Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Darrell Cotterell a prisoner at HMP Littlehey on 9 August 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*

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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 Darrell Cotterell died at Hinchinbrook Hospital on 9 August 2017, of a heart attack while a prisoner at HMP Littlehey. He was 70 years old. We offer our condolences to Mr Cotterell's family and friends.

Healthcare staff at Littlehey managed Mr Cotterell's care issues well. We are satisfied that the care he received was equivalent to that which he could have expected to receive in the community.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman **January 2018**

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Summary

Events

1. Mr Darrell Cotterell was serving 17 years in prison for serious sexual offences. He was transferred to HMP Littlehey on 15 September 2015.

2. Mr Cotterell had an enlarged prostate gland and type 2 diabetes. Both conditions were controlled with medication prescribed by GPs at Littlehey.

3. On 24 September 2015, Mr Cotterell complained about pain in his left hip. He was referred for an x-ray and later to an orthopaedic surgeon who advised steroid injections and physiotherapy. The prison physiotherapist saw him in February 2016, but in April Mr Cotterell cancelled all further appointments as he said they did not help. Mr Cotterell continued to receive regular pain relief and steroid injections.

4. On 22 March 2017, Mr Cotterell saw a nurse after he developed a small ulcerated wound on his right calf. A prison GP prescribed antibiotics and referred him to the Tissue Viability Service. The appointment, arranged for 19 June, was cancelled as no staff were available to escort Mr Cotterell to hospital. Staff then made an appointment for the tissue viability nurse to see Mr Cotterell in prison on 13 July but this was also cancelled as the nurse did not have the appropriate proof of identity to enter the prison. Healthcare staff spoke to the tissue viability nurse by telephone about Mr Cotterell's condition, which gradually improved.

5. On 21 July, Mr Cotterell saw a prison GP after suffering chest pains. Mr Cotterell was given an echocardiogram. The results showed some abnormalities, a possible indication of myocardial ischaemia or infarction (heart disease). He was prescribed an antacid and a routine treatment for angina. His troponin levels were within normal range (troponin is a protein released into the bloodstream during a heart attack).

6. On 24 July, just after 8.00am, a prison officer found Mr Cotterell lying in bed, complaining of chest pain. His skin was clammy and grey. The officer immediately radioed an emergency and staff called an ambulance at 8.03am. Prison nurses attended within a minute of the emergency being called and examined Mr Cotterell. His blood pressure was exceptionally low and his other observations gave cause for concern.

7. Nurses applied a defibrillator to Mr Cotterell and continued to monitor him until 8.35am, when paramedics arrived at the cell. At 9.10am, Mr Cotterell left the prison by ambulance and was taken to Hinchingbrooke Hospital where he remained until he died on 9 August 2017. The cause of death was later recorded as myocardial infarction, coronary artery thrombosis and coronary atherosclerosis (a heart attack).

Findings

8. Mr Cotterell had a number of medical conditions, including diabetes. Healthcare staff created a diabetes care plan which included regular monitoring, blood tests, leg sensation tests, retinal screening and an annual review.

9. Mr Cotterell was treated for leg ulceration and received a good level of care. Staff dressed his wounds daily and referred him to the tissue viability nurse. Mr Cotterell was not able to see the tissue viability nurse prior to his death, but. the clinical reviewer notes that Mr Cotterell's wound was healing and the missed appointments did not have a significant impact on his overall health.

10. We agree with the clinical reviewer that the standard of care that Mr Cotterell received was equivalent to that which he could have expected to receive in the community.

The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Littlehey informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

12. The investigator obtained copies of relevant extracts from Mr Cotterell's prison and medical records.

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

14. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation. He gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.

15. The investigator wrote to Mr Cotterell's ex-wife to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. We did not receive a response to our letter.

16. We shared the initial report with the prison service. They pointed out some factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Littlehey

17. HMP Littlehey is a medium security prison in Cambridgeshire, holding approximately 1,200 men. A large proportion of the population have been convicted of sexual offences.

18. Northamptonshire Health Care Foundation NHS Trust commissions healthcare services. Prior to April 2015, Cambridgeshire and Peterborough NHS Trust provided healthcare services. The prison healthcare centre is open from 7.30am to 7.30pm, Monday to Friday, and from 8.30am to 5.30pm at weekends. A local practice provides GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Littlehey was conducted in March 2015. Inspectors reported that regular GP surgeries had significantly improved patient care. Lifelong medical conditions were identified effectively and there was an appropriate range of clinics, led by specialist nurses. Hospital appointments in the community were rarely cancelled. The risk assessments of prisoners keeping medications in-possession were not always appropriate.

Independent Monitoring Board

20. 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 January 2017, the IMB reported that the prison working agreement with the local hospice to provide decent and dignified end of life care is recognised in the local hospital Care Quality Commission report as an outstanding initiative. End of life and audiology clinics have been introduced. The End of Life suite, completed in 2013, continues to be unused due to a lack of funding.

Previous deaths at HMP Littlehey

21. Mr Cotterell was the eighth prisoner to die of natural causes at HMP Littlehey, since July 2016. There are no significant similarities with the previous deaths.

Key Events

22. On 23 September 2011, Mr Darrell Cotterell was remanded into custody on multiple counts of serious sexual offences. On 13 July 2012, he was sentenced to 17 years imprisonment. On 15 September 2015, Mr Cotterell was transferred to HMP Littlehey.

23. At his initial health screen at Littlehey, a nurse noted that Mr Cotterell had an enlarged prostate gland, and type 2 diabetes which he controlled with medication. He could not share a cell due to his medical problems.

24. On 24 September 2015, Mr Cotterell saw a prison GP as he was experiencing nocturia (excessive urination at night). The GP increased his solifenacin medication, which reduces muscle spasm in the bladder.

25. At the same appointment, Mr Cotterell also reported increased pain in his left hip. The GP referred him for an x-ray which he attended on 8 October 2015. Mr Cotterell continued to report hip pain and, on 11 December, another prison GP referred him to the orthopaedic department at Hinchingbrooke Hospital.

26. On 14 January, Mr Cotterell attended an appointment with an orthopaedic surgeon, who advised steroid injections and physiotherapy. He saw the prison physiotherapist in February who recommended an exercise programme but, in April, Mr Cotterell cancelled all further physiotherapist appointments as he said they were of no help. He began receiving steroid injections on 31 March and continued to receive regular pain relief.

27. Mr Cotterell had blood tests every three to six months and annual diabetic reviews. These reviews included leg sensation testing (known as 'Dopplers'). In line with NHS guidelines, he also saw the prison optometrist for retinal screening.

28. On 22 August 2016, Mr Cotterell reported problems swallowing and weight loss. A prison GP sent an urgent referral to the gastroenterology department at Hinchingbrooke Hospital. Mr Cotterell attended the hospital on 7 September for a gastroscopy (this is a procedure where a thin, flexible tube is used to look inside the gullet and stomach). The results were inconclusive and he was referred to the ear, nose and throat (ENT) department for further tests. On 17 November, Mr Cotterell attended hospital for a laryngoscopy (an examination of the back of the throat). This showed a hiatus hernia (which occurs when the upper part of the stomach pushes up through the diaphragm and into the chest region). He was prescribed medication to reduce gastric reflux.

29. On 22 March 2017, Mr Cotterell saw a nurse with a small ulcerated wound on his right calf. Healthcare staff dressed the wound daily and a prison GP prescribed antibiotics.

30. Mr Cotterell took antibiotics for three months but there was only limited healing to his calf wound. On 17 May, a prison GP referred him to the Tissue Viability Service (TVS) at Brookfields Hospital. On 31 May, another prison GP referred Mr Cotterell to the Vascular Department at Addenbrookes Hospital as his recent Doppler tests had raised concerns. There is nothing in the medical record to

indicate that an appointment was arranged before Mr Cotterell's death despite reminders to the hospital from prison healthcare staff.

31. Mr Cotterell continued to take antibiotics and, on 31 May, was also given compression socks. (These are designed to apply pressure to the lower legs, helping to maintain blood flow and reduce discomfort and swelling.) Prison medical records indicate that his wound slowly began to improve after he started wearing them.

32. On 19 June 2017, Mr Cotterell had an appointment to see the TVS nurse but this was cancelled as no staff were available to escort him to hospital. An appointment was subsequently made for the nurse to visit him in prison on 13 July but the nurse did not attend due to problems as she did not have the necessary proof of identity to enter the prison. Healthcare staff subsequently to the tissue viability nurse on the telephone about Mr Cotterell's condition, which gradually improved.

33. On 21 July, at 8.52am, a prison GP examined Mr Cotterell after he reported chest pains, which he said were not severe. Mr Cotterell had an echocardiogram (ECG) and the results showed some abnormalities, a possible indication of myocardial ischaemia or infarction (heart disease). The GP prescribed an antacid and glycerol trinitrate (GTN), a routine therapy for angina. The GP also requested that Mr Cotterell's tropinin levels were reviewed later in the day. (Troponin is a protein released into the bloodstream during a heart attack.) Another prison GP checked Mr Cotterell's tropinin levels at 8.00pm. The results were within normal range and the GP was satisfied that Mr Cotterell did not require further action.

34. On 24 July, at 8.02am, Mr Cotterell told a prison officer that he was struggling to breathe and had chest pain. His skin was clammy and grey. The officer immediately radioed a code blue emergency (which indicates a prisoner has symptoms including chest pain and difficulty breathing). The control room staff called an ambulance at 8.03am.

35. Healthcare staff attended within a minute of the emergency call. They examined Mr Cotterell and recorded his observations. His blood pressure was very low, as were his oxygen saturation levels. A nurse applied a defibrillator as Mr Cotterell showed signs of deteriorating.

36. The ambulance arrived at the prison at 8.31am and paramedics reached the cell and took over Mr Cotterell's care by 8.35am. At 9.10am, the ambulance left the prison and took Mr Cotterell to Hinchingbrooke Hospital. Two prison officers accompanied him in the ambulance and applied an escort chain. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.) As soon as Mr Cotterell reached hospital, a senior prison manager gave permission to remove the restraint.

37. Mr Cotterell remained in Hinchingbrooke Hospital where his condition continued to deteriorate. Prison healthcare staff kept in regular contact both with hospital staff and Mr Cotterell himself. Hospital staff created an end of life plan. They were supported by the palliative care team.

38. On 9 August, at 9.40am, Mr Cotterell died in hospital from myocardial infarction, coronary artery thrombosis and coronary atherosclerosis (a heart attack).

Restraints, security and escorts

39. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk, taking into account factors such as the prisoner's health and mobility.

40. Mr Cotterell attended hospital appointments on a regular basis during his time in HMP Littlehey. For each appointment a full and extensive risk assessment was conducted, with individual aspects of Mr Cotterell's risk being noted in the assessments. For all hospital appointments, Mr Cotterell was accompanied by two prisoner officers, and was restrained using a single handcuff and, if requested by medical staff, an escort chain for treatment. Mr Cotterell's risk assessments considered Mr Cotterell's history of sexual violence, and he was assessed as being a medium risk to the public and a low risk of escape. Healthcare staff did not raise any objections to the use of restraints.

41. We are satisfied that restraining Mr Cotterell in the manner described was justified.

Contact with Mr Cotterell's family

42. When Mr Cotterell was admitted to hospital on 24 July 2017, Littlehey appointed the Head of Business Assurance as the family liaison officer (FLO) and a prison manager as his deputy.

43. The prison FLO visited Mr Cotterell in the critical care unit on 24 July. He contacted Mr Cotterell's named next of kin, his ex-wife, immediately after his visit. He updated Mr Cotterell's ex-wife regularly about Mr Cotterell's health.

44. On 27 July, the prison FLO visited Mr Cotterell, who requested that the prison inform his wife in the Philippines that he was ill and in hospital. A senior prison manager made a number of attempts to contact her using the details provided but all attempts failed.

45. When Mr Cotterell died on 9 August, the deputy prison FLO and another trained FLO went to his ex-wife's home. They informed her of his death and offered their condolences. The prison FLO remained in contact with Mr Cotterell's ex-wife immediately after his death and during the process of arranging the funeral. Mr Cotterell was cremated on 5 September and the prison contributed towards the cost in line with national policy.

Support for prisoners and staff

46. After Mr Cotterell's death, the Governor 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.

47. The prison posted notices informing other prisoners of Mr Cotterell'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 Cotterell's death.

Cause of death

48. The coroner concluded that the cause of death was myocardial infarction, coronary artery thrombosis and coronary atherosclerosis (a heart attack). Mr Cotterell also suffered from purulent bronchitis (a form of acute bronchitis).

Findings

Clinical care

49. We agree with the clinical reviewer that the care Mr Cotterell received at Littlehey was equivalent to that he could have expected to receive in the community. His diabetes was well-managed and when he developed leg ulcers, healthcare staff acted in a timely and appropriate manner. Healthcare staff referred Mr Cotterell to an orthopaedic consultant when he reported hip pain and, when he reported difficulty swallowing; he was urgently referred to secondary care.

50. In June 2017, Mr Cotterell missed an appointment with the tissue viability nurse when there were no staff available to escort him to hospital. A prison manager told us that they were unexpectedly busy on that day, with officers required for more urgent escorts and out on hospital bed watches. Mr Cotterell attended numerous (more than 10) hospital appointments and this was the only occasion where an appointment was missed. We are satisfied with the explanation given by the prison.

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