

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Bharat Suchak a prisoner at HMP Leicester on 9 February 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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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 Bharat Suchak died of chronic obstructive pulmonary disease (COPD) in hospital on 9 February 2020, while a prisoner at HMP Leicester. He was 66 years old. I offer my condolences to Mr Suchak's family and friends.

Mr Suchak had been diagnosed with chronic obstructive pulmonary disease (COPD) and asthma before he entered prison and had had regular admissions to hospital to receive treatment for these conditions. Comprehensive care plans were put in place at Leicester to manage those conditions and he was seen regularly by both prison healthcare and hospital staff.

The clinical reviewer was satisfied that Mr Suchak received a good standard of care at Leicester, at least equivalent to that which he could have expected to receive in the community.

I have made no recommendations.

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**

**December 2020**

## **Contents**

Summary .....	1
The Investigation Process .....	2
Background Information .....	3
Key Events .....	4
Findings.....	7

# Summary

## Events

1. On 13 June 2019, Mr Bharat Suchak was sentenced to three years and nine months in prison for fraud. He was sent to HMP Leicester.
2. During his initial healthscreen, a prison nurse noted that he had chronic obstructive pulmonary disease (COPD), for which he had required regular admissions to hospital prior to being sent to prison. The nurse also noted that Mr Suchak appeared to be malnourished. Comprehensive careplans were set up to manage his conditions and Mr Suchak was regularly reviewed by both prison healthcare and hospital staff.
3. In July, he was admitted to hospital for two days after prison healthcare staff diagnosed an exacerbation (flare up) of his COPD.
4. On 2 January 2020, a prison nurse noted Mr Suchak was extremely short of breath and that his oxygen saturation level was low. She diagnosed an exacerbation of his COPD and arranged for him to go to hospital.
5. Mr Suchak was taken to hospital by emergency ambulance. Hospital staff confirmed a diagnosis of an exacerbation of COPD, and he was admitted as an inpatient.
6. At 7.10am on 9 February, the prison officer accompanying Mr Suchak noted he was struggling to breathe and was in a distressed state. He alerted hospital staff who considered Mr Suchak may have suffered a heart attack. He was sedated and placed on a ventilator to help him breathe. However, his condition continued to deteriorate and 8.02am Mr Suchak died. A hospital doctor confirmed his death at 8.30am.

## Findings

7. The clinical reviewer concluded that the care given to Mr Suchak while he was at Leicester was of a good standard and at least equivalent to that which he could have expected to receive in the community. We agree and make no recommendations.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Leicester informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Suchak's prison and medical records.
10. NHS England commissioned an independent clinical reviewer to review Mr Suchak's clinical care at the prison.
11. We informed HM Coroner for Leicester City and South Leicestershire of the investigation. The coroner provided us with the cause of death. We have sent the coroner a copy of this report.
12. We wrote to Mr Suchak's next of kin to explain the investigation and to ask if she had any matters, she wanted the investigation to consider. She did not respond.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

# Background Information

## HMP Leicester

14. HMP Leicester is a local prison that holds 350 men. The prison serves the courts of Leicestershire, Derbyshire, Northamptonshire and Nottinghamshire. Nottinghamshire Healthcare NHS Foundation Trust provides healthcare services at the prison.

## HM Inspectorate of Prisons

15. HM Inspectorate of Prisons (HMIP) carried out an unannounced inspection of Leicester in January 2018. Inspectors noted there had been significant improvement across many areas since their last inspection in 2015. They reported that staff were far more visible, and the relationships they observed with prisoners were more confident, friendly and supportive. HMIP congratulated the Governor and staff at the prison for the progress made.
16. Inspectors also noted that healthcare services at the prison had improved. However, they were concerned that clinical records did not always contain a mental health care plan, or report regular nursing reviews. Inspectors also noted that there were a number of vacancies across the healthcare department, which were covered by agency staff. However, they considered the agency staff were professional, caring and well-integrated into the team.

## Independent Monitoring Board

17. 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 ending 31 January 2019, the IMB reported that the transfer of services from Leicester Partnership NHS trust to Nottinghamshire NHS Foundation Trust, had been achieved smoothly and were pleased to note that experienced staff had been retained, including nurse managers. The Board considered the healthcare team were a cohesive and well organised team, who were fully integrated into essential establishment meetings.
18. The Board noted 24-hour medical provision continued for both routine and urgent care and that GP surgeries were available to prisoners on four weekdays and an emergency session at the weekends. In addition, the GP clinics were supplemented by an Advanced Nurse Practitioner.

## Previous deaths at HMP Leicester

19. Mr Suchak was the sixth prisoner to die at Leicester since February 2018. Three of the previous deaths were self-inflicted, one was drug-related, and one was due to natural causes. There were no similarities between our findings in this case and the previous cases. There has been one death from natural causes since. This is still being investigated.

## Key Events

20. On 13 June 2019, Mr Bharat Suchak was sentenced to three years and nine months in prison for fraud. He was sent to HMP Leicester.
21. During his initial health screen, a nurse noted Mr Suchak had been previously diagnosed with chronic obstructive pulmonary disease (COPD), for which he had had regular admissions to hospital prior to being sent to prison and had been prescribed steroid inhalers by the respiratory team at Glenfield Hospital, Leicester. He had also been previously diagnosed with high cholesterol and asthma and had stopped smoking in January 2019. The nurse also noted that Mr Suchak appeared to be malnourished. His prescribed medications were reviewed and careplans created to manage his pre-existing conditions.
22. He was seen by a prison GP the following day. The GP also noted that Mr Suchak appeared to be malnourished. She prescribed him Fortisip dietary supplements. She also made a referral to Glenfield Hospital respiratory team, to ensure continuity of care.

### July 2019

23. On 9 July, Mr Suchak was seen by another prison GP. She noted that despite using his inhalers, he was extremely short of breath. She took his observations (clinical observations check a patient's breathing, pulse, temperature, blood pressure and oxygen levels to give an indicator of their physical condition) and noted that his oxygen saturation level was 96% (a level of between 95-100% is considered to be normal). She told him to alert healthcare staff if his condition deteriorated.
24. Later the same day, a nurse saw Mr Suchak. She noted that he appeared to be pale, generally unwell, unable to speak in sentences and was short of breath. His oxygen saturation level was 92% and he was producing yellow phlegm when he coughed. She used oxygen therapy and a salbutamol nebuliser (to open the airways) and his oxygen saturation level improved to 96%. However, despite that improvement, the nurse considered that he needed to go to hospital. He was taken to Glenfield Hospital by emergency ambulance.
25. Hospital staff diagnosed Mr Suchak with an exacerbation (flare up) of his COPD and he was admitted as an inpatient. He was given antibiotics and oxygen therapy. His condition improved and he was discharged back to Leicester on 11 July.
26. Over the months that followed, Mr Suchak was seen regularly reviewed by both prison healthcare, and hospital staff. His careplans were regularly updated and his prescribed medications reviewed.

### January 2020

27. On 2 January 2020, a nurse saw Mr Suchak. She noted he was extremely short of breath, his condition had deteriorated and he appeared to be extremely frail.

She also noted signs of cyanosis in his fingers and lips (a blue discolouration to the skin caused by a lack of oxygen in the body). His oxygen saturation level was low (89%). She used oxygen therapy and a salbutamol nebuliser, and his oxygen saturation level began to improve. However, as soon as she stopped the treatment, his oxygen levels returned to dangerously low levels. She diagnosed him with an exacerbation of his COPD and considered that he needed to go to hospital. He was taken to Glenfield Hospital by emergency ambulance.

28. Hospital staff diagnosed him as suffering from an exacerbation of COPD. He was given oxygen therapy and intravenous antibiotics and he was admitted as an inpatient. Prison healthcare staff stayed in contact with hospital staff for regular updates on his condition.
29. On 9 January, despite continuing to receive active treatment, Mr Suchak told hospital staff that he wanted to sign a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order, which meant that if he stopped breathing he did not wish to be resuscitated.
30. On 15 January, hospital staff told healthcare staff that although Mr Suchak's condition was not considered to be terminal, his condition was serious and could deteriorate further at any time.
31. At 7.10am on 9 February, the prison officer accompanying Mr Suchak noted he was struggling to breathe and was in a distressed state. He alerted hospital staff who considered Mr Suchak may have suffered a heart attack. He was sedated and placed on a ventilator to help him breathe. However, his condition continued to deteriorate, and he died at 8.02am. A hospital doctor confirmed his death at 8.30am.

### **Cause of death**

32. The coroner accepted the cause of death as chronic obstructive pulmonary disease.

### **Contact with Mr Suchak's family**

33. On 8 January 2020, a prison officer was appointed by the prison to act as Family Liaison Officer (FLO). She met with Mr Suchak's wife, his nominated next of kin, at Glenfield Hospital to introduce herself. She remained in regular contact with Mr Suchak's family offering them support.
34. At 10.20am on 9 February, following Mr Suchak's death, the FLO telephoned his wife to offer her support. The following day, she visited Mr Suchak's wife at her home to offer her and her family support, and to answer any questions they may have. She remained in regular contact with Mr Suchak's wife.
35. Mr Suchak's funeral was held on 14 February 2020. Representatives from the prison attended and in line with national guidance, the prison offered a financial contribution to his funeral.

## Support for prisoners and staff

36. The prison posted notices informing other prisoners of Mr Suchak'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 his death.
37. After Mr Suchak's death, a senior manager at the prison debriefed the staff who were involved giving them the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

# Findings

## Clinical care

38. The clinical reviewer said that Mr Suchak entered prison with a pre-existing diagnosis of chronic obstructive pulmonary disease (COPD) and asthma, and had been admitted to hospital as an inpatient for treatment of his COPD on a number of occasions in the community.
39. The clinical reviewer said that both of those long-term conditions are complex to manage in a custodial environment. However, she considered that Mr Suchak received a good standard of care while at Leicester. Comprehensive careplans were put in place to manage his COPD and asthma and timely referrals were made to secondary care providers where appropriate.
40. The clinical reviewer concluded that the standard of care Mr Suchak received at Leicester was at least equivalent to that which he could have expected to receive in the community. We agree.

## Restraints, security and escorts

41. When prisoners must travel outside the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this must be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk considering factors such as the prisoner's health and mobility.
42. During his final admission to hospital on 2 January, Mr Suchak was accompanied by a single prison officer and was not restrained. We are satisfied that this was appropriate.



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