

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Roy Thorp, a prisoner at HMP Lewes, on 16 February 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 Roy Thorp died of decompensated heart failure, caused by ischaemic heart disease, at St Wilfred's Hospice, Eastbourne, on 16 February 2021 while a prisoner at HMP Lewes. He was 76 years old. I offer my condolences to his family and friends.
4. The clinical reviewer concluded that the clinical care that Mr Thorp received at HMP Lewes was of a good standard and equivalent to that which he could have expected to receive in the community. He found that Mr Thorp received compassionate and comprehensive care for his long-term conditions and deteriorating health towards the end of his life. While not related to Mr Thorp's death, the clinical reviewer made one recommendation which the Head of Healthcare at HMP Lewes will need to address.
5. We found no non-clinical issues of concern.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Thorp's clinical care at HMP Lewes.
7. The PPO investigator has investigated non-clinical issues, including Mr Thorp's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
8. The PPO family liaison officer wrote to Mr Thorp's next of kin, his wife, 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 Lewes

10. Mr Thorp was the sixth prisoner to die at HMP Lewes since February 2019. Of these deaths, four were from natural causes and one was self-inflicted. Two of the deaths from natural causes were caused by COVID-19. There are no similarities between our findings in this investigation and our investigation findings for the previous deaths.

Key Events

11. On 21 October 2016, Mr Roy Thorp was sentenced to 13 years in custody for gross indecency and the indecent assault of a child. He was sent to HMP Lewes.
12. Mr Thorp had type 2 diabetes, high blood pressure, ischaemic heart disease, chronic kidney disease and mobility issues.
13. In June 2017, due to his multiple long-term conditions and deteriorating health, Mr Thorp signed an order to confirm that he did not want to be resuscitated if his heart or breathing stopped.
14. On 5 February 2019, Mr Thorp had a bone marrow biopsy at hospital. He was later diagnosed with myeloma, a bone marrow cancer, which was treated with chemotherapy.
15. On 17 December, Mr Thorp was referred to the hospital cardiology department for possible heart failure. He was breathless, had swelling in his legs and needed a wheelchair.
16. On 27 March 2020, Mr Thorp was identified as at greater risk of complications from COVID-19, and healthcare staff advised him to shield to minimise his risk of contracting the virus. On 23 April, Mr Thorp's offender supervisor discussed whether to release him from custody under a special purpose licence so that he could shield in the community. Mr Thorp said that he did not want this and felt safer in prison.
17. On 28 September, Mr Thorp was admitted to hospital, unrestrained, with shortness of breath and chest pain. A prison family liaison officer contacted Mr Thorp's next of kin, his wife, to let her know that he was in hospital, and kept in regular contact with her. On 23 October, while still in hospital, Mr Thorp tested positive for COVID-19. He later developed a chest infection which was treated with antibiotics and oxygen therapy.
18. Mr Thorp was discharged from hospital on 13 November. His mobility had reduced significantly, and carers were unable to provide the personal care he needed. Mr Thorp was re-admitted to hospital on 15 November.
19. At a hospital discharge meeting the following week, it was agreed that while Mr Thorp was fit for discharge, HMP Lewes was not a suitable location. The prison looked at alternative accommodation but due to COVID-19 restrictions, prison transfers were limited. A nursing home placement application was made but was unsuccessful due to Mr Thorp's offence.
20. Mr Thorp's condition deteriorated, and by 17 December, he was no longer fit to be discharged. On 30 December, the Head of Safety and Equalities at HMP Lewes confirmed that an application for release on compassionate grounds had been started. The prison also continued to look for suitable prison accommodation.

21. A transfer to HMP Elmley was agreed in January 2021. On 18 January, specialist equipment needed for Mr Thorp's care arrived at the prison but Mr Thorp was not well enough to be discharged from hospital.
22. A multi-agency meeting was held on 8 February. A hospital consultant assessed that Mr Thorp's life expectancy was likely to be weeks rather than months. He was moved to St Wilfred's Hospice on 12 February. The family liaison officer tried unsuccessfully to contact Mr Thorp's wife to confirm his transfer to the hospice. That day, Mr Thorp was granted release from prison on temporary licence. A prison officer accompanied him to provide support. Mr Thorp died three days later on 15 February. The family liaison officer telephoned Mr Thorp's wife to confirm that he had died and to offer support.

Post-mortem report

23. A doctor at the hospice established that Mr Thorp had died of decompensated heart failure caused by ischaemic heart disease. He also had bone marrow cancer (myeloma), insulin-dependent diabetes, chronic kidney disease and a cerebrovascular accident (a stroke), which did not cause but contributed to his death. No post-mortem examination was carried out.

Caroline Mills
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August 2021

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