

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Geoffrey Carter, a prisoner at HMP Bedford, on 28 April 2020

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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Summary

1. 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.
2. 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.
3. Mr Geoffrey Carter died in Bedford Hospital of a coronavirus-related illness on 28 April 2020, while a prisoner of HMP Bedford. He was 74 years old. I offer my condolences to Mr Carter's family and friends.
4. Mr Carter probably contracted coronavirus in hospital, rather than in prison. The clinical reviewer concluded that the clinical care Mr Carter received at HMP Bedford was equivalent to that which he could have expected to receive in the community. She made three recommendations. These concern aspects of Mr Carter's healthcare not related to the circumstances of his death, and we do not repeat them here. The Head of Healthcare will nonetheless wish to address them.

The Investigation Process

5. NHS England commissioned an independent clinical reviewer to review Mr Carter's clinical care at the prison.
6. The PPO investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for his hospital escorts, liaison with Mr Carter's next of kin and whether compassionate release was considered. We do not make any recommendations in relation to these areas.
7. We informed HM Coroner for Bedfordshire and Luton of the investigation. She confirmed the cause of death. We have sent the Coroner a copy of this report.
8. The Ombudsman's family liaison officer contacted Mr Carter's daughter to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Carter's daughter asked what procedures were put in place at the prison to protect her father from COVID-19. Mr Carter's daughter received a copy of the initial report, and did not have any further comments.

Background Information

HMP Bedford

9. HMP Bedford is a local prison holding about 500 men. Northants Healthcare NHS Foundation Trust provide all healthcare services. There is an inpatient unit with nine cells and a four-bed dormitory.

Previous deaths at HMP Bedford

10. Mr Carter was the second prisoner at HMP Bedford to die of natural causes since 2017. There have since been two apparently self-inflicted deaths. There are no similarities between our findings in the investigation into Mr Carter's death and our investigation findings for the previous deaths.
11. There have been no other COVID-19 related deaths at Bedford.

COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, or sneezes. The first reported case of COVID-19 in the UK was in February 2020. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
13. COVID-19 can make anyone seriously ill, but the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable); and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant; have a severe lung condition; or are having certain types of treatment for cancer; or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70; people with a lung condition; or a chronic medical condition, such as diabetes, heart, liver, lung, or chronic kidney disease; or those who are very obese (this list is not exhaustive).
14. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23 March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).

Key Events

15. On 16 March 2017, Mr Geoffrey Carter was remanded in custody for sexual offences. This was his first time in prison. On 24 March he was sentenced to 15 years imprisonment.
16. Mr Carter had a history of diabetes and epilepsy. He had previously had cancer, heart and kidney problems, and had suffered a stroke. He had reduced mobility, and sometimes used a wheelchair or a Zimmer frame to move around the wing.
17. On 23 November 2019, Mr Carter went from HMP Littlehey to hospital where he was diagnosed with heart failure and pneumonia. He remained in hospital until 23 December. He was assessed as needing more care than was available in Littlehey, so, on 28 December, Mr Carter moved to HMP Bedford and was allocated a single cell in the healthcare unit.
18. Mr Carter was admitted to hospital four times between January and March 2020 because he had a kidney infection and, latterly, breathing difficulties. On 11 March, he was given an echocardiogram, and remained in hospital until 17 March.
19. On 10 April, Mr Carter needed to have his catheter refitted. He was taken to hospital and returned the same day.
20. On 15 April, Mr Carter's health began to decline. He was frail, with low blood pressure and apparent poor kidney function. Mr Carter was taken to hospital by ambulance. He was accompanied by two prison officers, but was not restrained.
21. The hospital's letter of admission recorded that Mr Carter had no coronavirus symptoms. His chest was clear and, other than his low blood pressure, all other medical observations were normal. On 22 April, a doctor told officers that Mr Carter had had two COVID-19 swabs, both negative.
22. Mr Carter remained in hospital, but his health deteriorated. On 23 April, the prison's family liaison officer asked Mr Carter if he wanted to tell anybody that he was in hospital. He asked her to contact his daughter, but he had not been in touch with her for some time and had no contact details. She eventually traced Mr Carter's daughter and facilitated contact between them.
23. On 25 April, there was a note on Mr Carter's medical record indicating that escorting officers had been told by a doctor that that Mr Carter had COVID-19. The doctor told the officers that it was likely to have been contracted in hospital.
24. On 26 April, staff at the hospital told Bedford's Nurse Manager that Mr Carter had acute kidney injury and possibly COVID-19. Mr Carter, however, refused a test for COVID-19.
25. Mr Carter's condition continued to deteriorate. He died on 28 April at 4.30pm. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Carter's cause of death as COVID-19 pneumonia, with underlying congestive cardiac failure, acute kidney injury which contributed to but did not cause his death.

Findings

Clinical Findings

26. Mr Carter had several health conditions including diabetes, kidney disease, and heart disease. He had had a stroke, cancer and epilepsy. The clinical reviewer considered that the standard of care he received at Bedford was equivalent to that which he could have expected to receive in the community. Mr Carter received appropriate medication and his long-term health conditions were properly managed with care plans. The clinical reviewer makes some recommendations that the Head of Healthcare will need to address.

Management of Mr Carter's risk of catching COVID-19

27. On 13 March, the National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance outlined the importance of effective preventative measures and that methodical cleaning would help prevent infection spread. On 24 March, HMPPS issued an instruction, in line with Government advice, to all prisons to introduce social distancing and to implement a restricted regime and support the enforcement of social distancing of two metres for staff and prisoners wherever possible. The most vulnerable prisoners were identified and put into protective isolation.
28. On 31 March HMPPS, in consultation with Public Health England (PHE), issued an order to significantly reduce transfers between prisons and other measures were implemented. These measures were designed to be implemented at local level, depending on the needs of each individual establishment and known as 'compartmentalisation' which included:
- Protective Isolation Units (PIUs): to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation.
 - Shielding Units (SUs): to protect the most vulnerable identified through collaboration with NHS England, with enhanced levels of bio-security including dedicated staff;
 - Reverse Cohorting Units (RCUs): to accommodate new receptions or transfers in for a period of 14 days to detect any emergent infectious cases before entering general population. These units could also accommodate any one returning from hospital.
29. Before leaving prison on 15 April, Mr Carter had been in a single cell on the healthcare unit, and staff wore PPE when they came into contact with him. The hospital recorded that he said he had no symptoms of COVID-19 when he arrived in hospital. On 22 April, escorting prison officers recorded that a doctor told them that Mr Carter had had two negative COVID-19 swabs.
30. On 23 April, as part of the prison's response to COVID-19, a note on Mr Carter's medical file said that he had been identified as a high risk and would require shielding.

31. The investigation found that the prison responded to the national guidance on COVID-19. Mr Carter was identified as a prisoner at high risk and that he should be shielded. By this time, however, he was already in hospital, where it is likely he contracted COVID-19.

Non-Clinical Findings

Compassionate release

32. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months. In addition, End of Custody Temporary Release on licence (ECTR) was introduced in response to the COVID-19 pandemic to enable risk-assessed prisoners, who are within two months of their release date, to be temporarily released from custody, as part of the national approach to managing public services. In deciding which prisoners should be eligible for early release a number of factors have to be taken into account, these include:
- The need to minimise the risk to public protection, so those assessed as a high risk of serious harm or convicted of sexual or violent offences are excluded.
 - The need to maintain public confidence in the justice system, so only those who are already close to release and who have already served at least half of their time in prison are considered
 - The need to comply with Government directions on COVID-19, so only those who have suitable accommodation and whose healthcare needs (including COVID-related ones) can be safely managed on release are eligible.
 - Some groups of prisoners have separate processes governing their release so those serving a recall to custody have been excluded.
33. Mr Carter was not considered for early release under ECTR because of the nature of his offence. On 20 April, an offender manager in the prison began to explore the possibility of Mr Carter applying for compassionate release, but Mr Carter did not have a prognosis. In light of this, we consider it was reasonable that the prison had not secured Mr Carter's release on compassionate grounds before he died.

Sue McAllister CB
Prisons and Probation Ombudsman

October 2020

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