jones died 10 days later.

30. We consider that an application for early release should be made promptly whenever a prisoner has a terminal illness and a short life expectancy. However, in this case Mr Jones was due to be released from prison on 1 May 2019, and we, therefore make no recommendation.

Lisa Burrell
Assistant Ombudsman

December 2019