Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Strettle a prisoner at HMP Garth on 14 April 2016

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.

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

Mr Christopher Strettle died on 14 April 2016 of throat cancer while a prisoner at HMP Garth. He was 47 years old. I offer my condolences to Mr Strettle's family and friends.

In June 2015, following a diagnosis of advanced throat cancer Mr Strettle was moved to HMP Preston for 24-hour healthcare, although he remained a prisoner of Garth. In December, after it became clear that Mr Strettle's condition was terminal, he was nursed palliatively both at Preston and in hospital. In March 2016, as his condition deteriorated, Mr Strettle was moved to hospital and then in early April to a hospice, where he died with his family by his side. I agree with the clinical reviewer that the care Mr Strettle received was equivalent to that he could have expected to receive in the community.

However, I am concerned that a prison manager ignored a medical objection to restraints for one of Mr Strettle's hospital appointments and that two compassionate release applications were refused by the Governor of Garth outside national policy, rather than being sent to the Public Protection Casework Section for consideration.

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 CBE
Prisons and Probation Ombudsman **November 2016**

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Summary

Events

1. In October 2011, Mr Christopher Strettle was remanded into custody. In May 2012, he was sentenced to life imprisonment, with a minimum time to serve of 26 years for murder. Mr Strettle was moved to HMP Garth on 10 April 2014.

2. In January 2015, a doctor examined Mr Strettle, who said he had suffered a sore throat for three months. The doctor found a lump on the left side of his neck and referred Mr Strettle for an ultrasound scan. However, the hospital cancelled the ultrasound twice due to staff absences (it was eventually arranged for June, by which time Mr Strettle had received his diagnosis).

3. On 25 February, a dentist reviewed Mr Strettle and found evidence of lymphadenopathy (a disease affecting the lymph nodes) on the left side of his neck. As Mr Strettle had smoked cigarettes for 30 years, she made an urgent referral to an ear, nose and throat (ENT) specialist under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.

4. On 11 March, Mr Strettle attended an ENT clinic and hospital doctors performed a nasendoscopy (using a flexible telescope to look at the roof of the mouth and throat), which showed a lesion, believed to be squamous cell carcinoma (cancer).

5. On 5 May, an ENT consultant formally diagnosed Mr Strettle with a very advanced throat tumour. The consultant planned on treating this with chemotherapy and radiotherapy treatment, as it was not suitable for surgery. Later in May, the hospital fitted Mr Strettle with a feeding tube into his abdomen so that he could be fed. Mr Strettle was moved to HMP Preston for 24-hour healthcare on 9 June, but remained a prisoner of Garth.

6. On 21 July, a clinical oncologist told Mr Strettle that the chemotherapy had helped slow the spread of the cancer but the tumour had grown aggressively. The oncologist concluded that Mr Strettle's overall prognosis was poor.

7. On 22 December, a clinical oncologist reviewed Mr Strettle and told him that his cancer had spread to his spine and lungs. The oncologist considered that his prognosis was poor and Mr Strettle only had about two months to live. The following day, a nurse spoke to the palliative care team for advice on end of life care.

8. On 13 January 2016, a nurse created an end of life care plan for Mr Strettle. Healthcare staff and hospice staff regularly visited Mr Strettle in line with his care plans to ensure that his pain levels and symptoms were well managed.

9. In March, Mr Strettle's condition deteriorated and the hospital admitted him. He moved to a hospice on 7 April and he died on 14 April, his family were with him.

Findings

10. We agree with the clinical reviewer that, despite a delay in the hospital arranging the ultrasound appointment (hospital care is outside the remit of this

investigation), the care that Mr Strettle received in prison was equivalent to that he could have expected to receive in the community. The clinical reviewer found that, in particular, the creation of appropriate care plans meant that Mr Strettle was treated in a caring, compassionate and dignified way.

11. We are not satisfied that a manager authorising officers to restrain Mr Strettle for a hospital appointment in December 2015, considered how his condition impacted on his risk to the public and of escape, despite medical objections to the use of restraints. We are also concerned that the Governor of Garth rejected two compassionate release applications without sending them to the Public Protection Casework Section for consideration.

Recommendations

- The Governor of HMP Preston should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.
- The Governor of HMP Garth should ensure that compassionate release applications are considered using the criteria contained in the relevant Prison Service Order and where the criteria are met they are submitted to PPCS for consideration without delay.

The Investigation Process

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

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

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

15. We informed HM Coroner for Preston and West Lancashire District of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

16. One of the Ombudsman's family liaison officers contacted Mr Strettle's wife, to explain the investigation and to ask if she had any matters they wanted the investigation to consider. Mr Strettle's wife raised the following concerns:

    - She understood that Mr Strettle had missed hospital appointments and she wanted to know when and why this happened.
    - She was concerned that the arrangement between HMP Garth and HMP Preston was chaotic and poorly managed.
    - She asked for details of how Mr Strettle's compassionate release application was progressed.
    - She was unhappy that Garth's family liaison officer only became involved after Mr Strettle's death and they failed to tell her that the prison would pay funeral expenses.

17. The investigation has assessed the main issues involved in Mr Strettle's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

18. The initial report was shared with the Prison Service. The Prison Service pointed out some factual inaccuracies and this report has been amended accordingly.

19. Mr Strettle's family received a copy of the initial report. They pointed out some factual inaccuracies and/or omissions. This report has been amended accordingly. Mr Strettle's family also raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

Background Information

HMP Garth

20. HMP Garth holds up to 846 men, many serving indeterminate sentences for public protection (IPP), life sentences, or other long sentences. Lancashire Care Foundation Trust provides health services. Nurses are on duty between 7.00am and 9.00pm every day. Chorley Medics provide a service outside these times. GP clinics are held every day, normally from 9.00am to 1.00pm but occasionally from 1.00pm to 5.00pm. There is no in-patient unit.

HM Inspectorate of Prisons

21. The most recent inspection of HMP Garth was an unannounced inspection in January 2015. Inspectors reported chronic staff shortages which impacted adversely on many aspects of the prison's work. A senior nurse led the health care team effectively but significant staffing shortages had limited the service's ability to provide a full range of services, particularly for long-term conditions, but this was improving. Overall health care provision was adequate, although waiting times for most primary care clinics were too long. Prisoners waited too long for external hospital appointments and too few discipline staff were trained in first aid.

Independent Monitoring Board

22. 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 November 2015, the IMB reported that a system of triage was used when the prison could not escort prisoners to routine hospital appointments. They felt that this could have serious consequences for those prisoners. They also felt that waiting times had not improved for non-urgent GP appointments, though the appointment of two agency doctors would help to address the problem. The IMB acknowledged the positive impact the healthcare manager had in restoring confidence. They also noted that the healthcare complaints system had been simplified as one, simple form was used to highlight either a concern or complaint.

Previous deaths at HMP Garth

23. Mr Strettle was the second prisoner to die of natural causes at Garth since January 2016. There were no similarities between the circumstances of Mr Strettle's death and the other death at the prison.

HMP Preston

24. HMP Preston is a local prison holding up to 842 men. Lancashire Care Foundation Trust provides healthcare services at the prison. There is an inpatient unit for up to 30 prisoners, which is used as a regional facility, including for end of life care.

HM Inspectorate of Prisons

25. The most recent inspection of HMP Preston was in April 2014. Inspectors reported that, overall, healthcare was safe and decent. Staff in the inpatient unit gave good support to patients with complex needs. However, some aspects of the environment and regime needed improvement.

Independent Monitoring Board

26. 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 September 2015, the IMB reported that the primary care team at Preston provided a wide range of services and care. However, due to staff shortages, chronic disease clinics were not being run as planned and there was a three week waiting time for a GP appointment, which was too long.

Previous deaths at HMP Preston

27. No prisoners have died of natural causes at Preston since January 2016.

Findings

The diagnosis of Mr Strettle's terminal illness and informing him of his condition

28. On 15 October 2011, Mr Christopher Strettle was remanded into custody and sent to HMP Liverpool. On 4 May 2012, he was sentenced to life imprisonment, with a minimum time to serve of 26 years, for murder. He spent time in a number of prisons before moving to HMP Garth on 10 April 2014.

29. Mr Strettle suffered from incomplete paraplegia (partial damage to the spinal cord), following a traffic accident. This disability meant that Mr Strettle used a wheelchair, though he could stand and take a few steps at a time. Healthcare staff supported him with this disability and regularly prescribed various pain relief medication.

30. Mr Strettle also smoked cigarettes and healthcare staff at several prisons offered him smoking cessation advice. However, when he transferred to HMP Garth he said that he was still smoking and declined help to give up.

31. On 11 January 2015, a prison GP examined Mr Strettle after he nearly fainted. Mr Strettle said that he had suffered with a sore throat for three months and the doctor found a round swelling on the left side of his neck. The doctor referred Mr Strettle for an ultrasound scan of his neck and a full blood count. The ultrasound appointment did not take place until June, after the hospital cancelled the appointment twice due to the relevant clinician being on leave.

32. On 26 January, a prison GP reviewed Mr Strettle's blood test and noted he had a raised serum C reactive protein level (CRP – a blood test marker for inflammation in the body). He requested a further blood test, which confirmed the same result. He noted that Mr Strettle had already been referred to hospital for an ultrasound.

33. On 25 February, a dentist reviewed Mr Strettle, as he struggled to swallow and to eat, and had swelling in his neck. She found evidence of lymphadenopathy (a disease affecting the lymph nodes) on the left side of his neck. As Mr Strettle had smoked for 30 years, she made an urgent referral to an ear, nose and throat (ENT) specialist under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks.

34. On 11 March, Mr Strettle attended the ENT clinic at hospital. Hospital doctors performed a nasendoscopy (using a flexible telescope to look at the roof of the mouth and throat), which showed a lesion, believed to be squamous cell carcinoma (cancer).

35. On 26 March, a prison GP saw Mr Strettle to discuss the results of the nasendoscopy. Mr Strettle said he expected a cancer diagnosis as he had smoked for so many years. The GP prescribed Ensure Plus (a nutritional supplement) as Mr Strettle was having difficult eating solid foods.

36. The following day, a nurse created a care plan for Mr Strettle. The plan included weekly reviews, nutritional support, mental health and chaplaincy support,

access to mobility aids and liaison with hospice or MacMillan nurses as needed. Healthcare staff regularly saw Mr Strettle as part of the care plan.

37. On 5 May, an ENT consultant at Royal Preston Hospital saw Mr Strettle and diagnosed him with a stage four T4B neck tumour. (T4B confirms that the tumour has grown into deeper areas and is regarded as very advanced.) The consultant planned on treating this with chemotherapy and radiotherapy treatment.

38. On 12 May, Mr Strettle missed a dental appointment, as the request for an escort had been overlooked. The appointment was rebooked for 21 May.

39. On 19 May, a clinical oncologist at the hospital told Mr Strettle that his tumour was not suitable for surgery. A letter from the oncologist said that there was a small chance that the cancer could not be cured.

40. On 21 May, Mr Strettle attended hospital for his dental appointment but hospital staff were concerned with his windpipe and his difficulty swallowing so admitted him. While in hospital, they fitted Mr Strettle with a feeding tube into his abdomen. The hospital discharged Mr Strettle on 9 June and he moved to HMP Preston for 24-hour nursing care, though he remained a prisoner of Garth.

41. On 11 June, a consultant clinical oncologist wrote to Preston and confirmed that Mr Strettle would have chemotherapy treatment to reduce the size of the tumour but radiotherapy treatment would stop. Mr Strettle attended daily chemotherapy appointments between 15 and 19 June.

42. On 18 June, a community health worker created a care plan to ensure that staff appropriately cleaned Mr Strettle's feeding tube. Healthcare staff regularly saw Mr Strettle to ensure his feeding tube was cleaned.

43. Records show that Mr Strettle attended hospital on 22 June for an appointment, but returned to prison as the appointment was cancelled. It is not clear from the records what the appointment was for or why it was cancelled.

44. On 2 July, Mr Strettle declined to attend a pain management appointment, as he said this was dealt with during his last hospital visit. He signed a disclaimer to this effect.

45. On 17 July, Mr Strettle declined to attend an appointment for a CT scan as he said he was too unwell.

46. On 21 July, a clinical oncologist at the hospital told Mr Strettle that the chemotherapy had helped slow the spread of the cancer but that his tumour had grown aggressively. The oncologist decided that his treatment should change to daily radiotherapy and weekly chemotherapy, though noted Mr Strettle's overall prognosis was poor.

47. On 7 August, finding that Mr Strettle was unable to maintain oxygen levels, a prison GP sent him to hospital. The hospital admitted him and, on 30 August, surgeons performed a tracheostomy (where a tube is inserted into the windpipe to help with breathing). Hospital staff also told a nurse that his radiotherapy was expected to start shortly.

48. The hospital discharged Mr Strettle on 28 September. On the same day, the nurse created care plans to monitor his pain relief and to look after his tracheostomy. Healthcare staff regularly saw Mr Strettle as part of these care plans.

49. On 10 December, the nurse spoke to a head and neck specialist as Mr Strettle felt that his tumour had grown and that it was putting pressure on his tracheostomy tube. The specialist felt that any further action could wait until a planned appointment on 22 December. She was concerned that Mr Strettle may receive bad news at this appointment and arranged for his wife to accompany him.

50. On 22 December, a clinical oncologist at the hospital reviewed Mr Strettle and told him that his cancer had spread to his spine and lungs. The oncologist said that his prognosis was poor and Mr Strettle only had about two months to live. The oncologist agreed to continue the chemotherapy treatment to relieve Mr Strettle's symptoms.

51. On 23 December, a prison GP and the nurse saw Mr Strettle to discuss his terminal diagnosis and provide support. The nurse said that she would liaise with the palliative care team to prepare for his end of life care. The GP discussed Mr Strettle's wishes about resuscitation and he said that he wanted staff to attempt resuscitation if his heart or breathing stopped.

52. The clinical reviewer was satisfied that the doctor and dentist at Garth appropriately referred Mr Strettle for investigation. She said that the delay in the hospital arranging an ultrasound is unlikely to have affected the outcome for Mr Strettle as his cancer was very far advanced. It is clear that healthcare staff supported Mr Strettle throughout the investigation and treatment of his cancer and once he received a terminal diagnosis.

Mr Strettle's clinical care

53. On 8 January 2016, a doctor from a hospice spoke to the nurse, who confirmed that the prison were able to provide Mr Strettle with oxycodone (pain relief) every two hours. They discussed the possibility of using a syringe driver (a small pump, which delivers continuous pain relief), if his pain worsened.

54. On 13 January, the nurse created an end of life care plan, which included reviewing Mr Strettle's wishes about resuscitation, considering compassionate release and regular multi-disciplinary team meetings to discuss Mr Strettle's care. Healthcare staff regularly saw Mr Strettle as part of this care plan and there were regular multi-disciplinary meetings.

55. On 19 January, a nurse from the hospice noted that Mr Strettle had declined a discussion about resuscitation.

56. On 27 January, Mr Strettle declined to attend a hospital appointment because he was expecting visitors.

57. The next day, there was a security alert at Preston and Mr Strettle was unable to attend his chemotherapy appointment in the morning. Staff rearranged this for the afternoon, but Mr Strettle refused to attend as he had visitors.

58. On 16 February, Mr Strettle declined to attend a hospital appointment because he felt unwell.

59. On 29 February, Mr Strettle arrived late for his chemotherapy appointment because of a security alert at the prison. He did not have his chemotherapy that day but the oncology unit confirmed this was because of his low blood count, not because he was late.

60. Between January and March, healthcare staff and hospice staff regularly saw Mr Strettle in keeping with his care plans and to ensure effective management of his pain and symptoms.

61. On 8 March, Mr Strettle attended hospital for his chemotherapy and should have also had a CT scan. The escorting officer had not been told of the CT scan, so returned him to prison immediately after the chemotherapy. The CT scan was rearranged for Mr Strettle's next chemotherapy appointment.

62. On 15 March, Mr Strettle was admitted to hospital for inpatient chemotherapy. Three days later, hospital staff confirmed that he had a chest infection so had to remain in hospital.

63. Mr Strettle remained in hospital and on 24 March, a specialist registrar from the hospice noted that the hospital oncologists felt that Mr Strettle's prognosis was no longer than three months. On the same day, the nurse noted that hospital doctors planned on inserting a nerve block (an anaesthetic or anti-inflammatory injection targeted toward a certain nerve or group of nerves to treat pain) to better manage Mr Strettle's pain. Hospital staff planned to discuss whether further intervention was required.

64. On 5 April, the hospital told a nurse manager that Mr Strettle's condition was deteriorating and they wanted to transfer him to the hospice. Mr Strettle moved to the hospice on 7 April.

65. Mr Strettle's condition continued to deteriorate and he died at 8.58pm on 14 April with his family present.

66. The coroner confirmed that his cause of death was metastatic retropharyngeal squamous cell carcinoma (cancer of the tissues located at the back of the throat).

67. We agree with the clinical reviewer that, following the diagnosis of cancer, prison healthcare staff implemented appropriate care plans which ensured Mr Strettle was treated in a caring, compassionate and dignified way. We are satisfied that his care was equivalent to that he could have expected to receive in the community. Mr Strettle's wife was concerned about his missed appointments. There were a number of missed appointments for various reasons which are set out in the preceding paragraphs. We are satisfied that Mr Strettle was able to attend most of his appointments, and where he did not, the appointment was rearranged appropriately and did not impact on the eventual outcome. It is unfortunate that on one occasion the arrangement of escorting officers for a dental appointment was overlooked, but we are satisfied the appointment was quickly reorganised.

68. While we are satisfied that his care was equivalent, we are concerned that Mr Strettle had been located at Preston since 9 June 2015, though he remained under the control of Garth. We agree with the clinical reviewer that this complicated Mr Strettle's care because Garth were responsible for arranging important hospital appointments despite not being involved in his day-to-day care. This lack of direct oversight could have seriously damaged Mr Strettle's care so, for the future, we consider that the Governors of Preston and Garth should abandon any attempts to treat other prisoners in this way.

Mr Strettle's location

69. On 5 May 2015, a nurse suggested that Mr Strettle move to the healthcare unit at HMP Preston, as this would improve his care, but he refused the transfer. He told her that he did not want to move to Preston because he would have to rebuild trust with people there.

70. However, after doctors fitted a feeding tube in hospital later in May, healthcare staff at Garth arranged for him to move to Preston when the hospital discharged him. On 9 June he moved from hospital directly to Preston's healthcare unit, which could provide 24-hour health care.

71. Mr Strettle remained in Preston's healthcare unit until 15 March 2016, when he deteriorated further and the hospital admitted him. He moved to the hospice on 7 April, where he remained until his death.

72. We are satisfied that Garth and Preston appropriately located Mr Strettle and that they complied with his wishes to remain at Garth until his condition significantly deteriorated.

Restraints, security and escorts

73. 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. 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.

74. We are pleased to note that Mr Strettle was not restrained for any hospital visits in 2016. However, we are concerned that for a visit to hospital on 22 December 2015 (where he received his terminal diagnosis), a manager at Preston (the name is not clear on the record), authorised officers to restrain him with 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). The manager took this decision despite the medical section of the risk assessment noting that Mr Strettle had limited mobility, required the use of a wheelchair and that there was a medical objection to the use of restraints.

75. We are satisfied that prison managers constantly reviewed Mr Strettle's level of risk and did not restrain him in 2016. However, we cannot see how the use of an escort chain in December 2015 was justifiable, especially as there was a medical objection to the use of restraints. We are not satisfied that the manager making the decision took into account Mr Strettle's health and mobility in line with the High Court judgment. As a result, we make the following recommendation:

The Governor at HMP Preston should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

76. After Mr Strettle moved to the hospice, we note that officers accompanied him in full uniform but did not restrain him. While we appreciate that officers needed to accompany Mr Strettle, as a serving prisoner, we believe that it would have been more dignified to Mr Strettle and his family to have the officers in plain clothing. We do not make a recommendation but we draw this issue to the attention of the Governor of Garth.

Liaison with Mr Strettle's family

77. From April 2015, Mr Strettle asked for permission for his wife to join him at outpatient hospital appointments. On 27 April, a senior prison manager authorised her to attend some of his appointments.

78. On 23 June, Preston appointed a co-ordinating chaplain as their family liaison officer. That day, he contacted Mr Strettle's wife and arranged for her to visit him in prison. Between June 2015 and January 2016, the chaplain regularly updated Mr Strettle's wife about his condition and arranged family visits in the inpatient unit at the prison. However, in January, the chaplain went on extended paternity leave and there was no record that anyone replaced him as the family liaison officer. The chaplain returned to the role at the end of March.

79. Between 19 February and 24 March, members of Mr Strettle's family visited him on nine occasions.

80. On 6 April 2016, Garth appointed an officer as their family liaison officer. However, she first made contact with Mr Strettle's wife seven days later.

81. On 14 April, following Mr Strettle's death, the officer spoke to Mr Strettle's wife to offer her condolences and support. The chaplain did the same the following day.

82. The following day, the officer and a prison manager visited Mr Strettle's wife's home address to offer further support. Records show that the officer informed Mr Strettle's wife about the Prison Service policy to offer a contribution towards the funeral costs on 20 April.

83. Mr Strettle's funeral was on 28 April. Garth contributed to the costs in line with national Prison Service policy.

84. While Mr Strettle's wife was concerned that Garth's family liaison officer only contacted her after Mr Strettle's death, we note that she had established a relationship with the chaplain, Preston's family liaison officer. This relationship

ensured that Mr Strettle's wife was well informed about his condition and was able to visit him regularly. We appreciate that the chaplain's extended paternity leave meant that Mr Strettle's family were left without formal support. However, we are satisfied that his family regularly visited him during this period and were able to be supported informally. As a result, we are satisfied that the family liaison that Mr Strettle's wife received, while complicated, was appropriate.

85. We are also satisfied that Mr Strettle's wife received confirmation of the financial assistance in advance of his funeral, which allowed Garth to make the appropriate contribution.

Compassionate release

86. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for indeterminate sentenced prisoners are set out in Prison Service Order (PSO) 4700. Among the criteria is that the risk of re-offending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS).

87. In December 2015, Mr Strettle was told he had about two months to live. The Head of the Offender Management Unit told the PPCS in March that Garth had completed two compassionate release applications, including medical input, for Mr Strettle, on 15 January and 15 March. However, she said that his offender supervisor, offender manager and the Governor of Garth did not support either application. She confirmed that the Governor had refused Mr Strettle's application, as he had only served a small part of his sentence, his release could cause distress to the victim's family, possible media interest and he had not reduced his risk to the public, despite completing offending behaviour courses. However, we note that in the second application, the offender manager said that she did not believe that Mr Strettle presented a risk if released. The PPCS told us that Garth had not sent either application for them to consider.

88. While we accept that the Governor of an establishment can decide against progressing an application for compassionate release, we note that in deciding to refuse Mr Strettle's application on two occasions, the Governor of Garth used criteria that were not contained in PSO 4700. This included the length of sentence served and concern about media interest. While we cannot know whether Mr Strettle's application would have been approved, we consider that Garth should have submitted his applications to the PPCS for consideration in line with national policy. We make the following recommendation:

The Governor of HMP Garth should ensure that compassionate release applications are considered using the criteria contained in the relevant Prison Service Order and where the criteria are met they are submitted to PPCS for consideration without delay.

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