Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Anthony Dunning, a prisoner at HMP Altcourse, on 18 February 2022

A report by the Prisons and Probation Ombudsman

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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

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 Anthony Dunning died of lung cancer at a hospice on 18 February 2022, while a prisoner at HMP Altcourse. He was 37 years old. We offer our condolences to Mr Dunning's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Dunning received at Altcourse was equivalent to that he could have expected to receive in the community. She made a recommendation about the use of NEWS2 (a scoring tool used to assess the severity of a patient's illness).

5. We found that medical input into escort risk assessments was inconsistent.

Recommendations

- The Head of Healthcare should ensure all healthcare staff complete the NEWS2 score when recording clinical observations and that they adhere to the NEWS2 escalation protocol as appropriate.
- The Director and Head of Healthcare should ensure that:
    - healthcare staff complete the medical section of the escort risk assessment fully and accurately; and
    - authorising managers show that they have taken the medical information into account when assessing the prisoner's current level of risk.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Dunning's clinical care at HMP Altcourse.

7. The PPO investigator has investigated non-clinical issues, including Mr Dunning'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 Dunning's next of kin, his mother, 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 Altcourse

10. Mr Dunning was the 18th prisoner to die at HMP Altcourse since February 2020. Of the previous deaths, 12 were from natural causes and five were self-inflicted. We have previously raised concerns around the use of the NEWS2 tool and staff not following the escalation process correctly.

Key Events

11. On 8 January 2022, Mr Anthony Dunning was remanded in prison custody charged with drug offences. He was sent to HMP Altcourse. When he arrived at Altcourse, a prison nurse completed physical observations on Mr Dunning as part of a routine health assessment. There was no record that she used the NEWS2 tool (used to assess the severity of illness and monitor clinical deterioration in adult patients).

12. On 9 January, Mr Dunning complained of a stabbing pain in his chest. A healthcare assistant saw him and an emergency ambulance was requested. Paramedics arrived but assessed that Mr Dunning did not need to go to hospital. He was given medication for pain relief.

13. On 26 January, the prison GP saw Mr Dunning after he told a prison nurse that he had chest pain and was struggling to catch his breath. The GP took blood samples and sent them off for analysis.

14. That afternoon, the prison GP said Mr Dunning needed to go to hospital for further tests as his blood test results were abnormal. Mr Dunning was taken to hospital where further tests were completed, however he discharged himself before receiving the results.

15. Later that evening, a hospital doctor contacted the prison and said that Mr Dunning's test results were abnormal and there was a mass in his lung that needed further investigation. The following morning, Mr Dunning was taken to hospital and admitted.

16. On 2 February, a hospital consultant diagnosed Mr Dunning with lung cancer, which was affecting the blood vessels that supplied blood to his arm, neck, head and spine.

17. On 3 February, Mr Dunning tested positive for COVID-19 while at hospital, which delayed his upcoming tests. As a result, Mr Dunning discharged himself from hospital and returned to Altcourse, where he isolated in his cell. He moved to the healthcare unit two days later for additional support with his care.

18. On 7 February, a healthcare assistant completed observations on Mr Dunning and recorded a NEWS2 score of 4. The prison's 'escalation protocol' required the healthcare assistant to inform a registered nurse of this score. There was no evidence this was done.

19. On 8 February, a palliative care nurse visited Mr Dunning. She noted he appeared confused, his eye was drooping and his neck was swollen. She was worried there was pressure on his spine, so she raised this with a hospital consultant. The consultant said Mr Dunning should be brought to hospital for further examination. The prison took Mr Dunning to hospital where he had further tests but discharged himself before the results were known.

20. On 9 February, Mr Dunning was moved to a hospice for further support with his palliative care. His condition continued to deteriorate and he died at the hospice on 18 February at 9.16am.

Post-mortem report

21. The Coroner accepted the cause of death provided by a hospice doctor and no post-mortem examination was carried out. The doctor gave Mr Dunning's cause of death as lung cancer.

Medical input in escort risk assessments

22. Escort risk assessments are used to assess the level of security and restraints required when a prisoner is travelling outside of prison, for example, to hospital. PSI 33/2015 says that medical professionals should provide input into escort risk assessments. It is important that prison healthcare staff comment on whether there are any medical objections to the use of restraints and whether the prisoner's medical condition impacts on their ability to escape. The authorising manager needs to take this information into account when assessing whether the use of restraints is appropriate and proportionate.

23. The investigator found that medical input into Mr Dunning's escort risk assessments was inconsistent. The escort risk assessments completed on 26 January and 8 February contained no medical input. On both occasions, the authorising manager signed to confirm they had sought medical input, despite there being no evidence of this. We recommend:

    The Director and Head of Healthcare should ensure that:

    - **healthcare staff complete the medical section of the escort risk assessment fully and accurately; and**
    - **authorising managers show that they have taken the medical information into account when assessing the prisoner's current level of risk.**

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Assistant Ombudsman

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