

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Karl Gotch a prisoner at HMP Norwich on 16 January 2017

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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 Karl Gotch died on 16 January 2017 of a heart attack, heart disease and pneumonia while a prisoner at HMP Norwich. He was 77 years old. I offer my condolences to Mr Gotch's family and friends.

Mr Gotch received appropriate and timely medical care at HMP Norwich. I am satisfied that his care in prison was equivalent to that he could have expected to receive in the community and staff could not have prevented his death. However, I am concerned that when Mr Gotch was admitted to hospital for the penultimate time before his death, officers restrained him without considering how his medical condition affected his risk.

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

August 2017

Contents

Summary 1
The Investigation Process 3
Background Information 4
Key Events 5
Findings..... 9

Summary

1. On 20 February 2014, Mr Karl Gotch was sentenced to 17 years in prison for historical sexual offences and was sent to HMP Belmarsh.
2. In June 2014, he was sent to HMP Albany, where he remained until 27 September 2016 when he was transferred to HMP Bure. When he arrived there, Mr Gotch told healthcare staff that he had several existing medical conditions, including diabetes, high blood pressure, arthritis, coronary obstructive pulmonary disease (COPD, a condition of the lungs), an atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate), high blood pressure and depression.
3. On 30 October, a nurse recorded that Mr Gotch had low blood pressure and a 'bubbly' chest. His health deteriorated throughout the day and he was admitted to hospital. Doctors treated him for COPD and emphysema and informed the prison that Mr Gotch would require 24-hour oxygen therapy when discharged. As Bure could not accommodate this treatment, Mr Gotch was transferred to HMP Norwich.
4. Staff at Norwich put a care plan into place and scheduled monthly multidisciplinary meetings to address his ongoing medical needs.
5. On 22 November, a doctor referred Mr Gotch for a CT scan due to a change in his bowel habits. A week later, healthcare staff sent Mr Gotch to hospital where they treated him for pneumonia. A prison manager decided that he should be restrained him when visiting hospital without fully completing a risk assessment.
6. Mr Gotch's CT scan results did not indicate an abnormality with his bowel, but showed bronchiectasis (an enlargement of parts of the airways) to his lung. A prison GP referred him for treatment.
7. On 13 January 2017, Mr Gotch's health declined and, on 15 January, he was admitted to hospital as he had low oxygen saturation levels and was losing consciousness.
8. Mr Gotch's health deteriorated and at 8.45pm on 16 January, a doctor confirmed that Mr Gotch had died.

Findings

9. We are satisfied that Mr Gotch's care at Bure and Norwich was equivalent to that he could have expected to receive in the community, and that his clinical care was appropriate and timely.
10. We found that there was no medical input to the decision to restrain Mr Gotch when he was transferred to hospital on 27 November. We are not satisfied that staff fully considered Mr Gotch's health and mobility in their decision-making process.

Recommendation

- The Governor and Head of Healthcare at HMP Norwich should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints 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 Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Norwich 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 Gotch's prison and medical records.
13. NHS England commissioned a clinical reviewer to review Mr Gotch's clinical care at the prison.
14. We informed HM Coroner for Norfolk of the investigation who gave us the results of the post mortem examination. We have sent the coroner a copy of this report.
15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Norwich

16. HMP Norwich is a multi-function prison, which predominantly serves the courts of Norfolk and Suffolk. The prison holds up to 769 men. Virgin Care provides healthcare services. There is a healthcare centre, which provides 24-hour nursing cover and a dedicated unit for older prisoners.

HM Inspectorate of Prisons

17. The most recent inspection of Norwich was in December 2016. Inspectors reported that the prison had made progress since their last inspection. The prison had a strong and stable leadership team. Relations between staff and prisoners were good. Healthcare services were reasonably good overall. While inspectors said that the healthcare centre was in need of refurbishment, they were impressed with the support prisoners received from prison and healthcare staff.

Independent Monitoring Board

18. 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 February 2016, the IMB reported that there was strong and effective management by the healthcare centre manager and arrangements were in hand to recruit more GPs and non-agency nurses. They said the elderly care unit provided considerate and sensitive care, and palliative care was of a high standard.

Previous deaths at HMP Norwich

19. Mr Gotch was the eighth prisoner to die of natural causes at HMP Norwich since January 2016. There has been one subsequent death. We have made recommendations about restraints before.

Key Events

20. On 20 February 2014, Mr Karl Gotch was sentenced to 17 years imprisonment for historical sexual offences and was sent to HMP Belmarsh. In June 2014, he was sent to HMP Albany.

HMP Bure

21. On 27 September 2016, Mr Gotch was transferred to HMP Bure, and a nurse completed his healthcare induction assessment. Mr Gotch was a frail, older man with several existing conditions including diabetes, high blood pressure, arthritis, coronary obstructive pulmonary disease (COPD, a condition of the lungs), an atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate), high blood pressure and depression.
22. Later that day, Mr Gotch saw a prison GP, who prescribed him a continuation of his medication to manage his conditions. He was given a wheelchair to use.
23. On 29 October, when Mr Gotch did not collect his medication from the healthcare unit, a nurse visited him in his cell and recorded that he appeared confused. She checked his blood sugar which was low, and administered his insulin.
24. Healthcare staff continued to monitor Mr Gotch and on the morning of 30 October, a nurse recorded that he remained confused, his blood pressure remained low and his chest sounded 'bubbly'. She advised him to use his nebuliser, and she said that nursing staff would monitor him throughout the day. She booked a GP appointment for the next day.
25. At 12.20pm on 30 October, a wing officer told the nurse that Mr Gotch had been sitting on his toilet for a long period of time as he was unable to get up. Although he managed to lift himself, two nurses called NHS 111, who agreed to send a doctor within 4-6 hours.
26. By 2.45pm, Mr Gotch's health had deteriorated and a nurse recorded in his medical record that he was cold to the touch. She took his observations: his respiratory rate was 20 breaths per minute (normal resting rate is 12-20) and his oxygen saturation level was 87% (anything under 90% is considered low). Based on his presentation she arranged for Mr Gotch to be transferred to hospital.
27. The hospital informed Bure that Mr Gotch would require 24-hour oxygen therapy when he was discharged. As Bure could not accommodate this treatment, they arranged for him to be transferred to HMP Norwich. His discharge letter outlined that doctors had treated him for COPD and emphysema. A hospital doctor prescribed him with medication and a follow-up plan for Mr Gotch to have a chest x-ray in January 2017.

HMP Norwich

28. Mr Gotch arrived at HMP Norwich on 18 November. He was located on the older persons unit and a nurse started his oxygen therapy. Another nurse completed a healthcare induction assessment, and noted that Mr Gotch's medications had already been scripted.

29. The nurse completed a daily living assessment and put appropriate care plans into place. He noted that Mr Gotch wanted to be resuscitated if he went into cardiac arrest, and that this should be reviewed every six months, or at Mr Gotch's request. He scheduled multidisciplinary meetings to address Mr Gotch's ongoing needs.
30. Healthcare staff continued to check Mr Gotch's oxygen saturation levels and as they were having difficulty maintaining appropriate levels, a prison GP contacted the respiratory team at the hospital. The nurse advised him to try and maintain his oxygen levels at 88% on 0.5 litres of oxygen, as oxygen of one litre of more would require closer monitoring of Mr Gotch. The GP recorded that the respiratory team was due to visit Mr Gotch on 9 December.
31. On 22 November, a nurse helped Mr Gotch, as he was incontinent with loose stools. A prison GP assessed Mr Gotch and referred him for a computed tomography (CT) scan under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks, to check that there were no problems with his bowel.
32. At 12.55am on 27 November, a nurse checked on Mr Gotch. He was asleep in his cell, but his oxygen was not turned on. She checked his oxygen saturation level which was low at 75%. She called an emergency ambulance and Mr Gotch was transferred to hospital with a single handcuff and 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.)
33. A chest x-ray taken at hospital confirmed Mr Gotch had pneumonia, with a small plural infusion (excess fluid in the space that surrounds the lungs). A doctor treated him for pneumonia and he was discharged on 1 December.
34. On 9 December, nurses from the hospital respiratory team visited Mr Gotch. There were no issues regarding his oxygen saturation levels, but they advised him to mobilise more. A physiotherapist assessed Mr Gotch on 20 December. He recorded that Mr Gotch was reluctant to move due to breathlessness, and that he gave him exercises that he could complete in bed.
35. Although it is not clear from Mr Gotch's medical records when he had a CT scan, a prison GP saw him on 22 December to discuss his results. Although his scan showed no abnormality to his bowel, it did show bronchiectasis (permanent enlargement of parts of the airways of the lung; symptoms typically include a chronic cough productive of mucus). The GP advised Mr Gotch that she had referred him to the hospital for treatment.
36. The healthcare team monitored Mr Gotch closely over the following weeks and on 10 January 2017, Mr Gotch saw a prison GP as he had an ongoing cough. She recorded that his chest was crackling when he breathed, and that he was producing a large amount of sputum, which was sent to hospital for testing. She also prescribed Mr Gotch antibiotics.
37. On 13 January, Mr Gotch's health appeared to decline. He reported that he could not sleep and started refusing food. On the afternoon of 14 January, Mr

Gotch told a nurse that he 'did not want to continue like this anymore', referring to using his oxygen. She advised him that he needed to keep it on 24 hours a day.

38. Nurses observed Mr Gotch throughout the night of 14 January, and they noted that he did not sleep.
39. On 15 January, a nurse saw Mr Gotch in his cell at approximately 9.00am and recorded that he was alert and orientated and raised no concerns.
40. Although he had taken his medication without issue earlier that morning, a healthcare assistant told nursing staff at 10.30am that Mr Gotch now appeared unwell.
41. Two nurses assessed him and recorded his blood as 118/78, pulse 58, temp 36.2, BM 8.2 and his oxygen saturation level was recorded as 68% and increased to around 92% after administering oxygen. Mr Gotch remained drowsy and kept going in and out of consciousness. At 10.55am, a nurse radioed the control room to call an ambulance.
42. At 11.12am, the paramedic first response arrived at the prison, followed by the ambulance at 11.32am. The paramedics monitored Mr Gotch on the wing, and at 11.57am, transferred him to hospital. He was not restrained.
43. Mr Gotch remained unrestrained and on the morning of 16 December, nursing staff informed the prison healthcare department that he had been stable over night. However, his health declined throughout the day and at 8.45pm a doctor confirmed that Mr Gotch had died.

Contact with Mr Gotch's family

44. On Sunday 15 January 2017, after Mr Gotch was admitted to hospital, an officer was appointed as his family liaison officer. A custodial manager tried to phone Mr Gotch's stepson to tell him that his stepfather had been admitted to hospital. As the number did not work, the police contacted him. It was agreed that the officer would keep Mr Gotch's stepson informed by phone if his stepfather's circumstances changed.
45. On 16 January, the officer contacted Mr Gotch's stepson and informed him of his stepfather's death. He offered his condolences and support, and remained in contact with Mr Gotch's family until his funeral.
46. Three members of prison staff attended Mr Gotch's funeral, which was held on 3 Feb 2017. The prison arranged and paid for Mr Gotch's funeral in line with national instructions.

Support for prisoners and staff

47. After Mr Gotch's death, a prison manager debriefed the staff involved in the death of Mr Gotch.
48. The prison posted notices informing other prisoners of Mr Gotch's death, and offering support.

Post-mortem report

49. The post mortem report established Mr Gotch's cause of death as:
 - 1a. Acute myocardial infarction.
 - 1b. Coronary artery atherosclerosis.
 2. Acute tracheobronchitis and incipient bronchopneumonia.

Findings

Clinical care

50. The clinical reviewer considered that Mr Gotch received effective and appropriate care in the latter stages of his sentence. She noted that healthcare staff referred him promptly to hospital when his condition deteriorated.
51. We agree with the clinical reviewer that Mr Gotch's care was equivalent to that he could have expected to receive in the community. We are satisfied that when Mr Gotch was located in the Older Persons Unit, the staff ensured that his health and social care needs were met and kept a close eye on his clinical presentation, adjusting his oxygen as required.
52. Healthcare staff effectively managed Mr Gotch's numerous health conditions, and there was nothing they could have done to prevent his death.

Restraints, security and escorts

53. When prisoners have to leave prison, such as to go to hospital, a risk assessment is conducted to determine the nature and level of any security arrangements, including whether to use restraints. The Prison and Probation Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in 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.
54. While Mr Gotch went to hospital many times during his time in prison, we only reviewed documents for the time that he was in Norwich. On 27 November, Mr Gotch was taken to hospital as an emergency. An escort risk assessment showed that he was assessed as at low risk of escape, hostage taking, having access to external assistance and that he was at "medium low" risk to the public. In the medical section of the risk assessment, an unidentified person confirmed that there were no objections to using restraints for Mr Gotch, but that he had impaired mobility. As a result, a prison manager authorised two officers to accompany Mr Gotch and restrain him with a single handcuff for the journey to hospital and an escort chain once in hospital.
55. When Mr Gotch was transferred to prison on the 15 January, we are pleased to note that he was not restrained at all.
56. We are not satisfied that when staff restrained Mr Gotch on 27 November, they fully considered Mr Gotch's health and mobility in their decision-making process. Mr Gotch was an elderly, frail and unwell man who had been issued with a wheelchair. He was not an escape risk and, further was sufficiently unwell for staff to call an emergency ambulance. We are not satisfied that the prison's decision was appropriate. We make the following recommendation:

The Governor and Head of Healthcare at HMP Norwich should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints 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.

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