

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Wilson, a prisoner at HMP Forest Bank, on 17 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 John Wilson died in hospital on 17 June 2022 of pneumonia (a lung infection), while a prisoner at HMP Forest Bank. He also had a urinary tract infection, diabetes mellitus, chronic obstructive pulmonary disease (COPD, a lung disease), previous lung cancer and previous bladder cancer which contributed to but did not cause his death. He was 75 years old. We offer our condolences to Mr Wilson's family and friends.
4. The clinical reviewer concluded that the clinical care that Mr Wilson received at Forest Bank was equivalent to that which he could expect to receive in the community. The clinical reviewer made no recommendations.
5. Staff at Forest Bank appropriately applied to transfer Mr Wilson to a prison with 24-hour healthcare facilities, but there was no follow up to provide additional information when the initial applications were turned down despite concerns that the facilities at Forest Bank were unsafe for him. There was no evidence that prison staff completed an application for early release on compassionate grounds and, while there were some obstacles to the application, we are concerned that the process was not managed efficiently. We also found that a ROTL application did not progress once the board had approved the application.

Recommendations

- **The Director and Head of Healthcare should ensure that there is an escalation process in place for those prisoners whose needs would be better met by a transfer to a prison with 24-hour healthcare.**
- **The Director should ensure that applications for ROTL and early release on compassionate grounds for prisoners with terminal illnesses are considered, prioritised and completed without delay, keeping a record of action taken.**

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Wilson's clinical care at HMP Forest Bank.
7. The PPO investigator investigated the non-clinical issues relating to Mr Wilson's care, including Mr Wilson'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 Wilson's wife to explain the investigation and to ask if she had any matters they wanted us to consider. She did not respond to our letter.
9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Forest Bank

10. Mr Wilson was the ninth prisoner to die at Forest Bank since June 2020. Of the previous deaths, four were from natural causes, one was self-inflicted, two were drug related and one is awaiting classification. There are no significant similarities with our findings in these deaths and the investigation into Mr Wilson's death.

Key Events

11. On 12 June 2017, Mr John Wilson was convicted of sex offences and sent to prison for 15 years. Mr Wilson was sent to HMP Forest Bank.
12. On arrival at Forest Bank, healthcare staff noted a previous medical history of lung cancer, bowel cancer, removal of the spleen and part of the colon, diabetes, high blood pressure and epilepsy.
13. In April 2019, Mr Wilson received a diagnosis of bladder cancer.
14. On 5 December, Mr Wilson moved onto the healthcare unit at Forest Bank due to an increased need for social care assistance. The healthcare unit consists of 19 beds in single and double cells, and one four-bed bay. Social health care assistants attend to prisoners as per their personal care plans. No dedicated healthcare staff are attached to the unit. Mr Wilson was given a hospital bed with an airflow mattress.
15. On 17 October 2020, Mr Wilson said that he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.
16. In early December 2021, the Resettlement Manager and the Head of Resettlement emailed HMP Risley and HMP Wymott to apply to move Mr Wilson to their establishments. Both Risley and Wymott have 24-hour healthcare facilities and Mr Wilson would have lived on a specialist healthcare centre that is staffed with designated healthcare staff.
17. On 6 December, Mr Wilson's health deteriorated. A nurse spoke with Mr Wilson about transferring him into hospital for his own safety and pain management. Mr Wilson agreed, an ambulance was requested, and he was sent to hospital.
18. On 8 December, a CT scan showed that Mr Wilson had brain cancer. Mr Wilson stated that he did not want treatment.
19. On 10 December, a Custodial Manager (CM) at Wymott replied to the Head of Resettlement's email. He explained that they were unable to take Mr Wilson due to a COVID-19 outbreak and a lack of a suitable cell to care for him. He said that they may be able to reconsider after New Year.
20. On 14 December, the Head of Healthcare at Risley replied to the Head of Resettlement's email. He explained that they had no capacity for Mr Wilson and that to consider him in the future they would need a copy of his healthcare assessments and care plans to discuss with the care providers.
21. On 7 January 2022, a nurse noted that the hospital consultant had phoned to update them of Mr Wilson's condition. She noted that Mr Wilson was in the last two months of his life due to bladder cancer.
22. On 18 January, a nurse noted that healthcare staff were preparing an application for early release on compassionate grounds and that Forest Bank had asked the hospital consultant for a letter of support.

23. On 10 February, Mr Wilson returned to Forest Bank from a two month stay in hospital. A nurse noted that Mr Wilson required the assistance of two people to mobilise. She noted that he had been released without a care package in place, or instruction on how to use a back brace with which he had been issued due to a back fracture. She also noted that a safeguarding referral had been made to Salford City Council and a Datix had been submitted due to an unsafe discharge. (Datix is an incident reporting and risk management tool used by healthcare. It allows reporters to record incidents and includes the option to record safeguarding concerns. It then notifies managers of the incident in order to start an investigation.)
24. On 17 February, a nurse reviewed a hospital discharge letter which stated that Mr Wilson had a prognosis of 6-12 months. A palliative care plan was created to consider Mr Wilson's needs. She noted that the letter stated that Mr Wilson's back fracture was unstable and that Forest Bank had not been aware of this. A palliative care plan completed that day states that compassionate release should be arranged if appropriate.
25. On 18 February, Mr Wilson was transferred back to hospital, as Forest Bank could not meet his healthcare needs with the primary care services that they provided. Mr Wilson was discharged back to Forest Bank on 18 March.
26. On 23 March, Mr Wilson was transferred back to hospital due to a deterioration in his presentation and a high need for support and social care which Forest Bank were unable to provide. He was discharged back to Forest Bank on 28 April.
27. On 14 May, a prison GP reviewed Mr Wilson due to high potassium levels and a deterioration in his presentation. He sent Mr Wilson to hospital.
28. On 24 May, a nurse spoke to the ward sister at the hospital. She noted that the ward sister told her that Mr Wilson would be discharged later that evening and that hospital managers had overridden her decision to keep him in hospital. She advised the ward Sister of unsafe discharge and limited staffing and equipment at Forest Bank.
29. On 25 May, prison staff met to discuss an application for release on temporary licence (ROTL) in order to reduce the need for officers to accompany Mr Wilson in the hospital. On the same day, Mr Wilson was discharged back to Forest Bank.
30. On 26 May, Forest Bank made a referral for Mr Wilson to transfer to HMP Manchester for 24-hour healthcare. This referral was declined by Manchester, as he did not meet their criteria.
31. The same day, a nurse reviewed Mr Wilson, as he was experiencing tightening around his chest and a productive cough. She noted that he had a National Early Warning Score (NEWS2) of five, which requires an urgent clinical review. (NEWS2 is a tool to detect and respond to clinical deterioration. A score above seven indicates the need for an emergency response.) Due to Mr Wilson's extensive medical history, the sound of the cough, his mobility and the new onset chest pain, she sent Mr Wilson to hospital. He was discharged back to Forest Bank the following day.

32. On 27 May, the ROTL application was sent to the prison Director. He reports that they did not make a final decision on the ROTL as Mr Wilson was due to be sent back to the prison.
33. On 31 May, a prison GP reviewed Mr Wilson when he reported that he was very lethargic with decreased fluid intake and urinary output. She requested that he was sent to hospital.
34. On 14 June, Mr Wilson was discharged back to Forest Bank.
35. At approximately 3.30pm on 15 June, a nurse and a prison GP went to see Mr Wilson because officers reported that he was choking. The GP noted that Mr Wilson was awake and able to speak though he was generally weak and having difficulty coughing. He listened to Mr Wilson's chest and requested an ambulance to send Mr Wilson to hospital for a chest x-ray and antibiotics. The nurse noted that she had spoken to a colleague, who confirmed there would be a meeting the next day to discuss early release on compassionate grounds for Mr Wilson, to prevent him going in and out of hospital. We were not provided with any information about the outcome of this meeting or whether it took place.
36. On 17 June, Mr Wilson died at Salford Royal Hospital.

Post-mortem report

37. The post-mortem report concluded that Mr Wilson died of pneumonia (a lung infection). He also had a urinary tract infection, diabetes mellitus, chronic obstructive pulmonary disease (COPD, a lung disease), previous lung cancer and previous bladder cancer which contributed to but did not cause his death.
38. At an inquest held on 7 September 2023, the Coroner concluded that Mr Wilson died of natural causes.

Findings

Location

39. The clinical reviewer was satisfied that Forest Bank and the hospital healthcare team had regular communication between them regarding Mr Wilson's care, treatment, and the most appropriate location to meet his needs. We are satisfied that Mr Wilson was correctly located on the healthcare wing at Forest Bank and had suitable social care equipment to support his care needs.
40. However, Forest Bank highlighted in December 2021 that they felt Mr Wilson required a higher level of care than they could provide. Prison resettlement staff made contact with Risley and Wymott, which both have 24-hour healthcare facilities. Neither of those prisons were able to take Mr Wilson at that time. Risley requested that healthcare assessments and care plans were provided so that they could review them to consider a future transfer. Wymott stated they would not be able to take Mr Wilson but could reconsider in the New Year. We have not seen any evidence that these documents were sent to Risley to consider, or that either of these applications for transfer were followed up again after December 2021.
41. During the period from 6 December to his death on 17 June, Mr Wilson spent approximately 5 months in hospital with short discharges back to Forest Bank. On at least two occasions, nursing staff felt the discharges were unsafe. It is disappointing that Forest Bank did not make further attempts to move Mr Wilson to a prison with 24-hour healthcare which might better meet his needs.
42. We make the following recommendation:

The Director and Head of Healthcare should ensure that there is an escalation process in place for those prisoners whose needs would be better met by a transfer to a prison with 24-hour healthcare.

Compassionate release

43. Early 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).
44. Mr Wilson's medical records note that a compassionate release application was being completed after the hospital consultant told Forest Bank in early January that he was in the last two months of his life. The hospital discharge letter received at Forest Bank in mid-February confirmed that Mr Wilson had a prognosis of 6-12 months. This longer prognosis meant that an application was not suitable at this

time. Forest Bank told the investigator that the application was not progressed as it was unlikely that early release on compassionate grounds would be granted due to Mr Wilson's high risk of harm and his offence details.

45. On 15 June, a nurse recorded in the medical records that there was due to be a meeting to discuss compassionate release for Mr Wilson on 16 June. No information was provided to the investigator about the meeting on 16 June.
46. We recognise that it was appropriate not to complete an application for compassionate release in February 2022, as Mr Wilson's prognosis at the time meant that he did not meet the criteria for early release. However, there is little evidence that this was reviewed over the following months. While there might have been obstacles to overcome relating to the application for compassionate release for Mr Wilson, we are concerned that the compassionate release process was not managed efficiently. We have seen no evidence that the compassionate release application form was completed, and Forest Bank did not provide any record of related discussions or decisions. We are concerned that no prison manager took effective control of the process. We were not therefore able to identify why this did not progress and cannot judge whether compassionate release was considered appropriately or not.
47. Release on temporary licence (ROTL) can be granted for precisely defined and specific activities which cannot be provided in the prison. A risk assessment is completed to ensure that the prisoner's temporary release does not present unacceptable risks. The Director of the prison is able to grant the temporary licence and will decide on whether the prisoner is to be accompanied by staff.
48. An application for ROTL was considered on 25 May by a board of prison staff. Forest Bank confirmed that the board supported granting Mr Wilson ROTL, however this was not signed off by the prison Director. This application was sent to him on 27 May. He reports that it was not signed off as Mr Wilson was due back to the prison. However, very soon afterwards Mr Wilson was admitted to hospital for two weeks with no evidence that ROTL was further considered.
49. We make the following recommendation:

The Director should ensure that applications for ROTL and early release on compassionate grounds for prisoners with terminal illnesses are considered, prioritised and completed without delay, keeping a record of action taken.

Mark Judd

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