

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Jonathon Hogg, a prisoner at HMP Durham, on 3 July 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 Jonathon Hogg died in hospital from liver disease on 3 July 2022 while a prisoner at HMP Durham. He was 53 years old. We offer our condolences to Mr Hogg's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Hogg received at Durham was equivalent to that which he could have expected to receive in the community. The clinical reviewer made no recommendations.
5. When Mr Hogg was taken to hospital on 20 March, he was restrained with handcuffs and an escort chain, despite being unresponsive and very unwell. We are concerned that healthcare staff said on the escort risk assessment form that Mr Hogg had no medical conditions that might affect his ability to escape, which was clearly inaccurate.

Recommendations

- The Head of Healthcare should ensure that staff complete the healthcare section of the escort risk assessment fully and accurately so that it is clear to the authorising manager if a current medical condition affects the prisoner's ability to escape.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Hogg's clinical care at Durham.
7. The PPO investigator investigated the non-clinical issues relating to Mr Hogg's care, including Mr Hogg'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 Hogg's next of kin, his sister, to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond to our letter.
9. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.

Previous deaths at HMP Durham

10. Mr Hogg was the tenth prisoner to die at Durham since July 2020. Of the previous deaths, six were from natural causes, two were self-inflicted and one remains unclassified. There are no similarities between our findings in the investigation into Mr Hogg's death and our investigation findings for the previous deaths.

Key Events

11. On 2 March 2012, Mr Jonathon Hogg was given an Imprisonment for Public Protection (IPP) sentence for grievous bodily harm. (An IPP sentence is an indeterminate sentence. Once the minimum tariff is served, the Parole Board must approve release.)
12. On 4 March 2021, Mr Hogg was moved to HMP Kirklevington Grange, an open prison, and was granted periods of release in the community on a temporary licence.
13. On 12 March 2022, Mr Hogg absconded while out on temporary licence. He was considered unlawfully at large, and a warrant was issued for his arrest.
14. On 17 March, police arrested Mr Hogg at a train station. Later that day, he was moved to HMP Durham.
15. On 18 March, a prison GP saw Mr Hogg. He completed observations and suspected that Mr Hogg had jaundice (where skin or whites of eyes have turned yellow, often linked to liver problems.) He asked healthcare staff to complete urgent blood tests.
16. Later that day, prison nurses tried to take Mr Hogg's blood, but were unsuccessful. As a result, the prison GP sent Mr Hogg to hospital, but he discharged himself in the early hours of 19 March, as he did not want to wait any longer to be seen.
17. On 20 March, prison officers asked a nurse to review Mr Hogg, as they thought his condition had deteriorated. A nurse went to Mr Hogg's cell and found him unresponsive. The nurse called a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties). Prison staff called an emergency ambulance. Two officers escorted Mr Hogg to hospital. They restrained him using a set of handcuffs to cuff his wrists together plus an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner's wrist and the other to an officer's wrist).
18. Mr Hogg was moved to the intensive care unit and placed in an induced coma. A few days later, hospital staff woke Mr Hogg from his coma. He remained seriously unwell and was kept in hospital while his condition stabilised. While in hospital, a doctor diagnosed Mr Hogg with liver failure.
19. On 1 April, a prison manager reviewed Mr Hogg's risk assessment and authorised the removal of his restraints due to his poor health.
20. On 14 June, following improvements in his condition, Mr Hogg was discharged and moved back to HMP Durham. Healthcare staff completed regular observations and monitored his condition.
21. On 30 June, a prison nurse saw Mr Hogg as he had told staff that he had pain in his abdomen and had been feeling poorly over the last few days. The prison nurse gave him pain relief. She arranged for healthcare staff to continue monitoring his condition.

22. A few hours later, a prison nurse saw Mr Hogg as he was vomiting. The nurse completed observations, but Mr Hogg struggled to stay conscious, so she called a code blue. Prison staff called an emergency ambulance and Mr Hogg was taken to hospital.
23. On 1 July, a prison nurse contacted the hospital for an update. She was told that Mr Hogg had growths on his liver, and he was not suitable for surgery. The hospital was concerned that Mr Hogg did not have long left to live.
24. The same day, Mr Hogg said he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect. Prison staff submitted an application for Mr Hogg's early release on compassionate grounds to the Public Protection Casework Section (PPCS) of HM Prison and Probation Service (HMPPS). Prison staff also completed an application for Mr Hogg's release on temporary licence.
25. Mr Hogg's condition continued to deteriorate and, on 3 July at 1.20pm, Mr Hogg died in hospital.

Cause of death

26. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Hogg's cause of death as intra-abdominal visceral perforation (perforation of the intestine or other organ that causes the contents to leak into the abdomen), caused by liver disease.

Non-Clinical Findings

Restraints, security and escorts

27. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. It said that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.
28. The investigator reviewed the escort risk assessment for 20 March, when a nurse called a code blue after finding Mr Hogg unresponsive in his cell. In the healthcare section of the escort risk assessment, the nurse marked, 'No', to the question, 'Any other medical conditions likely to influence the escort? e.g., physical ability to escape, disability, need for medication, etc'. There was nothing else written on the form so no mention that Mr Hogg was unresponsive and very unwell.
29. We are concerned that healthcare staff did not complete the escort risk assessment accurately. This meant that the authorising manager was not fully aware of Mr Hogg's state of health and how this affected his risk of escape, which meant that the level of restraints authorised for Mr Hogg was not proportionate to the risk he posed. We recommend:

The Head of Healthcare should ensure that staff complete the healthcare section of the escort risk assessment fully and accurately so that it is clear to the authorising manager if a current medical condition affects the prisoner's ability to escape.

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January 2023

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