Investigation into the circumstances surrounding the death of a man whilst he was a resident at Brigstocke Road Approved Premises, in July 2011

Report by the Prisons and Probation Ombudsman for England and Wales

January 2012

The man was 46 years old when he died in July 2011. He had been released from HMP Bristol on Friday 15 July and moved into Brigstocke Road Approved Premises the same day. He complied with the conditions of his licence during the weekend. After the usual residents' meeting at 9.00am on Monday 18 July, he left the Approved Premises, indicating that he planned to arrange his benefit payments. He did not return to sign in as he was supposed to at 11.00am and 1.00pm. He jumped from the Clifton Suspension Bridge at about 1.30pm. The post mortem report found that he died from multiple injuries.

The man had ongoing problems with alcohol misuse. There were also concerns about his mental health and it was suspected that he might be suffering from post traumatic stress disorder. I extend my sincere condolences to his wife and child.

The investigation was completed by one of my investigators. One of my Family Liaison Officers contacted the man's wife. She told her about my investigation and asked what concerns and questions she had about his death. I am grateful to her for her contribution, under what I appreciate are the most distressing of circumstances.

I would like to thank the manager and staff at Brigstocke Road for their cooperation with the investigation. I would also like to thank the man's offender manager and the liaison staff at HMP Bristol.

He was a troubled man with a history of offending. In the months before he died, he served two sentences in HMP Bristol and stayed in two different Approved Premises. My investigation has found that Probation Service staff prepared thoroughly for his release on licence. They put measures in place to manage the risk that he presented and to provide access to treatment for his alcohol and mental health problems. I consider that the staff at Brigstocke Road could not have done anything more to help him upon his release, and could not have predicted his actions on 18 July.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Thea Walton
Acting Deputy Ombudsman **January 2012**

CONTENTS

SUMMARY

1. The man misused alcohol and had mental health problems. He had a history of offending behaviour. He assaulted his wife in November 2010. He was bailed to Ashley House Approved Premises and in December he was sentenced to a Community Order for his offence (where the sentence is served and supervised in the community). Although he initially complied with the conditions of the Order, his behaviour deteriorated. He was asked to leave Ashley House and moved to Brigstocke Road Approved Premises in February 2011. However, within days he became aggressive after drinking alcohol and his behaviour was deemed unacceptable. He returned to court and the Community Order was revoked. He received a custodial sentence instead.

2. The man was taken to HMP Bristol. Whilst in prison he experienced some mental health problems and was admitted to the healthcare centre. Upon his release in mid-April, he was no longer under the supervision of the Probation Service. He returned to live with his wife and assaulted both her and an attending police officer while under the influence of alcohol just over a week later. He returned to HMP Bristol and served a further custodial sentence for the new offences. A restraining order was imposed preventing him from contacting his wife. During the second period of imprisonment his mood was more stable.

3. When he was released on 15 July, the man was subject to supervision by an offender manager. She visited him in prison, arranged for him to meet mental health and alcohol workers in the community and organised a room for him at Brigstocke Road. He reported at the Approved Premises on the day of his release and complied with the conditions of his licence during the next three days. However, on Monday 18 July, he left Brigstocke Road at 9.00am and did not return to sign in as he was supposed to. At approximately 1.30pm, he jumped from the Clifton Suspension Bridge. My investigation has found that the Approved Premises staff and the offender manager could not have done anything more to prepare for his release. I also consider that they could not have foreseen his actions on 18 July.

THE INVESTIGATION PROCESS

4. The investigator was formally notified of the man's death on 19 July 2011. Notices were subsequently issued to both staff and residents at Brigstocke Road Approved Premises, informing them of the investigation process and giving them the opportunity to contact the investigator with any relevant information.

5. He visited Bristol on 26 July. He went to Brigstocke Road and spoke to the premises manager, the regimes manager and a probation service officer. He reminded the premises manager to display notices from the Ombudsman's office to the residents. He also asked him to formally announce the man's death to the residents.

6. After he left the Approved Premises, the investigator visited the local probation office (Decourcy House in central Bristol) to speak to the man's offender manager and her team leader. He collected a copy of the man's probation file from the offender manager and premises manager. He also went to HMP Bristol to speak to an officer and collect from him documentation relating to the man's time in custody.

7. Following his visit to Bristol, the investigator also spoke to the man's child's social worker and the investigating police officer to complete the investigation.

8. The investigator wrote to the local Coroner's office to inform them of the nature and scope of the investigation. HM Coroner will be provided with a copy of the report of the Ombudsman's investigation.

The man's family

9. One of my Family Liaison Officers contacted the man's wife as his listed next of kin to explain the purpose of my investigation and to provide her with an opportunity to raise any concerns she may have about the care her husband received. The investigator and the Family Liaison Officer visited the man's wife on 31 August to discuss the investigation.

10. She talked about her husband and expressed concern that he had been losing weight rapidly. She expressed concern that he might have had cancer. There is no evidence of this possibility being identified by healthcare staff in the prison clinical record, but staff at Brigstocke Road did note that he had lost weight when he returned there on 15 July.

11. The man's wife also expressed concern that her husband's prescription for lorazepam was stopped in prison (and therefore he was not being prescribed this medication when he was released from custody in July). I discuss the reasons for this in the 'Issues' section of the report. She also asked what treatment her husband received for his mental health problems in prison.

12. She told my investigator that her husband was a self-acknowledged alcoholic. She said that she had accompanied him to Alcoholics Anonymous meetings.

13. The family liaison officer provided the man's wife with a copy of the draft report. She kindly responded with her thoughts about our findings. We are grateful to her and have included these in the report.

BRIGSTOCKE ROAD APPROVED PREMISES

14. Brigstocke Road Approved Premises in Bristol consists of four Victorian houses joined together through interconnecting doors. The premises have rooms for 28 adult male residents, 14 on full board accommodation and 14 for self catering residents. The premises take offenders, on release from prison, who are deemed to be of high risk to the public.

15. There are seven probation service officers covering shifts 24 hours a day and two additional security assistants working overnight. Additionally there is a manager, regimes manager and office manager.

16. Residents have to abide by a curfew from 11pm until 6am each night. They are required to sign in at reception at predetermined intervals. (The man was initially required to sign in every two hours during the day.) After the first few days, once a resident has had time to settle in and demonstrate good behaviour, the frequency can be reduced by an offender manager according to the offender's risk and progress thus far.

17. Offender Managers from the local probation office visit Brigstocke Road regularly to supervise offenders. The majority of offenders accepted at Brigstocke House are assessed as presenting a high risk to others, but some medium risk offenders are also accepted.

18. I investigated the death of another resident at Brigstocke Road in March 2010. The man died of heart failure.

KEY EVENTS

Ashley House Approved Premises

19. The man was arrested after he assaulted his wife on 15 November 2010. He appeared at Magistrates' Court and was bailed to Ashley House Approved Premises, Bristol, because he could not return to the family address. (Approved Premises used to be known as hostels. They are managed by the local Probation Trust.) He subsequently attended an interview with a probation officer who prepared a pre-sentence report about his offence.

20. On 7 December, the man was sentenced to a Community Order at Magistrates' Court. He was required to reside at Ashley House for four months, complete the Integrated Domestic Abuse Programme (IDAP) and attend supervision sessions with the probation officer for 18 months. (IDAP is a cognitive behavioural groupwork programme requiring offenders to examine their behaviour and attitudes.) He initially complied, attending supervision sessions and preparing for the IDAP programme. He was allowed to spend occasional nights at the family home with his wife's consent. She told the investigator that her husband attended Alcoholics Anonymous meetings at this time.

21. However, the man's behaviour gradually deteriorated and became increasingly manic during January 2011. By the start of February, his wife, staff at Ashley House and the women's safety worker attached to the case had become very concerned about his behaviour. (His wife told the family liaison officer that her husband had started mixing with the other approved premises residents during this period, which led to him misusing alcohol.) He breached the terms of his order on 11 February and staff at Ashley House planned to withdraw his place in the Approved Premises after he misused alcohol and failed to comply with his curfew. (His offending behaviour was associated with alcohol misuse.)

22. The man appeared at court for the breach of the Community Order on 17 February. The court did not revoke the Order but acknowledged the breach by adding twenty hours of unpaid work. He could no longer stay at Ashley House, so he moved to Brigstocke Road Approved Premises the next day.

Brigstocke Road Approved Premises

23. During the next few days the man's behaviour continued to deteriorate. He became verbally aggressive and used discriminatory language towards staff at Brigstocke Road. He also misused alcohol. On 22 February, the premises manager decided to withdraw the room at the Approved Premises and the probation officer agreed to initiate breach proceedings against him for a second time.

24. The man failed to return to Brigstocke Road that night. He came back the next morning, behaved aggressively towards a female member of staff (intimidating her by blocking her exit from a room) and then ran away from the

building. He returned to court on 24 February and, on the probation officer's recommendation, the Community Order was revoked and a 14 week custodial sentence was imposed instead.

HMP Bristol

25. The man was taken to HMP Bristol. He told the healthcare staff that he had been prescribed lorazepam (a benzodiazepine used to treat anxiety) in the community. They confirmed the information with his GP and initially continued the prescription. Because he had been drinking heavily in the community, he was prescribed thiamine (also known as vitamin B1), chlordiazepoxide (a benzodiazepine) and vitamin B compound to treat his alcohol withdrawal symptoms.

26. During the reception process on 24 February, the man was referred to the dual diagnosis clinic (who treat men with both alcohol and mental health problems) for an assessment.

27. The following day, 25 February, a doctor discontinued the man's prescription for lorazepam because he was taking another benzodiazepine (chlordiazepoxide). He then demanded to be given lorazepam and refused his alcohol withdrawal treatment. He became very agitated, shouting and banging on his cell door. Staff decided to treat him with diazepam (a different benzodiazepine commonly known as Valium) to manage his alcohol withdrawal. He continued to take this medication each day on a reducing dose.

28. His referral to the dual diagnosis clinic did not result in a mental health assessment during March. On 3 April, his behaviour deteriorated and a further, urgent referral was made for an assessment. He was acting bizarrely, exhibiting paranoia and claiming that he had not slept for two days. Staff considered admitting him to the healthcare centre. However, they, initially decided not to do so with the agreement of the duty governor because his case was not deemed an emergency (beds are reserved for emergencies) and he was not considered to present a risk to himself.

29. Instead, a mental health nurse went to the wing to assess the man the following day, 4 April. However, when officers accompanied her to his cell, he initially blocked the door and then assaulted them. He was subdued using control and restraint techniques and taken to the segregation unit, physically resisting staff throughout the transfer. Yet only a few minutes later, he did not appear to recollect his actions.

30. Later that day, the man was admitted to the healthcare centre. He had to be carried across by staff. He was shaking after he arrived and staff initially checked him every half hour. The mental health nurse, a prison GP and a consultant psychiatrist discussed his treatment. They diagnosed 'acute confusional state … probably substance induced'. (It was suspected that he had managed to obtain illegally produced alcohol known as 'hooch'. The man's wife read the draft report of the investigation. She explained that her

husband had later told her that he was given an unknown pill to take by another prisoner.)

31. By 6 April, the man was able to talk calmly and rationally with the mental health nurse. He was surprised and embarrassed when she described his behaviour two days earlier. She recorded that he was probably suffering from either an 'agitated depressive illness with anxiety features' or a 'primary anxiety disorder with associated depression'. She noted symptoms of post traumatic stress disorder (PTSD), possibly resulting from his experiences whilst living in Africa. (Symptoms of PTSD such as severe anxiety may emerge after exposure to traumatic events.)

32. Over the next few days, his mood improved and stabilised. He was polite to staff but expressed anxiety about his prescription for diazepam being reduced. His symptoms appeared to have receded. Another consultant psychiatrist assessed him on 12 April. She decided that he should be referred to his local Community Mental Health Team (CMHT) prior to his release from prison. She recorded that 'there may be features of PTSD'.

33. A mental health nurse referred the man to the South Bristol CMHT and sent a discharge letter to his GP. In his discharge summary, the nurse noted that that the staff had weaned him off benzodiazepines because of concerns regarding dependency.

Release, arrest and return to HMP Bristol

34. On 13 April, the man was released from prison without supervision from the Probation Service (because the Community Order had been revoked and he had served a short custodial sentence not requiring subsequent supervision on licence in its place.) He returned to live with his wife at the family address. He was prescribed lorazepam again by his GP. However, his wife told the investigator that he started drinking alcohol again without her knowledge. Their child's social worker visited the home on 21 April and subsequently tried to telephone the man's GP because she was worried about his state of mind.

35. He breached the terms of the 'at risk' period of his licence by again assaulting his wife, as well as a police officer, a little over a week later on 23 April. (When a prisoner commits a further offence before the 'at risk' period of their licence has expired, they are liable to be returned to prison.) He was under the influence of alcohol at the time. (His wife told our family liaison officer that her husband had used drugs as well during this period.)

36. The man was remanded into custody and taken to HMP Bristol again on 25 April. A mental health nurse arranged for his immediate admission to the healthcare centre. He had been prescribed lorazepam by his GP in the community and had also misused alcohol. Healthcare staff considered that this combination had aggravated his aggressive behaviour.

37. The prison doctor assessed the man the next day and determined that he did not require lorazepam. He considered the prescription of this drug particularly

unsafe given his propensity for alcohol misuse. On 27 April, the doctor contacted the man's community GP. He outlined the reason why he thought that the prescription for lorazepam had been inappropriate. He recorded the community GP's response in the clinical record; he said that lorazepam was 'the only thing' that calmed him down and that he would prescribe it again if necessary.

38. On 28 April, the man was assessed by a psychiatrist. They discussed a referral to the mental health nurse and to Counselling, Assessment, Referral, Advice and Throughcare Services (CARATS). (There is a CARATS team in each prison working with prisoners who misuse substances.) He agreed to both referrals. He seemed less anxious and less paranoid since his admission to the healthcare centre. The psychiatrist wrote that he was not suicidal. He recorded that he was 'not concerned' about his mental health. The doctor thought that his offending behaviour was likely to be caused by PTSD, alcohol misuse and anger control problems.

39. Mental health nurses monitored the man during the next few days. His mood appeared stable and did not deteriorate. On 3 May, he received a custodial sentence for the two offences committed on 23 April and the breach of his licence conditions. The judge did not request a pre-sentence report. A restraining order preventing him from contacting his wife was applied for and granted on the same day.

40. A couple of days after he returned from court, the clinical record appears to indicate that the man was discharged from the healthcare centre. Throughout the rest of May, June and early July, he had no further interaction with the mental health team and was not prescribed any medication. He was not subject to self harm monitoring at Bristol.

Preparations for release

41. The man's child's social worker referred the family to the local Multi-Agency Risk Assessment Conference (MARAC), where the case was discussed at the next meeting on 2 June. (MARAC meetings share information from relevant agencies about offenders with convictions for domestic abuse to increase the safety of their victims.)

42. The local probation office was notified of the man's forthcoming release from custody on licence and his case was allocated to an offender manager. To prepare for his release, she liaised with a mental health nurse and the social worker. She confirmed with the IDAP treatment manager that there was insufficient time available during the licence period to refer him to the IDAP programme (a two year period of supervision is normally required). The offender manager also sought further information from Magistrates' Court about the offences which he had committed on 23 April.

43. The offender manager visited the man in prison on 24 June to make plans for his release. She told the investigator that she was impressed by his mood and behaviour at this meeting. He seemed calm, open, motivated and

remorseful. He demonstrated some insight into the link between his alcohol misuse and his offences of domestic abuse. He acknowledged the restraining order. She told him that he would be subject to a high level of supervision by the Probation Service when he was released and he accepted this. He said that he could not remember his behaviour at the approved premises.

44. Because of the man's previous unacceptable behaviour at the two Approved Premises, the offender manager expected him to express dissatisfaction with the conditions of his licence. However, he agreed to the terms of his release, which included:

    - residence at an Approved Premises
    - immediate eviction from the Approved Premises if he misbehaved
    - attendance at supervision sessions with an offender manager until 16 October
    - one-to-one work to address his alcohol misuse
    - one-to-one IDAP work
    - regular signing in at the Approved Premises
    - alcohol testing

45. The manager of Brigstocke Road was initially reluctant to accept the man as a resident again because of his previous aggressive behaviour in February. The case was discussed at a Multi-Agency Public Protection Arrangements (MAPPA) meeting on 23 June. (MAPPA meetings involve a number of agencies including the police and probation staff and address risk management plans for the most dangerous offenders.) On balance, those present at the MAPPA meeting agreed that Brigstocke Road was the most appropriate Approved Premises for him because the other two available options were either geographically distant or held vulnerable offenders whom it was felt might be targeted by him.

46. He was considered to represent a high risk to staff at Brigstocke Road because of his previous behaviour. He was subject to a 'Breach Of At Risk' licence, which required the local Magistrates' Court to issue a summons for his arrest if he did not comply. Staff put arrangements in place so that his arrest could be expedited and a warrant could be obtained either overnight or at the weekend if he threatened them.

Brigstocke Road

47. The man was released from Bristol on the morning of Friday 15 July. He arrived at Brigtocke Road and sat down with a member of staff to complete his induction. The regimes manager recorded that he seemed 'quiet and frightened'.

48. The offender manager came from the local probation office to be at the man's induction. She spent about an hour with him. She thought that his mood seemed subdued and low. He told her that he had 'messed up his life'. He was upset about the restraining order that had been imposed.

49. The offender manager and a mental health nurse had arranged for the man to be assessed by mental health workers from the Central Assessment and Intervention Team (CAIT) on 20 July. Attendance at this appointment was a condition of his licence. (Because of his previous behaviour, the appointment was due to take place at hospital to ensure the safety of staff.) The offender manager also told him that their next supervision session was to take place at Brigstocke Road at 4.00pm on Monday 18 July.

50. The man was allocated an Approved Premises keyworker (but the keyworker never had the opportunity to meet him). He was released on a Friday, so the usual steps to help him secure state benefits and register with the local GP were planned for Monday 18 July. He was not released from prison with any medication or ongoing prescription.

51. The premises manager also welcomed the man to the Approved Premises to reassure him that staff were happy to have him as a resident and bore no grudge following his previous behaviour. He said that he could not remember his previous stay at the Approved Premises. The manager observed a noticeable change in him. He told the investigator that he seemed quieter, anxious and had obviously lost weight.

52. On Saturday 16 July, the regimes manager worked at Brigstocke Road. Additional staff were on duty because of the potential risk posed by the man and another new arrival. The manager also noticed a significant change in his mood and demeanour. He told the investigator that he was quiet but not obviously depressed.

53. The man did not seem to leave the Approved Premises over the weekend and spent the majority of Saturday and Sunday in his room, only emerging for meals and to sign in. He was fully compliant and signed in at reception every two hours during the day. There was no evidence that he misused alcohol (such as empty bottles in his room). He was tested and provided negative results. He demonstrated none of the aggressive and verbally abusive behaviour which had curtailed his previous stay at Brigstocke Road. He did not receive any visitors. There is no evidence that he breached the restraining order over the weekend. He did not express any suicidal thoughts to staff.

54. On Sunday 17 July, the premises manager telephoned staff to check on the progress of the man and the other newly arrived high risk offender. He confirmed that the weekend had been uneventful and that he had complied with the terms of his licence.

55. A member of staff at Brigstocke Road held the usual morning meeting for residents at 9.00am on Monday 18 July. The man attended but did not speak and did not complete the usual ‘Menu options’ sheet for his meals. The regimes manager remembered asking him, ‘How are you?’ He replied, ‘Fine’.

56. After the meeting, the man signed out of the Approved Premises, saying that he was going to arrange his benefit claim. He was due to sign in every two

hours but did not return at 11.00am or 1.00pm. A member of staff notified the premises manager of his failure to return.

57. The offender manager telephoned the local Addiction Recovery Agency (ARA) during the morning to discuss the man's attendance at a drop-in appointment to discuss his alcohol misuse. She planned to tell him how to do this when she met him at 4.00pm. She planned to review his compliance thus far and potentially reduce the frequency of his signing in at the approved premises.

58. She met another offender at Brigstocke Road at 3.00pm. After the meeting, she confirmed with staff that the man had still not returned to the Approved Premises. She spoke to her team leader and the premises manager and agreed that his stable and calm behaviour since his release indicated that he did not present an immediate risk to others. She decided to apply to the court the following morning if he did not return by the 11.00pm curfew.

59. During the morning, the man made his way from Brigstocke Road across the city to the Clifton Suspension Bridge (a distance of two or three kilometeres). (His wife told my investigator that she had subsequently learnt that her husband had been seen in town by an acquaintance during the morning.) He jumped from the bridge at about 1.30pm. Police telephoned Brigstocke Road at 5.45pm to notify the Probation Service Officer of their suspicion that the body which they had recovered was that of the man. She checked his room for a note, but did not find one. (He had brought very few possessions from prison.) Staff contacted the local police later that evening in case he had breached the restraining order and been to visit his wife and child.

60. The man was not formally identified until 1.00pm the following day. The police broke the news of his death to his wife at her home early that evening. She told the investigator that the police informed her in the presence of their son. She visited Brigstocke Road the next day to collect his belongings and speak to the staff.

61. The man's funeral was held on Friday 5 August. A toxicology report prepared for the Coroner confirmed that he had neither alcohol nor drugs in his body when he died.

ISSUES

The man's release from prison

62. The man had a history of domestic violence. He had an alcohol misuse problem which triggered his violent behaviour towards his wife. He had underlying mental health problems. Prison healthcare staff thought that he might be experiencing PTSD.

63. The man's offender manager made very thorough preparations prior to his release. She went to meet him at the prison to discuss the risk management plan. She did not have to do so but this is an example of good practice. She also liaised with the mental health team at the prison, spoke to his child's social worker, obtained further information about his latest offences from the court and consulted the staff delivering the IDAP programme.

64. The offender manager arranged for him to stay at Brigstocke Road. She met him there on the day of his release from prison. She planned to meet him again after the weekend to gauge his progress. This caution was well advised given his previous behaviour in Approved Premises. She also arranged appointments for him with a mental health treatment provider and an alcohol misuse treatment agency.

65. The man's case was discussed at a MAPPA meeting and was due to be examined again at the next meeting on 28 July.

66. Staff at Brigstocke Road managed his release appropriately. He was met by approved premises staff and inducted as soon as he arrived from prison. In spite of his previous behaviour, the manager and his staff welcomed him. Over the weekend, his behaviour was quiet and subdued and the staff did all that was required to them to monitor his risk. The premises manager personally checked his progress on the telephone.

67. Although the man's previous behaviour in Approved Premises and in prison had caused serious concern, this concern related to the risk he presented to others. He was not subject to self harm monitoring in prison. He had not taken any medication for mental health problems in prison. Without access to alcohol, his behaviour in Bristol had stabilised during his second period of imprisonment between late April and mid-July. He was not released with any medication.

68. Probation staff could not have reasonably done any more to help the man upon his release. They prepared for the risk he presented and put in place a number of measures to support him. His offender manager planned to address his pertinent risk factors and referred him for help with his alcohol misuse and mental health problems. He gave no warning of what he planned to do. In any event, he was at liberty to leave the Approved Premises during the day, so long as he met his signing in requirements.

Informing residents

69. The premises manager delayed officially informing the residents of Brigstocke Road about the man's death. He told the investigator that he did so because the man's wife expressly asked him to. (However, she did ask him to inform one resident who she knew her husband had been close to and who later attended the funeral.) In accordance with her wishes, he also ensured that her visit to the approved premises was very discreet. We recognise that his priority was the welfare of a bereaved relative.

70. Following the publication of the draft report, the Chief Executive Officer of Avon and Somerset Probation Trust contacted the investigator to discuss the findings. She commented:

> 'I am absolutely certain that the Trust would have wholly supported the decision to respect the wishes of the partner of the deceased in this matter.'

71. However, whilst it is not explicitly stated that staff should inform residents of another resident's death, it is inferred in the recently published Approved Premises Manual 2011, which gives the following advice:

> 'Following a sudden death Probation Trusts / Independent Management Committees should consider providing support to both staff and residents, including counselling services being made available to residents.
>
> 'Emotional and physical well-being of other residents and staff should be attended to.'

72. The premises manager's desire for sensitivity and discretion is understandable; however, it is important that residents have the chance to participate in the Ombudsman's investigation. They should also have the opportunity to seek assistance if they are affected by the upsetting news. All of this can only happen if they are officially notified of the death. It is important that residents hear the news directly from staff. The alternative is that they are likely to observe police officers or family members visiting the Approved Premises and rumours begin to spread. When the investigator visited the Approved Premises on 26 July, he asked the premises manager to formally announce the man's death to the residents and place the Ombudsman's notices in the communal areas of the building. We make the following recommendation (which has been slightly reworded from the draft report) after consultation with the Chief Executive Officer:

If a bereaved relative makes a request, to which Avon and Somerset Trust makes a decision to accede and which could alter the normal progress of an investigation into the death of a resident, the Trust should contact the Prisons and Probation Ombudsman's investigator. It would be a matter for the Ombudsman, taking into account all circumstances, what action they would take in this circumstance.

HMP Bristol

73. The man was taken to Bristol on 24 February. The clinical record indicates that he was immediately referred for a mental health assessment. However, no further action seems to have been taken for the next five or six weeks. His behaviour and mood then deteriorated in early April. At this stage, his mental health was assessed. Whilst we do not make a formal recommendation, we draw the attention of the Head of Healthcare to this apparent delay.

Lorazepam

74. When the man returned to Bristol in late April, the doctor found that he had been prescribed lorazepam by his GP in the short time he had been in the community. The doctor thought that this medication should not have been prescribed in the long term because he drank heavily and the combination of alcohol and lorazepam might have aggravated his aggressive behaviour. The doctor telephoned the man's community GP to discuss the prescription. The community GP apparently maintained that the medication was appropriate. The man's wife expressed concern about his mental health treatment when she spoke to my investigator. She thought that lorazepam had previously calmed his mood in the community.

75. Several months passed between these events and the man's death. His behaviour during the second period of custody seemed much calmer and his offender manager arranged for him to undergo a further mental health assessment a few days after his release. Additionally, decisions made by community GPs are not within the remit of the PPO investigation. However, we will send this report to NHS Bristol (the Primary Care Trust responsible for healthcare in the prison and the local community). We draw the matter to their attention and ask them to consider if any lessons can be learned.

CONCLUSION

76. The man's offender manager and the Approved Premises staff put in place appropriate measures for his release from prison on 15 July. He was provided with accommodation and staff ensured that he complied with the terms of his licence during the weekend. The offender manager contacted an alcohol treatment agency on his behalf and arranged supervision sessions with him on 15 and 18 July.

77. The man's case was discussed by the local Multi-Agency Public Protection Panel to reduce the risk he presented to his wife and child. He was not released with any medication because of a decision taken some weeks earlier by the prison healthcare staff. However, a new mental health assessment was scheduled for 20 July.

78. We do not think that the staff at Brigstocke Road could reasonably have foreseen the man's actions in July. He was at liberty to leave the Approved Premises that morning and gave no indication that he was thinking of harming himself.

The response from the man's wife to the draft report

79. The family liaison officer provided the man's wife with a copy of the draft report of the investigation. She expressed her concern that prison healthcare staff did not take steps to begin treating her husband's possible diagnosis of post traumatic stress disorder (PTSD) or provide him with medication. The question of treatment for PTSD in custody was also raised by the Chief Executive Officer of Avon and Somerset Probation Trust when she spoke to the investigator after the draft report was published.

80. Unfortunately, the Ombudsman's investigation is limited in its remit. The intention was to investigate the circumstances of the man's release to the approved premises and his death whilst a resident there. Additionally, the local Primary Care Trust only commissions a review of the clinical care an offender received if they died in prison. Without such a review, it is problematic for the Ombudsman to reach a definite conclusion about this kind of issue. We would only note that he was probably not in prison long enough for any substantial mental health intervention to be realistically completed. Nonetheless, the issue of treatment for PTSD may be something that the Coroner wishes to further explore at the forthcoming inquest.

81. The man's wife also asked why the staff at Brigstocke Road had not been more concerned by her husband's quiet and withdrawn behaviour on the weekend before he died, given how it contrasted with his previous actions. She thought that probation trust staff should have considered the risk that her husband presented to himself and might benefit from more training to recognise mental health issues and suicide risks. She felt that the risk her husband presented to himself was overlooked whilst staff focussed on the risk he presented to others.

82. She also informed the investigator that her husband had twice previously been referred as an emergency case to the community mental health team. We have not had access to her husband's community clinical record so we were unable to include the specific dates of these referrals in the 'Key events' section of the report. She was concerned that prison and approved premises staff should have had access to this information and she thought that it might have influenced their assessment of the risk her husband presented to himself.

RECOMMENDATIONS

1. If a bereaved relative makes a request, to which Avon and Somerset Trust makes a decision to accede and which could alter the normal progress of an investigation into the death of a resident, the Trust should contact the Prisons and Probation Ombudsman's investigator. It would be a matter for the Ombudsman, taking into account all circumstances, what action they would take in this circumstance.

   This recommendation has been slightly reworded in consultation with the Chief Executive Officer of Avon and Somerset Probation Trust. The Trust has accepted the reworded recommendation.