

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Norman Lunt, a prisoner at HMP Hull, on 1 May 2020

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. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Norman Lunt, who was 81 years old, died in hospital of heart failure, hypertensive heart disease (a heart condition caused by high blood pressure) and chronic obstructive pulmonary disease with upper respiratory tract infection (COPD, the name for a group of respiratory conditions) on 1 May 2020, while a prisoner at HMP Hull. We offer our condolences to Mr Lunt's family and friends.
4. The clinical reviewer concluded the care Mr Lunt received at HMP Hull was equivalent to that which he could have expected to receive in the community. He has made two recommendations about clinical issues.
5. We did not find any non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that healthcare staff consider alternative means of communicating with patients who lack capacity, particularly when they are unable to fully complete the initial healthscreen.
- The Head of Healthcare should ensure that staff receive dementia training commensurate with their role at HMP Hull.

Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Lunt's clinical care at HMP Hull.
7. The PPO investigator has investigated non-clinical issues, including Mr Lunt's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
8. One of the PPO's family liaison officers wrote to Mr Lunt's next of kin, his niece, to explain the investigation. She did not respond to our letter.
9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Hull

10. Mr Lunt was the 14th prisoner to die at Hull since May 2018. Of the previous deaths, five were self-inflicted, one is awaiting classification and seven were from natural causes. There has been one further self-inflicted death since Mr Lunt's death. There are no similarities between our findings in the investigation of Mr Lunt's death and the previous deaths.

Key Events

11. In November 2019, Mr Norman Lunt was charged with historic sexual offences and extradited from his home in Thailand to the United Kingdom.
12. On his arrival into the United Kingdom, his physical and mental condition were noted to be poor and he was admitted to hospital for review. Following their review, hospital staff diagnosed Mr Lunt as suffering from the effects of a previous lacunar infarct (a common type of stroke) which had resulted in vascular dementia. He was also noted to suffer from seizures and mobility issues.
13. On 13 November, Mr Lunt was discharged from hospital and remanded into custody at HMP Hull. A nurse carried out an initial healthscreen. She noted the previous diagnosis made by hospital staff, and that Mr Lunt also suffered from COPD (the collective name for a number of respiratory conditions), anaemia (a lack of red blood cells in the blood) and an acute kidney injury (a decrease in kidney function).
14. Following her review, she considered that Mr Lunt appeared confused and that his speech was often incoherent. She was also concerned that he may not be able to care for himself while in prison and referred him to the prison's mental health inreach team (MHIRT) for further review. Careplans were put in place to manage his conditions and he was regularly reviewed by healthcare staff.
15. On 15 November, following a review by a prison GP, Mr Lunt was moved to the prison's palliative care suite, an environment better suited to his healthcare needs. A referral was made to Hull City Council for the provision of social carers and healthcare staff contacted hospital staff to ensure they were providing Mr Lunt with the care he needed.
16. On 18 November, Mr Lunt was reviewed by MHIRT. They noted he was suffering from cognitive impairment, appeared confused and that his speech was incoherent. They considered he was in the early stages of dementia and took the decision to review him on a monthly basis.
17. Over the months that followed, Mr Lunt was taken to hospital for review on a number of occasions due to suffering symptoms of his conditions. In addition, he continued to be regularly reviewed by both healthcare, and MHIRT staff, including visiting psychiatrists.
18. On 27 April, Mr Lunt was taken to Huddersfield Royal Infirmary by emergency ambulance suffering from suspected pneumonia. Following a review by hospital staff, he was admitted as an inpatient. Hospital staff considered that palliative care was the only suitable treatment option open to him and a DNACPR was put in place (do not attempt cardiopulmonary resuscitation). His condition continued to deteriorate and on 1 May, hospital staff told the prison officers accompanying Mr Lunt that he had a prognosis of two weeks or less.
19. Mr Lunt's condition continued to worsen, and at 2.59pm on 1 May he died. A hospital doctor confirmed his death at 3.08pm.

Post-mortem report

20. The coroner gave Mr Lunt's cause of death as:

1a) congestive cardiac failure

1b) hypertensive heart disease

2) chronic obstructive pulmonary disease with upper respiratory tract infection

Lisa Burrell
Assistant Ombudsman

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