

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr John Bromfield, a prisoner at HMP Long Lartin, on 14 February 2021

**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. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr John Bromfield died in hospital on 14 February 2021, while a prisoner at HMP Long Lartin. He was 53 years old. The cause of Mr Bromfield's death was COVID-19 pneumonitis. I offer my condolences to his family and friends.
4. In spite of the infection prevention measures in place at Long Lartin, Mr Bromfield appears to have contracted COVID-19 at the prison, as he had not left for any reason. The clinical reviewer concluded that his clinical care at Long Lartin was equivalent to that he could have expected to receive in the community. She made no recommendations.
5. We are concerned that restraints were used while Mr Bromfield was in a very poor condition in hospital and were not removed until he was admitted to the intensive care unit and after he was sedated. There was also a significant delay in informing his next of kin that he was seriously ill.

## Recommendations

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that, in all cases:
  - healthcare staff complete the medical information section of the escort risk assessment to say whether the prisoner's current medical condition affects their mobility and risk of escape; and
  - authorising managers show that they have taken this information into account when assessing a prisoner's current level of risk.
- The Governor should ensure that if a prisoner is suspected of contracting COVID-19, he is given the opportunity for someone to be notified.
- The Governor should ensure, in line with Prison Rule 22, that a prisoner's next of kin is informed promptly if he becomes seriously ill.

## The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Bromfield's clinical care at HMP Long Lartin.
7. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Bromfield's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
8. The Ombudsman's family liaison officer wrote to Mr Bromfield's next of kin, his sister, to explain the investigation. She did not receive a reply.
9. The initial report was shared with HM Prison and Probation Service (HMPPS). They accepted our recommendations and found no factual inaccuracies. The HMPPS action plan is annexed to this report.

### Previous deaths at HMP Long Lartin

10. Mr Bromfield was the seventh prisoner at Long Lartin to die since February 2019. Two of the previous deaths were from natural causes (including one from COVID-19), two were self-inflicted and two were drug-related. There have since been three deaths (one due to COVID-19). We have previously raised the inappropriate use of restraints and delays in notifying next of kin when a prisoner is seriously ill.

### COVID-19 (coronavirus)

11. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
12. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)
13. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly-arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

14. HM Inspectorate of Prisons carried out a scrutiny visit of Long Lartin in February 2021. Inspectors found that following the outbreak of COVID-19 in December 2020, partnership working between the prison, healthcare provider and Public Health England had been effective, with good communication about the restrictions in place to help prevent the spread of the infection.

## Key Events

15. Mr John Bromfield was convicted of murder and sentenced to life imprisonment on 2 November 1987. He was released on licence in 2013. Mr Bromfield was recalled to prison in June 2014 and, after moving to several prisons, he transferred to HMP Long Lartin on 29 January 2020.
16. Initial and secondary health screens at Long Lartin identified no significant physical health conditions and Mr Bromfield was considered to be fit and well. He received ongoing support from the mental health team.
17. During the COVID-19 pandemic, Mr Bromfield was not considered to be at heightened risk of complications from contracting the virus, so he was not advised to shield.
18. In the middle of December 2020, Long Lartin had an outbreak of COVID-19 and became a red site, which meant that the prison was placed in 'lockdown' and implemented a very basic regime.
19. Mr Bromfield agreed to participate in the prison's mass COVID-19 testing. On 21 December, a swab was taken to be tested and the result was returned as positive the next day. Mr Bromfield was initially asymptomatic but received daily healthcare checks. He engaged in limited regime activities with others in the COVID-19 positive cohort.
20. On 28 December, a wing officer reported to healthcare that Mr Bromfield felt unwell. He had been waiting in the healthcare queue for his medication but felt dizzy and returned to his cell. A nurse assessed Mr Bromfield and added him to the list of symptomatic prisoners for clinical observations the next day.
21. Clinical checks on 29 December showed that Mr Bromfield's blood oxygen saturation levels were very low. Healthcare staff gave him oxygen and requested an emergency ambulance. Paramedics took him to hospital, escorted by a supervising officer and two prison officers (which was later reduced to two officers) in full PPE. Mr Bromfield was double handcuffed for the journey and this was later changed to an escort chain.
22. Healthcare staff contacted the hospital daily and received detailed updates. Mr Bromfield was initially treated with steroids and oxygen through a face mask, but his condition fluctuated. He found it difficult to tolerate the continuous positive airway pressure (CPAP) machine and persistently removed it. (A CPAP machine provides a steady flow of oxygen into the nose and mouth under pressure to help someone breathe normally.) From 4 January, he was under the care of the high dependency unit (HDU).
23. On 13 January, Mr Bromfield moved to the intensive care unit (ITU), where he was sedated and placed on a ventilator. His restraints were then removed. On the same day, the prison informed Mr Bromfield's sister that he was seriously ill in hospital and assigned a family liaison officer. Family members visited the hospital on 31 January.

24. As Mr Bromfield's condition did not improve, the hospital decided to withdraw treatment on 14 February. A doctor informed his sister and she visited before Mr Bromfield's ventilation was removed. Mr Bromfield died at 6.10am on 15 February.
25. Notices were issued to staff and prisoners informing them of Mr Bromfield's death and reminding them of the support mechanisms.
26. The family liaison officer kept in touch with Mr Bromfield's sister to provide support and assist with various arrangements.
27. Mr Bromfield's funeral was held on 16 April. The prison contributed to the funeral expenses, in line with national policy.

### **Cause of death**

28. No post-mortem examination was held as the Coroner accepted the hospital's clinical certification that Mr Bromfield's cause of death was COVID-19 pneumonitis.

# Findings

## Clinical Findings

### *Management of Mr Bromfield's risk and monitoring his COVID-19 infection*

29. Mr Bromfield had no underlying health conditions to suggest that he was at particular risk of complications from COVID-19, so he did not fall within the criteria for shielding. However, like other prisoners, after the outbreak of COVID-19 at Long Lartin, he benefitted from some protection by the imposition of a restricted regime across the prison. This included placing the men in cohorts for basic activities outside their cells, such as exercise and showers.
30. Mr Bromfield had not left Long Lartin for any reason in the weeks leading to his positive diagnosis, so it seems that he contracted COVID-19 within the prison.
31. Healthcare staff reviewed Mr Bromfield appropriately after he tested positive for COVID-19 and quickly sought specialist help when his condition deteriorated. We agree with the clinical reviewer's conclusion that Mr Bromfield's care at Long Lartin was equivalent to that he could have expected to receive in the community.

### **Security risk assessments and the use of restraints**

32. 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.
33. 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 he has 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. These requirements are reflected in Prison Service Instruction (PSI) 33/2015 on external prisoner movements, as well as on the prison's risk assessment form.
34. When Mr Bromfield was taken to hospital on 29 December, the medical section of the initial security risk assessment was not completed. The specific factors of concern section indicated that Mr Bromfield was high risk to public due to his original offence and a low risk on other factors, such as the risk of escape, risk to the public and likelihood of outside assistance. The form noted a risk to staff as he had assaulted a member of staff in May 2019, while under the influence of psychoactive substances (PS). (Entries about this incident in Mr Bromfield's records noted that he had lost consciousness, was later apologetic and that his behaviour was out of character. Most security intelligence reports about him were linked to PS and medication misuse and there had been few in the previous 12 months.)

35. For the journey to hospital, as well as during consultation and assessment, Mr Bromfield was double handcuffed with discretion for single cuffs to be used, “if absolutely necessary to facilitate a medical procedure”. This meant that his hands were cuffed together in front of him and one hand was cuffed to an officer. Subject to the risk assessment, the national COVID-19 external escort policy provides for use of an escort chain in place of the second cuff to preserve social distancing. Although a member of Long Lartin’s security team thought that this had been applied in Mr Bromfield’s case, there was no evidence of this in the escort records.
36. The prison reviewed Mr Bromfield’s risk several times during his hospital stay. The handcuffs appear to have been reduced to an escort chain after he was admitted to a ward. Mr Bromfield moved to the intensive care unit at 4.15pm on 13 January and the restraints were finally removed at 5.30pm, when hospital staff confirmed he had been sedated and was on a ventilator.
37. We acknowledge that Mr Bromfield was relatively young and in good health before contracting COVID-19. However, we are concerned about the continuing use of restraints when he became seriously ill, struggling to tolerate some aspects of his treatment and clearly physically incapacitated by his inability to breathe unaided. It was particularly inappropriate when his condition became acute and life-threatening and he should not have been restrained at any point while he was sedated.
38. We are also concerned that double cuffing unnecessarily placed one of the escort officers at greater risk of contracting COVID-19. We recently raised this issue of restraints with Long Lartin in comparable circumstances and make a similar recommendation:

**The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that, in all cases:**

- **healthcare staff complete the medical information section of the escort risk assessment to say whether the prisoner’s current medical condition affects their mobility and risk of escape; and**
- **authorising managers show that they have taken this information into account when assessing a prisoner’s current level of risk.**

#### **Contacting Mr Bromfield’s next of kin**

39. Prison Rule 22 states that prisons should inform the next of kin immediately if a prisoner becomes seriously ill. In March 2020, this obligation was reinforced in national Prison Service guidance on family liaison and communicating with prisoners’ families during the pandemic. The guidance also states that if a prisoner is suspected of having contracted COVID-19 (a formal diagnosis is not required), they should be given the opportunity to have someone informed.
40. Mr Bromfield tested positive for COVID-19 a week before he went into hospital. There is no evidence that he was given the opportunity for his next of kin to be notified and a further two weeks elapsed before the prison informed them he was

seriously ill, by which time he was sedated. They should have been told much sooner. We recommend:

**The Governor should ensure that if a prisoner is suspected of contracting COVID-19, he is given the opportunity for someone to be notified.**

**The Governor should ensure, in line with Prison Rule 22, that a prisoner's next of kin is informed promptly if he becomes seriously ill.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**November 2021**

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