

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Murphy, a prisoner at HMP Altcourse, on 6 January 2023

A report by the Prisons and Probation Ombudsman

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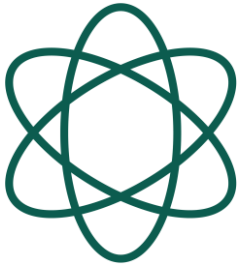
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Our vision

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

OGI

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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. If my office is to best assist HMPPS in ensuring the standard of care received by those within service remit is appropriate then our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Mr John Murphy died in a hospice from lung cancer on 6 January 2023, while a prisoner at HMP Altcourse. He was 98 years old. We offer our condolences to Mr Murphy's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Murphy received at Altcourse was of a reasonable standard and was at least equivalent to that which he could have expected to receive in the community. However, she made recommendations about following the guidelines for suspected cancer and planning for end-of-life care, which we repeat below.
5. We found that there was a delay in the progression of the compassionate release application. Although the paperwork was started promptly, responses from the relevant prison departments were not received for two months. The application was therefore not completed before Mr Murphy died.

Recommendations

- The Head of Healthcare should ensure that prison GPs are aware of NICE guidance NG12 for suspected cancer and how to refer to appropriate services.
- The Head of Healthcare should ensure that anticipatory medications are prescribed as early as possible and that these are reviewed as the person's needs change.
- The Head of Healthcare should ensure that the Preferred Priorities of Care (or advance care planning) document is reviewed regularly and discussed at complex care meetings when the patient makes decisions relating to ongoing treatment, investigations and interventions.
- The Director and Head of Healthcare should ensure that applications for early release on compassionate grounds are progressed without delay.

The Investigation Process

6. HMPPS notified us of Mr Murphy's death on 6 January 2023.
7. NHS England commissioned an independent clinical reviewer to review Mr Murphy's clinical care at HMP Altcourse.
8. The PPO investigator investigated the non-clinical issues relating to Mr Murphy's care, including Mr Murphy's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
9. The PPO family liaison officer wrote to Mr Murphy's next of kin, his brother, to explain the investigation and to ask if he had any matters he wanted us to consider. He did not respond to our letter.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Altcourse

11. Mr Murphy was the 24th prisoner to die at Altcourse since January 2020. Of the previous deaths, 17 were from natural causes and six were self-inflicted. We have previously made recommendations about suspected cancer referrals and compassionate release applications.

Key Events

12. On 16 November 2017, Mr John Murphy was convicted of sexual offences and sentenced to three years imprisonment. He was sent to HMP Liverpool.
13. On 28 Jul 2020, Mr Murphy was transferred to HMP Altcourse. As he had several existing medical conditions, a prison nurse moved him to the hospital wing where he could be closely monitored by healthcare staff.
14. Over the next year, a prison GP diagnosed Mr Murphy with recurrent chest infections. The GP gave him antibiotics to treat this.
15. On 8 August 2021, Mr Murphy said he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.
16. On 5 October, the prison palliative care nurse met with Mr Murphy to discuss his Preferred Priorities of Care (a document that sets out a person's preferences and priorities for their care during the end stages of their life). Mr Murphy said he did not wish to complete this document.
17. On 12 October, a prison nurse completed observations on Mr Murphy. She recorded that his oxygen levels were low, and that he needed to go to hospital for further tests. Mr Murphy said he did not want to go.
18. On 29 March 2022, a prison GP saw Mr Murphy to discuss a recent blood test. He told Mr Murphy that he may have cancer and that he needed an ultrasound scan. Mr Murphy said that he did not want to have a scan, or any further medical tests to investigate this.
19. On 7 June, Mr Murphy attended a hospital appointment at the lung clinic. A hospital consultant diagnosed him with lung cancer. He was referred to IMPACT, a palliative care team at a local hospice.
20. On 24 June, a prison GP saw Mr Murphy to talk about his diagnosis. The prison GP told Mr Murphy that his cancer was terminal and could not be treated. The GP offered him support and Mr Murphy said that he had no questions or concerns.
21. On 20 July, the prison palliative care nurse saw Mr Murphy. She created an End-of-Life Care Plan with Mr Murphy. Mr Murphy said that he hoped to be released from prison to a care home or to his brother's address.
22. Over the next few months, Mr Murphy was discussed at the monthly complex care meetings. He was also reviewed monthly by the prison palliative care nurse.
23. On 11 October, a prison GP diagnosed Mr Murphy with a chest infection. The GP prescribed antibiotics.
24. On 26 October, the offender management unit started the application for Mr Murphy's early release on compassionate grounds. They sent the application to the prison GP and to Mr Murphy's prison offender manager to complete.

25. On 1 December, a prison GP diagnosed Mr Murphy with a chest infection, and prescribed another course of antibiotics.
26. During the month of December, healthcare staff noticed a deterioration in Mr Murphy's health. On 26 December, the prison palliative care nurse contacted IMPACT to advise them of this.
27. On 27 December, the prison palliative care nurse sent an email to the relevant prison staff and senior healthcare staff to tell them that Mr Murphy was deteriorating and asked for the application for early release to be prioritised.
28. In the early hours of 29 December, a prison nurse noticed that Mr Murphy was struggling to breathe. She contacted the Rapid Response Paramedic Team and asked if they could attend the prison to give anticipatory medication (end of life medication). A few hours later, paramedics arrived and gave Mr Murphy some pain relief. Later that day, a prison GP prescribed Mr Murphy anticipatory medication.
29. The same day, a palliative care nurse saw Mr Murphy and said that he needed to be moved to a hospice. He was moved to a hospice on 31 December.
30. Mr Murphy died on the evening of 6 January 2023.

Cause of death

31. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Murphy's cause of death as lung cancer.
32. At the inquest, held on 2 February 2023, the Coroner concluded that Mr Murphy died from natural causes.

Non-Clinical Findings

Compassionate release

33. 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 are set out in the Early Release on Compassionate Grounds Policy Framework. Among the criteria is that the risk of reoffending 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. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of HM Prison and Probation Service (HMPPS).

34. We found that there was a delay in the progression of Mr Murphy's compassionate release application. The Offender Management Unit (OMU) at Altcourse started the application promptly. They initiated the paperwork, then sent requests to the prison GP, the Prison Offender Manager and the Community Offender Manager, asking them to complete the relevant sections before returning the paperwork to the OMU. However, responses from the relevant prison departments were not received for two months, which meant the application was not completed before Mr Murphy died. We recommend:

The Director and Head of Healthcare should ensure that applications for early release on compassionate grounds are progressed without delay.

**Adrian Usher
Prisons and Probation Ombudsman**

September 2023

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