

**Prisons &
Probation**

Ombudsman
Independent Investigations

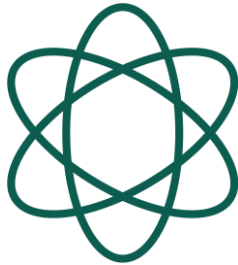
Independent investigation into the death of Mr Raymond Quinn, a prisoner at HMP Littlehey, on 9 June 2022

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 Raymond Quinn died in hospital of heart failure on 9 June 2022, while a prisoner at HMP Littlehey. He was 81 years old. We offer our condolences to Mr Quinn's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Quinn received at Littlehey was of a very good standard and was equivalent to that which he could have expected to receive in the community.
5. Mr Quinn was taken to hospital on 21 May and was subsequently released on temporary licence (ROTL) on 9 June, the day he died. We consider the decision could have been made earlier.

Recommendations

- The Governor should ensure that when a prisoner is terminally ill in hospital, staff consider release on temporary licence (ROTL) and progress the application promptly.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Quinn's clinical care at HMP Littlehey.
7. The PPO investigator has investigated the non-clinical issues in Mr Quinn's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
8. The PPO's family liaison officer wrote to Mr Quinn's next of kin, his wife, to explain the investigation and to ask if she had any matters she wanted us to consider. She said that she wanted to find out what really happened to her husband. She also said that she did not think she was very well informed when her husband was in hospital and she was unhappy about the presence of prison officers when she was allowed to visit him. These matters are discussed in this report.
9. The initial report was shared with Mr Quinn's wife. She made several comments regarding events following Mr Quinn's fall on 21 May 2022. These do not relate to the accuracy of the initial report and are addressed in separate correspondence.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies.

Previous deaths at HMP Littlehey

11. Mr Quinn was the 31st prisoner to die at Littlehey since June 2020. Of the previous deaths, all but one was from natural causes. There are no similarities between our findings in the investigation into Mr Quinn's death and our investigation findings for the previous deaths.

Key Events

12. On 6 April 2021, Mr Raymond Quinn was sentenced to ten and a half years imprisonment for sex offences. On 13 September, he was sent to HMP Littlehey.
13. Mr Quinn arrived at Littlehey with considerable health problems and a limited life expectancy because of serious heart failure.
14. On 18 October, Mr Quinn was very unwell as a result of his heart failure and was taken to hospital. The palliative care consultant at Littlehey estimated that he had a life expectancy of less than three months. However, after successful treatment in hospital and an adjustment to his medication, Mr Quinn's condition stabilised. The consultant revised her previous estimation and said that in his current condition, it was likely that he would live longer than a year but less than three years.
15. Mr Quinn continued to receive considerable input from healthcare staff due to his heart failure and general frailty, but for a few months following his hospitalisation in October, he was fairly stable. However, a chest X-ray on 18 February 2022, showed a deterioration in Mr Quinn's heart failure and that he was approaching the end of his life.
16. On 21 February, the consultant discussed end of life care planning with Mr Quinn and explained that it would be necessary to deactivate the implantable cardioverter defibrillator (ICD, a surgically implanted device that shocks the heart back into normal rhythm when it detects a potentially fatal event), which had been fitted in 2019. This was to enable Mr Quinn to die with dignity and not to have distressing automatic shocks at a point when his heart was too badly damaged to be able to respond.
17. On 9 March, Mr Quinn attended hospital and they deactivated his ICD. Mr Quinn also had a pacemaker (an implanted device which can track and adjust an irregular heart rate), which remained and continued to work.
18. By May, Mr Quinn's health was declining. On 21 May, following a fall in his cell in the early hours of the morning, staff called an ambulance. The paramedics who attended assessed that it was not necessary to take Mr Quinn to hospital. However, as Mr Quinn remained poorly and confused, staff at Littlehey called an ambulance again later in the morning and he went to hospital around 12.40pm.
19. Initially Mr Quinn responded to treatment in hospital, and they planned to discharge him back to the prison on 27 May. However, his return to Littlehey was delayed as they did not have the appropriate facilities to provide the care he needed and following this his health deteriorated again.
20. On 4 June, hospital staff said that Mr Quinn was not responding to the treatment that they had been giving to him, and from this point the clinical focus switched to palliative care (care with the focus on optimising the quality of life and reducing suffering).
21. Mr Quinn died in hospital in the late evening of 9 June. His wife was with him when he died.

Post-mortem report

22. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Quinn's cause of death as end stage heart failure caused by ischaemic heart disease (a restriction in the blood supply to the heart due to blockages in the arteries or an enlargement of the heart). A urinary tract infection (UTI) was given as an underlying condition, which contributed to, but did not cause Mr Quinn's death.

Non-Clinical Findings

Communication with Mr Quinn's family

23. On 11 October 2021, when Mr Quinn was seriously ill, palliative healthcare staff at Littlehey telephoned Mr Quinn's wife to explain the situation to her. The same day, Littlehey appointed a Custodial Manager (CM) as the family liaison officer (FLO), with a Supervising Officer (SO) as his deputy. The CM made contact with Mr Quinn's wife the same day. The CM and SO continued in this role for the duration of Mr Quinn's time at Littlehey.
24. In her letter to us, Mrs Quinn said that she did not feel that the communication with her from the prison in May and June 2022 was adequate. We have looked closely at the FLO and bedwatch logs as well as other records. It is understandable that a stressful situation is made more distressing when a loved one is in prison, but we found that Littlehey acted within the necessary security constraints and that throughout Mr Quinn's illness at Littlehey, the FLOs and palliative care team worked in a very coordinated way and diligently provided support for Mr Quinn and his wife.

Consideration of release

25. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000. The criteria include that the risk of re-offending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family.
26. After Mr Quinn's illness in October 2021, Littlehey was proactive in submitting a consideration of early release on compassionate grounds for Mr Quinn. However, on 5 April 2022, the Public Protection Casework Section concluded that Mr Quinn's case did not meet all the necessary criteria for taking the exceptional step of authorising early release on compassionate grounds.
27. The HMPPS Policy Framework document, 'Release on Temporary Licence (ROTL)', sets out the situations for the conditional release of prisoners. This is usually to prepare prisoners for rehabilitation into the community, but also includes exceptional circumstances, including medical ones.
28. Terminally ill prisoners may be released on ROTL, accompanied by escort officers if necessary. If the conditions are met, ROTL may be granted by the prison Governor and is a much simpler process than an application for compassionate release. ROTL can be used, even for a short time, to bring dignity to a prisoner's final stages of life. It can allow prisoners to have the freedom they would normally be afforded if they were dying in the community, with their relatives having free access to visit them.

29. We are pleased to see that Littlehey considered ROTL for Mr Quinn, and they released him on ROTL on 9 June at 3.00pm. However, this was unfortunately very close to his death. We note that Mrs Quinn had already been allowed unlimited visiting time with her husband for several days by that point, but she was unhappy about the presence of prison officers. Granting ROTL does not necessarily mean the absence of officers but can lead to a reduction of them and a change in the way they are deployed.
30. The investigator asked Littlehey why the decision to issue ROTL was made so late, as Mr Quinn's situation had been critical for a few days and, on 6 June, the hospital informed healthcare staff that they thought he had 48 hours to live. Littlehey said that the ROTL process for these purposes was relatively new to them and that they were working on developing more consistent communications to enhance the decision making.
31. We recommend:
- The Governor should ensure that when a prisoner is terminally ill in hospital, staff consider release on temporary licence (ROTL) and progress the application promptly.**

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October 2022

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