

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Andrew Clark on 16 April 2022, following his release from HMP Peterborough**

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

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## 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



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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. Since 6 September 2021, the PPO has been investigating post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's 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.
4. Mr Andrew Clark died of sudden unexpected death in alcohol use on 16 April 2022, two days after his release from HMP Peterborough. He was 55 years old. We offer our condolences to those who knew him.
5. Mr Clark received good support with his alcohol misuse issues at Peterborough. He completed an alcohol detoxification and was appropriately monitored during that time. Prior to his release, he was offered a referral to a community substance misuse service but declined.
6. Due to staff shortages and high caseloads, a community offender manager (COM) was allocated to Mr Clark only nine days before his release, which allowed very little time for pre-release planning. We are satisfied that this had minimal impact as accommodation had already been arranged for Mr Clark and no referrals were needed.
7. We make no recommendations.

## The Investigation Process

8. HMPPS notified us of Mr Clark's death on 6 October 2022.
9. The PPO investigator obtained copies of relevant extracts from Mr Clark's prison and probation records.
10. We informed HM Coroner for Northamptonshire of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
11. The Ombudsman's office contacted Mr Clark's brother to explain the investigation and to ask if he had any matters he wanted us to consider. He did not respond.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

## **Background Information**

### **HMP Peterborough**

13. HMP Peterborough is a local and resettlement category B prison which holds prisoners who have either been convicted or are on remand. It is managed by Sodexo.

### **Probation Service**

14. The Probation Service work with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, as well as prepare reports to advise the Parole Board and have links with local partnerships to whom, where appropriate, they refer people for resettlement services. Post-release, the Probation Service supervise people throughout their licence period and post-sentence supervision.

## Key Events

15. On 1 February 2022, Mr Andrew Clark was convicted of sending letters with intent to cause distress or anxiety and was sentenced to 21 weeks in prison. He was sent to HMP Peterborough.
16. When Mr Clark arrived at Peterborough, he told the reception nurse that he was an alcoholic and drank alcohol every day. The nurse referred Mr Clark to the alcohol misuse clinic, and he was placed in a cell in the healthcare unit, so he could be monitored by healthcare staff.
17. That day, a nurse from the substance misuse team completed Mr Clark's initial assessment. Mr Clark said he had drunk alcohol every day for a long time and could not remember when he started. The nurse noted that Mr Clark had had a withdrawal induced seizure while in court custody earlier that day and that he had been given diazepam (medication used to treat seizures and alcohol withdrawal syndrome).
18. On 3 February, a nurse saw Mr Clark. He said he had been binge-drinking since he was a child and had engaged with Substance to Solution (an organisation providing support to people with drug and alcohol issues) a few times in the community, but never for very long. Mr Clark had a prosthetic leg and was a wheelchair user. The nurse noted that along with poor mobility, he was overweight, had chronic obstructive pulmonary disease (COPD – the term for a group of serious lung diseases) and chronic gout. The nurse noted that she would discuss acamprosate with Mr Clark (a medication that reduces alcohol cravings) once he was feeling better and gave him a leaflet about it. There is nothing in his medical record that indicates a further discussion was held.
19. A GP put Mr Clark on an alcohol detoxification programme and prescribed him chlordiazepoxide (medication used to treat alcohol withdrawal symptoms) and thiamine (vitamin B1). Mr Clark completed his detoxification on 9 February.
20. Healthcare staff monitored Mr Clark daily. He did not present with any more withdrawal symptoms once he finished his detoxification.

## Pre-release planning

21. On 23 February, a recovery worker from the substance misuse team completed a basic assessment with Mr Clark. During the assessment, Mr Clark said he did not want a referral to a community substance misuse service and all he needed help with was sorting out his housing. A resettlement worker subsequently arranged for Mr Clark's supported housing to be available to him on his release.
22. On 5 April, a community offender manager (COM) was allocated to Mr Clark, only nine days prior to his release. The investigator spoke with the COM's line manager who said the case was allocated late due to staff shortages and high caseloads at the time.

23. Due to the long waiting times for videolink appointments, the COM was unable to book a videolink with Mr Clark to discuss release planning with him. She issued him with an initial appointment to attend the probation office on the day of his release.

### **Post-release management**

24. On 14 April, Mr Clark was released from Peterborough. Mr Clark's COM called him that day after he did not attend his initial appointment at the probation office. Mr Clark said he had not been told that he needed to attend the office and was adamant he would not attend. The COM said Mr Clark sounded under the influence of alcohol, but he denied this. She told Mr Clark that she would complete a home visit and would call him when she was outside. However, the COM's manager advised her not to do the home visit due to Mr Clark being under the influence of alcohol and aggressive over the phone.
25. Mr Clark was released the day before the Easter weekend, so the next working day was the following Tuesday. Mr Clark died over the Easter weekend so was not seen by probation following his release.

### **Circumstances of Mr Clark's death**

26. On 16 April, a member of supported housing staff visited Mr Clark's address for a welfare check. He had to force entry into the house because he did not get a response from Mr Clark.
27. Mr Clark was found unresponsive in his bedroom. An ambulance was called, and Mr Clark was declared dead at 3.50pm.

### **Post-mortem report**

28. The post-mortem report concluded that Mr Clark died of sudden unexpected death in alcohol use. Cardiac hypertrophy and obesity were listed as contributing factors.
29. The coroner concluded no inquest was required.

## Findings

30. We are satisfied that the prison supported Mr Clark with his alcohol misuse issues. The nurse appropriately referred Mr Clark to the alcohol misuse clinic and the GP promptly placed Mr Clark on alcohol detoxification. The healthcare team at Peterborough regularly checked on Mr Clark and monitored him appropriately on the daily ward rounds. Prior to his release, a recovery worker offered Mr Clark a referral to a community substance misuse service, but he declined.
31. Due to staff shortages and high caseloads, a COM was not allocated to Mr Clark until nine days before his release. This left very little time for pre-release planning and the COM was unable to book a videolink appointment with Mr Clark in the short time available. However, we note that Mr Clark already had accommodation arranged and no referrals were needed. Therefore, the late allocation had minimal impact in this case.
32. Mr Clark was released on the Thursday before the Easter weekend, which meant that the next working day was not for five more days, on the Tuesday. Since then, the Ministry of Justice has announced the end to releases on Fridays and days preceding bank holidays. This is to enable newly released prisoners to access essential services before they close for the weekend.
33. We make no recommendations.

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

**September 2024**

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