

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Andre Reich a prisoner at HMP Frankland on 21 February 2019

**A report by the Prisons and Probation Ombudsman**

## 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 Andre Reich died of congestive heart failure and bronchopneumonia on 21 February 2019 while a prisoner at HMP Frankland. He also had hypertensive heart disease which did not cause but contributed to his death. He was 62 years old. I offer my condolences to Mr Reich's family and friends.

Mr Reich had a number of health issues when he arrived at Frankland in 2013. Investigations and tests were completed in a timely manner, and healthcare staff made every effort to engage with him about his treatment, but he did not always follow medical advice and, in the months before his death, he often refused treatment and discharged himself from the inpatient unit.

Overall, however, the clinical care that Mr Reich received at Frankland was not equivalent to that which he could have expected to receive in the community because healthcare staff did not always escalate his care in line with the National Early Warning Score (NEWS) guidelines when his health deteriorated.

I am satisfied that prison managers appropriately assessed the level of restraints when Mr Reich went to hospital on 8 February, and reviewed and reduced the level when he remained in hospital.

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

**Sue McAllister CB**  
**Prisons and Probation Ombudsman**

**August 2019**

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# Summary

## Events

1. In 1992, Mr Andre Reich (also known as Scott Singleton) was sentenced to life in prison for murder. He was transferred to HMP Frankland on 11 November 2013.
2. Mr Reich had a number of serious pre-existing conditions, including heart failure, coronary heart disease, chronic obstructive pulmonary disease (COPD, a lung disease) and asthma. He also had nerve damage in his hand and reduced mobility after breaking his leg in 2010.
3. Healthcare staff arranged for Mr Reich to have annual reviews for his various health conditions and arranged for them to be regularly reviewed. He had heart disease screenings.
4. Mr Reich was taking gabapentin for nerve pain. On 19 December 2018, a prison GP told Mr Reich that she wanted to reduce his dose slowly because his blood pressure was low, which was a side effect of the drug. Mr Reich became upset and angry. When the prison GP reduced his gabapentin, he refused to take any medication at all.
5. On 7 January 2019, Mr Reich was diagnosed with heart failure.
6. On 28 January, a prison GP examined Mr Reich and noted that he could hear 'crackles' on both his lungs and that his legs were swollen below the knees. He referred Mr Reich urgently to the heart failure clinic for an electrocardiogram (ECG, a test to check the heart's rhythm and electrical activity). He prescribed him a short course of furosemide (a diuretic).
7. On 7 February, Mr Reich had blood in his urine and a high National Early Warning score (NEWS, a tool to detect and respond to clinical deterioration). In response, a prison GP decided at 7.55pm that he should be monitored every hour and that if his condition remained the same or got worse, he should go to hospital. At 8.40pm, a nurse noted his NEWS score remained high and decided that he should go to hospital. He gave him oxygen. At 3.51am, Mr Reich went to hospital by ambulance.
8. Mr Reich's condition deteriorated in hospital and he died there on 21 February.

## Findings

### Clinical care

9. Mr Reich did not always follow medical advice and in the months before his death, he refused treatment and discharged himself from the inpatient unit. Healthcare staff tried to engage with Mr Reich about his treatment and to ensure that he understood the potential consequences of his decisions.
10. The clinical reviewer concluded, however, that overall, the care that Mr Reich received at Frankland was not equivalent to that which he could have received in the community. This was mainly because from 12 January to 8 February 2019,

healthcare staff did not escalate his care to senior medical staff and secondary services in line with NEWS guidelines.

### **Transfer to hospital**

11. Mr Reich's health deteriorated on 7 February, and a nurse decided that he should go to hospital. The night orderly officer promptly arranged for him to be escorted.

### **Restraints**

12. Prison staff completed an escort risk assessment before they took Mr Reich to hospital. We are satisfied that they considered all the available information before deciding to restrain him on his way to hospital. They also reviewed and reduced the level of restraints when Mr Reich was admitted to hospital. When Mr Reich's health deteriorated suddenly, the escort officers at hospital removed the restraints. When he died, he was unrestrained.

### **Recommendation**

The Head of Healthcare should provide the Ombudsman with an account of the action he has taken to ensure healthcare staff are following NEWS guidelines in response to NEWS scores.

## The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Frankland informing them of the investigation and asking anyone with relevant information to contact him. Three prisoners responded.
14. The investigator obtained copies of relevant extracts from Mr Reich's prison and medical records.
15. The investigator interviewed three prisoners by telephone on 13 May.
16. NHS England commissioned a clinical reviewer to review Mr Reich's clinical care at the prison.
17. We informed HM Coroner for Durham and South Darlington of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
18. The Ombudsman's family liaison officer wrote to Mr Reich's daughter to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond.
19. We shared the initial report with the Prison Service. There was one factual inaccuracy.

# Background Information

## HMP Frankland

20. HMP Frankland is one of eight high security prisons in England and Wales. It holds up to 844 men. There is 24-hour inpatient care. G4S Forensic & Medical Services provide general nursing services and substance misuse services. Spectrum Healthcare provides GP and pharmacy services.

## HM Inspectorate of prisons

21. The most recent inspection of HMP Frankland was in March 2016. Inspectors reported that while healthcare provision was reasonably good, staffing issues were impacting on care delivery. They noted that prisoners had access to a range of primary care services and visiting specialists, and that appropriately trained staff regularly reviewed prisoners with long-term conditions.

## 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 2017, the IMB noted that the appointment of a new Head of Healthcare and Clinical Lead had seen innovation and consolidation of service and clinical practice.
23. They found that recruitment of nursing staff continued to be a challenge. They noted that education and professional development for the nursing team had seen a job role-specific training programme developed to enhance the nurses' skill base and to improve the quality of patient care. This included suturing, wound care, ECG, immunisation and vaccination training, as well as emergency response.

## Previous deaths at HMP Frankland

24. Mr Reich was the sixth prisoner to die at Frankland since February 2017. Four of the previous deaths were from natural causes and one was self-inflicted. There were no significant similarities between Mr Reich's death and the circumstances of the previous deaths.

## Key Events

25. In July 1992, Mr Andre Reich was sentenced to life in prison for murder. He served time at a number of prisons before he was transferred to HMP Frankland on 11 November 2013.

### Clinical care

26. Mr Reich had a number of pre-existing conditions, including heart failure, coronary heart disease, COPD, asthma and osteoporosis (a condition that weakens bones making them fragile and more likely to break). On 14 November, a prison GP, reviewed and re-prescribed his medication. A nurse arranged for Mr Reich to have annual reviews for coronary heart disease, stroke and asthma. He created care plans for his health conditions and arranged for them to be regularly reviewed.
27. Mr Reich had poor mobility because he had fractured his right leg in 2010. He used crutches to walk short distances and a wheelchair for longer distances, and healthcare staff referred him to a physiotherapist and occupational therapist.
28. On 17 October 2018, a prison GP noted that Mr Reich was mentioned at the morning handover because he had pain in his calf muscles. At 4.20pm, Mr Reich went to the wing treatment room and told a nurse that he had chest pain. Nursing staff took him to healthcare for further observations and investigations. On 18 October, the prison GP sent him to hospital because he still had a pain in his calf muscles. Hospital test results were normal and Mr Reich went back to Frankland.
29. On 5 November, a prison GP saw Mr Reich because he had leg pain and swelling. He said that he had chronic kidney disease and poor circulation. He prescribed furosemide (to treat fluid retention) and asked for an ultrasound scan to check for renal or liver disease and blood tests. The ultrasound scan on 13 November was normal. The blood tests taken on 14 November were abnormal but Mr Reich did not attend an appointment the next day for more tests.
30. On 3 December, a prison GP saw that Mr Reich still had oedema (fluid retention) in both of his legs so she asked for a chest x-ray. She reviewed the blood test results which were within the normal range and showed that heart failure was unlikely at this time.
31. On 19 December, Mr Reich saw a prison GP and told her that he had chest and leg pains. He said that he had not taken his furosemide for seven days because it was not helping his oedema. (Mr Reich kept and administered his own medication (apart from gabapentin) so healthcare staff would not have known this immediately.) The prison GP noted that Mr Reich's blood pressure was slightly low (102/75) and that his pulse rate was high (102 beats per minute). She noted that she heard 'scattered crackles' in his chest. She asked for an urgent chest x-ray and an ECG, and gave him antibiotics for possible pneumonia.
32. Mr Reich took gabapentin for nerve pain (after he had previously had part of a finger amputated). The potential side effects of gabapentin include kidney damage, oedema and low blood pressure.) That day (19 December), the prison

GP told Mr Reich that she wanted to reduce his gabapentin because his blood pressure was low and gabapentin risked lowering it. He told him that there were other medicines that she could prescribe instead. Mr Reich became upset and angry and refused to engage further with her. He decreased Mr Reich's dose of gabapentin and Mr Reich then refused to take any of his medications.

33. A prisoner, said that after Mr Reich stopped taking all his medications, his condition quickly deteriorated. He said that Mr Reich's 'breathing wasn't great, his humour wasn't there, he wasn't himself, he was exhausted, he just didn't look well whatsoever'. Another prisoner, said that Mr Reich told him that he stopped taking his medication to prove a point to a prison GP that health problems were not the side effects of taking the drug.
34. On 21 December, Mr Reich had an appointment at hospital for a chest x-ray. A Custodial Manager (CM) told a nurse that Mr Reich could not get in the Category A van because of the steps. The disabled van was not available that day so he did not go to hospital. Mr Reich then refused to attend hospital and signed a disclaimer to that effect. The nurse reviewed Mr Reich in reception and noted that he had a wheeze and a slight crackle in his chest. The nurse spoke to a prison GP who asked for blood tests and for Mr Reich to be admitted to the healthcare wing for monitoring. The nurse noted that he had a NEWS score of 3 which indicated that his condition had deteriorated. (A NEWS score above 0 indicates a deterioration in clinical condition, with a score above 7 indicating high clinical risk. The NEWS guidelines say that a score of 0 to 4 requires a community based response, a score of 5 to 6 requires an urgent response by a senior clinician or GP, and a score of 7 or above requires an emergency response which must include staff trained with critical care skills).
35. At 11.30am, a healthcare assistant took Mr Reich's observations and noted that he had a NEWS score of 0. At 12.44pm, a nurse took Mr Reich's observations again and noted that he had a NEWS score of 3.
36. A prison GP later reviewed Mr Reich who immediately complained to her that he was not being prescribed his full amount of gabapentin. (He was still not taking his medications.) He did not allow the prison GP to examine his chest. She tried to explain the risk of taking the drug. The prison GP noted that Mr Reich had full mental capacity and told him to take his antibiotics. She was reluctant to ask for the specialist x-ray van to be brought to the prison the following week because it was possible that Mr Reich would not attend. The prison GP noted that Mr Reich appeared better and thought that this may be due to the reduced level of gabapentin. She planned for him to have a chest x-ray in January 2019.
37. A nurse noted that he saw Mr Reich in the GP clinic. He noted that the prison GP told him that she had increased his gabapentin dose but that he would have it in liquid form. He noted that Mr Reich would not take it because of the taste. Mr Reich signed a disclaimer declining healthcare treatment.
38. On 22 December, a nurse took Mr Reich's observations and noted a NEWS score of 2. Mr Reich refused to take or talk about his medication but asked for his gabapentin to be increased to its original dose.

39. On 24 December, the prison GP reviewed Mr Reich's medical records. She noted that a sputum sample was normal, that he had not taken any of his antibiotics and had not taken his gabapentin for five days. The prison GP stopped his gabapentin. Mr Reich later saw a nurse at the medication hatch and said that he did not feel well. He asked for his gabapentin. She asked him to come back after she finished giving out the medication but he said that he would not. He did not return.
40. On 25 December, Mr Reich saw a nurse and said that he was lethargic, had leg pain and was short of breath. She took his observations and noted that he had a NEWS score of 3. She gave him his antibiotics, which were still prescribed, and told him to come back for them twice a day. He refused to see the prison GP.
41. On 7 January 2019, Mr Reich had a chest x-ray which the prison GP reviewed. It showed that he had a slightly enlarged heart and a build-up of fluid around the lungs, indicating heart failure.
42. On 10 January, a nurse reviewed Mr Reich who told her that he was in pain without gabapentin. He was agitated and dismissed the long-term side effects of taking the drug. He would not discuss his chest x-ray and said that his symptoms were because he was not taking gabapentin. The nurse saw that Mr Reich went to the healthcare wing in a wheelchair, that he used crutches to walk and a wheelchair for longer distances. He was not breathless but had swollen ankles. The nurse planned for Mr Reich to see a different prison GP and to discuss a different drug to gabapentin.
43. On 12 January, Mr Reich went to the medication hatch and asked a nurse to take his observations. She noted that he had a NEWS score of 6: his pulse rate was high (110 beats per minute), his respiratory rate was high (26 breaths per minute) and his blood pressure was low (105/68). She planned to repeat the observations the next day and for him to see a GP. She did not follow NEWS guidelines which say that if patients have a score of 5 or more, clinicians should monitor their vital signs hourly and consider admitting them to hospital.
44. On 13 January, a nurse took Mr Reich's observations and noted that he had a NEWS score of 3. The following day, Mr Reich's GP appointment was cancelled. He was upset about this and did not let a nurse take his observations at that time. Later that day, she reviewed him and noted that he had a NEWS score of 3.
45. On 18 January, Mr Reich went by wheelchair to the treatment room, where he saw a nurse. He told her that he felt unwell, was tired, wanted to sleep, that his legs felt heavy and that he had a headache. She took his observations and noted a NEWS score of 8. Mr Reich refused to be admitted to the healthcare wing and signed a disclaimer to that effect. The nurse later took his observations again and noted his NEWS score was 2. The following day, a nurse saw Mr Reich who said that he was breathless. He had a NEWS score of 1.
46. On 22 January, a nurse saw Mr Reich because he had a nose bleed and was struggling to breathe. The nurse noted that Mr Reich was lying flat on his bed, with a small bleed from his nose. She noted that his blood oxygen saturation level was low (89% which increased to 94% when he had oxygen and sat up) and that he had a high pulse rate (115 beats per minute). She noted that he had

- a NEWS score of 6. A nurse later saw Mr Reich who said that he had not had any further nose bleeds.
47. On 23 January, a nurse reviewed Mr Reich. He walked up two steps with crutches and was not short of breath. The nurse noted that he had a NEWS score of 0 and told him that he had a GP appointment booked for 28 January.
  48. On 28 January, a prison GP reviewed Mr Reich and noted that he could hear 'bilateral crackles' on his lungs and saw that his legs were swollen below the knees. The prison GP referred Mr Reich urgently to the heart failure clinic for an ECG and prescribed a short course of furosemide.
  49. On 1 February, a nurse reviewed Mr Reich because he was over using his salbutamol inhaler (for asthma). He told her that he was fighting for breath. He said that he was using the inhaler for respite to help him calm down. The nurse explained the effects of heart failure. She took his observations: his blood oxygen saturation was low (92%) and he had a high pulse rate (105 beats per minute). The nurse offered him a place on the healthcare wing which he declined. The prison GP reviewed Mr Reich's medical records and asked that the nurses review him again in the morning.
  50. On 2 February, a nurse saw Mr Reich because he felt unwell. He was very breathless, could not speak in full sentences, said that he had painful, swollen legs and had difficulty moving them. His blood oxygen saturation was low (95%) and his pulse rate was high (110 beats per minute). He went to the healthcare wing for assessment and observation. At 4.04pm, a nurse noted that he had a NEWS score of 5.
  51. On 3 February, healthcare staff frequently noted that Mr Reich had a NEWS score of between 2 and 7.
  52. On 4 February, a prison GP reviewed Mr Reich and noted that he had 'a bilateral crackle' on his lungs. He asked him to keep his legs elevated and increased his dose of furosemide. He planned to continue to monitor him and wait for the urgent referral to the cardiologist. Later that day, Mr Reich discharged himself from the healthcare wing and told a nurse that he would be more comfortable in his own cell.
  53. On 5 February, a nurse saw Mr Reich who told her that he could not get downstairs and that his fingers were going blue. Mr Reich wanted to have his medication prescribed because a prison GP had stopped it. (The records do not make clear which medication Mr Reich was referring to. However, we know that his gabapentin had been stopped.) She said that she would speak to a GP. Mr Reich refused to go back to the healthcare unit unless a room with a hospital-style bed was available. The nurse made an appointment for Mr Reich to see a GP and noted that he had a NEWS score of 3.
  54. Later that day, a nurse saw Mr Reich because he was not able to get onto his bed. He again refused to go to the healthcare wing. The nurse took his observations and noted that he had a NEWS score of 6. At 9.45pm, a nurse saw Mr Reich and noted that his calves and ankles were swollen and that his fingers

were mottled. Mr Reich agreed to go back to the healthcare wing when a suitable bed became available.

### Events of 7 and 8 February 2019

55. At 11.11am on 7 February, a nurse reviewed Mr Reich who told her that he had not slept well. She took his observations and noted that he had a NEWS score of 6. Mr Reich refused to go to the healthcare wing.
56. At 12.21pm, a prison GP noted that Mr Reich had a chest x-ray which showed fluid around the lungs and a slightly enlarged heart. Mr Reich had blood tests which were sent to the hospital for testing.
57. At 2.00pm, a nurse noted that they discussed Mr Reich at the managers' meeting and that a prison GP would review him if he agreed to see. Healthcare staff persuaded Mr Reich to go to the healthcare wing overnight because the palliative care bed was available. (a nurse told the investigator that there were nine beds in the inpatient unit, two of which were for post-operative care, a palliative care bed, an enhanced observation cell which was gated with a Perspex door and five normal cells.) A nurse noted that Mr Reich had a NEWS score of 6.
58. At 2.41pm, a prison GP saw Mr Reich who told her that his cough and chest pain were better but that he was concerned about his legs. The prison GP noted that he had a fast pulse rate. She increased his dose of furosemide and prescribed antibiotics.
59. At 3.04pm, a nurse assessed Mr Reich. She took his observations and noted a NEWS score of 8. She asked for a urine sample and saw that it contained blood. She planned for him to be monitored and chased the hospital blood test results which were found to be abnormal.
60. At 7.55pm, a prison GP telephoned a nurse and asked for an update because of Mr Reich's high NEWS scores and blood in his urine sample. She asked for Mr Reich to be monitored every hour for three to four hours and said that if his condition remained the same or worsened, he should go to hospital. The nurse telephoned a CM, the night orderly officer, to tell him that Mr Reich may have to go to hospital.
61. At 8.40pm, the nurse saw Mr Reich. He noted a NEWS score of 8 and that his blood oxygen saturation was low (89%). He gave him oxygen and told the CM that he had to go to hospital. At 9.16pm, a healthcare support worker noted that Mr Reich's NEWS score was 13 and that he needed oxygen continuously.
62. At 1.00am on 8 February, the nurse telephoned the out-of-hours GP, and told him about Mr Reich's condition. He said that he should go to hospital.
63. At 2.12am, the nurse increased Mr Reich's oxygen. At 2.40am, prison staff in the control room called for an ambulance. The ambulance service said that the ambulance would take up to two hours. At 2.54am, the nurse told the ambulance service that they needed to prioritise sending an ambulance. At 3.07am, an ambulance arrived and took Mr Reich to hospital.

## Use of restraints

64. Prison staff completed an escort risk assessment. The nurse completed the medical section and did not object to restraints being used. He noted that restraints did not need to be removed for treatment. However, he noted that Mr Reich's medical condition restricted his ability to escape unaided because his legs were swollen which made movement difficult.
65. It was noted on the risk assessment that Mr Reich had historically tried to feign illness to be taken to hospital, that he tried to manipulate staff, that he made inappropriate comments to female members of staff and made them feel uncomfortable and that he potentially misused his medication by passing it to other prisoners.
66. Mr Reich was assessed as a high risk to the public, a medium risk to hospital staff, a medium risk of escape and a specific and general risk to prison staff.
67. The Acting Head of the Separation Centre, decided that a supervising officer (SO) and two officers should escort Mr Reich to hospital, that he should wear a two-piece Category A suit (a two-toned yellow and green top and bottoms) and that he should be restrained with a single cuff and 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) because of his reduced mobility and use of a wheelchair. The Acting Head of the Separation Centre noted that the restraints should be no less than an escort chain. An operational manager in the Category A Team in the Long-Term and High Security (LTHS) Prisons Group, approved the level of restraints.
68. Hospital staff said that Mr Reich should remain in hospital. At 8.00pm that day, the single cuff was removed from Mr Reich and escort officers reduced the level of restraints to an escort chain in line with the risk assessment which said that restraints must remain in place at 'no less than an escort chain' if he remained in hospital.
69. Prison healthcare staff remained in contact with hospital staff and obtained updates about Mr Reich's condition and treatment.
70. On 15 February, prison staff reviewed the level of Mr Reich's restraints and the Head of Security, noted that Mr Reich should continue to be restrained at all times, with at least an escort chain. He said that if a hospital consultant asked for the escort chain to be removed for treatment or recovery, the duty governor had to be informed so that the LTHS Director could be informed.
71. At 8.45pm on 21 February, a Supervising Officer was at the hospital with two officers, when Mr Reich's condition suddenly worsened and he stopped breathing. An officer removed the escort chain, hospital staff resuscitated and stabilised him. They moved him to the intensive care unit but at 12.44am, he died.

## Contact with Mr Reich's family

72. On 21 February, the Head of Residence, appointed the Head of Business Assurance, as the family liaison officer (FLO) and a CM as the deputy family liaison officer. The FLO said that a family liaison officer had not been appointed

sooner because Mr Reich was not listed on the palliative care register or the healthcare complex care register and he was expected to return to Frankland.

73. After Mr Reich died, the FLO spoke to family liaison officers at HMP Grendon, HMP Springhill and HMP Bullingdon to ask if they could tell Mr Reich's friend, his nominated next of kin, that he had died. No one was available to do so.
74. Because time had passed since Mr Reich died, the FLO said that they had to telephone the next of kin. At 12.00pm, the Head of Diversity and Safer Custody, telephoned Mr Reich's daughter, told her that he had died and offered his condolences. At 12.30pm, the FLO telephoned Mr Reich's friend and offered her condolences. She then telephoned Mr Reich's daughter and offered her condolences.
75. The FLO remained in contact with Mr Reich's daughter, who visited Frankland, and with Mr Reich's friend. Mr Reich's funeral took place on 15 April. The prison contributed to its cost in line with national instructions.

### **Support for prisoners and staff**

76. After Mr Reich's death, the Head of Residence, debriefed the staff who were at the hospital to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
77. The prison posted notices informing other prisoners of Mr Reich'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 Reich's death.

### **Post-mortem report**

78. A post-mortem examination established that Mr Reich died of congestive cardiac failure (heart failure) and bronchopneumonia. Mr Reich also had hypertensive heart disease (high blood pressure) which contributed to but did not cause his death.

# Findings

## Clinical care

79. The clinical reviewer found that the care that Mr Reich received at Frankland was not equivalent to that which he could have expected to receive in the community. However, the clinical reviewer said that investigations and tests were completed in a timely manner.
80. The clinical reviewer said that healthcare staff made every effort to engage with Mr Reich about his treatment and to ensure that he understood the potential consequences of his decisions. Healthcare staff ensured that Mr Reich had the mental capacity to understand the decisions that he made. However, he did not always follow medical advice. A nurse said that in the months before his death, Mr Reich refused to have treatment or to be admitted to the healthcare unit for monitoring and discharged himself from the healthcare unit on at least eight occasions. This made it difficult to manage Mr Reich's health because when his health deteriorated, healthcare staff could not monitor him closely as he was not living in the healthcare unit.
81. Mr Reich was taking gabapentin for nerve pain. Because he had side effects from taking the drug (low blood pressure), a prison GP said that she wanted to reduce his dose and try a different drug. Mr Reich became upset with her and stopped taking all his medication – not just his gabapentin. He refused to have further contact with a prison GP. The clinical reviewer said that the prison GP acted in Mr Reich's best interests, offered alternative solutions and explained the rationale for her decisions. Healthcare staff frequently spoke to Mr Reich about his medication but he declined to engage.
82. The clinical reviewer said that from 12 January to 8 February 2019, healthcare staff did not monitor Mr Reich's vital signs or escalate his care to senior medical staff or the hospital in line with the NEWS guidelines.
83. The Head of Healthcare, said that he had begun to implement changes to bring the response of healthcare staff to NEWS scores in line with the NEWS guidelines. Since Mr Reich's death, all healthcare staff have completed a mandatory NEWS e-learning course, NEWS scoring cards have been laminated, displayed and are carried by healthcare staff at all times. A nurse said that Frankland now complete random audits of prisoners' NEWS scores and the action healthcare staff take as a result.
84. It is important that these changes are embedded. We therefore make the following recommendation:

**The Head of Healthcare should provide the Ombudsman with an account of the action he has taken to ensure healthcare staff are following NEWS guidelines in response to NEWS scores.**

## Events of 7 and 8 February 2019

85. A nurse said that when he saw Mr Reich's blood test results, he told the CM that Mr Reich may have to go to hospital and that he continued to update him about

his condition and that the CM kept him updated about the progress of organising the Category A escort. The nurse said that when he was told the ambulance was going to take two hours before it arrived, he immediately told the control room that an emergency response was needed.

86. The CM said that the nurse told him at 8.00pm, that Mr Reich may have to go to hospital during the night depending on his condition. He said that he opened Mr Reich's cell door every hour for nursing staff to see him. As soon as the nurse said that Mr Reich had to go to hospital, the CM said that he asked control room staff to telephone the Acting Head of the Separation Centre.
87. The Acting Head of the Separation Centre, said that as soon as she was told that Mr Reich needed to go to hospital, she immediately telephoned the out-of-hours Category A Team manager for permission for him to go to hospital, the standard procedure for a Category A prisoner who has to go to hospital during night state.
88. We are satisfied that Mr Reich's transfer to hospital was handled appropriately.

### **Restraints**

89. 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.
90. 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.
91. Prison staff completed the escort risk assessment appropriately on 8 February before Mr Reich went to hospital. They considered all the available information, including reviewing his risk and assessing his medical condition. This included balancing the fact that Mr Reich posed a medium to high risk and was a Category A prisoner against his reduced mobility and his heart failure symptoms.
92. We consider that in these circumstances the decision to restrain Mr Reich on his way to hospital with a single cuff and an escort chain was a reasonable one. When the hospital decided that he should be admitted, staff appropriately and promptly reduced Mr Reich's level of restraint to an escort chain. On 15 February, the Head of Security again reviewed the level of restraint. We consider that it was reasonable that the escort chain remained in place because Mr Reich remained a Category A prisoner and his health condition remained the same.

93. We are satisfied that when Mr Reich's health suddenly deteriorated in hospital on 21 February, escort officers removed the escort chain and that he was not restrained when he died.

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