Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Victor Castigador a prisoner at HMP Woodhill on 21 March 2017

A report by the Prisons and Probation Ombudsman
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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Victor Castigador died of a stroke on 21 March 2017, while a prisoner at HMP Woodhill. This was caused by a blood clot in an artery. Mr Castigador was 62 years old. I offer my condolences to his family and friends.

Mr Castigador had a history of extreme violence and was being held in the highest security conditions, known as a Close Supervision Centre (CSC). However, there were deficiencies in the completion of his initial and secondary health assessments and he was not referred to a prison GP for his existing medical conditions, as he should have been. Accordingly, Woodhill needs to review the arrangements for these processes in the CSC.

Given the particular risks that Mr Castigador posed, I am satisfied that the initial decision to use restraints when he was taken to hospital was justified, despite his serious condition. Appropriately, this decision was kept under active review and the restraints were removed when Mr Castigador's condition deteriorated.

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

Nigel Newcomen
Prisons and Probation Ombudsman **October 2017**

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Summary

Events

1. On 28 February 1990, Mr Victor Castigador was sentenced to life in prison for murder, attempted murder and robbery.

2. On 4 April 2012, while at HMP Full Sutton, Mr Castigador was sent to hospital after a prison GP suspected a stroke. Hospital staff treated him at the stroke unit and he returned to Full Sutton the next day.

3. The prison GP diagnosed that Mr Castigador had hypertension (high blood pressure) and atrial fibrillation (an abnormal and rapid heart beat). He prescribed anti-hypertensive medication, which reduced his blood pressure and reduced the risk of another stroke. He refused treatment and monitoring, which he continued to do until the time of his death.

4. On 21 October 2016, Mr Castigador was sentenced to a second life sentence for murdering a prisoner at HMP Long Lartin.

5. On 4 January 2017, Mr Castigador was sent to HMP Woodhill, where he was held in the close supervision centre (the CSC - part of a national system for managing some of the most high-risk prisoners in the prison system). CSC prisoners have their health assessment completed in the CSC rather than in reception. A nurse saw Mr Castigador and noted his history of stroke and hypertension and that he was not receiving medication. She did not refer him for assessment by a prison GP.

6. A nurse saw Mr Castigador on 5 January, and completed a secondary health assessment. She made a brief record, with no reference to his history of stroke, hypertension or atrial fibrillation. She did not take or record his vital signs (blood pressure, temperature, heart rate, respiratory rate).

7. Just before 5.00pm on 18 March, two prison officers went to unlock Mr Castigador's cell door so that he could collect his evening meal. They found him slumped, with his right side shaking in an erratic manner. He was distressed, and looked unwell. He was breathing, had a white frothy liquid around his mouth and had been sick.

8. The officers put him in the recovery position and called a medical emergency code blue (which indicates that a prisoner is unconscious or not breathing). At the same time, the control room called the ambulance service. A nurse and a charge nurse attended. They said he was maintaining his own airway, his pulse was high (104 beats per minute) and his blood pressure was normal (107/86). He made no verbal response but could open his eyes to verbal stimuli.

9. At 5.12pm, the ambulance arrived at Woodhill, and at 5.15pm, paramedics were at his side. They treated Mr Castigador before leaving the prison. A prison manager and three prison officers escorted him to hospital. They restrained him with a double cuff (double cuffing entails the prisoner having his hands cuffed in front of him and then having one wrist attached to a prison officer by an additional set of handcuffs).

10. At 7.05pm, a senior prison manager said that restraints should be removed so that hospital staff could carry out a CT scan. Escorting staff re-applied restraints at 7.32pm.

11. At 10.00pm, a senior manager acting for the Deputy Director Custody (DDC) gave permission to remove one of the handcuffs and replace it with an escort chain (a long chain, with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). Three hours later, officers removed the handcuffs because his condition had worsened.

12. At 4.45am on 19 March, the Governor authorised the removal of the escort chain because Mr Castigador was unconscious and ventilated.

13. Mr Castigador remained unconscious at hospital until staff turned off the life support equipment on 21 March. Cause of death was recorded as a stroke caused by a blood clot in an artery.

Findings

14. The medical response was dealt with appropriately on 18 March: an ambulance was called immediately and the paramedics had appropriate access to the CSC when they arrived.

15. Mr Castigador had a history of cardiovascular problems. He should have been reviewed by a prison GP in line with National Institute for Health and Care Excellence (NICE) guidelines, and we are concerned that this did not happen.

16. There is no access to the SystmOne electronic medical records in the CSC. A nurse said that while transferring the paper version onto SystmOne, she had not referred Mr Castigador to a prison GP for his existing medical conditions as she should have done after both the initial and secondary health assessments.

17. An escort risk assessment was completed before paramedics took Mr Castigador to hospital on 18 March. Although his mobility was significantly impaired, he responded to verbal stimuli. A senior prison manager said that prison officers must double cuff him at all times. At hospital, Mr Castigador was unconscious and the level of restraints was kept under review and progressively reduced. The next morning, senior managers decided that prison officers should remove all restraints.

Recommendations

- The Governor and Head of Healthcare should review the reception process within the CSC to ensure that CSC prisoners receive an assessment of a level equivalent to that which they would receive in the prison's Reception Centre and First Night Centre.

- The Head of Healthcare at Woodhill should review the process for managing long-term conditions and ensure that disease-specific reviews are held in line with NICE guidelines.

The Investigation Process

18. The investigator issued notices to staff and prisoners at HMP Woodhill informing them of the investigation and asking anyone with relevant information to contact him. One prisoner wrote to him.

19. The investigator obtained copies of relevant extracts from Mr Castigador's prison and medical records. He spoke to a nurse and emailed a senior manager at Woodhill for information.

20. NHS England commissioned a clinical reviewer to review Mr Castigador's clinical care at the prison. On 6 April, he interviewed the Head of Healthcare by telephone.

21. We informed HM Coroner for Milton Keynes of the investigation who gave us the results of the post mortem examination. We have sent the coroner a copy of this report.

22. The investigator wrote to Mr Castigador's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.

23. We shared the initial report with the Prison Service. There were no factual inaccuracies.

Background Information

HMP Woodhill

24. HMP Woodhill is both a local prison and a high security prison and can hold 727 men. Central and North West London NHS Foundation Trust provides health services at the prison. There is an inpatient unit with 12 beds, which provides mental and physical healthcare, including end of life palliative care, for prisoners. Woodhill also houses a self-contained Close Supervision Centre.

Close Supervision Centres

25. The Close Supervision Centre (CSC) system holds about 60 of the most dangerous prisoners in England and Wales. Many have been imprisoned for very serious offences, have usually committed subsequent serious offences, and their dangerous and disruptive behaviour is difficult to manage in standard prison locations. They are held in small units throughout the high security estate. The system is run by a central team as part of the Prison Service's high security directorate but day to day management is the responsibility of the individual prisons, with the aim of reducing the risk the prisoners pose to themselves and others.

HM Inspectorate of Prisons

26. The most recent inspection of Woodhill was in September 2015. Inspectors reported that primary health services were good, although a high non-attendance rate meant prisoners waited too long for some services. The inpatient unit continued to provide good care, but the regime still needed to focus more on recovery. Clinical records were of a high standard and included effective care planning for those with complex health needs.

27. The Inspectorate carried out an inspection of the CSC estate in March 2015. Inspectors reported that all CSC prisoners were seen on admission by a healthcare staff member and received a health screening. They noted that there were good visiting arrangements for health professionals. All transfers between establishments were conducted in Category A conditions. They concluded that handcuffing measures were universally applied and sometimes appeared disproportionate.

Independent Monitoring Board

28. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to May 2016, the IMB reported that healthcare and mental health services continued to improve. There had also been an improvement in Woodhill's relationship with Central and North West London NHS Foundation Trust, which had worked to minimise medical and dental waiting times despite a number of vacancies and problems recruiting healthcare staff.

Previous deaths at HMP Woodhill

29. Mr Castigador was the fifth person to die from natural causes at Woodhill since March 2016. There were no significant similarities with the previous deaths.

Key Events

Background

30. On 28 February 1990, Mr Victor Castigador was sentenced to life in prison for murder, attempted murder and robbery. On 9 June 2006, he was sentenced to a further four years in prison for assaulting a prisoner at HMP Long Lartin.

31. On 4 April 2012, while at HMP Full Sutton, Mr Castigador was sent to hospital after a prison GP suspected that he had had a stroke. Hospital staff treated him at the stroke unit and he was returned to Full Sutton the next day. They prescribed warfarin (an anticoagulant medication to thin the blood and reduce the risk of clotting). He was unhappy with the side effects of the drug and did not take it. He was prescribed dabigatran etexillate (an alternative anticoagulant) which he also refused to take.

32. The GP diagnosed that Mr Castigador had hypertension and atrial fibrillation. He prescribed anti-hypertensive medication, which reduced Mr Castigador's blood pressure and reduced the risk of another stroke. Healthcare staff monitored him closely and took regular electro cardiographs (ECGs - a reading of the electrical activity of the heart). He refused treatment and monitoring.

33. On 8 November 2013, Mr Castigador was transferred to HMP Long Lartin. A prison GP prescribed amlodopine to improve blood flow and reduce blood pressure, simvastatin to reduce cholesterol in the blood and bisoprolol to control high blood pressure. He refused to take his medication.

34. On 30 October 2014, a prison GP saw Mr Castigador. He had not taken his medication for 2 months. Mr Castigador said, "We all have to die at some time". He agreed to take dabigatran etexillate. He was offered annual reviews to monitor his heart disease but did not attend. He received an ECG on 7 January 2015, but refused further tests.

35. On 16 March 2015, prison staff called a code blue medical emergency. A nurse saw Mr Castigador in his cell. He told her he had chest pains but refused to go to hospital. He was taken to the prison's healthcare inpatient unit, where he continued to refuse his medication.

36. On 19 August, a prison GP noted that Mr Castigador agreed to take aspirin every day for its anticoagulant effect. On 24 September, at a segregation review, Mr Castigador said he was refusing treatment, other than one aspirin tablet each day.

37. On 21 October 2016, Mr Castigador was sentenced to life imprisonment for murdering a prisoner.

HMP Woodhill

38. On 4 January 2017, Mr Castigador was sent to the CSC at HMP Woodhill. Due to the high risk posed, healthcare staff assess prisoners' health in the CSC rather than in reception. A nurse saw Mr Castigador and recorded that he had a history of stroke and hypertension and was not being prescribed any medication. She did not refer him to a prison GP.

39. Prison Service Order (PSO) 3050 requires staff to carry out an initial assessment of the healthcare needs of all newly received prisoners within 24 hours of arrival to identify any existing problems and to plan subsequent care. If immediate healthcare needs are detected, the prisoner should be referred to an appropriate healthcare worker or specialist team.

40. On 5 January, a nurse saw Mr Castigador and completed a secondary health assessment. She did not record his history of stroke, hypertension or atrial fibrillation. She did not record that she had taken his vital signs.

41. PSO 3050 requires that staff offer all prisoners a general health assessment during their first week to gather further medical information, check how the prisoner is settling in, provide health information and promote health.

42. On 28 February, a nurse sent an instant message (a facility on the electronic medical records to message other members of healthcare) to a prison GP, to ask him if he had plans to assess Mr Castigador's physical health. She said he had not been assessed since he arrived at Woodhill and had not had an ECG since January 2015. Woodhill's Head of Healthcare said that the GP did not remember receiving the instant message from the nurse on 28 February.

Emergency response

43. At 4.59pm on 18 March, two officers unlocked Mr Castigador's cell door so that he could collect his evening meal. One officer looked through the cell door observation panel and called his name. He did not respond. The officers went into the cell and found Mr Castigador slumped at the back of his cell, with his right side shaking erratically. He was distressed, and looked unwell. He was breathing, had a white frothy liquid around his mouth and had been sick.

44. The officers lifted Mr Castigador onto his bed and placed him in the recovery position. They called a medical emergency code blue and the control room called an ambulance. Two nurses attended. They said Mr Castigador was maintaining his own airway, his blood oxygen level was low (90 to 92%), his pulse was high (104 beats per minute) and his blood pressure was normal (107/86). Mr Castigador did not respond verbally to stimuli but opened his eyes.

45. At 5.09pm, an ambulance arrived at Woodhill and by 5.16pm, paramedics were at Mr Castigador's side. A second ambulance arrived at 5.33pm. Because Mr Castigador was in the CSC, a prison GP had to authorise his transfer to hospital. He said that there should be no delay in his transfer to hospital.

46. A nurse completed Mr Castigador's medical information in his escort risk assessment. Although she did not treat Mr Castigador, she saw him in his cell. She noted that he was conscious, breathing and, contrary to the information provided by the first responders, recorded that he had uttered a few words to the paramedics who suspected he had had a stroke. She said there were no objections from healthcare staff to the use of restraints but she noted that Mr Castigador might require removal of the restraints for a CT scan, an MRI scan or an X-ray. She noted his ability to escape unaided was affected by his impaired mobility due to his poor physical health.

47. A specialist security officer said Mr Castigador was in the CSC because of a murder at Long Lartin in June 2016, and he had a history of violence and drugs in custody. He said there was no intelligence to suggest a heightened risk of escape but due to the nature of his offences and his risk to prisoners and others, officers should be extremely cautious at all times. A senior manager decided that Mr Castigador had to wear a Category A suit (a two-toned yellow and green top and bottoms), be accompanied by a manager and three officers and be double cuffed at all times.

48. Paramedics treated Mr Castigador before leaving Woodhill at 6.28pm and taking him to hospital. A prison manager and three prison officers escorted him. They restrained him with double cuffs. It is unclear whether Mr Castigador wore the Category A suit to the hospital. When he arrived at hospital, he was recorded to be unconscious.

49. At 7.05pm, the Deputy Director for Custody (DDC) directed that officers remove the restraints for hospital staff to carry out a CT scan. Officers restrained Mr Castigador again at 7.32pm.

50. At 10.00pm a senior manager acting for the DDC allowed staff to remove one of Mr Castigador's handcuffs and replace them with an escort chain because Mr Castigador was unconscious.

51. At 1.50am on 19 March, an officer removed the remaining cuff because Mr Castigador's condition had worsened, leaving the escort chain attached to the officer.

52. At 4.45am, a governor instructed that officers remove all remaining restraints, as Mr Castigador was still unconscious and being ventilated. She said it gave him decency and allowed medical staff clear access to care for him.

53. Mr Castigador remained unconscious at hospital. At 10.53am on 21 March, he died from a stroke caused by a blood clot in an artery when hospital staff switched off his life support system.

Contact with Mr Castigador's family

54. A prison manager contacted a prison manager at HMP Winchester on 20 March, as Mr Castigador's next of kin, his daughter, lived in Hampshire. Prison staff at Winchester unsuccessfully tried to locate his daughter.

55. On 21 March, a prison manager appointed a chaplain as the family liaison officer. At 11.15am, he spoke to Mr Castigador's daughter by telephone, and informed her of his death. He offered her his condolences.

56. The chaplain kept in contact with Mr Castigador's daughter. Woodhill arranged and paid for Mr Castigador's funeral in line with national instructions.

Support for prisoners and staff

57. After Mr Castigador's death, a senior manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

58. A governor posted notices informing other prisoners of Mr Castigador's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Castigador's death.

Post-mortem report

59. A post mortem examination found that Mr Castigador died of a stroke caused by a blood clot in an artery (a condition that stops blood reaching important organs).

Findings

Clinical care

60. Staff responded appropriately to the emergency on 18 March. The control room called an ambulance immediately and paramedics had appropriate access to the CSC. A prison GP appropriately said there should be no delay in taking Mr Castigador to hospital.

61. Mr Castigador had a history of stroke, hypertension and atrial fibrillation, and did not consistently comply with treatment. After his initial and secondary health assessments, healthcare staff did not refer Mr Castigador to a prison GP. He had stopped accepting treatment at Long Lartin and a consultation with a GP at Woodhill would have given him the opportunity to resume treatment. These opportunities were missed by both two nurses.

62. The Head of Healthcare said that prisoners in the CSC do not enter prison through reception, and therefore initial health screening took place in the CSC, where there was no access to the SystmOne electronic medical records. She said that staff used a printed version of the health-screening template, which they later transferred to the online system.

63. The Head of Healthcare said that a nurse had completed a paper version of the template. The nurse identified that Mr Castigador had a history of stroke and hypertension and was not taking medication. She said that the nurse had said that while transferring the paper version onto SystmOne she had not referred Mr Castigador to a prison GP, as she should have.

64. The Head of Healthcare said that another nurse completed the secondary health screening using a paper version of the template, but was not aware of Mr Castigador's history. She said he had been polite but did not want to engage with her, so she did not take his vital signs. She agreed that she should have taken his vital signs at the secondary screening.

65. Mr Castigador had a history of cardiovascular problems and should therefore have been referred to a GP. This was missed when transferring the paper version onto the SystmOne medical records at both the initial and secondary health screening.

66. We recognise the particular challenges of managing prisoners with Mr Castigador's level of risk. Nevertheless, we consider that the healthcare that Mr Castigador received in the CSC at Woodhill was not equivalent to that he could have expected in the community. We make the following recommendation:

    The Governor and Head of Healthcare should review the reception process within the CSC to ensure that CSC prisoners receive an assessment of a level equivalent to that which they would receive in the prison's Reception Centre and First Night Centre.

67. The Head of Healthcare said that long-term conditions were managed through the prison GP primary care service. This included care planning using the Quality Outcome framework (QOF) in the NICE guidelines. She said that Mr Castigador

should have been offered at least an annual review for stroke and hypertension, even if he chose not to attend. With Mr Castigador's history of cardiovascular problems, he should have been reviewed by a prison GP, and we are concerned that this did not happen. We make the following recommendation:

The Head of Healthcare at Woodhill should review the process for managing long-term conditions and ensure that disease-specific reviews are held in line with NICE guidelines.

Restraints, security and escorts

68. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility.

69. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change. The judgement found that using handcuffs or other restraints on terminally ill or seriously ill prisoners was inhumane, unless justified by security considerations.

70. A senior manager said that at no time was she made aware that Mr Castigador's condition was critical, even though a healthcare assessment had been completed as part of the risk assessment. She said the risk assessment was completed in line with the local security strategy and CSC prisoner protocol, both of which required double cuffing and a Category A suit. She said Mr Castigador was not required to wear the suit because he had to be sent to hospital promptly by ambulance, but she still required him to be restrained with double cuffs.

71. We recognise that Mr Castigador had an extremely violent history and his risk was high up to the point that he became seriously ill. We note that he was apparently responsive to stimuli and that there was a suggestion that he also spoke before he left Woodhill for the hospital. In the circumstances, we consider the decision to authorise the use of restraints was justified. We are pleased to see the active reviewing of the level of restraints used as Mr Castigador's medical condition deteriorated and we consider the decision to reduce and finally remove all restraints appropriate.

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