

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

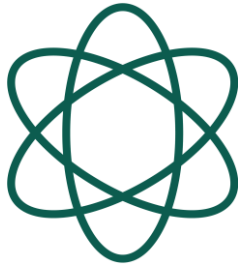
# **Independent investigation into the death of Mr Glen Gibbons, a prisoner at HMP Manchester, on 19 May 2022**

**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

**OGL**

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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 Glen Gibbons, who was 56 years old, died from lung cancer at HMP Manchester on 19 May 2022. We offer our condolences to Mr Gibbons' family and friends.
4. The clinical reviewer concluded that the clinical care Mr Gibbons received at Manchester was equivalent to that which he could have expected to receive in the community. He made no recommendations.
5. We found no non-clinical issues of concern. We make no recommendations.

## The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Gibbons' clinical care at HMP Manchester.
7. The PPO investigator has investigated the non-clinical issues in Mr Gibbons' 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 Gibbons' next of kin, his daughter, to explain the investigation. She asked whether there were any failings in the healthcare that Mr Gibbons received. This has been addressed in the clinical review.
9. The initial report was shared with Mr Gibbons' daughter. She did not make any comments.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies.

## Previous deaths at HMP Manchester

11. Mr Gibbons was the fourteenth prisoner to die at Manchester since May 2020. Of the previous deaths, five were from natural causes, four were self-inflicted, two were drug-related, and in two, the cause of death was unknown.

## Key Events

12. On 27 September 2017, Mr Glen Gibbons was remanded in prison custody, charged with murder, and sent to HMP Manchester. On 7 February 2018, he was sentenced to life imprisonment with a minimum term of 24 years.
13. On 10 October 2021, Mr Gibbons told a nurse that he had a dry chesty cough and sore throat which he had had for about two weeks. The nurse advised him to book an appointment with a prison GP. A GP saw him on 15 October and prescribed antibiotics. On 19 October, Mr Gibbons was seen by a GP again after coughing up blood. The GP diagnosed a chest infection and referred Mr Gibbons for a chest X-ray, which he had on 20 October. This showed that part of his lung was slightly enlarged. The hospital recommended antibiotics.
14. Mr Gibbons' symptoms continued and so a prison GP made a two week urgent referral for possible cancer on 19 November. Mr Gibbons attended hospital on 29 November but was unable to go through with the laryngoscopy (a test where a flexible camera is passed through the nose to examine the nose and throat). The hospital arranged an MRI scan (uses strong magnetic fields and radio waves to produce detailed images of the inside of the body) instead.
15. Mr Gibbons attended hospital for the MRI scan on 10 December. However, he had a panic attack and was unable to proceed with it. A prison GP made a further urgent two week referral to the hospital on 14 December.
16. On 13 January 2022, Mr Gibbons was told that a scan showed he probably had lung cancer, which was confirmed by additional tests on 21 January.
17. On 28 January, Mr Gibbons began palliative chemotherapy (focused on extending life and improving symptoms when a cure is not possible). On 25 April, Mr Gibbons had a hospital appointment and a doctor told him his life expectancy was three to 12 months. By 9 May, this had reduced to four to six weeks.
18. On 11 May, Mr Gibbons was moved to the prison palliative care suite. He died there on 19 May. Prison staff arranged video calls with close family members in the weeks before he died. They also enabled visits, including on the day Mr Gibbons died.

## Post-mortem report

19. The coroner accepted the cause of death provided by prison doctors and no post-mortem examination was carried out. The doctors gave Mr Gibbons' cause of death as respiratory failure caused by metastatic small cell carcinoma (cancer) of the lung.

**Louise Richards**  
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**October 2022**

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