

**Investigation into the circumstances surrounding the  
death of a woman, a resident at  
HMP East Sutton Park, in March 2007**

**Report by the Prisons and Probation Ombudsman for  
England and Wales**

**January 2008**

This is the report of an investigation into the death of a woman who died from a drug overdose in March 2007 at her parents' home address. The woman had been on temporary weekend release from HMP East Sutton Park. She was 33 years old and was serving a two year sentence.

I would like to add my personal condolences to those already expressed to the woman's family by one of my Family Liaison Officers.

The investigation was undertaken by two of my colleagues. I also commissioned an independent clinical review of the management of the woman's health needs while she was in custody. This was conducted by the West Kent Primary Care Trust, and I appreciate their assistance.

I would also like to thank the Governor, Deputy Governor, and staff at East Sutton Park for their ready help and co-operation during the investigation. The strength of their commitment to prisoners at East Sutton Park was very evident.

My report includes three recommendations. Additional recommendations have been made by the clinical reviewer which will be addressed directly to the Primary Care Trust.

There has been no previous death of a prisoner from East Sutton Park since my office took on the responsibility of investigating all deaths in custody in April 2004.

This version of my report, published on my website, has been amended to remove the name of the deceased and the names of staff and prisoners involved in the investigation.

**Stephen Shaw CBE**  
**Prisons and Probation Ombudsman**

**January 2008**

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## **SUMMARY**

The woman was 33 years old when she died in March 2007 at her parents' home whilst released on temporary licence from HMP East Sutton Park.

She had misused illegal drugs from a very young age. She had started drug treatment several years prior to her imprisonment and had referred herself to several community agencies to assist her to remain drug free. However, at the time of the arrest leading to her imprisonment, she had resumed taking drugs once again.

The woman had a number of convictions dating back to October 1997 for theft and kindred offences. In March 2006, she was charged with possession of a Class A drug with intent to supply and committed to appear at Crown Court for her case to be heard. She pleaded guilty to the charges against her, and was later sentenced to two years imprisonment and received into custody at HMP Bronzefield. In October 2006, the woman transferred to HMP Cookham Wood and then in January 2007 to the open prison at East Sutton Park.

During her sentence, the woman took a number of steps to address her drug use including completing a detoxification programme. She engaged well with the support offered in respect of her physical and mental health. She settled into prison life well and arrangements were underway for her rehabilitation back into the community.

Leading up to her parole date (March 2007), the woman completed successful releases from prison on Temporary Licence (ROTL) as part of her resettlement. This included two day release town visits and one overnight weekend visit to her parents' home.

On her last ROTL, a week or so before her expected release from prison, the woman was found dead in bed in her parents' house. She was due to return to the prison the next day. Drug paraphernalia was found next to her.

My report makes four recommendations.

## **THE INVESTIGATION PROCESS**

1. My investigators studied all relevant prison records relating to the woman who died. These included her main prison and medical records. My investigators also visited the prison and spoke to the staff who dealt with the woman during her time there. Three prisoners were also interviewed and provided information about the woman's time at East Sutton Park.
2. The South West Kent Primary Care Trust carried out a review of the woman's clinical care. I am grateful to them for undertaking the review in a most timely manner. My investigators discussed aspects of the woman's treatment, both with staff at East Sutton Park and with the clinical reviewer.
3. My investigator contacted Her Majesty's Coroner to inform him of the nature and scope of my investigation and to request a copy of the Post Mortem report. Upon completion, my report will be sent to the Coroner to assist in his enquiries into the woman's death.
4. One of my Family Liaison Officers contacted the woman's parents. This was to give the family the opportunity to raise any issues they would like addressed in the report. However, the woman's parents had no issues they wanted to raise for the purposes of this investigation, and did not want to see the report. They are aware that they may change their minds at any time.

## HMP EAST SUTTON PARK

5. HMP East Sutton Park first opened as a borstal in 1946. The main building is a pleasant mansion house overlooking the Weald of Kent. It holds 100 women of whom ten are young women under the age of 21, and 90 are adults. The accommodation comprises 21 dormitories of varying sizes. It is a resettlement establishment, holding women in open conditions preparing them for release into the community. Prisoners at East Sutton Park are referred to as residents and I have adopted that term throughout this report.
6. Before arriving at East Sutton Park, all residents are rigorously risk-assessed at their previous establishment for their suitability for an open resettlement prison. This includes assessing the risk they present to the public and the risk they present to themselves.
7. The regime at East Sutton Park includes provision of farms, gardens, catering and training courses, and physical education. The emphasis is on resettlement and the prison has good community links, with a number of the residents working outside each day.
8. Since May 2006, East Sutton Park has been joined in a “cluster” arrangement with HMP Cookham Wood. Previously, East Sutton Park had been a standalone establishment with its own Governor and senior management team. The two establishments were then clustered, and now have one Governor. Generally, any prisoner who is re-categorised from Cookham Wood (a higher category prison) will go to East Sutton Park, unless their resettlement plan includes another open prison. (In July 2007, it was announced that Cookham Wood was to change its function from a women's prison to a male Young Offender Institution (15-18 year olds), commissioned by the Youth Justice Board.)
9. Her Majesty's Chief Inspector of Prisons, Ms Anne Owers, inspected East Sutton Park in November 2006 and described it as a very safe prison, with little bullying and no evidence of self-harm. Most services, including the shop and food, were good, and healthcare was excellent. Ms Owers also commented that resettlement was reasonable, with good strategic direction, sound sentence planning and a wide range of reintegration and family support services.

## **HMP COOKHAM WOOD**

10. At the time the woman who is the subject of this report was there, HMP Cookham Wood was a closed prison for adult women. It was built in the 1970s, originally for young men, but its use was changed to meet the growing need for secure female accommodation at the time. As noted, Cookham Wood and East Sutton Park currently share the same Governor.
11. Accommodation is in single cells, and there is an operational capacity of 185 which includes a juvenile unit for 17 young women. Prisoners are mainly employed in the workshops (tailoring and contract work), on the gardens, a painting party and in domestic work such as kitchen and cleaning. Many women are also offered part-time education which includes improving literacy and numeracy where needed. There are several offending behaviour groups, run either by prison staff or probation, as well as support groups (such as the foreign nationals group) and self-help groups.
12. There is a joint working partnership between Cookham Wood and East Sutton Park. East Sutton Park taps into the resources at Cookham Wood and residents frequently attend the site for various activities such as educational and hairdressing courses.

## **PRISON PROCEDURES**

### **Reception**

13. On arrival at prison, the paperwork for prisoners is checked before they are taken off the escort vehicle. Staff check warrants to ensure they have the correct prisoners in custody, and then set up the necessary records. The prisoner is taken from the vehicle and booked in by staff on the front reception desk. Personal and offence details are taken, along with any known or identified concerns.
14. All prisoners see reception officers and the member of healthcare on duty. During this process, address and next of kin details are obtained and prisoners are risk assessed. They are searched, their property is logged, and they are health screened before being located to a wing.

### **Mental Health In-Reach teams**

15. Mental Health In-Reach teams provide specialist assessment and treatment for prisoners with mental health problems. Prisons can also offer access to psychiatrists and counselling services.

### **Counselling, Advice, Referral, Assessment and Throughcare (CARAT)**

16. Everyone coming into prison who is identified as having a drug problem is assessed, given advice about their misuse, and referred to the specific drug service they need. CARAT workers can also give basic information about drugs and their effects, and may offer counselling and group work to prisoners who want to give up or cut down on their misuse. They can also refer a prisoner to a drug treatment rehabilitation programme.

### **Treatment and detoxification programmes**

17. Prisons offer treatment programmes (these can include rehabilitation programmes and therapeutic communities) for prisoners wanting to tackle their drug problems. The programmes offered vary widely. Some are run entirely by outside drug workers, some by prison officers, and some by a mixture of both. Some last a few weeks, others up to 18 months. All local prisons and remand centres offer a detoxification service for prisoners who want to come off drugs. The prisoner will be expected to give up misusing while on the programme. Many programmes are run on Voluntary Testing Units where prisoners are regularly tested for drugs.
18. The Prisoners Addressing Substance Related Offending course (PASRO) is one of the programmes provided by the Prison Service. It is a cognitive behavioural treatment programme which enables people to explore and change the thinking and behaviour patterns which contribute to their drug misuse and offending.



## **Drug Testing**

19. A proportion of prisoners are randomly tested for drugs in every prison every month. Those tested are selected by computer. In addition, if staff suspect or receive information that a prisoner is taking drugs, they can be tested on the grounds of reasonable suspicion.

## **Release on Licence**

20. Prisoners may be released on licence before they have served their full sentence. Release is automatic for those serving shorter sentences.

## **Home Detention Curfew (HDC)**

21. The Home Detention Curfew (HDC) scheme applies to prisoners who are serving sentences of between three months and under four years. It allows for early release subject to a curfew policed by electronic monitoring.
22. Prisoners granted release on HDC will be released between two weeks and four and a half months before their automatic release date, depending on the length of sentence. If a prisoner is to be released on HDC they must sign a licence that tells them the times they will have to remain at their home address or hostel. On reaching this address, an electronic tag is fitted to the prisoner and monitoring equipment installed at the address by a private contractor.

## **Release on Temporary Licence (ROTL)**

23. In certain circumstances, prisoners may be granted release on a temporary licence. This may be on compassionate grounds or to help the prisoner improve their chances of resettlement. The system of release on temporary licence (ROTL) is designed to ensure that suitable prisoners are released for precisely defined and specific activities which cannot be provided in Prison Service establishments.
24. Residents are only released on temporary licence after they have been assessed and approved for ROTL by an authorised senior manager and the probation service. At East Sutton Park, risk assessment boards to consider ROTL applications are convened regularly and normally consist of the deputy governor, a senior officer and a member of the probation team.
25. Risk assessments of prisoners eligible for home leave include checking that the home address is suitable and that released residents are not going to an environment that is going to put them, or any other person or member of the community, at risk. This includes ensuring there are no victims of the crime in the local area. The police are also informed.
26. The two types of ROTL operated at East Sutton Park are Resettlement Day Release licences (RDR) and Resettlement Overnight Release Licences (ROR). RDR is for residents to participate in reparative and community service projects, maintaining family ties, housing, employment, life and work skills,

training/education courses etc ROR is similar but for a longer period and enables residents to spend time at their intended release address. It is considered a key goal for residents reaching the end of their sentences.

## **Pathways**

27. Risk assessments include “pathway levels”. Generally speaking, by virtue of a resident being at East Sutton Park they are considered safe and trustworthy to leave the prison unaccompanied. However, each risk assessment contains distance boundaries that a resident should remain within. If a resident needs to go further afield, another assessment is carried out that could result in a higher pathway level being granted. Residents at East Sutton Park can get full-time work, go to college, and carry out voluntary and community work whilst serving their sentence.

28. Pathways are used at East Sutton Park to identify which residents are at what stage on the risk assessment process. The levels are as follows:

Level 1 - No ROTL - have not reached their ROTL dates, are too high a risk to the public or have not engaged with their sentence plan to enjoy the privilege of ROTL.

Level 2 - Medical ROTLs only - same as above but are deemed suitably low risk to the public to allow them to attend medical appointments on their own.

Level 3 - Have reached RDR eligibility date, have engaged with their sentence plan and are medium - low risk to the public (town visits within 15 mile radius).

Level 4 - As above but permitted to go to cleared home address.

Level 5 - As above and have reached their ROR dates.

## **Listeners**

29. Listeners are prisoners trained by the Samaritans to provide confidential and emotional support to other prisoners. The support offered by Listeners is confidential. Details of a prisoner’s conversation with a Listener will not be passed on to prison staff unless the person the Listener is supporting gives permission.

## KEY FINDINGS

### Before the woman's arrival at East Sutton Park

30. In March 2006, the woman was transferred from court to HMP Bronzefield on remand following her arrest for possession with intent to supply Class A drugs. On arrival she was delivered into the prison reception and went through an interview screening process, which included a First Reception Health Screen.
31. The woman was examined by the nurse and said that she was prescribed methadone, citalopram (an anti-depressant), prednisolone (for her liver condition), and inhalers for her asthma. The woman also admitted to taking heroin, methadone and cocaine all within the previous two days. Due to her 12 years of intravenously injecting heroin, the woman's body was covered in scars. The nurse subsequently carried out a drugs test which tested positive for the aforementioned drugs. However, there were no concerns regarding the woman's mental health and she said she had no thoughts of self harm or suicide.
32. The following day, the woman was examined by the prison doctor. He recorded that her liver illness had been diagnosed as sarcoidosis in 1995 and she was currently receiving out-patient treatment at a hospital. She had suffered from depression for many years. The doctor made a note on her records that her prescribed medication should continue. As the woman was currently drug dependent, she was placed on a drug detoxification programme.
33. A week later, the woman was discharged from prison to appear at a later date in court. She was given a three day supply of her prescribed medication, including methadone, to take home.
34. In August 2006, the woman was sentenced to two years imprisonment at the Crown Court. Following sentencing, she was again escorted to HMP Bronzefield arriving at around 6.30pm that evening. The Prison Escort Record (PER) Part A form showed the woman's illnesses as sarcoidosis, asthma, and depression, and that she was methadone dependent.
35. The woman repeated the prison reception screening process for new prisoners. As is normal, a cell sharing risk assessment (CSRA) was completed. The CSRA is intended to provide consistent and continuing risk assessment and management relating to cell-sharing. The woman was considered a low risk of harm to others.
36. When she was interviewed by the healthcare nurse, the woman disclosed that she had seen her own doctor in the last few months for depression and asthma. She said she was prescribed medication of inhalers, methadone, risedronate and calchew (calcium supplements), zispin (anti-depressants), and prednisolone. She had also taken heroin, methadone and benzodiazepines within the past 24 hours. The woman was concerned about her liver complaint and felt anxious and agitated. The nurse therefore made a referral for her to see the prison doctor. As the woman had also been identified as a drug user,

she was referred to the detoxification programme.

37. Afterwards, the woman was located on the First Night Wing. She was provided with her induction programme and the prison regime was explained. The following morning, she was examined by the doctor who requested her previous medical history notes from her own GP and hospital consultant. The doctor prescribed a 40 day methadone detoxification programme which would end on 20 September. It was a reducing dose from 25mls down to 3mls.
38. Over the next couple of days, the woman's induction continued with further assessments and input from the education and offender management units. She also attended the substance misuse clinic to review her detoxification programme.
39. On 16 August, the woman saw the doctor and complained of being unable to sleep properly. She had already been prescribed mirtazapine (for depression) and now requested trazodone which was prescribed for her. On 29 August, she was seen by the doctor again. On this occasion she had contracted head lice and was prescribed medication to deal with the problem. She also asked for treatment for the multiple scars on her body. There is no evidence on the woman's records to show what action was taken on this matter, if any.
40. A nurse triage appointment took place on 13 September to discuss the woman's general health. She had been prescribed anti-depressants for six years, and told the nurse that she was feeling unwell, was crying all the time, lacked any appetite and had pains in her back. An appointment was made for her to see the doctor the following day. When the woman saw the doctor she said she had stopped taking her anti-depressants ten days ago and asked to go back onto mirtazapine. The doctor examined her and prescribed mirtazapine of 30mgs to be taken once a day. It was also recorded that the woman had no thoughts of suicide.
41. On 21 September, the woman was seen again in the substance misuse clinic. She was examined and found to have high blood pressure and anxiety. She had finished her methadone detoxification programme. It was recommended that she should continue on methadone of 5mls for a further week to try and alleviate her symptoms.
42. The doctor examined the woman again on 25 September. Her blood pressure was still high and she was referred for an ECG (an electrocardiogram that records the electrical activity of the heart to check for any damage) and blood tests. The woman went back to the substance misuse clinic the following day where her medication plan was changed to reduce her methadone intake by 1ml for ten days. When the reduction reached 2 mls, the methadone treatment would stop.
43. On 28 September, the woman attended healthcare for blood tests. Unfortunately the nurse had difficulty trying to locate a vein to take blood because of the multiple scarring on her arms. The nurse contacted the hospital, where the woman had provided a sample the previous week, to obtain

the necessary information.

44. The next day, the woman was seen again by the doctor. The consultant had written to ask for her to be prescribed prednisolone for her liver condition. The doctor agreed, and wrote to her consultant requesting more up to date clinical information about her condition.
45. On 2 October, the doctor reviewed the woman's medication and continued prescribing mirtazapine daily. She still had some anxieties, but her mood was much better and she appeared to be coping well. By the time he saw her again on 11 October, the doctor had received correspondence from her consultant who said her liver function had improved. She was still having problems sleeping and asked to revert to trazodone because mirtazapine was not working. The change in medication was agreed.
46. The doctor carried out a further review of the woman's medication on 28 October. Her methadone programme had ended and she was feeling anxious. The doctor discussed this with her, and explained she was experiencing the symptoms associated with a detoxification programme and that it would eventually pass.
47. On the whole, the woman gave staff no cause for concern whilst at Bronzefield. She was compliant and polite and she continued to manage her physical and mental health with the support from healthcare staff. In her time at Bronzefield, she completed her drug detoxification programme and also attended a number of sessions on relaxation, heroin-awareness and relapse and overdose prevention. She worked with the CARAT team to try to remain drug free and the result was that she felt well and positive about her current situation.

### **The woman's arrival at HMP Cookham Wood**

48. The woman was transferred to Cookham Wood on 27 October. She arrived at the prison reception around 1.15pm. Details of her physical and mental health were made available to the reception staff on her arrival. She went through the interview screening process and induction and was assessed by reception and healthcare staff. After completing the reception process, the woman was located on the First Night Wing.
49. Over the next three days, the woman's prison induction continued. Further information was provided about the regime, including privileges, medication, Voluntary Drug Testing (VDT) and meals. A personal officer and a back up personal officer were assigned. Personal officers have regular one to one meetings with a prisoner when they can discuss any issues or concerns a prisoner may have.
50. Due to the woman's history of drug taking, she was referred to the CARAT team and had her first meeting with her support worker on 3 November. They discussed support options to aid her abstinence from drugs. As part of her sentence planning, it was probable that she would soon be re-categorised to open conditions and transferred to East Sutton Park. Her support worker

believed it was unlikely that she would have enough time to complete a PASRO course whilst at Cookham Wood. However, he sought advice on this matter, as well as other possible alternative courses, before making a decision.

51. On 7 November, a probation officer at Cookham Wood interviewed the woman and discussed her offending behaviour and future plans. There were no issues regarding accommodation after her release from prison as she intended to live with her parents. Referrals were made for a PASRO and Access to Employment course.
52. The woman requested an appointment with the Mental Health In-Reach Team on 12 November. She also wanted to see the doctor but no appointments were available. She saw the nurse three days later. The nurse found that the woman's blood pressure had decreased from the previous high level when it was last checked at Bronzefield. She had however contracted a chest infection, for which she was later prescribed amoxicillin antibiotics. The doctor also asked for another liver function test.
53. The woman had another meeting with her CARAT support worker on 28 November. He told her that he had received information about the suitability and relevance of her attending a PASRO course. It was decided that it would not be appropriate for her to attend the course at this time. As the woman said she was not keen on attending group therapy work, her support worker agreed that they should have six structured one-to-one sessions to continue to address her drug misuse issues.
54. On 5 December, the woman was seen by the nurse in the Mental Health Clinic. It was agreed that she would be seen weekly for assessments where she would be encouraged to speak of any fears and concerns about her health.
55. On the morning of 11 December, the woman's personal officer had a general chat with her. The woman had already been told she would relocate, in due course, to open prison conditions and they discussed this. No concerns were noted by her personal officer following this meeting.
56. One of the reasons the woman was being transferred to open regime conditions was because of the good progress she had made in addressing her offending behaviour. It was believed she was ready to move to a resettlement prison. It had been calculated that she could be released early under the HDC arrangements from 23 March 2007. The woman was also in a position to be considered for ROTL from 2 February 2007. However, if for some reason she was not released early from prison and was required to serve her full term of sentence, her automatic release date was 3 August 2008.
57. On 13 December, the woman had the first one-to-one session with her CARAT support worker. The session was very positive and the woman looked forward to their next meeting, scheduled to take place a week later. When the second session took place, she was very positive again and discussed her likes and dislikes of drug use.

58. Until the woman's transfer out of Cookham Wood, there was no evidence to suggest that there were any major concerns about her, or the risks associated with her drug taking.

### **The woman's arrival at HMP East Sutton Park**

59. The woman transferred to East Sutton Park on 9 January 2007. She repeated the reception screening process and was interviewed by reception and healthcare staff. The woman was interviewed by a Registered General Nurse (RGN) who conducted a healthcare check and well-woman assessment. The nurse told my investigators that the woman was a bubbly person who had a 13 year history of using drugs. The woman was very pleased that she had now managed to remain drug free for over five months. However, she disliked the way her body looked after many years of injecting.
60. The woman was already on medication when she transferred from Cookham Wood. This was detailed on her prescription sheet as prednisolone, actinel and trazodone, all shown as repeat prescription medication. As an open establishment, most residents of East Sutton Park are allowed to keep their medication in their possession. The woman therefore signed a compact, agreeing to look after her medication and not abuse the right. She was prescribed anti-inflammatory prednisolone, a calcium supplement and an anti-depressant. She was given a 28 day supply to keep in possession.
61. The woman asked to see the prison Mental Health In-Reach team, and so was interviewed by the In-Reach team nurse. The nurse's assessment of the woman noted that she had misused drugs, had clinical depression from childhood, had been prescribed trazodone recently to help with sleeping, and had tried a number of anti-depressants in the past. She felt this should be reviewed and made a referral for the woman to see a member of the Mental Health In-Reach team.
62. The woman was allocated a personal officer at East Sutton Park, who carried out an initial interview with her. The personal officer told my investigators that she planned to meet the woman fortnightly and, in their initial meeting, she asked a number of questions to get to know more about her. The woman told her personal officer that she had a chronic liver disorder, and talked about her previous drug misuse and her concerns for her elderly parents. Although her personal officer knew that the woman was not taking any drugs at the time, she referred her to see a CARAT team worker because of her past history of drug misuse.
63. The East Sutton Park Estate Manager told my investigators that he met the woman as part of her induction programme when she first arrived. He gave a talk to all the new residents about working on the farms and gardens, and asked for any expressions of interest. The woman immediately expressed a keenness to work on the farm and was allocated to a work party. The Estate Manager said the woman was very happy and enjoyed working with the other residents who worked on the farm and with the young animals. Residents worked five days a week and planned their own rest days. The Estate

Manager would see the woman each day, and would sometimes work alongside her.

64. The woman was keen to start her rehabilitation back in the community and made an application for RDR on 12 January 2007. Her request said that she would like to do voluntary work at a day centre. Her application was to be considered, risk assessed and checked for the availability of any work.
65. On 13 January, the woman applied for her parents' home address to be risk-assessed so that she could stay there on ROTL. The prison probation clerk wrote back to her on 18 January and said that her request would be assessed after the woman had met her East Sutton Park probation officer.
66. The woman had her first meeting with an East Sutton Park CARAT worker, on 16 January. At this stage, her CARAT file had not arrived from Cookham Wood so the CARAT worker spent the time discussing some of the woman's issues and getting to know her. The woman told the CARAT worker that she had a long history of drug usage and also periods of depression. Despite this, she presented as a bubbly, energetic, level-headed woman who appeared motivated to remain drug-free and had achieved this now for some several months. The CARAT worker said the woman was intelligent and aware of the issues surrounding drug tolerance levels.
67. Whilst at Cookham Wood, the woman had begun an art course which she wanted to continue. On 18 January, she applied for RDR to attend Cookham Wood every Tuesday. The application was approved and she was permitted to leave East Sutton Park at 8.00am and return no later than 5.30pm each Tuesday.
68. On 21 January, the woman submitted her first ROTL application for ROR. It was to run for five days between 8 and 12 February. She wanted to visit her parents - especially her mother, whom she had not seen for over two months. She also wanted to decorate her room in preparation for her release.
69. On 22 January, the woman met her East Sutton Park probation officer for the first time. The probation officer had read pre-sentence probation reports and the information helped when she carried out an initial profile. (This is usually done within two weeks of the resident arriving at the prison. Thereafter, the frequency of seeing a prisoner would depend on their needs.)
70. The purpose of the initial profile is to build a picture of the resident, including any needs relating to housing, drugs or alcohol. As East Sutton Park is an open prison, the risk of re-offending is continually re-assessed and staff to work with residents to make plans for their resettlement. The woman was working towards receiving an early release on HDC, for which she was eligible from 23 March.
71. The East Sutton Park probation officer found the woman pleasant and easy to converse with. She was very forthcoming in answering questions and relayed that she really wanted to change. She said her parents and family were



supportive, and she was also supported by an outside drugs advisor. She had continued with her one-to-one sessions with the CARAT team. The probation officer said that the woman's needs were relatively low when she met her, and she was progressing very well through her sentence. The East Sutton Park probation officer faxed a copy of the HDC application form to the woman's outside probation officer. Responsibility for the woman later transferred to another probation officer outside the prison. He subsequently confirmed that there were no objections to the woman being granted release on HDC licence at her parents' address.

72. Despite East Sutton Park and Cookham Wood having a working relationship, the woman's CARAT file did not arrive until 23 January, three weeks after she had transferred. The following day an inmate risk assessment board was held, attended by a Governor, Senior Officer (SO) and the prison probation clerk. The woman was initially granted Pathway Level two, the first level which allowed her to go off site on medical and compassionate grounds.
73. On 27 January, the woman had her fortnightly review with her personal officer. She said she had settled well into East Sutton Park and was happy with her room. She had been working in the farm and was enjoying this. As her RDR had been approved for 3 February, she was looking forward to her first town visit. There were no concerns raised during this meeting.
74. The following day, under advice from the doctors, the woman submitted a 'Labour change request' application for a change of job from the farm work. She had spoken with the healthcare RGN who had told her that fibres and dust on the farm were affecting her breathing and it would be better if she worked indoors. This was a disappointment to the woman as she enjoyed working outdoors, but she decided that she did not want her health to get any worse.
75. On 29 January, the woman had her second meeting with the East Sutton Park CARAT worker who agreed that they would complete the in-cell Relapse Prevention Pack. These were sessions geared towards looking at ways to help the woman remain drug free and the first was scheduled for 31 January. The woman said she had settled into East Sutton Park well. She mentioned that she had requested a change of job from the farm work because of her health problems.
76. The next day (30 January), the woman was granted ROTL to go to Cookham Wood for the art class. In regard to her ROR leave, the prison probation clerk contacted the woman's outside probation officer and faxed him a copy of the ROTL application to ask if he had any objections. Subsequently, an inmate risk assessment board was convened to review the woman's Pathway Level. She was then granted Pathway Level three.
77. The woman had her first one-to-one Relapse Prevention session with the CARAT worker on 31 January. The CARAT worker was keen to ensure that they started this work before the woman went out on her first period of resettlement leave. The session went well and covered a number of topics relating to the taking and misusing of drugs. It looked at the woman's risk

areas and how she was progressing with being drug free. They also discussed how the woman could deal with any cravings for drugs.

78. The woman attended healthcare on 1 February for a liver function blood test. The Head of Healthcare was unable to locate a vein to take blood from her, something that had happened previously. The Head of Healthcare allowed the woman to locate the blood vessel herself to carry out the procedure.
79. The same day, the woman had an appointment with the Mental Health Practitioner. The Mental Health Practitioner assessed that the woman was a low risk of suicide, self harm, harm to others and vulnerability. The woman told the Mental Health Practitioner that she had thoughts of self harm and suicide when her mood was low, but this was something she had no intention of acting on, now or in the future. The woman presented as mentally stable, but talked about her depressive illness and having low and high moods. She said she was coping with prison life and was sharing a dormitory with seven other residents and had not experienced any bullying. She talked about her illness and medication and that she had been drug and alcohol free since August 2006. The woman said that she had not seen her parents for some time and was tearful when she spoke about them. An appointment was made for a week later.
80. Although my investigators found no evidence to support this, it appears the woman successfully completed her town visit on 3 February. On 6 February, the prison probation clerk wrote to the woman to say that her outside probation officer had no objections to her ROTL application. The next ROTL risk assessment board would convene on Wednesday 7 February and her application would be considered then. Should the application be approved, the woman would be granted ROTL for the period Thursday 8 to Monday 12 February. This would mean she would leave East Sutton Park at 9.00am on the first day and return by 7.00pm at the latest on the end date.
81. On Wednesday 7 February, the woman's ROTL was approved and she was granted ROR for 8 to 12 February. She would also be eligible to apply for a further period of ROR in four weeks time. The woman was subsequently risk reassessed and now deemed eligible for Pathway Level five. She had engaged with all the support mechanisms required to address her offending behaviour, was deemed a low risk to the public, and was generally a low level of concern.
82. The CARAT worker spoke with the woman just before her first weekend ROTL and reminded her about using drugs and other risks in the community. The CARAT worker told my investigators that the woman's mood was fine, but she was slightly apprehensive at the thought of going home. Their conversation included discussions about her parents being elderly and how she would have to readjust her life to remain drug free. The CARAT worker said she thought the woman had enough knowledge to be aware of the perils of taking drugs. The following day, the woman was released for the first time under the conditions set out in her ROR licence and had a successful weekend.

83. Residents returning from a period of ROTL are met at the main prison gate. Staff can instigate drug and alcohol tests if there is any suspicion that residents are under the influence of a substance, but this did not apply to the woman. The officer on duty noted that the woman returned 11 minutes late, explaining that her father (who drove her back) had got lost and stuck in traffic. She was given a warning for her lateness. Apart from this, there were no other concerns and her weekend leave had apparently gone well.
84. The CARAT worker spoke with the woman after she returned from her ROTL. She gave no concern that she had been tempted to return to misusing drugs. RDR was granted for her to attend Cookham Wood for the period 13 to 15 February so that she could attend a comedy club course run by the education department.
85. On 15 February, the woman's personal officer conducted her fortnightly review. The woman said that she had enjoyed her leave and spent a lot of time with her sick mother. She submitted an application to her personal officer to be considered for voluntary work at one of the community day centres in London or Maidstone. Her personal officer said she would be informed as soon as work became available. The woman again raised no concerns and told her personal officer that she would let her know if there was anything she wanted to discuss.
86. On 20 February, the woman made her ROTL application for ROR. This was again for release to her parents' address, for the period 9 to 13 March. The prison probation clerk faxed it to the woman's outside probation officer.
87. The woman had her second Relapse Prevention Plan session on 21 February. Again, it went well and she discussed a number of issues relating to the misuse of drugs and her resettlement leave. She said she was keeping herself occupied and was coping with her cravings. Her next session was scheduled for 28 February.
88. The Mental Health Practitioner had her second session with the woman on 22 February. The woman presented a positive outlook about the future and said she hoped to get parole very soon. She said that her home visit had gone well. The Mental Health Practitioner said that she arranged for a psychiatrist to review the woman, and hoped this would be done before her release.
89. The woman completed her Relapse Prevention pack work on 28 February. The CARAT worker sent a copy of her pack to a community drugs worker. It was hoped he would be able to offer one-to-one support regarding substance misuse issues after her release. The woman had originally referred herself to the community drugs worker in July 2006. She had wanted advice about residential rehabilitation services and the funding procedures to get access to this type of treatment. However, because the woman was later sentenced to serve a custodial sentence, she took no further action on the matter.
90. On 1 March, an assessment on the woman was carried out by the prison's In-Reach psychiatrist. The woman said that the trazodone had helped her sleep

pattern but not improved her mood. She was feeling tearful now and asked to revert back to citalopram, as this had previously helped to stabilise her mood pattern. She said she had no suicidal thoughts. It was agreed that she would gradually stop taking trazodone and start citalopram. As the change would probably not start until around the time the woman was due to be released, the psychiatrist said he would send a letter to her home doctor.

91. On 3 March, the CARAT worker telephoned the community drugs worker, asking for information about the services available in the woman's home area. The CARAT worker told the community drugs worker that the woman was doing very well and was committed to abstinence. The woman's release plan was sent to the community drugs worker shortly afterwards, and she telephoned him to arrange to contact each other on her release. The woman said she felt that further support would be helpful.
92. The woman's application for release on HDC licence was approved on 5 March. The East Sutton Park probation officer had no problems with supporting the application. The period in custody had so far been quite uneventful. The woman had conformed to the prison regime and had by now completed two successful town visits and one five day home visit at her parents' address. She had also attended Cookham Wood to continue with her art classes and had kept herself active.
93. The woman's ROR was approved for 9 to 13 March. The CARAT worker said that she was not aware of this and therefore did not get the opportunity to speak with the woman before she left the establishment. There is no record of a fortnightly review between the woman and her personal officer in the period leading up to when she commenced her ROR. Her personal officer said she had a brief conversation with the woman the night before she left. The woman was eager to pack her bags and get ready for her weekend and so the conversation only lasted a few minutes. The personal officer said the woman gave no indication that anything was wrong and she raised no concerns.
94. Throughout my investigation, there was ample evidence that staff and residents had a good relationship with the woman. She was described as an intelligent woman, polite, well behaved and complying with the prison regime. She was forthcoming with any concerns she had, including showing a positive attitude to her health needs. The woman insisted on many occasions that she was aware of the risks of taking drugs and would not return to drug use. She proved this on one occasion whilst on ROTL when she refused drugs from an acquaintance. Her fellow residents also saw her as someone who had overcome her drug misuse problems and was looking forward to a drug free life after release in a supportive family network. When she left prison on 9 March to commence her ROTL, there were no concerns about her well being. As far as all were concerned, she was happy and had remained drug-free whilst at East Sutton Park.

#### **Notification of the woman's death**

95. The woman was not due back to East Sutton Park until 13 March. On the evening of 12 March at approximately 4.45pm a Senior Officer (SO) on duty received a telephone call from Thames Valley Police. The police said that the woman had been pronounced dead at her ROTL address earlier that day. The police said at that stage they were treating her death as suspicious, but it was likely to be drug-related as drug paraphernalia had been found next to her body.
96. The SO told my investigating officers that she was shocked to hear this news. She checked the prison computer system for the woman's details and telephoned the police to verify the call. The SO was aware that East Sutton Park did not have a death in custody contingency plan which applied to a death outside the establishment. However, as with a death in custody on the premises, the first task was to contact the duty governor. She therefore telephoned the duty governor at Cookham Wood and faxed the woman's details. The duty governor then informed the National Operations Unit and other parties.
97. The SO began to tell other staff and residents. As teatime was approaching, she was aware of the difficulties of getting all the staff together. She therefore carried out one-to-one notification to staff whilst walking through the building. She emphasised that it was important that they did not discuss it between themselves so that residents could overhear, as she wanted to avoid inaccurate information and rumours spreading before she had chance to inform the residents together.
98. The SO decided to pass on the news of the woman's death to residents after they had had their tea when they would all be together. After meal times, staff have more time to offer support. The SO was herself a member of the care team and was happy to take on the function. The prison chaplain had also been notified and was on his way to help support the SO and the residents.
99. Soon after, the duty governor contacted the SO and said that he had managed to speak with the woman's parents and arranged for representatives from the prison to visit them. He told the SO that she should collect the woman's personal belongings as soon as possible so that arrangements could be made for their return to her family.
100. When the chaplain arrived, he joined the SO and two female officers in the woman's dormitory, where they spoke with the residents. The SO said she thought that it would be appropriate to tell these residents first because it was likely that the impact on them would be greater. When the news was broken, the residents were clearly concerned and upset. Support was offered and the SO said that further support was available at any time, should they feel that they needed it. Despite their sadness, the residents helped the officers collect the woman's personal possessions.
101. After spending some time in the woman's dormitory, the SO went downstairs to speak to the remaining residents. The chaplain again accompanied her. Afterwards the SO walked around the dormitories and activity rooms to speak

to and offer support to residents and staff who were still shocked at the news. Arrangements were also made for residents to have access to Listeners should they wish.

102. The prison's daily occurrence log book was updated to show that there had been a death of a resident. The woman's personal officer, who was on duty at the time, learnt of her death by overhearing other staff talking about it. On hearing this information, she quickly found the SO to confirm. The woman's personal officer said she was shocked and quite upset on learning of her death. She was offered support by the SO, and reminded that there was a 24 hour support phone line available to anyone who wished to speak with someone outside the establishment.
103. The East Sutton Park Healthcare RGN returned to duty the following day after being on leave. When she arrived she met another SO in the central office. The nurse was updated on the activities of the prison and informed of the woman's death. The nurse was also shocked, left the office and went to healthcare. She was disappointed to learn that none of the healthcare staff had been informed of the woman's death. This was despite the fact that two healthcare staff had been at the prison until 6.15pm the previous day. The healthcare team offered support to one another.
104. The following day, the Governor held a hot debrief meeting to discuss the circumstances of the woman's death. No particular issues were raised. The prison's Family Liaison Officer and the chaplain visited the woman's parents to offer condolences and return her personal belongings. The Family Liaison Officer explained that support and financial assistance were available for the woman's funeral. She provided contact details for the prison so the family could get in touch at any time if they had any issues they wished to discuss. The Family Liaison Officer also gave the woman's parents the money she earned whilst working at East Sutton Park.
105. The woman's CARAT worker, who works part-time, was off duty at the time of the woman's death. She found out on her return to the office through reading the daily occurrence book. This upset her and she was offered support from another colleague.
106. Two weeks after the woman's death, East Sutton Park held a memorial service. It was well attended by residents. The woman's parents were invited but chose not to attend.

### **Post Mortem**

107. The post mortem results confirmed that the woman had a high concentration of morphine in her blood, together with other substances such as heroin and alcohol. These substances were taken shortly before her death. There was also evidence of significant cocaine abuse.

## **ISSUES RAISED IN THE INVESTIGATION**

### **Clinical care received whilst in custody**

108. A review of the woman's medical care was undertaken by South West Kent Primary Care Trust (PCT). A number of recommendations were made which will be addressed with the PCT. Those which are relevant to the investigation are included in this report. The PCT found that the level of care the woman received was comparable, and in some instances was higher, to that she would have received in the community.
109. The clinical review confirms that the woman had regular contact and access to health care and the In-Reach teams in all three prisons in which she served her sentence. She received prompt and continuous care and support in addressing her mental health, drug and alcohol issues.
110. The woman continued to attend hospital out-patient appointments and there was frequent liaison between the hospital consultants and Prison Service healthcare to manage her health needs. She was involved in decisions about her care and treatment and was confident about approaching healthcare to discuss her needs and any medication problems she had.
111. Healthcare staff were aware that the woman had multiple scarring on her body caused by many years of intravenous drug taking. It was noted that on an occasion a nurse conducting a blood test experienced difficulty locating a suitable blood vessel and permitted the woman to take the blood herself. The clinical review says that it is not best practice to allow a resident with a history of substance misuse to locate a blood vessel. Alternative arrangements, such as blood collection sets, should have been available in the healthcare clinic.

**The Primary Care Trust should provide alternative equipment to use when healthcare staff have difficulty taking blood samples.**

### **Communications between Cookham Wood and East Sutton Park**

112. For whatever reason, the woman's CARAT file arrived at East Sutton Park three weeks after she had transferred there. This is a long period of time, especially given that the two prisons have joint working arrangements. I am pleased to say that this delay does not seem to have diminished the level of care and support offered to the woman. Although I make no formal recommendation on this matter, the Governor should ensure the timely and effective transfer of documentation in the event of a prisoner transfer.

### **Could the woman's death have been prevented?**

113. In the period leading up to the woman's death, there was no evidence of any inclination that she might return to drug use. She moved from a closed to an open prison regime and demonstrated that she had taken steps to address her offending behaviour and addiction. These included successful completion of drug abstinence programmes and counselling sessions. Despite her physical

health problems, she remained positive in her approach and her goal to be released early from prison. To this end, with the assistance of her CARAT worker, she had contacted an external drugs adviser who would be able to offer her extra advice and support after release.

114. The woman also completed periods of ROTL and demonstrated that she could be trusted. She left East Sutton Park unescorted on a number of occasions when no concerns were raised. Her interactions with staff were positive and staff seemed confident that she would not return to misusing drugs. The woman did request a change of prescribed medication to assist with her mood. This was agreed by the doctor psychiatrist, who raised no concerns and noted she was not suicidal. The woman appeared to be intent on addressing any problems she encountered.
115. Unlike the first period of weekend ROTL, the woman's CARAT worker had not spoken to her before the last period because she was unaware of ROTL being granted. However she had no concerns about the woman, who was well aware of all the support mechanisms that were in place and could be offered to her by the prison.

#### **External factors**

116. My investigators are not aware of any reason that might have caused the woman to take drugs once again. There was no evidence from previous ROTL periods that she might succumb to temptation. She was also well aware of the dangers.

#### **Death in custody contingency plan**

117. East Sutton Park and Cookham Wood share the same death in custody contingency plan. As the woman did not die on site, the procedures did not apply in their entirety. The senior officer on duty said that, having had experience of using the procedures, she was aware of what was required. However, I think it might be helpful if the plan was re-visited to ensure it reflects the circumstances at East Sutton Park and the possibility that a resident may die on ROTL away from the prison.

**The Governor should review the death in custody contingency plan and include instructions on how to deal with a death outside the prison.**

118. Healthcare staff had a good relationship with the woman and it was unfortunate that they were not immediately informed about her death. Healthcare were not included in the cascade of information or invited to provide support to residents or staff.

**The Governor should review the death in custody contingency plan to ensure that staff in all parts of the prison are notified.**



## **CONCLUSION**

119. The woman seemed to address her drug problems whilst she was in custody. She received support from many staff and other professionals. She was able to manage her physical and mental health with the support of prison healthcare and her hospital consultant.
120. By all accounts, the woman was intelligent and embraced the support offered to her and adapted well to open prison conditions. She also showed initiative by referring herself to a community drugs adviser to receive extra support after her release. She had supportive parents who had offered her a home to live.
121. This investigation has uncovered no reason why the woman resumed taking drugs on her second weekend ROTL. Indeed, she had less than two weeks further to serve before her release. She had received kindness and support from the Prison Service and appeared to have responded well. Sadly, kindness and support may not be sufficient to overcome many years of addictive and self-destructive behaviour.

## **RECOMMENDATIONS**

### **The Primary Care Trust should:**

1. Provide alternative equipment for occasions when healthcare staff have difficulty obtaining blood samples.

### **The Governor should:**

2. Review the death in custody plan and include instructions on how to deal with a death outside the prison.
3. Review the death in custody plan to ensure that staff in all parts of the prison are notified.

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