

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Graham Godbeer a prisoner at HMP Dartmoor on 30 March 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 Graham Godbeer died on 30 March 2019 of ischaemic heart disease at HMP Dartmoor. He was 61 years old. I offer my condolences to Mr Godbeer's family and friends.

The investigation found that the standard of care Mr Godbeer received at Dartmoor was equivalent to that he could have expected to receive in the community.

However, I am concerned that in September 2016, while he was a prisoner at HMP Bure, Mr Godbeer was not referred to a doctor after an NHS Health Check found he was at increased risk of developing heart disease. This was a missed opportunity to offer Mr Godbeer treatment to lower his risk of heart disease, but I cannot say whether it would have prevented Mr Godbeer's death.

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 Mc Allister CB
Prisons and Probation Ombudsman

August 2019

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Summary

Events

1. On 2 January 2013, Mr Graham Godbeer was sentenced to 16 years and 7 months in prison for sexual offences.
2. In September 2016, at HMP Bure, Mr Godbeer had an NHS Health Check, which showed his risk of developing heart disease in the next ten years was 20% (QRisk score). He was given advice on diet, exercise and giving up smoking, but was not referred to a GP.
3. On 22 June 2017, Mr Godbeer was moved to HMP Dartmoor.
4. On 27 March 2019, a nurse examined Mr Godbeer at his workplace in the prison, after he vomited and told staff he felt dizzy. His skin was grey and clammy but his clinical observations were normal. He was not in pain or short of breath. The nurse consulted a prison GP, who concluded that Mr Godbeer probably had viral gastroenteritis. Staff returned him to his cell and told him to rest and drink plenty of fluids. Healthcare staff visited him daily.
5. On 30 March, at approximately 9.28am, an officer went to check on Mr Godbeer. He looked inside the cell and saw Mr Godbeer lying on his bed. He was rigid, his feet were swollen and he had blood in and around his mouth. The officer thought he was dead, but immediately called a medical emergency code. Control room staff called an ambulance.
6. A nurse attended promptly and, after examination, confirmed that Mr Godbeer was dead.
7. A post-mortem examination showed that Mr Godbeer died from ischaemic heart disease.

Findings

8. The clinical reviewer considered that the care Mr Godbeer received at Dartmoor was equivalent to that he could have expected to receive in the community.
9. However, the clinical reviewer was concerned that while he was at Bure in 2016, Mr Godbeer had not been referred to a GP when his health check showed he had a 20% chance of developing heart disease in the next 10 years. This was a missed opportunity to offer Mr Godbeer treatment to reduce his risk of heart disease, although the clinical reviewer could not say whether this would have prevented his death.

Recommendations

- The Head of Healthcare at HMP Bure should ensure that QRisk scores of 10% or more are referred to a prison GP so that they can consider treatment to reduce the risk of heart disease and discuss this with the prisoner.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Dartmoor informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
11. The investigator obtained copies of relevant extracts from Mr Godbeer's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Godbeer's clinical care at the prison.
13. We informed HM Coroner for Exeter and Greater Devon District of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
14. One of the Ombudsman's family liaison officers contacted Mr Godbeer's nominated next of kin, his ex-wife, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.
15. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies. An action plan from HMP Bure is annexed to this report.

Background Information

HMP Dartmoor

16. HMP Dartmoor holds up to 640 adult male prisoners. It has six residential wings. Healthcare services are provided by Care UK and mental healthcare is provided by Devon Partnership Trust.

HMP Bure

17. HMP Bure is a medium security prison near Norwich. It holds over 600 men convicted of sexual offences.
18. Care UK took over healthcare services from Virgin Care on 1 April 2019. Healthcare staff are on duty between 8.00am and 7.00pm on weekdays and between 8.00am and 5.30pm at weekends. Six GP clinics, with support of a Nurse Practitioner, are scheduled each week. There is an out-of-hours service which is provided by the NHS 111 service.

HM Inspectorate of Prisons

HMP Dartmoor

19. The most recent inspection of HMP Dartmoor was in August 2017. Inspectors reported that while the availability of primary care assessment was reasonable, it had been affected by staff shortages. It noted that nurses' clinics were often interrupted or cancelled, with nurses having to cover alternative tasks.
20. Inspectors also noted that the standard of monitoring of some patients with long-term conditions had deteriorated since their previous inspection and found cases in which diagnostic tests had not been ordered.
21. However, as in their previous inspection, they noted that there was particularly good support for older prisoners and those with disabilities.

HMP Bure

22. The most recent inspection of HMP Bure was in April 2017. Inspectors reported that the healthcare centre was clean and clinical rooms were fit for purpose. Healthcare equipment was checked and maintained regularly and healthcare staff received intermediate-level resuscitation training. Defibrillators were in place on all residential units, and rotas were arranged to ensure that first aid-trained prison staff were consistently on duty. An appropriate range of primary care services was provided and waiting times were short. Routine GP appointments were available within two days and urgent appointments were facilitated based on clinical need. Long-term conditions and complex health needs were overseen by a GP, who coordinated their approach with healthcare staff.

Independent Monitoring Board

23. 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.

HMP Dartmoor

24. In its latest annual report, for the year to 30 September 2018, the Board was pleased to report that healthcare was generally of a good quality and provided in a timely manner. The Board identified that the increasing number of elderly prisoners with complex health problems caused difficulties for both healthcare and prison staff, with a subsequent increase in hospital escorts.

HMP Bure

25. In its latest annual report, for the year to 31 July 2018, the IMB reported that healthcare staffing levels had improved with less reliance on agency staff. The results of an IMB questionnaire identified the provision of repeat prescriptions and the length of waiting times for an appointment as issues, and these were brought to the attention of the Head of Healthcare. The Board highlighted that HMP Bure has been identified as being the top in the country for over 50s health checks.

Previous deaths at HMP Dartmoor

26. Mr Godbeer was the fifth prisoner to die at HMP Dartmoor since March 2017. Of the previous deaths, three were from natural causes and one was self-inflicted. There has been one death since, which awaits classification. There were no similarities between Mr Godbeer's death and the previous deaths at Dartmoor.

Previous deaths at HMP Bure

27. There were five deaths at HMP Bure between March 2017 and March 2019, all from natural causes. There were no similarities with the death of Mr Godbeer.

Key Events

28. On 2 January 2013, Mr Graham Godbeer was sentenced to 16 years and 7 months in prison for sexual offences.
29. On 27 September 2016, at HMP Bure, Mr Godbeer attended an NHS Health Check with a healthcare assistant. (NHS Health Checks include specific elements including height, weight, family history, smoking status, blood pressure measurement and blood tests for cholesterol levels and blood sugar. From these results the risk of developing heart disease in the next ten years, using an online calculator, can be calculated (QRisk score)).
30. Mr Godbeer told the healthcare assistant that his brother died of a heart attack in his 40s and his mother suffered several heart attacks in her late 60s. The health check results indicated that Mr Godbeer's risk of developing heart disease in the next ten years (QRisk) was 20%. The healthcare assistant advised him of the benefits of exercise, a healthy diet and to stop smoking.
31. On 22 June 2017, Mr Godbeer was moved to HMP Dartmoor. At his initial health screening, Mr Godbeer told a nurse that he had not seen a doctor in several months. He said he had no outstanding hospital appointments and was not taking medication. He did not mention his family history of cardiovascular disease.
32. Mr Godbeer was offered and declined a referral to smoking cessation services. A nurse assessed him as fit for work and for standard cell location.
33. On 27 March 2019 at 4.05pm, at the request of prison staff, a nurse examined Mr Godbeer at his workplace in the prison after he reported vomiting and feeling dizzy. The nurse described Mr Godbeer as grey and clammy. She checked his pulse, blood pressure, temperature, oxygen levels and blood sugar levels and recorded them all as normal. Mr Godbeer vomited three more times but recovered well after each episode. He was not in pain or short of breath.
34. Mr Godbeer could not stand without becoming dizzy and staff returned him to his wing in a wheelchair. Once back on the wing, he walked up five flights of stairs to his cell. The nurse consulted a prison GP, who concluded that Mr Godbeer probably had viral gastroenteritis and advised rest, plenty of fluid and regular observations. Mr Godbeer was confined to his cell for at least 48 hours to prevent the spread of infection.
35. The nurse examined Mr Godbeer again at 4.50pm. His observations were normal and she advised him to sip water and rest.
36. At 11.40am the next day, the nurse examined Mr Godbeer and described his appearance as much improved. She recorded his observations as normal. Mr Godbeer said he had not vomited during the last eight hours. The nurse advised him to continue to rest and to drink water.
37. On 29 March, at 10.48am, a clinical administrative support assistant spoke to Mr Godbeer at his cell door. Mr Godbeer said that he had not vomited since the previous evening. The clinical administrative support assistant told him to alert

staff if he began to feel worse and that healthcare staff would continue to monitor him.

38. On 30 March, at 5.17am, an officer began the roll check on B Wing. He said he shone his torch into every cell to check each prisoner was present. He did not specifically recall checking Mr Godbeer's cell but was confident that he did. He did not notice anything untoward.
39. At 9.20am, an officer started unlocking cells on B Wing. He did not unlock Mr Godbeer's cell because he was still not allowed out. However, shortly before 9.28am, once he had unlocked the other cells, he went to check on Mr Godbeer. He opened the flap on the door of the cell and looked inside.
40. Mr Godbeer was lying on his bed and appeared rigid. His feet were swollen and he had blood in and around his mouth. The officer thought he was dead. He immediately called a Code Blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties) and unlocked and entered the cell. Control room staff called an ambulance.
41. As he entered the cell, the officer was joined by another officer. Mr Godbeer was unresponsive, he did not have a pulse and was not breathing. His body was stiff and cold. There was no chest movement and his stomach was swollen. His feet were purple and red in colour and swollen. The officers were satisfied that he was dead and did not attempt to resuscitate him.
42. Almost immediately the officers were joined by other staff, including a nurse who examined Mr Godbeer and concluded that he was dead. The nurse described Mr Godbeer as unresponsive with old blood around his mouth and blood pooling under his head. His pupils were fixed and dilated and he was not breathing. The skin visible on his neck, shoulders and arms showed signs of lividity (discolouration of the skin due to blood settling and pooling after death). The nurse did not attempt resuscitation but continued to thoroughly examine Mr Godbeer. He was joined by another nurse who also concluded that Mr Godbeer was dead.
43. A first medical responder, and shortly after an ambulance crew, attended but could do nothing other than confirm that Mr Godbeer was dead.

Contact with Mr Godbeer's family

44. On 30 March at 11.00am, the prison appointed the prison chaplain as the family liaison officer (FLO). Mr Godbeer had named one of his three daughters as his next of kin and at 11.30am, two senior prison managers visited her last known address. At the address, they spoke to Mr Godbeer's ex-wife who said that his daughters no longer lived there. She offered to call them and was able to reach two of them on the telephone.
45. Neither daughter was prepared to come back to the address without knowing the reason and so the prison managers told them over the phone that their father had died. They spoke to both girls in person very shortly afterwards and offered their condolences. They did not speak to the third daughter. The daughters agreed that Mr Godbeer's ex-wife should be the point of contact with the prison and the prison managers gave her the FLO's contact details.

46. On 1 April at 11.45am, the FLO contacted Mr Godbeer's ex-wife. He explained his role as the family liaison officer. They discussed funeral arrangements and the FLO explained that the prison would meet reasonable costs.
47. The FLO assisted the family to view Mr Godbeer's body and arranged for his ex-wife, daughters and other family members to visit HMP Dartmoor on 23 April, to view Mr Godbeer's cell and collect some of his of his possessions.
48. Mr Godbeer's funeral was held on 26 April and the prison contributed to the costs in line with Prison Service instructions.

Support for prisoners and staff

49. After Mr Godbeer's death, a senior prison manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
50. The prison posted notices informing other prisoners of Mr Godbeer'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 Godbeer's death.

Post-mortem report

51. The post-mortem report concluded that the cause of Mr Godbeer's death was ischaemic heart disease (insufficient blood flow to the heart caused by narrowing of the blood vessels supplying the heart).

Findings

Clinical care

HMP Dartmoor

52. The clinical reviewer was satisfied that the care Mr Godbeer received at HMP Dartmoor was equivalent to that he could have expected to receive in the community. The clinical reviewer could not say whether Mr Godbeer's symptoms of vomiting and dizziness on 27 March were connected to his death, but he was satisfied that prison healthcare staff responded appropriately.
53. We are satisfied that the decision of prison staff not to try to resuscitate Mr Godbeer was correct, given he was clearly dead when found.

HMP Bure

54. On 27 September 2016, at HMP Bure, Mr Godbeer attended an NHS Health Check. His risk of developing heart disease in the next ten years (QRisk score) was calculated at 20%.
55. In 2014, guidance from the National Institute for Clinical Excellence (NICE) recommended that all those with a 10-year QRisk of 10% or more should be offered medication to lower cholesterol levels. There is nothing in Mr Godbeer's medical record to indicate that his Health Check results or his QRisk was considered by a GP or that medication was discussed.
56. The Health Check consultation is recorded in Mr Godbeer's medical record using a template and includes the phrase '*Referral to Nurse Practitioner- declined*'. While it is possible that this relates to Mr Godbeer's raised QRisk, it is far from clear. In any event, there is no record that Mr Godbeer's QRisk score was reviewed by a GP or that medication to lower his risk of heart disease was considered and discussed with Mr Godbeer.
57. We do not know whether Mr Godbeer would have opted to take medication to lower his risk of heart disease even if it had been offered, or if this would have had any impact on the outcome for him. Nevertheless, a referral to a GP should have been made, based on Mr Godbeer's QRisk score. We therefore make the following recommendation:

The Head of Healthcare at HMP Bure should ensure that QRisk scores of 10% or more are referred to a prison GP so that they can consider treatment to reduce the risk of heart disease and discuss this with the prisoner.

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