

**Prisons &
Probation**

Ombudsman
Independent Investigations

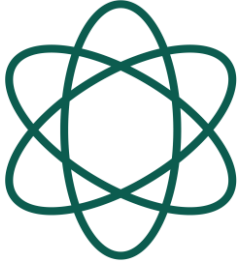
Independent investigation into the death of Mr Clifford Godden, a prisoner at HMP Bullingdon, on 28 December 2021

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

OGI

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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 Clifford Godden died in hospital of ischaemic and hypertensive heart disease on 28 December 2021 while a prisoner at HMP Bullingdon. He was 78 years old. I offer my condolences to Mr Godden's family and friends.
4. The clinical reviewer concluded that the healthcare Mr Godden received at HMP Bullingdon was equivalent to that which he could have expected to receive in the community. She made four recommendations about effective use of medical records for prisoners with complex care needs, the approach to the care provided to prisoners diagnosed with diabetes and heart conditions and issues with terms of reference of the multi-disciplinary team meetings, which were not directly related to Mr Godden's cause of death and have not been repeated in this report, but which the Head of Healthcare will need to address.
5. We did not find any non-clinical issues of concern.

Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Godden's clinical care at HMP Bullingdon.
7. The PPO investigator has investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, Mr Godden's location, the security arrangements for his hospital escorts and liaison with his family.
8. The PPO's family liaison officer wrote to Mr Godden's next of kin, his partner, 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 pointed out some factual inaccuracies and this report has been amended accordingly.

Previous deaths at HMP Bullingdon

10. Mr Godden was the eleventh prisoner to die at Bullingdon since December 2019. Of the previous deaths, six were from natural causes, two were self-inflicted and two were drug related.

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. On 17 September 2021, the Government advised that it was no longer necessary for the clinically vulnerable to shield. This was on the basis that vaccination had reduced the risk to them.

Key Events

15. On 23 June 2015, Mr Clifford Godden was sentenced to 18 years imprisonment for multiple historic sexual offences. He was sent to HMP Bullingdon.

2015-2020

16. Mr Godden had several pre-existing medical conditions, including type 2 diabetes and arthritis in his knee. He had also undergone three operations on his spine, which affected his mobility, and he used a walking stick to help him move around.
17. Following his initial health screen, a care plan was created to manage his diabetes and he was referred to the prison's specialist diabetic nurse. Healthcare staff devised care plans to manage his diabetes care and over the months that followed, he had regular contact with healthcare staff and regular diabetes reviews.
18. On 3 November, a prison GP saw Mr Godden after he complained of an irregular heartbeat. He underwent an electrocardiogram (ECG) and the result confirmed that he had an irregular heart rate. He was taken to hospital by emergency ambulance for further review. While in hospital, Mr Godden was diagnosed with having had a heart attack due to his ischaemic heart disease. He was admitted to hospital as an inpatient and was discharged back to Bullingdon on 5 November.
19. On 9 November, while collecting his prescribed medication, Mr Godden told a nurse that he was again experiencing chest pain. She sent him to hospital by emergency ambulance. Hospital staff found no evidence of a further heart attack, but Mr Godden was admitted to hospital as an inpatient for further observation. He was discharged back to Bullingdon on 11 November. His care plans were updated and healthcare staff reviewed him regularly.
20. On 10 October 2017, a nurse saw Mr Godden, after he complained of ulcers on both of his legs. She considered they were being caused by a worsening of his diabetes. She referred him for a GP review. A prison GP saw him later that day. The GP prescribed diuretic furosemide (used to treat swelling). A care plan was created to manage his ulcers. Healthcare staff continued to review his long-term conditions, including his diabetes, over the years that followed.

2021

21. On 7 November 2021, a nurse saw Mr Godden after he reported feeling unwell. The nurse noted that Mr Godden's speech was slurred and he had difficulty understanding what was being said to him. He also noted Mr Godden's stomach was swollen and hard, but he did not complain of abdominal pain. The nurse asked if he was experiencing any chest pain, which he said he did not. He considered Mr Godden would benefit from a further review by hospital staff and he sent him to hospital by emergency ambulance.
22. In hospital, Mr Godden was diagnosed with hyperkalaemia (a raised potassium level often an indicator of a weakening of the heart muscles), a slow heart rate and reduced kidney function. A computerised tomography scan (CT) indicated that he also had a reduced lung function. He was given a course of antibiotics and admitted

to hospital as an inpatient. He was discharged from hospital and went back to Bullingdon on 13 November.

23. A prison GP saw Mr Godden on his return from hospital. He noted the new diagnoses and suggested to Mr Godden that he move to the prison's healthcare inpatient unit for closer observation. Despite repeated attempts, Mr Godden refused. Healthcare staff reviewed him daily.
24. On 17 December, Mr Godden was given a routine COVID-19 test. Given his pre-existing medical conditions, he was advised of the risks to his health should he be exposed to COVID-19 and was advised to isolate in his cell. However, it is not clear from his medical records if he chose to accept the advice.
25. Later that evening, a nurse saw Mr Godden after he complained of pain and was unable to urinate. She took a sample of his urine, which when tested, indicated he had an infection. She referred him to a GP for review. A prison GP saw Mr Godden the following morning. He prescribed him antibiotics to treat a urinary tract infection.
26. On 20 December, the result of Mr Godden's COVID-19 test was positive. He self-isolated in his cell, and healthcare staff wore appropriate personal protective equipment (PPE) when carrying out routine daily reviews.

Events of 20 December onwards

27. At 2.52am on 20 December, Mr Godden told prison staff that he was feeling unwell. A nurse saw him. She took a noted of his observations which were all abnormal. She was unable to check his blood pressure due to his extreme shaking. She radioed a medical emergency code and control room staff telephoned for an ambulance. However, the ambulance service told them that there was an increased volume of incidents needing an ambulance response and that one would be dispatched as soon as possible.
28. At 5.21am, paramedics arrived at the prison. They reviewed Mr Godden and carried out another COVID-19 test. The result was positive. They noted that his condition had improved and decided that he did not need to go to hospital for further review.
29. The following morning, a prison GP saw Mr Godden. The prison GP noted that his condition was much improved and that his observations were within a normal range. He told Mr Godden that he would benefit from a move to the prison's healthcare inpatient unit for closer observation. Despite the prison GP's best efforts, Mr Godden consistently refused.
30. Later that day, Mr Godden had a fall in his cell. Despite having no significant injuries, he agreed to move to the prison's inpatient unit for closer observation. A nurse reviewed him upon arrival. She considered that he would benefit from a hospital bed and hoist to enable him to move around safely and relieve the pain caused by the ulcers on his legs and heels.
31. On 23 December, a nurse carried out a routine review of the ulcers on his legs. She considered they were worsening, and that he required a Doppler scan (used to assess the flow of blood through blood vessels) and lower limb assessment, which

meant that he needed to be admitted to hospital. She recorded her concerns in Mr Godden's medical records.

32. Later that day, healthcare staff held a complex care meeting. They noted that Mr Godden's condition was deteriorating, he was spending most of the day sleeping, was not eating properly and that he was often incontinent of urine. They also noted that his leg and heel ulcers were getting worse. They considered that they were no longer able to provide Mr Godden with the level of care he needed at the prison and sent him to hospital by emergency ambulance. He was not restrained.
33. Mr Godden was admitted to hospital as an inpatient and placed on a COVID-19 care ward. A CPAP machine (continuous positive airway pressure) was used to regulate his breathing.
34. His condition continued to deteriorate in hospital and at 2.55am on 28 December, Mr Godden became unresponsive. Hospital staff attempted cardiopulmonary resuscitation (CPR) but were unsuccessful. At 3.10am, a hospital doctor confirmed that Mr Godden had died.

Post-mortem report

35. A post-mortem report gave Mr Godden's cause of death as hypertensive heart disease. He also had COVID-19 pneumonitis, atrial fibrillation (an irregular often fast heartbeat) type 2 diabetes mellitus, diabetic and hypertensive nephropathy (deterioration of kidney function), osteomyelitis (an inflammation of the bones) and ankylosing spondylitis (a rare type of arthritis that affects the spine) which were listed as contributory factors.

Contact with Mr Godden's next of kin

36. National guidance on family liaison and communicating with prisoners' families during the pandemic says that if a prisoner is either diagnosed with, or suspected of contracting COVID-19, they should be given the opportunity for someone to be informed.
37. On 8 November 2021, following Mr Godden's admission to hospital, the prison appointed a Prison Offender Manager to act as family liaison officer (FLO). She telephoned Mr Godden's next of kin, his partner, to inform her of Mr Godden's admission to hospital. The FLO stayed in contact with her, updating her on his condition and offering her support until he was discharged back to Bullingdon on 11 November.
38. On his final admission to hospital on 24 December, the FLO contacted Mr Godden's partner to inform her of his admission to hospital and the seriousness of his condition. She remained in contact with her until his death on 28 December.
39. The prison contributed towards Mr Godden's funeral in line with national guidance.

Findings

Clinical Findings

40. The clinical reviewer concluded that Mr Godden's clinical care was of a reasonable standard and equivalent to that he could have expected to receive in the community. She was, however, concerned about elements of his clinical management.
41. In particular, she was concerned about the effective use of medical records for prisoners with complex care needs, the approach to the care provided to prisoners diagnosed with diabetes and heart conditions and issues with terms of reference of the multi-disciplinary team meetings. The clinical reviewer made some recommendations about these issues which we do not repeat in this report as they did not directly impact on Mr Godden's death, but which the Head of Healthcare will need to address.

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

42. On 1 February 2021 Mr Godden had his first COVID-19 vaccination. He received his second COVID-19 vaccination on 21 April.
43. On the 17 December, Mr Godden had a routine COVID-19 test. On 20 December, the result was positive. Mr Godden self-isolated in his cell. Healthcare staff reviewed him regularly and wore appropriate personal protective equipment. We do not know when or where he contracted COVID-19.
44. We are satisfied that Bullingdon followed the national guidance on managing the risks associated with COVID-19 and promptly put in place the policies and measures expected. Healthcare staff had access to appropriate PPE.

Kimberley Bingham

Acting Prisons and Probation Ombudsman

March 2023

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