

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Janusz Kosik, a prisoner at HMP Full Sutton, on 12 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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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 Janusz Kosik died on 12 April 2019 of a heart attack at HMP Full Sutton. He was 63 years old. I offer my condolences to Mr Kosik's family and friends.

Mr Kosik had hypertension, and was diagnosed with bowel cancer in September 2018. I am satisfied that prison healthcare staff appropriately investigated Mr Kosik's symptoms and that he was well supported by staff.

I am satisfied that the care Mr Kosik received at HMP Full Sutton 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

February 2020

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Summary

Events

1. On 29 January 2013, Mr Janusz Kosik, a Polish national, was sentenced to life imprisonment for murder, with a minimum term of 21 years. He was transferred to HMP Full Sutton in May 2014. Mr Kosik had hypertension (high blood pressure), diagnosed when he lived in Poland, and angina, diagnosed in 2012.
2. At his reception screening at Full Sutton his health conditions were noted and a care plan to monitor blood pressure and coronary artery disease was implemented. Mr Kosik's medication was increased and decreased in response to his blood pressure readings.
3. On 21 August 2018, Mr Kosik reported a change in bowel habit and pain in his abdomen. In September, he was diagnosed with bowel cancer, and in December, he was told that the cancer could not be cured and his treatment would be palliative. Healthcare staff delivered his care flexibly to allow Mr Kosik to stay on the wing for as long as possible, in line with his wishes.
4. On 23 March 2019, following a steady decline in his health, Mr Kosik agreed to be admitted to the prison's healthcare unit. Mr Kosik had a syringe driver inserted for continuous pain medication.
5. On 9 April, Mr Kosik's health declined further, his breathing changed and he became unresponsive. Over the next few days his condition stabilised and he did not display any signs of pain.
6. On 11 April, Mr Kosik's care plan was updated and a nurse stayed with him at all times, due to a further decline in his health. During the early hours of 12 April, Mr Kosik's breathing became more laboured, and 9.17am, it was confirmed that Mr Kosik had died.
7. The coroner gave Mr Kosik's cause of death as a heart attack.

Findings

8. We agree with the clinical reviewer that the care Mr Kosik received at Full Sutton was of a good standard and equivalent to that which he could have expected to receive in the community.
9. We are satisfied that the care he received for his hypertension and his terminal cancer were timely and appropriate. The prison also respected Mr Kosik's wish to stay on the residential wing for as long as possible and delivered his care flexibly to accommodate this.
10. Mr Kosik's cause of death was recorded as a heart attack which was unrelated to his terminal cancer. The clinical reviewer reviewed the cardiovascular care Mr Kosik received, and found no issues. Mr Kosik received ongoing monitoring and reviews of his hypertension and coronary artery disease, and appropriate care plans were in place.
11. We make no recommendations.

The Investigation Process

12. 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.
13. The investigator obtained copies of relevant extracts from Mr Kosik's prison and medical records.
14. NHS England commissioned an independent clinical reviewer to review Mr Kosik's clinical care at the prison.
15. We informed HM Coroner for Hull and the East Riding of Yorkshire of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
16. We contacted Mr Kosik's next of kin, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They responded and asked for a copy of the report. They did not raise any issues.
17. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Full Sutton

18. 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.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Full Sutton was an unannounced inspection in January 2016. Inspectors found that healthcare provision was reasonable overall and that all prisoners had full access to an appropriate range of services. Chronic disease management was reasonable but social care arrangements were underdeveloped. The healthcare unit provided a calm and decent service, and it contained a palliative care suite that had been used appropriately in the previous 12 months.

Independent Monitoring Board

20. 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 2018, the IMB reported that the quality of palliative care at the prison was very good and prisoners felt well looked after.

Previous deaths at HMP Full Sutton

21. Mr Kosik was the sixth prisoner to die at Full Sutton since April 2017. Of the previous deaths, four were natural causes and one was self-inflicted. There are no similarities with those deaths.

Key Events

22. On 29 January 2013, Mr Janusz Kosik, a Polish national, was sentenced to life imprisonment for murder. He received a minimum term of 21 years and was transferred to HMP Full Sutton on 7 May 2014. Mr Kosik had hypertension (high blood pressure) diagnosed in Poland prior to entering prison, and angina, diagnosed in 2012.
23. Care plans to monitor Mr Kosik's blood pressure and coronary heart disease were implemented.
24. On 21 August 2018, a prison GP saw Mr Kosik because he reported a change in bowel habit and pain in his abdomen. A prison GP found blood and a lump in Mr Kosik's rectum. He made an urgent referral under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.
25. In September, while he was in hospital after he had collapsed, hospital staff told Mr Kosik that he had bowel cancer. He had two short courses of radiotherapy but these had no effect on the tumours.
26. On 19 December, Mr Kosik went to hospital, accompanied by a nurse where he was told by a consultant oncologist, that his cancer was not curable and his care would now be palliative. Mr Kosik told the nurse that he wanted to stay on the residential wing at Full Sutton for as long as possible. A trained peer mentor on the wing was arranged to help Mr Kosik with advice and emotional support.
27. On 31 December, Mr Kosik began a course of palliative chemotherapy. He was given the choice to be moved to the prison's inpatient unit, but he refused because he said that he wanted to stay on the wing, and signed a disclaimer to that effect. Mr Kosik continued to refuse admission to the inpatient unit over the following months. Healthcare staff managed this by visiting him a minimum of twice a day and taking his clinical observations (blood pressure, heart rate, breathing rate, temperature and oxygen levels) frequently.
28. On 7 January 2019, a consultant stroke physician reviewed Mr Kosik because he had problems with his speech. A series of test results found that Mr Kosik's heart rate was regular, and his heart sounds were normal. A scan showed his carotid artery had narrowed by 50% (stenosis). Because of Mr Kosik's terminal illness he was not a suitable to receive treatment (such as stents) for his stenosis.
29. On 18 February 2019, a nurse spoke to Deputy Governor about Mr Kosik's decline in health and the appropriateness of the use of restraints. It was agreed that it was no longer appropriate to restrain Mr Kosik for future hospital visits. Mr Kosik continued to want to stay on the residential wing. He was supported by two prisoner 'buddies' (carers) with his social care needs. Healthcare staff continued to visit him twice a day. Mr Kosik was noted as being weak and would sometimes fall, although he sustained no injuries. His cell was rearranged to address this.
30. On 26 February, the consultant oncologist reviewed Mr Kosik and decided that the chemotherapy should stop because it would not benefit Mr Kosik, and only

supportive care would be offered from that point on. Despite his decline in health, Mr Kosik continued to refuse admission to the prison's healthcare unit.

31. On 23 March, following a steady decline in his health, Mr Kosik agreed to be admitted to the prison's healthcare unit. Mr Kosik had a syringe driver inserted to receive continuous pain medication.
32. On 9 April, Mr Kosik's health declined further, his breathing changed and he became unresponsive. Over the next few days his condition stabilised and he did not display any signs of pain.
33. On 11 April, Mr Kosik's care plan was updated and a nurse remained with him at all times, due to a further decline in his health.
34. During the early hours of 12 April, Mr Kosik's breathing became more laboured, and at 9.17am, it was confirmed that Mr Kosik had died.

Contact with Mr Kosik's family

35. On 18 December 2018, the prison appointed an officer as a Family Liaison Officer (FLO) and a prison manager, as a deputy FLO. They both visited Mr Kosik and offered him support. Mr Kosik named his next of kin in Poland and the FLO planned meetings with access to an interpreter via phone to explain the end of life care to Mr Kosik's next of kin.
36. Following Mr Kosik's death on 12 April 2019, the FLO arranged an interpreter, called Mr Kosik's next of kin and offered his condolences and support. He continued to support Mr Kosik's next of kin and made arrangements for Mr Kosik's cremation.
37. Mr Kosik's funeral was held on 13 May. The prison paid for the costs of the funeral in line with national instructions. At the time of writing this report, the FLO was planning for Mr Kosik's ashes to be repatriated to Poland.

Post-mortem report

38. The coroner gave Mr Kosik's cause of death as 1a) acute myocardial ischemia, 1b) ischaemic heart disease, 1c) severe coronary artery atheroma, and, 2) peripheral vascular disease and right-sided bronchopneumonia.

Findings

Clinical care

39. The clinical reviewer concluded that the care Mr Kosik received was equivalent to that which he would have received in the community. We agree.
40. At the time of his death, Mr Kosik was receiving palliative care for his bowel cancer. This care was appropriate and his continuity of care was good. Mr Kosik was supported by the chaplaincy and his friends during the last few days of his life.
41. Mr Kosik's cause of death was recorded as a heart attack which was unrelated to his terminal cancer. The clinical reviewer reviewed the cardiovascular care Mr Kosik received, and found no issues. Because of Mr Kosik's terminal illness, he was not a suitable candidate for treatment (such as stents) for his stenosis. Mr Kosik received ongoing monitoring and reviews of his hypertension and coronary artery disease, and appropriate care plans were in place.
42. The clinical reviewer identified some areas where healthcare practice could be improved. She has made two recommendations about the use of screening tools and management of falls, which we do not repeat in this report, but which the Head of Healthcare will wish to address.

Restraints, security and escorts

43. 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.
44. On 18 February 2019, a nurse contacted the Deputy Governor and told him about Mr Kosik's declining health. They agreed that Mr Kosik would no longer be restrained if he went outside of the prison because he was very weak, used a wheelchair, and was entering the final stages of his cancer.
45. On 26 February, Mr Kosik went to hospital, he was not restrained at any time, and he returned to Full Sutton on 1 March 2019. We are satisfied that the prison appropriately considered the use of restraints.

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