

**Investigation into the circumstances surrounding the
death of a man in June 2009,
in hospital whilst in the custody
of HMP Gartree**

**Report by the Prisons and Probation Ombudsman
for England and Wales**

January 2010

This is the report of an investigation into the death of a man who died in June 2009, in hospital, whilst in the custody of HMP Gartree. The man became unwell in March 2008, and was admitted to hospital with suspected pleurisy. He was discharged three days later and returned to the prison. In May 2009, the man's mobility and general health was seen to be deteriorating and he was taken to the healthcare unit for observation and treatment. On 9 June, he was admitted to hospital and died two days later. The man was 69 years old.

The investigation into his death was undertaken by one of my colleagues. A post mortem was not held into the man's death at the request of HM Coroner for Leicestershire and South District. It was noted that the man died of natural causes as a result of bronchial pneumonia. I extend my sincere condolences to the man's family and friends.

A review of the man's medical care was commissioned with Leicestershire Primary Care Trust (PCT). I am grateful to a doctor for his timely review. I would like to thank the then Acting Governor of Gartree and his staff for the help and assistance with this investigation. I would also like to thank the liaison officer for her help.

I make one recommendation for the attention of the Governor in commending the man's personal officer for his professional support to the man. I acknowledge the three recommendations held in the clinical review.

In this final report, the Governor of Gartree has written to the man's personal officer acknowledging the Ombudsman's recommendation. Some minor amendments have been made. The man's family still had concerns over their brother's decision not to have family contact. My colleague made contact with his home probation officer and her response is noted. I have dealt with further family responses on page 16 of this report.

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SUMMARY

The man was convicted of murder in 1986 and received a life sentence. In 1987 he was transferred to Gartree and later received into a secure hospital, a high security psychiatric facility in 1995. Two years later, the man returned to Gartree. He did not participate in any offending behaviour programmes or regime activities. The man had also told his personal officer that he did not wish to have any family contact.

In December 2007, the man had a chest x-ray after complaining of shortness of breath. The x-ray did not show any problems with his heart or lungs. Four months later, the man was admitted to hospital as an emergency because of chest pain and breathing problems. He remained as an in patient for three days transferring back to Gartree after being diagnosed with suspected pleurisy.

On 10 November 2008, the man was seen in the healthcare unit with pain to his thigh muscle. He was prescribed pain relief medication and given a walking stick. Three days later the man was examined by a doctor, who diagnosed a hamstring injury and anti-inflammatory medication was prescribed, together with physiotherapy.

The man was examined by a doctor on 2 June and his thigh pain was still present. The doctor asked for blood tests and referred him for further physiotherapy. Two days later, the man was seen in the healthcare unit. He was losing weight and his mobility greatly reduced. He was persuaded by wing staff to transfer to the healthcare unit where he could receive supportive nursing care.

On 9 June, he was found on the floor of his healthcare cell. He was assisted back to his bed and made comfortable. At about 1.00pm, following an examination by a doctor, the man was admitted to hospital for treatment and assessment. The man was escorted to hospital by two officers, one of whom was secured to him using an escort chain (a chain with handcuffs at one end).

The following day, hospital staff contacted the head of healthcare and told her that the man's condition was serious and his next of kin should be informed. Prison staff contacted the man's brother and passed on details of his medical condition and hospital information. At 8.20pm restraints were removed on the authorisation of the duty governor.

At 9.04am on 11 June, a nurse told the escort staff that the man had died. Very shortly afterwards, a bed watch escort officer spoke to the man's brother by telephone and passed on the news of his brother's death.

The man had been a prisoner at Gartree for many years. He did not wish to participate in the prison regime and preferred his own company. In 2006, he told his personal officer that he was adamant he did not want family contact. I make one recommendation to commend his personal officer for his efforts to build a meaningful relationship with the man.

THE INVESTIGATION PROCESS

1. The investigation into the man's death was opened on 23 June when my colleague visited Gartree. She reviewed the man's prison and medical files and asked for copies of those documents to be sent to her. The Ombudsman's terms of reference and notices of the investigation had been sent in advance of my colleague's visit.
2. Members of the Independent Monitoring Board, and Prison Officer's Association did not ask to see my colleague. (IMB members are independent and unpaid. They monitor the day-to-day life in their local prison.) Gartree has previous experiences of death in custody investigations. Up to the circulation of this report there has not been any response to the notices of investigation from staff or prisoners.
3. A review of the man's medical care was commissioned with Leicestershire PCT. A general practitioner, carried out that review from medical records and documents held in the man's prison file.
4. On 14 July, my colleague interviewed prison staff and one prisoner at Gartree. Returning two weeks later to interview another officer.
5. One of the family liaison officers contacted the man's brother, who was his next of kin. This was to inform him of my investigation and to offer the opportunity to raise any concerns or questions that he would like addressed. the man's brother raised the following issues:
 - How long had he been unwell before he was admitted to hospital?
 - What medication was the man being prescribed?
 - Why had he not been notified sooner of the man's ill health?
 - The man's brother felt that valuable time was lost by this delay, particularly given his distance from the hospital and the difficulties he faced in arranging transport.

These issues are addressed on pages 15 and 16 of my report. I hope the findings of my investigation help the man's family better understand the events leading to his death.

HMP GARTREE

6. HMP Gartree opened in 1966, originally as a category C prison (category C is a training prison). It was converted, within a year, to a high security dispersal prison and maintained this function for approximately 25 years. In the early 1990s, Gartree was re-categorised to a B category training prison for adult male life sentenced, and now indeterminate sentenced, prisoners. Typically, it holds prisoners in the early stages of their sentence for up to five years with an operational capacity of 575.
7. The prison's purpose is to help prisoners come to terms with their sentences, assess their individual needs and provide specific interventions, such as offending behaviour programmes, until they can move through the prison system.
8. Gartree has four residential wings (A to D) with B wing being the induction unit. There is a therapeutic community unit, a healthcare unit and a supervision and assessment unit.
9. Her Majesty's Chief Inspector of Prisons carried out an unannounced inspection at Gartree in April 2008 as a follow up to a full inspection in August 2005. The inspector noted that a healthcare recommendation made in 2005 had been achieved. The recommendation said:

“The healthcare staff skill mix should be reviewed to ensure appropriately qualified and graded staff are available to meet the clinical needs of patients, particularly those with mental health problems.”

10. This had been achieved by:

“The skill mix had been reviewed in February 2007 and several changes had been made. Nursing staff were appropriately qualified with a good range of skills, including in mental health. There were two full-time on-site pharmacy technicians. GPs from a local practice ran morning surgeries every weekday. The healthcare team was almost at full strength and offered a comprehensive service to prisoners.”

11. In her summary of the unannounced inspection, the inspector commented:

“Of the 49 recommendations in this area, 15 had been achieved, 12 partially achieved and 22 not achieved. We have made 33 further recommendations. On the basis of this short follow-up inspection, we considered that the prison continued to perform reasonably well against this healthy prison test.”

Healthcare centre

12. The Health Care Centre is a type 3 Health Care Centre i.e. a registered nurse is on duty 24 hours a day, but does not offer a secondary care service. Its inpatient wing has 14 cells, 12 of which are on the operational capacity. (Primary care services are delivered by doctors, nursing staff and other health professionals, secondary care services are specialist medical services usually provided in hospital.) The healthcare centre is over 40 years old and somewhat tired in appearance. The IMB commented in 2006/07 that refurbishment plans were currently under discussion at senior and area management level. Despite appearances, the IMB report said that the healthcare centre delivered an 'excellent service'.
13. There have been seven previous natural cause deaths at Gartree since 2004. Some of those deaths are similar to the man's by the fact that they were elderly prisoners with chronic disease illnesses.
14. This is the second recent death investigated by my colleague at Gartree and she notes that in both cases healthcare staff acted professionally in the provision of care and support in the previous death, and that of the man.

KEY FINDINGS

15. The man was received into Gartree in October 1987. In January 1995, he was sent to a secure hospital, a high security psychiatric facility, after being referred there under section 47 of the Mental Health Act. (Section 47 is a directive from the Home Office to treat and house prisoners with a severe mental disorder.) The man was diagnosed with chronic paranoid psychosis. Despite intensive psychiatric care he did not progress as well as expected at the hospital. Nevertheless, there was some improvement in his mental health and he returned to Gartree in May 1997.
16. The man settled on a wing and became a compliant prisoner with a reasonable standard of behaviour. He did not want to participate in his sentence planning and had not undertaken any courses to address his offending behaviour, despite encouragement from his personal officer.
17. On 10 February 2007, an entry in the man's wing file, written by the man's personal officer, noted that his next of kin, his brother, had contacted the man's home probation officer asking about visiting him in prison. The man said he did not wish to have any contact with his family. An entry on 20 May, by the man's personal officer, again noted that he did not wish to have any contact with his family.
18. The man's health issues mainly focused on his mental wellbeing. In September he failed to attend the healthcare unit for an over forties health promotion session. The man's last Parole Board hearing was in November which deemed him not ready for release.
19. On 6 December 2008, the man saw a nurse in the healthcare unit. He was complaining of shortness of breath on exertion. He told the nurse that he smoked about 20 cigarettes a day but had recently cut that down to ten per day. The nurse referred the man to the doctor.
20. The following day, a doctor saw the man and examined his chest and lungs. The man told the doctor that his hearing was becoming a problem. The doctor referred him for a chest x-ray and a hospital appointment for hearing tests. On 14 December, a chest x-ray indicated no heart or lung problems. The following day, a nurse made a follow up visit to the man on the wing to check on his breathing. The man told the nurse that he felt much better.
21. The man was next seen in the healthcare unit on 22 March 2008 by a nurse. He complained of shortness of breath and pain in the right side of his chest. The nurse noted his previous history of breathing problems. An ambulance was called so that the paramedics could assess the man and he was given oxygen to aid his breathing. The paramedics decided that he should be taken to hospital. The man was escorted to hospital and admitted to a ward for observation. Three days later, the man was discharged from hospital with antibiotic medication and diagnosed with suspected pleurisy.

22. The man's hospital appointment at the audiology clinic was cancelled on 30 May, due to operational problems. (Operational problems could range from insufficient officers to provide an escort to security issues within the prison.) The hospital was contacted to re-arrange the appointment. He saw a doctor on 18 June, as he was still experiencing chest pain. The doctor examined the man's chest and there was no signs of a cough or shortness of breath. The doctor thought the pain might be muscular.
23. The man went to the healthcare unit on 10 November and saw a nurse. He complained of a pain in his thigh muscle which had been present for several days. He was prescribed ibuprophen and paracetamol and given a walking stick. The nurse told him to return to healthcare if the pain did not settle.
24. Two days later, the man returned to healthcare and saw a Healthcare Senior Officer (HCSO). He told the HCSO that the pain in his thigh had not improved and he thought he might have injured himself four days earlier whilst bending down. He was advised to carry on taking the pain relief and an appointment was made for him to see the doctor the following day.
25. The man went to see a doctor on 13 November. The doctor noted that he had a tender hamstring in his left thigh. He advised the man to take his pain relief and do some hamstring stretching exercises. Two days later, a nurse saw the man on the wing for a follow up appointment. He told the nurse that the pain was not getting any better and an appointment was made for him to be reviewed by the doctor.
26. A doctor saw the man on 17 November and examined his hamstring injury. The doctor wrote that the injury was still tender to the touch and prescribed Naproxen, (an anti inflammatory medication). The doctor also referred him for physiotherapy.
27. Five days later, the man saw a nurse. He told the nurse that the Naproxen was helping to reduce the pain and he was prescribed more paracetamol. Later, the man had a mental health review with a Registered Mental Health Nurse (RMN). The RMN wrote that the man was more concerned about his physical health than any mental health issues he might have. The RMN added that there were no reasons to intervene with the man at the present time and that wing staff did not report any behavioural issues.
28. On 24 December, a nurse reviewed the man's hamstring injury and whilst the pain was improving, further pain relief medication was prescribed. The problem seemed to improve and from his medical record he was not seen by a doctor again until 27 April 2009, when he saw a doctor. The doctor wrote in his medical notes that the man had dermatitis (a skin condition) on his scalp and face and there was a re-occurrence of his thigh pain. The doctor prescribed medication for his dermatitis and pain relief.
29. The man was examined by a doctor on 2 June. The doctor noted the man's thigh pain, and that he was using a single crutch as his mobility had reduced.

30. Two days later, the man was seen in the healthcare unit by a physiotherapist. He told the nurse that he was losing weight and his mobility was reduced with ongoing pain. The man had a blood sample taken and was offered a place in the unit as an inpatient.
31. A Senior Officer (SO) spoke to the man when he returned from the healthcare unit. Whilst the man wanted to remain on the wing, the SO persuaded him to move to the healthcare unit where he could be cared for in a more appropriate environment. Later, the man was admitted to the healthcare unit and a care plan opened to assess his mobility and general health needs.
32. A doctor noted on 5 June that the man's blood test indicated an infection and a course of antibiotic was prescribed. The man was given daily assistance from nursing staff for his personal hygiene and immobility. Two days later, it was written that the man had vomited and refused his breakfast. However, he appeared to improve during the day and ate his lunch and tea meals.
33. A nurse assisted the man the following day with his personal hygiene. He took a blood sample for testing and encouraged him to take more fluid. It was also noted that his blood pressure was 118/58 (a normal blood pressure is 130/80), his pulse rate 100 beats per minute (a normal pulse rate is 60-100) and his temperature was normal at 36.4 degrees. The nurse concluded his entry by writing that if the man's health did not improve, staff should liaise with a doctor so that transfer to hospital could be arranged.
34. On 9 June at 3.00am, a nurse noted that the man had fallen to the floor in his cell and was incontinent of urine and faeces. The cell was unlocked and he was helped to bed, cleaned and given a cup of tea. The man told staff that he was fine and had not hurt himself. At 6.00am, the man rang his cell bell for help to use the toilet. A nurse noted that he was very unsteady on his feet and needed full nursing care.
35. The HCSO wrote that the man had again been incontinent and needed washing and his bed changing. His scalp was very sore and red and his mouth was dry. There was a break in his skin at the base of his spine and the HCSO referred him to the doctor. The doctor examined the man at 11.53am, and noted his deteriorating condition and arranged for him to be admitted to hospital. Two and half hours later, the man was escorted to hospital by two officers and restrained by an escort chain and admitted to a ward. (An escort chain is a restraint that is a 1.8 metre length of chain with one cuff attached to the prisoner and the other to an officer, thereby allowing nursing staff to deliver treatment.)
36. The following morning the hospital made contact with the head of healthcare. The man's condition was serious and his next of kin should be informed. The prison contacted the man's brother to inform him of his brother's ill health and asked if they wished to visit him in hospital. Later, the head of healthcare and

37. At 8.00pm the man's sister rang the hospital from her home in Scotland to pass on her regards to her brother. She told staff that the man's brother was trying to arrange a visit to the hospital. A bed watch escort officer re-applied the escort chain at 8.20pm, as the man became abusive towards hospital staff and tried to disconnect the tubes attached to his body. Hospital staff administered morphine which calmed him. Following contact with a governor the escort chain was then removed again.
38. An officer wrote in the bed watch notes that the man was still agitated at 9.40pm and refusing treatment. Staff gave an injection of Haloperidol, an anti psychotic medication, and he settled. Further medication was administered around 3.50am on 11 June, when he again became restless. The officer noted that the man was unresponsive to his surroundings and drifted in and out of sleep.
39. An entry in the bed watch notes by the officer at 6.45am, showed that the man would not be resuscitated should he go into cardiac arrest. The Do Not Resuscitate directive had been made at 11.45pm, the previous day by the hospital doctor. (This was also recorded in his prison medical notes.) The man still intermittently showed signs of distress and escort officers assisted nursing staff by holding his hands when the nurses changed his bedding.
40. An officer wrote in the bed watch notes that at 8.45am, the man was showing signs of agitation despite being unconscious. About 10 minutes later, a nurse examined the man and told the officer that he had died at 9.04am. His brother rang hospital very shortly after the man died and an officer passed on the sad news. The officer advised the man's brother to make contact with Gartree. A doctor confirmed the man's death at 9.25am.
41. The man's brother contacted a governor by telephone on 12 June. The man's brother was upset that he was unaware of how ill his brother had been. He wanted more information as they had been isolated from him for many years. The governor gave assurances that the man had been well cared for. He said that the family liaison officer would contact them after the weekend. On 15 June, the liaison officer visited the man's brother at his home and spoke to them about funeral arrangements and the prison offered financial support towards this.
42. The Acting Governor wrote a letter of condolence to the man's family. Prayers were said for him in the chapel which was followed by a memorial service for prisoners.

ISSUES

Clinical care

43. A review of the man's healthcare was commissioned with Leicestershire and Rutland PCT. A doctor undertook that review on behalf of the PCT.

44. The doctor noted that the man suffered in a chronic psychotic illness and declined to take antipsychotic medication which the doctor described as 'regrettable'. The doctor further commented that the man's medical notes did not detail the amount of mental health contribution from 2003 to 2008, which he felt was disappointing. Nevertheless, there was evidence of ongoing medical care including vaccinations for influenza, blood tests and x rays. The doctor said:

"The care in the man's last month of life seems to have been entirely appropriate with suitable assessment, diagnostic tests and prescribing, together with supportive medical care. The decision to transfer the man to hospital was an appropriate and timely one."

45. As part of his review the man explored examples of good practice relating to The man's healthcare these were noted as:

- "Chronic Disease Management: There is evidence in the clinical records that the man was seen for appropriate influenza vaccination."
- "Collaborative working: The documentation within the man's notes indicated that he received appropriate care on arrival at HMP Gartree. There was clear evidence of partnership working between the prison healthcare team and the visiting forensic psychiatrists."
- "Record keeping: The recording of history and examination findings was clear and evidence of good quality of care particularly during the last month of the man's life."

46. The doctor made three recommendations within the clinical review. He notes areas of chronic disease and mental health management, revaluation of healthcare issues for documentation and smoking cessation advice. I acknowledge the recommendations held in the clinical review. They are:

- All prisoners with chronic mental health problems should be placed on a chronic disease register to ensure regular follow-up to reassess mental and physical symptoms and review healthcare needs including compliance with medication.
- Prison healthcare teams should ensure that re-evaluation of healthcare issues take place where appropriate and that this is documented.

- Smoking cessation advice should be a fundamental part of primary care services within prisons especially for those with a history of respiratory disease. Prison healthcare teams should develop a clear strategy for health promotion.

Contact with personal officer

47. The man spent all his time on the wing or in his cell and passed retirement age. During association time (free time on the wing when prisoners are unlocked and able to access communal areas) he walked on the landings and never went outside. He enjoyed reading a newspaper and was in reasonable health until late 2008.
48. An officer was the man's personal officer for four years. The officer made regular and meaningful entries in the man's wing file. From those entries it is evident that the officer built up a relationship with the man which was courteous whilst trying to encourage him to participate in the prison regime. By his own choice the man did not have close friends in Gartree, and it seems that his personal officer became his closest confidant.
49. An acquaintance of the man spoke of the support offered to the man by his personal officer. The acquaintance said that the officer, showed respect to the man and supported him as far as he would allow personal contact.

I commend the personal officer for his professional care and support to the man.

Family issues

50. The man's brother was concerned that he was unaware of his brother's failing health and wanted to know whether his brother had received proper healthcare and treatment prior to his admission to hospital. Although suffering from suspected pleurisy in March 2008, the man remained in reasonable health until his hamstring injury in November. The injury did cause him some pain and difficulty with walking, however he managed to remain on the wing and was seen regularly by healthcare staff.
51. In May 2009, the man's injury worsened and he was moved to the healthcare unit on 5 June. Blood tests indicated that he had an infection and anti biotic medication was started. Nevertheless he continued to deteriorate and was taken to hospital on 9 June. The doctor in his clinical review noted that the man received appropriate healthcare whilst at Gartree.
52. The man chose not to have contact with his family. His brother contacted the home probation officer in 2006, asking if they could mediate to arrange contact with the man. On receipt of this information, the man declined any contact and discussed this with his personal officer. The officer told my colleague that the man did not want any family contact and never wanted to discuss this issue even when he became unwell.

53. Whilst the news of the man's serious illness must have been a shock and distressing for his family, their brother declined all family contact as a result the prison would not have been able to disclose his poor health until he was admitted to hospital. (Patient confidentiality means that information on a patient's medical history cannot be told to other people without their consent.) It is not known whether the man was aware that his family had been contacted when he was in hospital, as he was drifting in and out of consciousness.
54. The man's brother was contacted by the prison and told of his admission to hospital. He was in the process of arranging transport to visit him. (He lives some distance from the hospital, does not have a car and is retired.) The man's health deteriorated quickly after he was admitted to hospital and his brother was unable to make the trip before he died.
55. This was a difficult time for the man's family, but also a dilemma for Gartree as they were aware of the man's previous wishes not to have family contact. Nevertheless, it may have been thoughtful of the prison to have considered arranging transport for the man's brother to visit him soon after he was admitted to hospital.

Family response to draft report

56. Following the circulation of the draft report, the man's brother raised several points, some I deal with here, and some in separate correspondence with the family. The man's brother was still concerned about his brother's decision not to have any family contact. My colleague spoke to the man's home probation officer.
57. The probation officer told my colleague that the man's brother had visited her office on 3 January 2007. He was anxious to have contact with his brother and any information that could be passed to him regarding his brother's health. The probation officer telephoned Gartree and followed the call up with a letter, for prison staff to approach the man and ask him if he would like to have any family contact or visits.
58. A short while later, the probation officer was told by prison staff that they had spoken to the man and he had said he did not wish to have any family contact. The probation officer further noted that the man did not wish to participate in any parole board reports or have any direct contact with her, despite being encouraged to by prison and prison based probation staff.
59. In response to the families' concerns about their brother not wishing to receive any contact with them, it is evident that this was his decision. I do empathise with the man's family and hope that they are re-assured that opportunities were offered to their brother to have that contact. Furthermore, when the man became ill, medical in confidence meant that information could not be passed to his family without his consent.

60. The man's family were concerned that a decision was made that should their brother go into cardiac arrest he would not be resuscitated. On 9 June, a doctor had noted that the man had a history of many medical conditions which included alcohol abuse. The man's family were concerned that their brother had been taking alcohol whilst in custody.
61. The decision to not resuscitate was made by a hospital doctor on 10 June. I am unable to comment on judgements made by hospital staff which is beyond the remit of this investigation. However, the man's family may like to raise this issue at his inquest.
62. In relation to the medical history as detailed by the doctor. This doctor was not employed in Gartree, I can only presume is employed at the hospital. Again, I am unable to comment on the documentation of hospital staff. The medical conditions may well have included history from the man's passed medical notes, even before he was taken into custody. However, I did not find any evidence that the man had consumed, or found to be in possession of alcohol, whilst at Gartree and this was confirmed by an officer whom my investigator spoke to for a second time on 5 January 2010.
63. The man's family wished to thank their brother's personal officer for the relationship he built up with his brother and for this they are truly grateful. Furthermore, they wish to thank the SO for encouraging their brother to go to healthcare and to their brother's acquaintance for his support.

CONCLUSION

64. The man received support by both prison and healthcare staff at Gartree when he became ill. This was reiterated by the doctor, in his clinical review, who noted that the man was well cared for in the last month of life.
65. He did not want any family contact and was prepared to accept that he would stay in until his death. The man's personal officer managed to build a down-to-earth relationship with the man, who by his own choice did not reveal his thoughts or feelings to others.
66. I believe that the care the man received from healthcare staff was equitable to what he would have had in the community. The obituary written by a fellow prisoner is testimony to the man's independence, and also the role of the staff.

RECOMMENDATIONS

For the Acting Governor of Gartree

1. I commend the man's personal officer for his professional care and support to the man.

ANNEXES

1. Documents considered during the investigation