Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Anthony Bancroft on 5 March 2024 following his release from HMP Stocken

A report by the Prisons and Probation Ombudsman

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

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T l 020 7633 4100

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

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 Anthony Bancroft died of acute myocardial ischaemia on 5 March 2024 following his release from HMP Stocken on 20 February 2024. He was 64 years old. We offer our condolences to those who knew him.

5. We did not find any issues of concern relating to the pre and post-release planning.

Findings

6. The clinical reviewer concluded that Mr Bancroft received a good standard of care leading up to his release, and it was equivalent to what he could have expected to receive in the community. Mr Bancroft was given adequate information and advice while in prison and on release to encourage good health and harm reduction.

7. We make no recommendations.

The Investigation Process

8. HMPPS notified us of Mr Bancroft's death on 11 March 2024.

9. The PPO investigator obtained copies of relevant extracts from Mr Bancroft's prison and probation records.

10. NHS England commissioned a clinical reviewer to review Mr Bancroft's clinical care at the prison.

11. We informed HM Coroner for Leicester of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

12. The Ombudsman's office contacted Mr Bancroft's family to explain the investigation and to ask if they had any matters they wanted us to consider. Mr Bancroft's family wanted to know what address Mr Bancroft was released to, as they believed he had nowhere to live when he was released.

13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies, and this report has been amended accordingly.

14. Mr Bancroft's family received a copy of the initial report. They did not make any comments.

Background Information

HMP Stocken

15. HMP Stocken is a category C prison which holds male prisoners who have been convicted. It is managed by HMPPS. Practice Plus Group Health in Rehabilitation Services provides physical and mental health care.

Probation Service

16. 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.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Stocken was in January 2023. Inspectors reported the quality of health services had improved in many areas since the last inspection and was reasonably good. Partnership working had been strengthened and local delivery board meetings now took place regularly. They found daily handovers were well attended by all teams, sharing patient information and any service updates, and complex patients were reviewed regularly through a strong multidisciplinary approach.

HM Inspectorate of Probation

18. The most recent inspection results of the NPS East Midlands Region was published in January / February 2023.Only two of the six Probation Delivery Units were inspected. These were Derby City who were rated by the Inspectors as 'Requires Improvement' and Leicester, Leicestershire and Rutland who were rated by the Inspectors as 'Inadequate'. Although staff were committed and dedicated to their roles, high workloads over a prolonged period of time had taken its toll, leading to low morale across the Probation Delivery Units.

Key Events

19. On 30 September 2022, Mr Anthony Bancroft was remanded to HMP Leicester charged with robbery. On 10 November, he was sentenced to 36 months in prison.

20. A nurse conducted Mr Bancroft's initial health screen and noted he had hypertension (high blood pressure) and prescribed medications to treat and manage his condition. Mr Bancroft also had an underlying heart condition involving blocked veins and diabetes. He was prescribed atorvastatin (used to prevent cardiovascular disease). Mr Bancroft had a long history of substance misuse while in the community. He was suspected of being under the influence of drugs while in prison, but he declined support from the substance misuse team.

21. On 11 November, Mr Bancroft was transferred to HMP Ranby.

22. Mr Bancroft arrived at Ranby too late in the evening for healthcare staff to complete his full initial health screen. A nurse noted that he had coronary heart disease and Acute Cardio Syndrome (a type of coronary heart disease). She created a secondary prevention care plan which included annual blood tests and an ECG (electrocardiogram), and a hypertension care plan.

23. During his initial and secondary health screens on 12 and 14 November, healthcare staff noted Mr Bancroft's medical conditions, and that he had blocked arteries. He received appropriate medication for this condition. Mr Bancroft said that he was feeling stable and had not attended any regular hospital appointments for this condition. Over the months that followed healthcare staff attempted to engage Mr Bancroft in managing his conditions as he often failed to take his prescribed medications and declined to attend reviews for his long-term conditions.

24. On 30 August, Mr Bancroft was transferred to Stocken.

25. Mr Bancroft was taken to the wing before healthcare staff completed his initial health screen. Staff told him that healthcare staff would complete it following day.

26. The next day, Mr Bancroft refused to attend his initial health screen. Healthcare staff encouraged him to attend several times, but Mr Bancroft declined.

27. On 5 September, Mr Bancroft refused to see an Advanced Clinical Practitioner (ACP) for his long-term conditions review and did not attend the clinic for his blood tests.

28. On 22 September, the ACP visited Mr Bancroft on the wing to discuss why he had not been attending his long-term conditions reviews. Mr Bancroft said that he was fine and did not need them. She explained the reason for the reviews, which was to make sure his conditions were being managed adequately. She told Mr Bancroft that she would book one more appointment for him, but if he declined to attend, his next review would be held in one years' time. Healthcare staff noted that Mr Bancroft had the capacity to make decisions about his care.

29. On 26 September, Mr Bancroft declined to attend his long-term conditions review. The ACP sent him a letter informing him that he would be removed from the monitoring list. Enclosed with the letter was information advising him of the risks of

poor compliance, how to monitor his blood pressure and how to look after his heart, diabetes and high cholesterol. Over the weeks that followed, Mr Bancroft declined to attend the chronic kidney disease monitoring clinic, hypertension clinic, diabetic clinic and the peripheral vascular disease clinic.

30. In December, staff told Mr Bancroft that he would be released in February 2024.

31. On 18 December Mr Bancroft attended a substance misuse assessment because staff suspected that he had been using drugs in prison. Mr Bancroft asked the substance misuse team if he could be prescribed a opiate substitute prior to his release, to support his abstinence from drugs in the community.

32. On 2 February 2024, Mr Bancroft's Community Offender Manager (COM) completed a Duty to Refer to Leicester Council. (DTR-The Homelessness Reduction Act 2017 introduced a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness teams.) Following this referral, the COM received confirmation the DTR had been submitted. Mr Bancroft was assigned a housing officer, but a housing assessment was not completed.

33. On 13 February, a GP at the prison saw Mr Bancroft and prescribed 2mg of Espranor (used to treat opiate addiction) which was increased to 4mg on 19 February. Mr Bancroft had agreed to have blood tests and vital observations taken to be prescribed this medication, which he complied with. Mr Bancroft's blood pressure was raised. The GP altered his medication but even after the medication was altered, Mr Bancroft's blood pressure was still not within the recommended range. The GP gave him advice about his diet and lifestyle and emphasised that he needed to follow this up with his community GP following his release.

34. On 20 February, Mr Bancroft was released from Stocken, four days early under the End Of Custody Supervised Licence scheme (ECSL - a scheme introduced in 2023 that allowed certain prisoners to be released up to 70 days before the end of their sentence). He was released with all his prescribed medication. A discharge summary was also sent to his community GP. Mr Bancroft declined a naloxone kit on release. He left the prison before healthcare staff could prescribe his Espranor, so they contacted Turning Point, a local drug support service, so that Mr Bancroft could attend their office that day and receive his medication.

35. Mr Bancroft was released homeless and initially stayed with his brother while probation staff explored other housing options for him. A member of the pre-release team at Stocken supported Mr Bancroft with a housing assessment for Blaby Council, however he asked her to close the referral because his local connection was with Leicester Council.

36. The COM completed a CAS3 (accommodation service offering those leaving prison temporary accommodation for up to 84 nights) referral to Nacro (accommodation service for the homeless) and he was offered a room in Leicester. However, this accommodation was later assessed as unsuitable. Mr Bancroft died before long-term accommodation could be secured for him.

Circumstances of Mr Bancroft's death

37. On 28 February, a member of the public found Mr Bancroft lying on the floor in a public area unresponsive. They called 999, got a defibrillator from nearby and started CPR.

38. Paramedics arrived and took over Mr Bancroft's care. Mr Bancroft was taken to hospital and remained there for six days. On 5 March, it was confirmed that Mr Bancroft had died.

Post-mortem report

39. The post-mortem report concluded that Mr Bancroft died of acute myocardial ischaemia (a restriction in the blood flow to the heart) caused by critical coronary atherosclerosis (arteries become narrowed, making it difficult for blood to flow through them). Hypertension, type two diabetes mellitus and chronic drug use were also listed as contributing factors.

40. The coroner concluded no inquest was required.

Findings

Clinical care

41. The clinical reviewer concluded that Mr Bancroft received a good standard of care leading up to his release, equivalent to what he could have expected to receive in the community.

42. Healthcare staff tried to engage Mr Bancroft in managing his long-term conditions, but Mr Bancroft declined to attend his reviews and later stopped taking his prescribed medication. Mr Bancroft was deemed to have the capacity to make these decisions. Although Mr Bancroft chose to not engage with healthcare staff, he was given appropriate advice about how to manage his health conditions in the community, and all his clinical notes were available for the community GP to access.

Accommodation

43. Homelessness on release from prison is a significant and complex challenge. While prison and probation staff can submit referrals to local authorities and charities, there are occasions when accommodation is not found, because they are not assessed in a timely manner due to the lack of accommodation available. Fortunately for Mr Bancroft he was able to stay with his brother and was supported through various other accommodation referrals.

44. We consider that Mr Bancroft's COM appropriately prepared for his release. He liaised with external support agencies, completed necessary housing referrals pre and post release to try and ensure Mr Bancroft received suitable accommodation. Probation staff approved Mr Bancroft's request to stay with his brother on release, while more suitable and long-term accommodation was found for him.

45. We make no recommendations.

Adrian Usher
Prisons and Probation Ombudsman **October 2024**

Prisons & Probation Ombudsman
Independent Investigations

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

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T l 020 7633 4100