

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

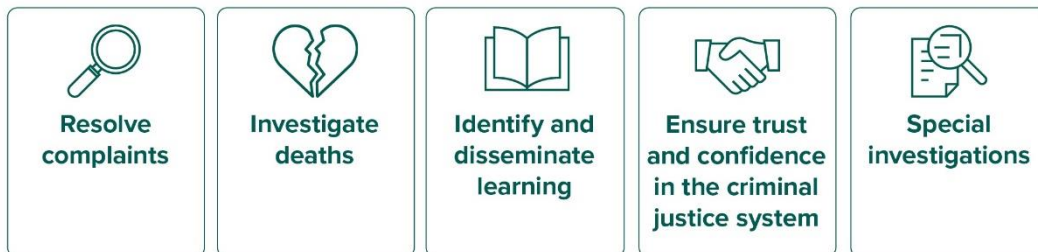
# **Independent investigation into the death of Mr JT Jackson, a resident at Lightfoot House Approved Premises, on 24 December 2022**

**A report by the Prisons and Probation Ombudsman**

## OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

## WHAT WE DO



## WHAT WE VALUE



© Crown copyright, 2024

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

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.

If my office is to best assist HM Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

Mr JT Jackson died from advanced lung cancer in hospital on 24 December 2022, while a resident at Lightfoot House Approved Premises (AP). He was 44 years old. I offer my condolences to his family and friends.

The clinical reviewer concluded that the clinical care that Mr Jackson received at HMP Wayland before his release to Lightfoot House was equivalent to that which he could have expected to receive in the community. She concluded it was reasonable that the GP who saw Mr Jackson when he reported with a cough in November 2022 did not refer him for a chest X-ray. Given the information the GP had, she found that it was reasonable and in line with national clinical guidance that he diagnosed Mr Jackson with a lower respiratory tract infection and prescribed antibiotics in the first instance.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

**Adrian Usher**  
**Prisons and Probation Ombudsman**

**January 2024**

# Contents

Summary .....	1
The Investigation Process.....	3
Background Information.....	4
Key Events.....	5
Findings .....	9

# Summary

## Events

1. On 24 August 2020, Mr JT Jackson was remanded to HMP Norwich. On 19 November, he was convicted of assault and sentenced to four years and six months in prison. On 8 March 2021, he was transferred to HMP Wayland.
2. On 9 November 2022, a nurse saw Mr Jackson who said that he had coughed up blood in his sputum and had a gurgling sound under his right rib. Mr Jackson told the nurse that his right lung felt weaker than his left and that when he was lying down, he had to do so in a certain way because of the sensation in his lungs. The nurse added Mr Jackson to the triage clinic for the following day.
3. On 10 November, Mr Jackson did not attend the triage clinic, so the nurse added him to the next clinic on 14 November.
4. On 14 November, a nurse saw Mr Jackson in the triage clinic. Mr Jackson told the nurse that he had had a cough since mid-October, which was slowly getting better. The nurse noted that Mr Jackson had a chest expiratory wheeze, with coarse crackles.
5. The nurse discussed this with a GP at Wayland who diagnosed Mr Jackson with an infection of the lower respiratory tract and prescribed him antibiotics.
6. On 21 November, Mr Jackson had a pre-release meeting with a nurse who noted that he had no outstanding medical appointments. The nurse gave him a discharge letter for his community GP which only contained medical details up to November 2019. This meant that it did not contain information about Mr Jackson's recent diagnosis with a lower respiratory tract infection. Mr Jackson received a supply of his prescribed medication which included the remainder of his antibiotics.
7. On 22 November, Mr Jackson was released on licence from prison. He was not seen by healthcare staff on the day of his release. His licence conditions required him to report to the duty officer at Lightfoot House Approved Premises.
8. Mr Jackson's family met Mr Jackson at Wayland and drove him to the AP. His family said that he slumped into the back of the car, he looked pale and could not breathe. They asked him if they should take him to hospital, but he told them that he had to go to the AP to comply with his licence conditions, so they took him straight there.
9. At 11.20am, Mr Jackson had an AP induction meeting but did not provide an alcohol breath test because he said that he had a lung infection.
10. On 24 November, Mr Jackson registered with the Derby Road GP Surgery in Ipswich. He saw a community GP, who arranged for blood tests and a chest X-ray, which he had in the first week of December.
11. At 9.21am on 20 December, Mr Jackson went to the AP office and saw a residential worker. He was struggling to breathe and in distress. The residential worker telephoned for an ambulance but was told that an ambulance may take up to fifteen

hours. At 10.00am, the residential worker made a second call to the ambulance service because Mr Jackson had a repeated episode of breathlessness. At 12.50pm, an ambulance arrived at Lightfoot House and took Mr Jackson to hospital, where he was admitted.

12. On 24 December, Mr Jackson died in hospital, with his family present. A post-mortem examination established that Mr Jackson died from advanced lung cancer.

## Findings

13. The clinical reviewer concluded that the clinical care that Mr Jackson received at Wayland was of a good standard and was equivalent to that which he could have expected to receive in the community. She found that it was good practice that when Mr Jackson did not attend the triage clinic on 10 November, the nurse rebooked his appointment for the next clinic on 14 November.
14. The clinical reviewer was satisfied that it was reasonable that, despite symptoms of a cough and one episode of coughing up blood, the GP at Wayland did not immediately refer Mr Jackson for a chest X-ray and as a first course of action, prescribed him antibiotics having diagnosed a lower respiratory tract infection.
15. The clinical reviewer found that a full set of clinical observations, including a National Early Warning Score (NEWS), should have been completed when Mr Jackson presented to healthcare staff as unwell.
16. The medical discharge letter given to Mr Jackson on his release from prison on 21 November 2022 was inadequate as it only contained medical details up to November 2019. It therefore did not contain information about Mr Jackson's recent diagnosis of a lower respiratory tract infection and that he had been prescribed a course of antibiotics.
17. Although a nurse saw Mr Jackson the day before his release and gave him his clinical discharge letter and medication, there is no evidence that healthcare staff saw Mr Jackson on the day of his release as they should have. There is no record that Mr Jackson presented as unwell the day before his release. The Head of Healthcare said that they now have a system in place to see prisoners on the day of their release from Wayland.

## Recommendations

- The Head of Healthcare should ensure that full clinical observations, including a National Early Warning Score, are taken and recorded when assessing patients so that care can be escalated promptly, where necessary.
- The Head of Healthcare should ensure that medical discharge summaries for those released from prison reflect full details of their current healthcare needs.

## The Investigation Process

18. The PPO was notified of Mr Jackson's death on 29 December 2022.
19. The investigator issued notices to staff and residents at Lightfoot House Approved Premises informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
20. The investigator obtained copies of relevant extracts from Mr Jackson's prison, probation and medical records.
21. NHS England commissioned a clinical reviewer to review Mr Jackson's clinical care in prison. The investigator and clinical reviewer jointly interviewed four members of prison healthcare staff by video on 27 February.
22. We informed HM Coroner for Suffolk of the investigation. He gave us the results of the post-mortem examination. We have sent him a copy of this report.
23. The Ombudsman's family liaison officer wrote to Mr Jackson's sister to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Jackson's sister was concerned that healthcare staff at Wayland had not adequately investigated Mr Jackson's symptoms from 9 November 2022 and was concerned that when he left prison on 22 November, he was not fit for release. The clinical review has addressed this issue and we have covered it in this report.
24. We shared the initial report with the National Probation Service and HM Prison and Probation Service. There were no factual inaccuracies.
25. We shared the initial report with Mr Jackson's sister. She did not respond.

## **Background Information**

### **HMP Wayland**

26. HMP Wayland is a medium security prison in Norfolk. The prison holds about 900 convicted adult male prisoners. Practice Plus Group provides healthcare services.

### **HM Inspectorate of Prisons**

27. The most recent inspection of HMP Wayland was in April 2022. Inspectors found that standards of behaviour in the under-staffed prison had slipped, and prisoners often broke the rules without challenge or supervision from officers, many of whom had only recently started working in the prison. Inspectors reported that health services were well-led and of good quality, but access to some was hindered by regime restrictions and a lack of escort officers, contributing to some long waits. The management of long-term conditions had improved. There were now nurse-led clinics with suitably trained staff and evidence-based care plans.

### **Independent Monitoring Board**

28. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to May 2022, the IMB reported that HMPPS was failing prisoners at Wayland in its continued failure to manage the infrastructure of buildings and maintenance competently, and to support staff to do their job. The IMB reported that prisoners experienced extreme waits for GP face-to-face appointments, and hospital appointments were cancelled on a routine basis because of a lack of escort staff. Prisoners were no longer being escorted to their healthcare appointments and were not always told or reminded about their appointments.

### **Lightfoot House Approved Premises**

29. Approved premises (APs, formerly known as probation and bail hostels) mostly accommodate offenders released from prison on licence and those directed there by the courts as a condition of bail. Their purpose is to provide a supportive and structured environment. Residents are responsible for their own healthcare and are expected to register with a GP.
30. Lightfoot House is situated near Ipswich city centre and has 26 single rooms. A key worker is allocated to each resident to discuss their progress and wellbeing. The key worker also ensures that residents adhere to their individual licence conditions and the AP rules.

### **Previous deaths at Lightfoot House AP**

31. There have been no previous deaths at Lightfoot House AP.

## Key Events

32. On 24 August 2020, Mr JT Jackson was remanded to HMP Norwich. On 19 November, he was convicted of assault and sentenced to four years and six months in prison. On 8 March 2021, he was transferred to HMP Wayland.
33. On 9 November 2022, a nurse saw Mr Jackson, who said that he had coughed up blood in his sputum once and had a gurgling sound under his right rib. Mr Jackson told the nurse that his right lung felt weaker than his left and that when he was lying down at night, he had to do so in a certain way because he felt like his lungs 'blew up' bigger.
34. Mr Jackson's blood oxygen saturation and pulse rate were within the normal range. The nurse did not record his National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration). The nurse said that he did not recall assessing Mr Jackson as he was not a prisoner who was well known to the healthcare team. He explained that at the time he saw Mr Jackson, he was most likely finishing medication administration duty at the medication hatch and would probably have been asked to see Mr Jackson so would have gone straight to his cell to see him. As a result, he would not have had the necessary equipment with him to complete a full range of clinical observations. He added Mr Jackson to the triage clinic appointments for the following morning. He said that had he been concerned about Mr Jackson's physical presentation, he would have completed a further full set of observations before the triage clinic. He asked Mr Jackson to provide a sputum sample (which was never provided).
35. On 10 November, Mr Jackson did not attend the triage clinic. Although there is no evidence to explain why not, the nurse added him to the next available triage clinic on 14 November.
36. On 14 November, a nurse saw Mr Jackson in the triage clinic. The nurse noted that he looked well. Mr Jackson told the nurse that he had had a cough since mid-October, (which had not been reported to the healthcare team before 9 November) but that it was slowly getting better. He said that although his cough was improving, it was worse at night. Mr Jackson was worried that he had cancer. His observations were within the normal range, except his respiratory rate (26 breaths per minute) which was high. The nurse did not record a NEWS. His peak flow measurement (a measurement of how quickly you can blow air out of your lungs) was 400 litres per minute (which was at the low end of the normal range). He noted that Mr Jackson had a chest expiratory wheeze across both upper lobes of the lung, with coarse crackles to both lower lobes of the lungs.
37. The nurse discussed his findings with a GP working at Wayland, who diagnosed Mr Jackson with an infection of the lower respiratory tract and prescribed antibiotics.
38. On 21 November, Mr Jackson had a pre-release meeting with a nurse, who noted that he had no outstanding medical appointments. The nurse gave him a discharge letter for his community GP. The discharge letter was dated 21 November but only contained medical details until November 2019. Mr Jackson received a supply of his prescribed medication which included mirtazapine (for depression and poor sleep),

propranolol (for anxiety) and the remainder of his antibiotics. There is no evidence that he presented as acutely unwell that day.

39. On 22 November, Mr Jackson was not seen by healthcare staff before he was released, despite it being the department's policy that every prisoner is reviewed on the day of release. The Head of Healthcare did not know why Mr Jackson was not seen. He said that if a member of healthcare felt that a prisoner was not medically fit for release, they would raise this with prison staff and take appropriate action such as sending them to hospital by ambulance.
40. On 22 November, Mr Jackson was released from prison on licence. His licence conditions required him to report to the duty officer at Lightfoot House Approved Premises (AP).
41. Mr Jackson's mother and niece met Mr Jackson at Wayland and drove him to Lightfoot House AP. Mr Jackson's sister reported that Mr Jackson slumped into the back of the car, he looked pale and could not breathe. Mr Jackson told them that his lungs were full of fluid. Mr Jackson's niece asked him if he should go to hospital, but he told her that he had to go to the AP to comply with his licence conditions.
42. At 11.20am, Mr Jackson arrived at the AP. A residential worker completed his induction and explained to Mr Jackson the terms of his licence. She asked him to provide an alcohol breath test, but he said that he was unable to do so because he had a lung infection. Mr Jackson made several attempts to complete the test but was unsuccessful. Mr Jackson understood the process to register with the local community GP surgery which he said he would do later that day. He did not do so.
43. On 23 November, a key worker completed an application form for Mr Jackson to register with the Derby Road Doctor's Surgery in Ipswich.
44. On 24 November, a member of staff at the AP said that Mr Jackson had been at the AP for most of the day and had a meeting with his key worker. Mr Jackson received a copy of his medical history to take to the GP surgery with his registration form.
45. On 25 November, Mr Jackson met the key worker and Mr Jackson's community offender manager (COM). He told them that he had been released from Wayland with a lung infection and was taking antibiotics.
46. On 27 November, Mr Jackson met his mother and sister. A residential worker noted that when they returned to the AP, Mr Jackson's mother told her that she was concerned about his health as his chest infection was not clearing. On 28 November, she made an appointment for Mr Jackson to see a GP that day. Later that day, after his GP appointment, Mr Jackson told her that he had received a text message from the doctor's surgery to say that his appointment for blood tests, scheduled for 29 November, had been cancelled and that he needed to rebook the tests.
47. On 1 December, Mr Jackson told a residential worker that he felt slightly better after getting new antibiotics and steroids from the GP. He said that he had blood tests booked for 14 December and he was waiting for a chest X-ray. We have not seen evidence to confirm the date he had a chest X-ray, but it was before 6 December.

48. On 2 December, Mr Jackson went to the Bury St Edmunds Probation Office, where he met his COM. She noted that Mr Jackson sounded wheezy but said he was feeling better after being prescribed antibiotics and steroids.
49. On 6 December, a residential worker noted that Mr Jackson had said that the GP surgery had told him that he no longer needed to take the remaining antibiotics and that she would check with them if this was the case. Later that day, Mr Jackson told her that he had received a text message from the GP surgery to say that his recent chest X-ray showed some shadows in his right lung which were thought to be due to an infection. They suggested repeating the chest X-ray in four weeks. Mr Jackson said that a practice GP told him that he had sent a request to the hospital, and that he should get an appointment in due course. She noted that Mr Jackson was anxious and worried and arranged for him to see a GP the following day.
50. On 14 December, Mr Jackson had an appointment at Ipswich Hospital for blood tests.
51. On 16 December, a probation officer saw Mr Jackson for a key work session. She noted that Mr Jackson was still feeling very unwell and found it difficult to breathe. She noted that she was aware that he had had a chest X-ray which needed to be repeated in four weeks. Mr Jackson told her that they had found shadows on his right lung and that he was given medication which had run out. She noted that Mr Jackson was waiting for the results of blood tests. She told him that she would help him to make an appointment with the doctors and that if he felt very breathless over the weekend, he should telephone 111 or go to A&E.
52. On 16 December, while a residential worker was giving Mr Jackson his medication, he told her that he had received a call from the GP surgery about his recent blood tests which showed that he was anaemic, and lacked magnesium and vitamin D. He said that the GP was going to prescribe iron, vitamin D and folic acid but that the pharmacy had not received the prescription in time for him to collect them before the weekend. She noted that Mr Jackson also received an appointment letter for a chest X-ray on 6 January 2023.
53. On 17 December, a residential worker noted that Mr Jackson was still not feeling very well, and that his colleague would help him contact the GP surgery on Monday. He asked staff to monitor Mr Jackson's health over the weekend as he was complaining of breathlessness.
54. On 19 December, a residential worker noted that Mr Jackson stayed in his room all day and when he saw him, he looked pale and tired.
55. At 9.21am on 20 December, a residential worker noted that Mr Jackson came to the office struggling to breathe and clearly in distress. He noted that Mr Jackson was extremely pale, was sweating heavily, had difficulty taking breaths and was wheezing/rattling as he did so. He telephoned the Ambulance Service, who said that that it may take up to fifteen hours for an ambulance to arrive. At 10.00am, he made a second call to the Ambulance Service because Mr Jackson had a repeated episode of breathlessness. At 12.50pm, an ambulance arrived at the AP and took Mr Jackson to hospital.

56. On 22 December, a residential worker received a telephone call from Mr Jackson's mother, who told him that Mr Jackson was not expected to live through the night. Mr Jackson's mother asked to collect his belongings from the AP. He contacted hospital staff, who told him that Mr Jackson was in a very bad way but gave no further information as he did not have a password (which he later received from a family member).
57. On 24 December, Mr Jackson died in hospital, with his family present.

### **Post-mortem report**

58. A post-mortem examination established that Mr Jackson died from advanced lung cancer.

### **Inquest**

59. The Coroner did not hold an inquest into Mr Jackson's death.

### **Contact with Mr Jackson's family**

60. After Mr Jackson became unwell, staff at Lightfoot House AP spoke to Mr Jackson's family to keep them up to date about his condition. Mr Jackson's funeral was held on 25 January 2023. The Probation Service contributed to its cost in line with national policy.

### **Support for residents and staff**

61. After Mr Jackson's death, an operational manager debriefed the staff at the AP to ensure they had the opportunity to discuss any issues arising, and to offer support. She offered them counselling and wellbeing services.
62. The operational manager held a meeting to tell the residents that Mr Jackson had died. She also posted letters to them, informing them of his death and offering support.

# Findings

## Clinical care at HMP Wayland

63. The clinical reviewer concluded that the clinical care that Mr Jackson received at Wayland was of a good standard and was equivalent to that which he could have expected to receive in the community. She found that it was good practice that when Mr Jackson did not attend the triage clinic on 10 November, the nurse added him to the next available clinic on 14 November. She also found that the support he received for his knee, back and leg pain, his substance misuse and mental health was good.
64. On 14 November, Mr Jackson was diagnosed with a chest infection and was prescribed antibiotics but was not referred for a chest X-ray. National Institute for Health and Care Excellence (NICE) guidance on lung cancer diagnosis and management recommends that a chest X-ray under the NHS suspected cancer pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks, should be offered when the person is over 40 years and has two or more of the following symptoms: a cough, fatigue, shortness of breath, chest pain, weight loss, appetite loss. Although Mr Jackson was over 40 years old and had presented with a cough and one episode of coughing up blood, the clinical reviewer was satisfied that Mr Jackson had not presented with two or more of these symptoms, and it was reasonable that the GP at the prison diagnosed a lower respiratory tract infection and prescribed antibiotics in the first instance and as a first course of action.
65. On 9 November, when a nurse saw Mr Jackson, he did not record a full set of observations and did not record a NEWS score. On 14 November, when a nurse saw Mr Jackson in the triage clinic, he too did not record a NEWS score. The clinical reviewer said that a full set of clinical observations, including a NEWS score, should have been completed when Mr Jackson presented to them as unwell. This was a missed opportunity to assess whether Mr Jackson's health was deteriorating. We cannot know whether this would have led to an earlier diagnosis of lung cancer. We make the following recommendation:

**The Head of Healthcare should ensure that full clinical observations, including a National Early Warning Score, are taken and recorded when assessing patients so that care can be escalated promptly, where necessary.**

66. The clinical reviewer said that Mr Jackson would have benefitted from a more up-to-date discharge letter (his was dated 21 November 2022, but only contained medical details up to November 2019), so that he could get the appropriate follow up for his chest infection and treatment. The Head of Healthcare agreed that the discharge letter was inadequate and said that they had discussed the importance of clear documentation and release planning at a local discussion on 5 January 2023 after Mr Jackson's death. We make the following recommendation:

**The Head of Healthcare should ensure that medical discharge summaries for those released from prison reflect full details of their current healthcare needs.**

67. There is no evidence that a member of the healthcare team saw Mr Jackson on the day of his release despite it being their policy. This was a missed opportunity to identify whether Mr Jackson was acutely unwell and needed hospitalisation on the day of his release. The Head of Healthcare said that he had introduced a new system in collaboration with the offender management unit, who now provide the healthcare department with an advance list of prisoners due for release or transfer from the prison. When prisoners are released, healthcare staff make a note on their record that they were fit for release or transfer. Given the change in process, we do not make a recommendation.

### **Good practice at Lightfoot House**

68. AP staff supported Mr Jackson to register with a community GP and helped him with his appointments, recording their conversations with him on the probation service database and frequently asking him about his health and the progress of his appointments for blood tests and the chest X-ray. When Mr Jackson was admitted to hospital, AP staff appropriately contacted hospital staff for updates about his condition.
69. On 20 December, when Mr Jackson's condition deteriorated, a residential worker at the AP appropriately contacted the ambulance service and escalated the response when he had a second episode of breathlessness.

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

Third Floor, 10 South Colonnade  
Canary Wharf, London E14 4PU

Email: [mail@ppo.gov.uk](mailto:mail@ppo.gov.uk)  
Web: [www.ppo.gov.uk](http://www.ppo.gov.uk)

T | 020 7633 4100