Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Trowbridge, a prisoner at HMP Standford Hill, on 13 June 2022

A report by the Prisons and Probation Ombudsman

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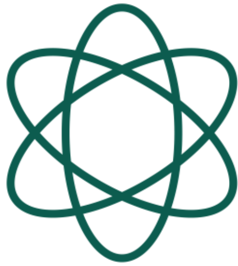
Our vision

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

OGL

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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 Mark Trowbridge died in hospital from heart failure on 13 June 2022, while a prisoner at HMP Standford Hill. He was 61 years old. We offer our condolences to Mr Trowbridge's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Trowbridge received at Standford Hill was equivalent to that which he could have expected to receive in the community.

5. We found no non-clinical issues of concern. We make no recommendations.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Mark Trowbridge's clinical care at Standford Hill.

7. The PPO investigator investigated the non-clinical issues relating to Mr Trowbridge's care, including Mr Trowbridge's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.

8. The PPO family liaison officer wrote to Mr Trowbridge's next of kin, his daughter, to explain the investigation and to ask if she had any matters she wanted us to consider. She had questions about the clinical care her father received. These have been addressed in the clinical review report.

9. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.

10. We sent a copy of our initial report to Mr Trowbridge's daughter. She did not notify us of any factual inaccuracies.

Previous deaths at HMP Standford Hill

11. Mr Trowbridge was the third prisoner to die at Standford Hill since June 2020. All the previous deaths were from natural causes.

Key Events

12. On 12 December 2002, Mr Mark Trowbridge was sentenced to life in prison for murder. On 13 September 2019, he was moved to HMP Standford Hill.

13. Mr Trowbridge had multiple health conditions including hypertrophic cardiomyopathy (a disease of the heart muscle that affects the heart's ability to pump blood around the body), chronic obstructive pulmonary disease (COPD - a lung condition that causes breathing difficulties) and hypertension (high blood pressure). He had been unwell for many years.

14. On 28 January 2022, Mr Trowbridge had a pacemaker fitted (a device that sends electrical pulses to the heart to keep it beating regularly). Over the next two months, Mr Trowbridge remained unwell but was closely monitored by the hospital and prison healthcare staff.

15. On 16 March, Mr Trowbridge was admitted to hospital with an infection. A hospital doctor prescribed Mr Trowbridge with antibiotics, as well as medication to help manage his low blood pressure and heart failure.

16. On 21 March, a hospital doctor diagnosed Mr Trowbridge with interstitial lung disease (a chronic lung disease that makes it hard for the lungs to get enough oxygen). The next day, a hospital consultant confirmed that Mr Trowbridge's heart condition was getting worse but he did not give an official prognosis.

17. Over the next two months, Mr Trowbridge was admitted to hospital on multiple occasions due to his deteriorating health.

18. On 22 May, a hospital doctor diagnosed Mr Trowbridge with sepsis (the body's life-threatening response to infection). He remained in hospital and was cared for by the palliative care team. (The palliative care team supports individuals after a terminal illness diagnosis.)

19. On 30 May, a hospital doctor gave Mr Trowbridge a prognosis of four to six months. He remained in hospital and was closely monitored by hospital staff. (The prison had submitted an application for Mr Trowbridge's early release on compassionate grounds on 26 May, but it was not processed before Mr Trowbridge died.)

20. On 13 June, at approximately 11.00pm, Mr Trowbridge died in hospital.

Post-mortem report

21. The post-mortem report concluded that Mr Trowbridge died of congestive cardiac failure (heart failure) caused by dilated cardiomyopathy.

Louise Richards **February 2023**
Assistant Ombudsman

Inquest

The inquest, heard on 25 July 2023, concluded that Mr Trowbridge died from natural causes.

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