Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Michael Tate, a prisoner at HMP Gartree, on 6 February 2025

A report by the Prisons and Probation Ombudsman

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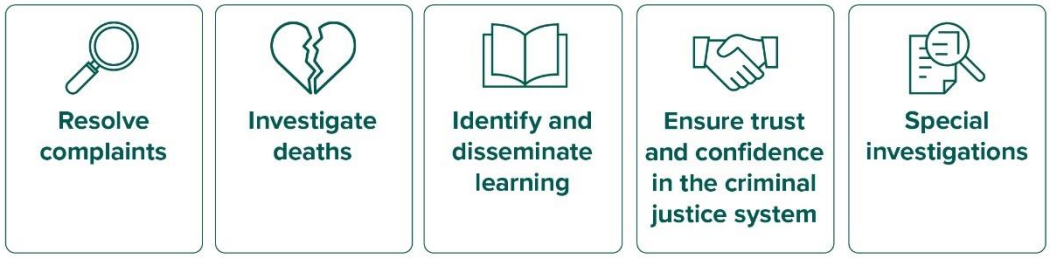
OUR VISION

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

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. 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.

3. Mr Michael Tate died in a hospice of lung cancer on 6 February 2025, while a prisoner at HMP Gartree. He was 83 years old. We offer our condolences to his family and friends.

4. The clinical reviewer concluded that the clinical care Mr Tate received at Gartree was equivalent to that which he could have expected to receive in the community. She made two recommendations relating to wider care Mr Tate received, which the Head of Healthcare will wish to address.

5. We found that an application for Mr Tate's Early Release on Compassionate Grounds (ERCG) was not resubmitted when his condition deteriorated in December 2024. In addition, no consideration was given to granting him Release on Temporary Licence (ROTL) when he was admitted to a hospice.

Recommendations

- The Governor should ensure that a robust process is in place to review Early Release on Compassionate Grounds (ERCG) refusals and resubmit applications where an individual's health has deteriorated.

- The Governor should ensure that staff understand the requirements for Release on Temporary Licence for medical purposes and a robust process is implemented to ensure applications are made when appropriate.

The Investigation Process

6. HMPPS notified us of Mr Tate's death on 6 February 2025.

7. NHS England commissioned an independent clinical reviewer to review Mr Tate's clinical care at HMP Gartree.

8. The PPO investigator investigated the non-clinical issues relating to Mr Tate's care.

9. The Ombudsman's office wrote to Mr Tate's son to explain the investigation and to ask if he had any matters he wanted us to consider. He asked for a copy of the report and wanted to know why he was given different answers by the prison and hospice about when his father would be put on a syringe driver to deliver medication. We have addressed this in our report.

10. We shared our initial report with HMPPS and the prison's healthcare provider, Practice Plus Group. They found no factual inaccuracies. HMPPS provided an action plan which is annexed to this report.

11. We sent a copy of our initial report to Mr Tate's son. He did not notify us of any factual inaccuracies.

Previous deaths at HMP Gartree

12. Mr Tate was the eleventh prisoner to die at HMP Gartree since February 2022. Of the previous deaths, seven were from natural causes, two were self-inflicted and one was drug related. Our investigation into a previous death in September 2024, found delays in applying for Early Release on Compassionate Grounds (ERCG). The prison told us that they had arranged monthly meetings between the healthcare provider, safer custody and the offender management unit, to discuss all issues relating to end of life care including the progression of ERCG applications.

Key Events

13. On 12 May 2015, Mr Michael Tate was sentenced to life in prison for murder. On 25 July 2022, he was moved to HMP Gartree.

14. On 14 March 2024, a nurse saw Mr Tate to review his medication. During the appointment, she found a small lesion on his forehead. Mr Tate said he had a cancerous lesion removed in 2020. She referred him to a dermatologist for further investigation.

15. On 24 May, doctors diagnosed Mr Tate with cell carcinoma (a type of skin cancer) on his face.

16. On 18 June, Mr Tate visited the clinic with shortness of breath, which he said had been going on for two months. A nurse did an ECG, listened to his chest, took blood samples, and requested a chest X-ray. She also booked a follow-up appointment with a GP to review his blood test results.

17. The next day, a GP reviewed Mr Tate's blood test results, which showed he had higher levels of B-type Natriuretic Peptide (BNP, a hormone released by the heart when under stress or working harder than usual). The GP arranged a follow up appointment with Mr Tate.

18. On 8 July, a GP saw Mr Tate to discuss his blood test results. Mr Tate said his symptoms had not changed. The GP prescribed blood pressure medication and recommended referring him to a cardiologist, but Mr Tate declined the referral.

19. On 17 July, Mr Tate went to hospital for a chest X-ray. It showed a mass on his lungs, which suggested cancer.

20. On 24 July, Mr Tate went to hospital to have the lesion on his forehead removed. He returned to Gartree the same day.

21. On 16 August, officers radioed a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties that alerts healthcare staff and tells the control room to call an ambulance immediately) as Mr Tate had chest pain and shortness of breath. A nurse took Mr Tate's clinical observations and calculated a NEWS2 score of 1. (The National Early Warning Score (NEWS2) is a tool used to assess clinical deterioration. A score is calculated from the clinical observations taken and the higher the score, the higher the risk. A score of 1 is low risk.) The nurse cancelled the ambulance. She spoke with a GP and arranged for them to review his medication. The GP prescribed morphine.

22. On 31 August, the healthcare team referred Mr Tate for a social care assessment. He was struggling with his mobility and told staff he was feeling dizzy due to the morphine.

23. On 11 September, Mr Tate went to hospital for a lung biopsy. He stayed in hospital until 17 September, when he was discharged back to Gartree. Doctors told him that he likely had terminal lung cancer, but they needed the biopsy results to confirm the prognosis.

24. On 19 September, a nurse from a local hospice assessed Mr Tate to see what support he needed. During the assessment, Mr Tate felt unwell as he was unable to pass urine. A nurse at Gartree fitted him with a catheter.

25. On 16 October, an oncologist told Mr Tate that his biopsy results confirmed he had terminal cancer. Mr Tate said that he did not want to be resuscitated in the event his heart stopped beating and signed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.

26. On 30 October, staff at Gartree submitted an application for Mr Tate's Early Release on Compassionate Grounds (ERCG) to the Public Protection Casework Section (PPCS) of HMPPS.

27. On 29 November, PPCS refused Mr Tate's ERCG application due to ongoing risk, and because Gartree could still meet his care needs. PPCS advised the Governor to monitor his condition and reapply if it worsened.

28. On 5 December, after Mr Tate fell in his cell, staff assessed that he needed full-time care that the prison could no longer provide. The next day, the prison held an urgent meeting with NHS England to discuss his care needs.

29. On 6 December, a nurse visited Mr Tate in his cell. She found him very weak, struggling to swallow, and unable to pass urine. She took his clinical observations and calculated a NEWS2 score of 5 (indicating moderate risk). After discussing his condition with a GP, they agreed he needed to go to hospital. An ambulance took Mr Tate to A&E, where he was admitted.

30. On 11 December, a nurse from Gartree visited Mr Tate in hospital. She told ward staff that he could not return to Gartree as his condition had worsened and they were no longer able to meet his care needs.

31. On 17 December, Mr Tate was discharged from hospital to a hospice for palliative care.

32. On 15 January 2025, doctors at the hospice gave Mr Tate an updated prognosis of only a few weeks to live.

33. On 3 February, doctors at the hospice told staff at Gartree that Mr Tate would be put on a syringe driver (a machine that gives continuous pain relief) the next day as he was nearing the end of his life.

34. On 4 February, a family liaison officer (FLO) at Gartree phoned Mr Tate's son to advise that the hospice would be starting Mr Tate on a syringe driver, and he was in his final days. The hospice later decided not to start the syringe driver until Mr Tate could no longer eat.

35. At around 6.00pm on 5 February, Mr Tate's condition worsened, and he could no longer eat. The doctor stopped his oral medication and started the syringe driver.

36. On 6 February, at around 8.55am, Mr Tate died. A local doctor attended the hospice and pronounced life extinct at 11.52am.

Cause of death

37. The Coroner accepted the cause of death provided by a hospice doctor and no post-mortem examination was carried out. The doctor gave the cause of death as metastatic lung cancer (cancer which has spread to other parts of the body).

Inquest

38. At the inquest held on 22 April 2025, the Coroner concluded that Mr Tate died of natural causes.

Findings

Clinical findings

39. The clinical reviewer concluded that the majority of care Mr Tate received at Gartree was of a good standard and was equivalent to that which he could have expected to receive in the community.

40. While the clinical reviewer made two recommendations, about medication administration and peer support processes, she did not find any elements of healthcare delivery that would have impacted Mr Tate's cause of death.

41. We do not repeat the clinical reviewer's recommendations here, but the Head of Healthcare will wish to address them.

Early Release on Compassionate Grounds (ERCG)

42. 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 (ERCG) Policy Framework. An application for ERCG must be submitted to the Public Protection Casework Section (PPCS) of HMPPS.

43. Prison staff at Gartree submitted an application for Mr Tate's ERCG on 30 October 2024. On 29 November, PPCS refused the application as they considered Mr Tate still posed a risk to the public and his care needs could still be met by the prison. In their refusal letter, they advised the Governor to monitor Mr Tate's condition and submit another application in the event he deteriorated.

44. On 5 December, Mr Tate was assessed by staff at Gartree as needing full-time care that the prison could not provide. An emergency multidisciplinary (MDT) meeting was arranged for the next day to discuss his care with NHS England. As Mr Tate deteriorated, he was taken to hospital.

45. While we recognise that staff at Gartree appropriately applied for Mr Tate's ERCG in October, when he was given a prognosis of short months, we are concerned that staff did not submit an updated application for Mr Tate when his condition deteriorated.

46. We recommend:

The Governor should ensure that a robust process is in place to review Early Release on Compassionate Grounds (ERCG) refusals and resubmit applications where an individual's health has deteriorated.

Release on Temporary Licence (ROTL)

47. The Release on Temporary Licence (ROTL) Policy Framework sets out how a Special Purpose Licence (SPL) can be issued in response to a specific event or circumstances that would not usually require release on a regular basis.

48. Section 6.31 of the ROTL Policy Framework says that a SPL may be granted for offenders to attend medical out-patient appointments, or inpatient requirements.

49. Section 6.26 says if an offender is subject to a Restricted ROTL (which sets limitations on ROTL due to their sentence, offence, or risk) they are still eligible for a SPL for medical treatment, providing:

    - the offender needs essential medical treatment in the community; and
    - a senior manager chaired ROTL board has sat; and
    - the governor or deputy governor has agreed SPL is appropriate in all the circumstances.

50. On 6 December, Mr Tate was admitted to hospital, where he remained until he moved to a hospice on 17 December. After this he did not return to Gartree.

51. A prison manager told the investigator that staff at Gartree did not apply for ROTL for Mr Tate during this period because the refusal for ERCG cited continued risk and that while frail, Mr Tate was not totally physically incapacitated. They considered that they would be unlikely to satisfy the conditions for the medical element of Special Purpose Licence available for restricted ROTL.

52. Given Mr Tate's health had significantly deteriorated by the time he was admitted to a hospice on 17 December, it is our view that ROTL should have been explored with him at this stage.

53. We recommend:

    The Governor should ensure that staff understand the requirements for Release on Temporary Licence for medical purposes and a robust process is implemented to ensure applications are made when appropriate.

Adrian Usher
Prisons and Probation Ombudsman **December 2025**

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