

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Stewart Mangham, a prisoner at HMP Northumberland, on 9 July 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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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 Stewart Mangham died in hospital from respiratory failure on 9 July 2021, while a prisoner at HMP Northumberland. He was 67 years old. I offer my condolences to Mr Mangham's family and friends.

Mr Mangham was treated for lung cancer in 2020. In March 2021, a scan showed no residual cancer, but Mr Mangham continued to have immunotherapy treatment as advised.

Mr Mangham was taken to hospital on 27 June, because he was struggling to breathe. Hospital doctors diagnosed him with sepsis and pneumonia and placed him in an induced coma. Mr Mangham died in hospital two weeks later.

The investigation found that the care Mr Mangham received at Northumberland was equivalent to that which he could have expected to receive in the community.

I am concerned, however, that the prison did not tell Mr Mangham's next of kin that he was seriously ill in hospital until 29 June, two days after Mr Mangham had been admitted and placed in an induced coma.

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

January 2022

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Summary

Events

1. On 14 August 2014, Mr Stewart Mangham was sentenced to 17 years in prison for sexual offences. On 2 August 2017, he was moved to HMP Northumberland.
2. In July 2020, Mr Mangham was diagnosed with lung cancer. It was initially treated with radiotherapy and chemotherapy, followed by immunotherapy.
3. In March 2021, Mr Mangham was told that a recent CT scan found no residual cancer, although he was advised to continue with the immunotherapy treatment.
4. Between 23 and 28 May, Mr Mangham was treated in hospital for pneumonia (a known side effect of immunotherapy).
5. On 27 June, an officer called a nurse to see Mr Mangham because he was struggling to breathe. The nurse requested an ambulance and Mr Mangham was taken to hospital.
6. Later that day, Mr Mangham was admitted to the critical care unit where he was placed in an induced coma and was treated for sepsis and pneumonia. He did not recover and died in hospital on 9 July.
7. The post-mortem report concluded that Mr Mangham died from respiratory failure, caused by complications of treatment for lung cancer.

Findings

8. The clinical reviewer found that Mr Mangham's care was equivalent to that which he could have expected to receive in the community.
9. However, we are concerned that the prison did not tell Mr Mangham's daughter that Mr Mangham had been admitted to hospital and placed in an induced coma, until two days later.

Recommendation

- The Director should ensure that staff notify prisoners' next of kin immediately when a prisoner becomes seriously ill and that they keep them informed of any deterioration in the prisoner's condition.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Northumberland informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
11. The investigator obtained copies of relevant extracts from Mr Mangham's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Mangham's clinical care at the prison.
13. We informed HM Coroner for Northumberland of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
14. The Ombudsman's family liaison officer contacted Mr Mangham's next of kin, his daughter, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She asked why her father was not sent to hospital sooner when he was having breathing difficulties and why no one had contacted her until the afternoon of 9 July when it was clear in the morning that his condition had deteriorated. These issues have been addressed in the clinical review and in this report.
15. Mr Mangham's family received a copy of the initial report, they raised a number of questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out one factual inaccuracy and this has been amended accordingly.

Background Information

HMP Northumberland

17. HMP Northumberland is a Category C prison that holds up to 1,348 men. Sodexo Justice Services manage the prison and G4S provide the healthcare services. Healthcare staff are on duty from 7.30am to 7.30pm from Monday to Thursday and from 7.30am to 6.00pm on Friday. At weekends and on Bank Holidays, healthcare staff are on duty from 8.00am to 6.00pm. Northern Doctors Urgent Care provide an out of hours service at other times.

HM Inspectorate of Prisons

18. The most recent inspection of HMP Northumberland was in August 2017. Inspectors criticised many aspects of the prison but noted the Director's determination and leadership in making improvements. They said that agency staff were regularly used in the healthcare department to cover vacancies and the nursing team struggled to achieve their core functions. Despite this, inspectors found that most healthcare needs were met.
19. In September 2020, HMIP conducted a short scrutiny visit at Northumberland. Inspectors reported that prisoner applications for primary care were triaged by senior clinical staff and same-day GP appointments were available for urgent cases. Despite some vacancies and absences, the team was delivering timely access to health care for prisoners.

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.
21. In its latest annual report, for the year to 31 December 2020, the IMB reported that in most cases prisoners' health and wellbeing needs were being well met. At the end of March 2020, all routine healthcare appointments (GP & dentistry) were suspended, and all GP appointments moved to telephone consultations (all prisoners have in-cell telephones) to reduce face-to-face contact whilst the pandemic was ongoing.

Previous deaths at HMP Northumberland

22. Mr Mangham was the sixth prisoner to die at Northumberland since July 2019. Of the previous deaths, three were from natural causes and two were self-inflicted. There were no similarities between Mr Mangham's death and previous deaths at Northumberland.

Key Events

23. On 14 August 2014, Mr Stewart Mangham was sentenced to 17 years in prison for sexual offences. On 2 August 2017, Mr Mangham was moved to HMP Northumberland.
24. In July 2020, Mr Mangham was diagnosed with lung cancer. Between August and September, he received radiotherapy and chemotherapy treatment.
25. In October, when Mr Mangham's cancer treatment had finished, the hospital consultant advised Mr Mangham to have 12 months of immunotherapy treatment (which works by helping the immune system recognise and attack cancer cells). Mr Mangham agreed and was taken to hospital for treatment every four weeks.
26. On 9 March 2021, Mr Mangham was told that a recent CT scan (which uses X-rays and a computer to create detailed images of the inside of the body) showed that there was no evidence of any residual cancer (cancer cells remaining in the body). However, he was advised to continue with immunotherapy treatment.
27. On 21 April, Mr Mangham told a prison GP that he had a chesty cough. The GP diagnosed Mr Mangham with a chest infection and prescribed antibiotics.
28. On 26 April, Mr Mangham told the GP that he felt better since taking the antibiotics, but his cough had returned. The GP prescribed Mr Mangham with a different course of antibiotics
29. On 7 May, Mr Mangham told the GP that his cough had still not improved. The GP prescribed another course of antibiotics and arranged for urgent blood tests.
30. One week later, the blood tests results showed Mr Mangham still had a chest infection. The GP prescribed different antibiotics and arranged further blood tests and a chest X-ray for the following day.
31. On 20 May, the GP examined Mr Mangham and noted that he had a possible chest infection or pneumonia. The GP requested a sputum sample, further blood tests and she prescribed Mr Mangham with a salbutamol inhaler.
32. On 21 May, Mr Mangham told the GP that he felt slightly better. She planned further blood tests in a few days' time.
33. On 23 May, a nurse saw Mr Mangham. She took his clinical observations and noted that he had a National Early Warning Score (NEWS) of 6. (NEWS is a tool used to assess clinical deterioration in adult patients - a score of 5 indicates medium clinical risk that requires an urgent response.) Healthcare staff called an ambulance and Mr Mangham was taken to hospital, where he was later admitted and treated for pneumonia.
34. On 28 May, Mr Mangham was discharged from hospital and sent back to prison. It was agreed that he would return to the hospital for a CT scan as an outpatient.
35. On 8 June, Mr Mangham told the GP that he was feeling a lot better and on 11 June, his blood test results were recorded as normal.

36. On 27 June, Mr Mangham told an officer that he had been short of breath during the night and that he was struggling to breathe. The officer called a nurse who went to see Mr Mangham in his cell. She noted that he had a NEWS score of 8 and his blood oxygen level was low. She immediately called an ambulance and Mr Mangham was taken to hospital.
37. Mr Mangham was admitted to the critical care unit in hospital. He was placed in an induced coma and was treated for sepsis and pneumonia. The hospital doctor said that Mr Mangham's pneumonia was caused by his ongoing immunotherapy treatment. The plan was to discontinue this treatment.
38. Mr Mangham did not recover, and he died at 2.50pm on 9 July.

Contact with Mr Mangham's family

39. On 27 June, when Mr Mangham was taken to hospital, the prison appointed an officer as the family liaison officer (FLO). On 29 June, the FLO contacted Mr Mangham's daughter to tell her Mr Mangham was in hospital and to offer support.
40. The FLO offered ongoing support to Mr Mangham's daughter after Mr Mangham's death. The prison paid for the funeral in line with national guidelines. The funeral took place on 30 July.

Support for prisoners and staff

41. After Mr Mangham's death, a member of the care team contacted the staff that were on the bedwatch with Mr Mangham, to ensure they had the opportunity to discuss any issues arising, and to offer support.
42. The prison posted notices informing other prisoners of Mr Mangham's death, and offered support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Mangham's death.

Post-mortem report

43. The post-mortem report concluded that Mr Mangham died of respiratory failure caused by treatment for lung cancer. (One of the known side effects of immunotherapy treatment is pneumonia.) Cirrhosis of the liver was listed as a contributory factor.

Findings

Clinical care

44. The clinical reviewer considered that the care Mr Mangham received at Northumberland was equivalent to that which he could have expected to receive in the community.
45. The clinical reviewer was satisfied that when Mr Mangham displayed symptoms of cancer, he was referred appropriately for investigations, and when he was diagnosed with cancer, the care that he was given was of a good standard.

Liaison with Mr Mangham's family

46. Prison Rule 22 states that prisons should inform the next of kin immediately if a prisoner becomes seriously ill. Prison Service Instruction (PSI) 64/2011, about safer custody, says that if a prisoner suffers an unpredicted or rapid deterioration in their physical health an appropriate member of prison staff should engage with their next of kin to provide information and support. If a prisoner's health deteriorates a family liaison officer should be appointed immediately and next of kin should be contacted.
47. On 27 June, when Mr Mangham was taken to hospital, the prison appointed an officer as the Family Liaison Officer (FLO). However, no one contacted Mr Mangham's daughter until two days later. We are concerned about this delay given that Mr Mangham was placed in an induced coma on 27 June so was clearly seriously ill. We understand that Mr Mangham's daughter was in contact with the hospital in the meantime, but, nevertheless, the prison should have contacted her earlier.
48. The hospital contacted the prison at 11.00am on 9 July to say that Mr Mangham's health had deteriorated, and he was likely to die in the next few hours. The prison did not contact Mr Mangham's daughter as the hospital told them that she was on her way to see her father and did not want to be contacted again before she arrived.
49. We make the following recommendation:
The Director should ensure that staff notify prisoners' next of kin immediately when a prisoner becomes seriously ill and that they keep them informed of any deterioration in the prisoner's condition.
50. Despite the delay in contacting Mr Mangham's family, it should be noted that the FLO built an excellent rapport with Mr Mangham's daughter and offered her a great deal of support after Mr Mangham's death.

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