Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr John Roke, a prisoner at HMP Gartree, on 12 December 2021

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

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 Roke died of COVID-19 pneumonitis on 12 December 2021 while a prisoner at HMP Gartree. He was 70 years old. I offer my condolences to his family and friends.

4. The clinical reviewer concluded that the care Mr Roke received at HMP Gartree was of a satisfactory standard and equivalent to that which he could have expected to receive in the community. She made several recommendations about aspects of Mr Roke's care in relation to secondary health screens, prescribed medications and escort risk assessments. We repeat some of the recommendations below.

5. We are concerned that prison staff used an escort chain when Mr Roke was taken to hospital on 2 December despite his breathing difficulties and suspected stroke, that he was a category C prisoner accompanied by two prison officers and that handcuffing him placed an escort officer at greater risk of infection.

Recommendations

- The Head of Healthcare at HMP Gartree should ensure that second stage health assessments and medicine reconciliation assessments are completed for every prisoner in accordance with NICE guideline [NG57].

- The Governor and Head of Healthcare should ensure that:

    - all staff undertaking and reviewing risk assessments for prisoners admitted to hospital understand the legal position on the use of restraints; and

    - healthcare staff always 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.

- The Governor should share this report with the manager who authorised the restraints and discuss the Ombudsman's findings with them.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Roke's clinical care at HMP Gartree.

7. The PPO investigator has investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Roke's location, the security arrangements for his hospital escorts and liaison with his family.

8. We wrote to Mr Roke's next of kin, his sister, to explain the investigation. She did not respond to our letter.

9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at Gartree

10. Mr Roke was the ninth prisoner to die at Gartree since December 2019. Of the previous deaths, five were from natural causes (one of which was COVID-19 related) and three were self-inflicted. There have been three further deaths since Mr Roke's death, all of which were related to COVID-19.

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).

Key Events

14. On 23 June 1994, Mr John Roke was remanded to HMP Lincoln charged with murder. In March 1995, he was sentenced to life imprisonment with a minimum tariff of 12 years. On 16 March 2017, he transferred to HMP Gartree.

15. Mr Roke had a number of pre-existing medical conditions, including a prolapsed disc in his spine, high blood pressure and type 2 diabetes. Healthcare staff created care plans to manage his conditions and social carers provided additional support three times a day due to his poor mobility. He was also referred to the prison's mental health in reach team (MHIRT).

16. Mr Roke continued to receive regular input and support from healthcare staff, MHIRT and social care staff over the years that followed. In May 2019, he was diagnosed with left ventricular systolic dysfunction (a condition caused by coronary artery disease, hypertension or valvular heart disease).

17. In December, Mr Roke was admitted to hospital as an inpatient for a double coronary bypass graft. He remained in hospital until 20 December. Prison healthcare staff updated his care plans.

18. In March 2020, restrictions began to be imposed in response to the COVID-19 pandemic. On 23 March, a national lockdown was imposed. Prison regimes were severely curtailed and face-to-face services were reduced or stopped.

2021

19. On 26 February 2021, Mr Roke received his first dose of the COVID-19 vaccination. He received his second dose on 28 April.

20. On 29 November, a nurse was assisting Mr Roke with his daily tasks. She noted that his condition had deteriorated over the last three days. She gave him a COVID-19 test and referred him to a prison GP. She started a COVID-19 care plan while she waited for the result.

21. On 2 December, the COVID-19 test result came back positive. Mr Roke was instructed to self-isolate in his cell. Healthcare staff and prison staff completed regular welfare checks. A nurse noted that Mr Roke's condition had deteriorated. She raised her concerns with the prison GP.

22. The prison GP took a note of Mr Roke's observations, and they were abnormal. She also noted that there was a crackling sound in his chest, he had poor coordination, his speech was slurred, and he had limited facial movement. She considered that he may have had a stroke and sent him to hospital by emergency ambulance. Two prison officers escorted him to hospital and restrained him using an escort chain (a length of chain with a single handcuff at each end).

23. Mr Roke was admitted to hospital as an inpatient. He was moved to the hospital's COVID-19 suite. The escort officers removed his restraints.

24. Mr Roke's condition continued to deteriorate in hospital and, at 4.10pm on 12 December, a hospital doctor confirmed that Mr Roke had died.

Cause of death

25. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Roke's cause of death as COVID-19 pneumonitis. He also had type 2 diabetes which did not cause but contributed to his death.

Clinical Findings

Management of Mr Roke's risk of infection from COVID-19 and risk to others

26. The clinical reviewer concluded that the care Mr Roke received at Gartree was of a reasonable standard and equivalent to that which he could have expected to receive in the community.

27. She found that healthcare staff provided a satisfactory standard of care for the management of COVID-19 and that Public Health England guidance was followed appropriately.

28. She did, however, identify some areas of concern.

29. The National Institute for Clinical Excellence (NICE) guidance, NG 57, says that every prisoner should receive a second stage health assessment within seven days of the initial health screen. The guidance also says that any prisoner entering, or transferring between prisons, should have their prescribed medications reviewed prior to the second stage health assessment. The clinical reviewer found that a secondary health screen and a medicines reconciliation were not completed for Mr Roke as they should have been. We recommend:

    The Head of Healthcare should ensure that second stage health assessments and medicine reconciliation assessments are completed for every prisoner in accordance with NICE guideline [NG57].

Non-Clinical Findings

Restraints, security and escorts

30. 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.

31. 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.

32. We are concerned that when Mr Roke was taken to hospital on 2 December, he was restrained using an escort chain. Mr Roke was a category C prisoner who was recognised as cooperative with staff, with no intelligence information, no recent adjudications and no problems during previous hospital visits. He was assessed as medium risk to the public, hospital staff, hostage taking, escape potential and likelihood of outside assistance.

33. The medical section of the risk assessment was not completed. Therefore, we do not know whether Mr Roke's medical condition prevented handcuffing or if there was any reason why he should not be handcuffed during his hospital admission. In addition, no information was recorded about his medical condition at the time, or to alert staff to the possibility of contact with a suspected COVID-19 patient.

34. We recognise that many factors have to be taken into account in determining the level of restraints. However, we are concerned that no medical opinion was provided to reflect Mr Roke's poor condition at the time and how this impacted on his risk. We also find it difficult to understand how he was assessed as a medium risk in all the risk categorises, given his security categorisation, age and poor mobility. We question whether the use of the escort chain was proportionate when Mr Roke was admitted to hospital, given that he was sufficiently ill to require an emergency ambulance, was struggling to breathe and was suspected of having a stroke. We question whether he had the ability to escape, particularly as he was accompanied by two prison officers and his condition was deteriorating. Consequently, we consider that the authorising manager's decision to use restraints was flawed.

35. We are also concerned that handcuffing Mr Roke en route to the hospital, prior to and after his admission, needlessly placed the escort officers at greater risk of contracting COVID-19. We recommend:

The Governor and Head of Healthcare should ensure that:

- **all staff undertaking and reviewing risk assessments for prisoners admitted to hospital understand the legal position on the use of restraints; and**
- **healthcare staff always 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.**

The Governor should share this report with the manager who authorised the restraints and discuss the Ombudsman's findings with them.

Sue McAllister CB
Prisons and Probation Ombudsman **May 2022**

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