

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Andrew Hall, a prisoner at HMP Birmingham, on 12 January 2021

**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 Andrew Hall, who was 55 years old, died of throat cancer on 12 January 2021, while a prisoner at HMP Birmingham. We offer our condolences to Mr Hall's family and friends.
4. The clinical reviewer concluded that the care Mr Hall received at HMP Birmingham was equivalent to that which he could have expected to receive in the community. She has made two recommendations about communicating effectively with secondary care providers and commending a member of staff for the care given to Mr Hall.
5. We did not find any non-clinical issues of concern.

## Recommendation

- The Head of Healthcare should ensure that all clinical referral forms and letters, have a clear statement indicating that all communications about hospital appointments must be addressed or communicated to the prison healthcare department, in order to allow the hospital department dealing with a referral to be alerted immediately.
- The Head of Healthcare should commend Nurse A for the use of a picture story book to enable Mr Hall to understand his condition. This example of good practice should be shared with all healthcare staff.

## Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Hall's clinical care at HMP Birmingham.
7. The PPO investigator has investigated non-clinical issues, including Mr Hall'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 Hall'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 and their action plan is annexed to this report.

## **Previous deaths at Birmingham**

10. Mr Hall was the seventh prisoner to die at Birmingham since January 2019. Of the previous deaths, five were from natural causes and one was a drug related death. There have been four further deaths since Mr Hall's death, three from natural causes and one self-inflicted death.
11. There are no similarities between our findings in the investigation of Mr Hall's death and the previous deaths.

## Key Events

12. On 16 June 2015, Mr Andrew Hall was remanded to HMP Birmingham charged with sexual offences.
13. During an initial healthscreen, a prison nurse noted Mr Hall had been previously diagnosed with asthma and that he used a Ventolin inhaler to help him to breathe. Mr Hall was a heavy smoker. The nurse also noted that Mr Hall smelt strongly of alcohol when he arrived into prison. Mr Hall was referred to the prison's substance misuse team and a specialist respiratory clinic, who managed his care and encouraged him to accept smoking cessation advice, which he did. Aside from regular routine reviews, he had little further significant contact with healthcare staff.
14. On 19 June, Mr Hall was sentenced to 15 years in prison. He returned to HMP Birmingham.
15. On 14 March 2019, Mr Hall was reviewed by a prison GP, after complaining of a pain in his lower jaw. He told the GP he was concerned as his father had died of cancer of the mouth some years earlier. The GP made a two week wait referral to Queen Elizabeth Hospital, Birmingham.
16. The hospital saw Mr Hall on 27 March. They made a further referral to the Ear Nose and Throat team (ENT), and a CT scan. Mr Hall was seen by the ENT team on 10 April, and he had a CT scan on 13 June. The results of the scan showed that he had developed a tumour on his left tonsil. Care plans were created, and he was regularly reviewed by prison healthcare staff and secondary care staff.
17. On 5 July, Mr Hall had a surgical procedure to remove the tumour. However, the hospital noted the tumour was cancer. Mr Hall was referred to the oncology service at Queen Elizabeth Hospital for further treatment. A radiotherapy and chemotherapy treatment plan were devised, which started on 6 September and finished on 8 October. During his treatment, a prison GP and Nurse A, a specialist nurse practitioner, were assigned to Mr Hall to co-ordinate his care. His care plans were updated and he was regularly reviewed by both healthcare staff and secondary care staff.
18. On 11 November, Mr Hall was seen by hospital staff after he completed his treatment. They considered that although he had lost weight during his treatment, he was putting some weight back on.
19. However, on 12 January 2020, Mr Hall was seen by a nurse after he had discovered another lump in his throat. As the nurse was aware Mr Hall was due to be reviewed by the hospital the following day (13 January), he told Mr Hall to discuss his concerns with hospital staff at his review.
20. Following the hospital review, Mr Hall was referred for a PET scan (a positron emission tomography scan checks for diseases in the body). The scan was carried out on 4 May and the results showed that the cancer had returned and was now on both sides of his throat.

21. Hospital staff told Mr Hall that he had two treatment options open to him; a surgical procedure which had a 20% chance of success or palliative care with a prognosis of between six and 12 months. Mr Hall initially elected for the surgical intervention but changed his mind and opted for palliative care. He was discharged from hospital care and was referred to St Mary's Hospice Birmingham. Mr Hall returned to prison.
22. Due to the COVID-19 pandemic Mr Hall was encouraged to shield due to being at high risk of contracting the virus. He isolated in his cell.
23. Mr Hall completed an advanced end of life care plan, which comprised of an assessment to assess his mental capacity and also his end of life wishes. Mr Hall said that he did not wish to be resuscitated in the event that his heart or breathing stopped and signed a do not attempt cardiopulmonary resuscitation (DNACPR) order to that effect. He also told healthcare staff that he did not want to die in prison.
24. On 4 November, Mr Hall was seen by a prison GP. He noted the tumour on the left side of Mr Hall's neck had increased in size. The GP considered he would benefit from a move to the prison's inpatient unit. However, Mr Hall refused to move and refused social care support. He said that he wanted to remain in his cell supported by his peers.
25. On 13 November, the prison made an application for early release on compassionate grounds on Mr Hall's behalf. Due to the nature of his offending behaviour his application was refused.
26. On 30 November, Mr Hall was tested for COVID-19. The result was negative, and he remained COVID-19 negative.
27. On 30 December, Mr Hall's condition had deteriorated, and he transferred to St Mary's Hospice for end of life care. He was accompanied by a prison officer.
28. Mr Hall's condition continued to worsen and at 8.50am on 12 January 2021, Mr Hall died in St Mary's hospice.
29. The Coroner concluded that Mr Hall died of metastatic squamous cell cancer of the oropharynx (throat cancer which has spread to the lymph nodes in the neck, but it is not necessarily known where the cancer originated).

**Lisa Burrell**  
**Assistant Ombudsman**

**August 2021**

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