Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Ms Louise Brown a prisoner at HMP Peterborough on 22 August 2016

A report by the Prisons and Probation Ombudsman

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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*

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.

Ms Louise Brown died at HMP Peterborough on 22 August 2016. She was 44 years old. I offer my condolences to Ms Brown's family and friends.

Ms Brown arrived at Peterborough less than five hours before she was found dead in her cell. My report was delayed by waiting for the results of the post-mortem which gave the cause of death as mixed drug toxicity and asthma.

Ms Brown had a history of substance abuse and had previously been suspected of bringing drugs into prison; as a result she underwent a full (strip) search on arrival at Peterborough. Nonetheless, the post-mortem found a package of heroin concealed internally in her body. However, there is no evidence that Ms Brown took any drugs while in custody.

Ms Brown was not able to be placed on the specialist detoxification and stabilisation unit because it was full. While this was not ideal, there was no evidence that this affected the outcome for Ms Brown. I do not believe that her death was foreseeable and make 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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **November 2017**

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Summary

Events

1. On 21 August 2016, Ms Louise Brown was arrested for failing to attend court. She told police that she had been hit over the head with a tool wrench earlier the same day and they took her to hospital. A doctor found no evidence of skull fracture or neurological damage and discharged Ms Brown with pain killers.

2. On 22 August, Ms Brown was sentenced to seven weeks in prison for theft and failing to attend court. She arrived at HMP Peterborough at about 5.30pm. Ms Brown had a history of intravenous drug use, alcohol dependence, attempted suicide and self-harm, asthma and deep vein thrombosis.

3. Ms Brown underwent a full level 2 search (which involves the removal of clothes, including underwear) but no illicit substances were found. She was not slurring her words or confused during her initial health assessment and appeared settled. The GP prescribed methadone at the high end of the withdrawal scale to cope with severe withdrawal symptoms.

4. CCTV footage shows Ms Brown in reception, and walking from reception to her cell. There is no evidence that she was unwell or that she took any illicit substances or had anything passed to her. The night patrol officer observed Ms Brown sitting on her bed watching television at 8.20pm. At 9.35pm, he noted she appeared to have fallen asleep. CCTV confirms these checks took place.

5. Ms Brown was found unresponsive in her bed at about 10.06pm. Staff and paramedics tried to resuscitate her but she was pronounced dead at 10.50pm.

6. The post-mortem report gave the cause of death as:

   1a Complications arising from mixed drug intoxication

   2 Asthma

7. Toxicology tests showed “relatively recent” use of cocaine, heroin, dihydrocodeine (prescribed by the hospital for Ms Brown’s head injury), methadone and diazepam/other benzodiazepines. In the course of the post mortem, the pathologist found a package of heroin concealed internally in Ms Brown’s body and said it was possible she could have consumed some in custody. We have not seen any evidence that she did so.

Findings

8. In line with national instructions, Ms Brown was appropriately given a full search on arrival at Peterborough because of previous intelligence that she was involved in bringing drugs into prison. Officers did not find any illicit substances during the search. An initial health assessment found that she was suffering symptoms of withdrawal but otherwise she appeared well and her presentation gave no cause for concern.

9. Ms Brown was not in a cell on the specialist detoxification and stabilisation unit because it was full. There is no evidence this affected the outcome for her. We

do not consider, in the circumstances, that the prison could have predicted or prevented Ms Brown's death.

The Investigation Process

10. The investigator issued notices to staff and prisoners at HMP Peterborough informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

11. The investigator visited Peterborough on 9 September 2016. She interviewed four members of staff and one prisoner, and obtained copies of relevant extracts from Ms Brown's prison and medical records. She watched CCTV recordings of Ms Brown's time in Peterborough on 22 August. She spoke to the Head of Healthcare by telephone.

12. NHS England commissioned a clinical reviewer to review Ms Brown's clinical care at the prison.

13. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation, who sent us copies of the post-mortem and toxicology reports. We have sent the coroner a copy of this report.

14. One of the Ombudsman's family liaison officers contacted Ms Brown's daughter, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Ms Brown's daughter and her legal representative received a copy of the initial report. The legal representative did not highlight any factual inaccuracies within the report, but asked questions for clarification. The investigator has provided clarification by way of a phone call and emailed separate correspondence to the solicitor.

Background Information

HMP Peterborough

15. HMP Peterborough is privately operated by Sodexo Justice Services. It holds men and women in separate sides of the prison and has 24-hour healthcare provision. There are about 300 women prisoners. Sodexo Justice Services provides primary care services and Cambridge and Peterborough NHS Foundation Trust provides mental health services.

HM Inspectorate of Prisons

16. The most recent inspection of the women's side of HMP Peterborough was in June 2014. Inspectors found that the standard of healthcare services was variable. Although women could see a GP shortly after arrival, reception and secondary health screenings did not adequately assure inspectors that all health risks were identified. Well Woman services were very good and women prisoners had reasonable access to the nurse triage clinical and GPs, including a female GP.

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 to March 2016, the IMB reported that its greatest concern was whether the prison was adequately staffed and the low morale of officers. Frequent changes to the regime were mainly due to staff shortages and resulted in reduced access for prisoners to showers, telephone calls, social time and planned activities.

Previous deaths at HMP Peterborough

18. Ms Brown was the fourth woman to die of natural causes at Peterborough in 2016. There were no similar issues in our investigations into those deaths.

Key Events

19. On 21 August 2016, Ms Louise Brown was arrested for failing to attend court. She reported a domestic incident that afternoon in which her partner had hit her over the head with a tool wrench. The police took her to hospital.

20. Ms Brown's hospital records show she complained of pain on the right side of her head. She gave a history of intravenous drug use, alcohol dependence, asthma and deep vein thrombosis. A doctor examined her and found no sign of neurological injury or skull fracture. Ms Brown was drowsy but reported drinking alcohol and injecting heroin earlier that day. The hospital discharged her with painkillers and a head injury advice sheet.

21. Ms Brown spent the night in police custody and was remanded to HMP Peterborough the next day. She arrived in reception at about 5.30pm. Her escort record, which accompanied her from court, showed she had a history of attempted suicide and self-harm, substance misuse and alcohol dependence. Ms Brown's health risks were listed as asthma, deep vein thrombosis, bi-polar disorder and depression. Ms Brown told court custody staff that she was suffering symptoms of withdrawal but did not have any intention of hurting herself.

22. Reception officers gave Ms Brown a full level 2 search (previously termed a strip search, which involves the sequential removal of clothes, including underwear) because of intelligence from previous sentences that she was involved in bringing drugs in to the prison. No illicit substances were found.

23. Ms Brown told a healthcare assistant about her head injury at an initial health assessment shortly after 6.00pm. She also said she had used crack cocaine and heroin the day before and reported drinking 210 units of alcohol the previous week. The healthcare assistant said she knew Ms Brown from several previous periods in custody at Peterborough. She said Ms Brown was a very friendly, chatty and pleasant woman and she was no different on 22 August. Ms Brown said she was withdrawing and scored herself eight out of ten on a scale of discomfort. She said she felt nauseous but had not been sick.

24. The healthcare assistant said Ms Brown had a slight bruise on her forehead and told her she had been hit with a wrench. Ms Brown seemed fine and just wanted to be given some methadone to reduce her symptoms of withdrawal. A prison GP was present while the healthcare assistant completed the initial assessment. He said she was yawning, fidgeting and rubbing her arms. She was not slurring her words or confused and appeared settled. He checked her injection sites and found no evidence of infection. He prescribed 20mls of methadone for two days to be increased to 30mls. This dose is at the high end of the withdrawal scale to cope with severe withdrawal symptoms.

25. CCTV showed Ms Brown walking with other new prisoners from reception to the residential wings. She was walking normally and did not appear to be unwell or in any distress. B1 is the integrated drug treatment unit for prisoners undergoing detoxification or stabilisation but this was full. Ms Brown was allocated cell number two on C1 landing, sharing with another prisoner. C1 is the transitional care unit for prisoners with additional needs and at risk prisoners.

26. All prisoners are checked once every hour on their first night in Peterborough. Ms Brown's wing file shows an Operational Support Officer (OSO – the night patrol officer) observed her sitting on the bed watching television at 8.20pm. At 9.35pm he noted she appeared to have fallen asleep. CCTV confirms these checks took place. He was on sick leave at the time of the investigation and was not interviewed.

27. Ms Brown's cellmate said she met Ms Brown in reception. Ms Brown was "rattling" and appeared drowsy and tired. She did not think she vomited but (contrary to the evidence of the CCTV footage) said Ms Brown could not walk properly and her property was put on a trolley for her. When they got to B1, Ms Brown sat on the floor. They were told there was no more room and taken to C1 and put in a cell together.

28. The cellmate said they both made their beds up and chatted a bit. Ms Brown went straight to bed on the lower bunk. They did not get undressed as they knew they had to get up for their medication later. She made Ms Brown a cup of coffee and got on to the top bunk. She said they did not talk after Ms Brown went to bed but she could see Ms Brown's foot moving. She also heard Ms Brown make a noise like she was taking something out of her mouth. She thought she might have had false teeth.

29. The cellmate remembered a male officer checking them twice. She said she was withdrawing from drugs as well and felt too ill to watch the television. Another officer knocked on the door to say it was time for their methadone. She said she called out to Ms Brown, but she did not respond. She got off the bed and shook her but got no response.

30. A PCO said he opened cell C1/02 and called out "methadone ladies". The woman on the top bunk (the cellmate) got up immediately and said "good, I thought you weren't coming". He said the woman in the bottom bunk (Ms Brown, who he recognised from a previous sentence) was lying in bed covered by her duvet with her right arm sticking out and her mouth open. He said she looked very grey. He tried to wake Ms Brown by shaking her. He said her skin felt clammy and cold. He could not find a pulse and could not see her chest moving. He told the cellmate to wait outside the cell and radioed a code blue emergency, indicating that someone is unconscious or having trouble breathing. CCTV does not give a clear view of Ms Brown's cell because the camera is situated on the landing above. It appears that the PCO arrived at Ms Brown's cell at 10.06 or 10.07pm. The ambulance records show the emergency call was received at 10.07pm.

31. The OSO joined the PCO from the landing above and they lifted Ms Brown on to the floor. They started cardio-pulmonary resuscitation. A Nurse locked the controlled medications away and then went to Ms Brown's cell, followed shortly by the night orderly officers (the officers in charge of running the prison at night) and the nurse on duty on the male side of the prison.

32. The PCO collected a bag of emergency equipment containing oxygen cylinders and the defibrillator from the central hub close by. The nurse said Ms Brown was obviously dead. The defibrillator advised continuing CPR, which they did until paramedics arrived and took over. CCTV and the ambulance records show that

the paramedics arrived at Ms Brown's cell at 10.19pm. The paramedics pronounced Ms Brown dead at 10.50pm.

33. The cellmate said the staff tried to resuscitate Ms Brown for over an hour and she thought they had done everything they could. She said after she had been moved into another cell an officer kept coming to her door to check she was alright and kept her updated about what was happening.

Contact with Ms Brown's family

34. An operational manager was appointed family liaison officer. Ms Brown had listed her sister as her next of kin, but the police informed them that her current whereabouts were unknown. The prison decided to telephone Ms Brown's daughter, and made several attempts to contact her before eventually breaking the news at lunchtime on 23 August. The prison contributed to the cost of the funeral in line with national policy.

Support for prisoners and staff

35. After Ms Brown's death, the deputy director and the duty governor 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.

36. The prison posted notices informing other prisoners of Ms Brown's death the next day and reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected.

Post-mortem report

37. The post-mortem report gave the cause of death as:

    1a Complications arising from mixed drug intoxication

    2 Asthma

38. Toxicology tests showed "relatively recent" use of cocaine, heroin, dihydrocodeine (prescribed by the hospital for Ms Brown's head injury), methadone and diazepam/other benzodiazepines. The pathologist found a package of heroin concealed internally in Ms Brown's body which could have been consumed while in custody. The pathologist concluded that "at least on the balance of probabilities, death has arisen from the combined effects of mixed drug intoxication".

Findings

Substance Misuse

39. Ms Brown was known to staff in Peterborough from several previous sentences and her file contained intelligence that she had been involved in bringing drugs into the prison. Accordingly, she underwent a full search line with Prison Service Instruction (PSI) 67/2011 (which was in force on 22 August 2016). A full level 2 intelligence led search on female prisoners involves the removal of clothes including underwear but, rightly, does not involve an internal search. We consider Peterborough took reasonable steps in the circumstances to assure themselves that Ms Brown had not brought drugs in with her. The pathologist found heroin concealed internally in her body but we have seen no evidence that she took any of this while in custody.

40. Ms Brown was suffering symptoms of withdrawal but otherwise appeared well. She was appropriately prescribed methadone at the level to manage severe withdrawal. CCTV evidence supports the observations of staff that Ms Brown's presentation gave no cause for concern.

Ms Brown's location on C1

41. PSI 7/2015 which covers early days in custody says all prisoners requiring detoxification from the effects of drugs or alcohol must be referred to the appropriate specialist unit or staff. Peterborough takes women from the courts and we accept that population pressure sometimes means the specialist detoxification unit becomes full, as was the case when Ms Brown arrived on 22 August. Given the shortness of time Ms Brown spent in Peterborough, the unexpected nature of her death and the fact that all new receptions receive the same number of checks on their first night, we do not consider that location on B1 would have changed the outcome for Ms Brown.

42. We do not consider that Peterborough could have predicted or prevented Ms Brown's death.

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