

Justice Select Committee

BY EMAIL

12 June 2020

Dear Justice Select Committee

Re: Inquiry into the Ageing Prison Population

I understand that the Justice Select Committee is holding an inquiry into the ageing prison population to examine the treatment of older prisoners and the challenges they face within the prison estate. In June 2017, we published “Learning from PPO investigations: Older Prisoners”¹ and I intend to provide an update on this.

My role

The Prisons and Probation Ombudsman (PPO) carries out independent investigations into deaths and complaints in custody. Our role and responsibilities are set out in our Terms of Reference².

We have two main duties:

- To investigate complaints made by prisoners, young people in detention (young offender institutions and secure training centres), offenders under probation supervision and immigration detainees.
- To investigate deaths of prisoners, young people in detention (including residents in secure children’s homes), approved premises’ residents and immigration detainees due to any cause, including any apparent suicides and natural causes.

The purpose of these investigations is to understand what happened, to correct injustices and to identify learning for the organisations whose actions we oversee so that we can make a significant contribution to safer, fairer custody and offender supervision.

My submission to the inquiry

Early release on compassionate grounds

In the 2017 thematic report we highlighted that the process of applying for early release on compassionate grounds should be timely and given the appropriate priority. We also

¹ http://www.ppo.gov.uk/wp-content/uploads/2017/06/6-3460_PPO_Older-Prisoners_WEB.pdf

² www.ppo.gov.uk/about/vision-and-values/terms-of-reference/

concluded that the risk assessments associated with the applications should be based on an assessment of actual risk given the prisoner's current health condition.

Death in custody investigations concluded in 2019 and 2020 indicate there are still some concerns in relation to the compassionate release process. Where applications have been started they are not always completed with the urgency they require. Where we have made recommendations relating to compassionate release, they focus mainly on the delay in applications being completed and submitted. This has resulted in recommendations about the need for compassionate release applications to be prioritised and completed without delay.

We are still finding that the compassionate release process in some prisons is poorly managed and disorganised, with no one individual having overall responsibility for the progress of an application. This can result in the application not being processed in a timely manner. We have made recommendations to some prisons about reviewing the compassionate release process to ensure that a nominated person is identified and is responsible for co-ordinating, reviewing and progressing the application. We consider that this approach should be taken in every prison to improve the compassionate release process across the prison estate.

Compassionate release is not always being considered in every apparently suitable case. It is important that staff discuss the option of early release on compassionate grounds with terminally ill prisoners. In some cases, the application process is started too late, which can be the result of waiting for a definitive prognosis from clinicians. It is also important that prisons consider making applications on behalf of those prisoners who are incapacitated by physical or mental conditions (such as dementia) and not only those who have a terminal prognosis.

End of life care

In the 2017 thematic report we referred to seeing examples of impressive levels of humane care by prison staff and the development of some excellent palliative care. We continue to see examples of this.

We were really pleased to see in a couple of recent cases (including one in a high security prison) that a family member was able to stay with the prisoner in his cell during the day for the last week of his life. This shows the importance of involving the prisoner's family, where appropriate, in the end of life care planning.

There is an expectation that prisoners who have been given a terminal diagnosis are consulted on a palliative care plan. While we are seeing good examples of this, we have also made recommendations in this area. In some cases, we have made recommendations to healthcare about ensuring all care plans, including palliative pain management care plans are individualised, kept up-to-date and reviewed. It is important for healthcare staff to be having conversations with prisoners who are diagnosed with a terminal illness about their end of life care plans.

As well as some concerns about the end of life care planning, we would also like to highlight a concern that came up during an investigation into a death in custody at HMP Parc in August 2019. The individual suffered from dementia and was referred for

assessment, however there was a disagreement with the Local Health Board as to who was funded to assess and provide support. The Local Health Board failed over a period of years to reach a solution to enable the individual to access appropriate specialist care for dementia. We recommended that discussions took place with the Local Health Board to ensure that patients with suspected dementia at HMP Parc have access to full service provisions.

I hope that this is helpful. Please feel free to get in touch if you require additional information.

Yours sincerely



Sue McAllister CB

Prisons and Probation Ombudsman