The Prisoner Ombudsman for Northern Ireland

# INVESTIGATION REPORT
INTO THE CIRCUMSTANCES SURROUNDING THE DEATH OF

# MR KIM SHARRATT
AGED 58 YEARS
WHILE IN THE CARE OF MAGILLIGAN PRISON ON 29 MARCH 2020

Date finalised: **14 January 2022**

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# The role of the Prisoner Ombudsman

The Prisoner Ombudsman for Northern Ireland is responsible for providing an independent and impartial investigation of deaths in prison custody in Northern Ireland. This includes the deaths of people shortly after their release from prison and incidents of serious self-harm.

The purpose of the Prisoner Ombudsman's investigation is to find out, as far as possible, what happened and why, establish whether there are any lessons to be learned and make recommendations to the Northern Ireland Prison Service (the Prison Service) and the South Eastern Health and Social Care Trust (the Trust) for improvement, where appropriate.

By highlighting learning to the Prison Service, the Trust and others who provide services in prisons, the Ombudsman aims to promote best practice in the care of prisoners.

Investigation objectives are set out in the Ombudsman's terms of reference and are to:

- establish the circumstances and events surrounding the death, including the care provided by the Prison Service;
- examine any relevant healthcare issues and assess the clinical care provided by the Trust;
- examine whether any changes in Prison Service or Trust operational methods, policy, practice or management arrangements could help prevent a similar death in future;
- ensure that the prisoner's family have an opportunity to raise any concerns they may have, and take these into account in the investigation; and
- assist the Coroner's investigative obligation under Article 2 of the European Convention on Human Rights, by ensuring as far as possible that the full facts are brought to light and any relevant failing is exposed, any commendable practice is identified, and any lessons from the death are learned.

Within the above objectives, the Ombudsman will identify specific matters to be investigated in line with the circumstances of an individual case.

In order that learning from investigations is spread as widely as possible, and in the interests of transparency, investigation reports are published on the Prisoner Ombudsman's website following consultation with the next of kin. Reports are also disseminated to those who provide services in prisons.

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# Glossary

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| **CT** | Computerised Tomography |
| **ECR** | Emergency Control Room |
| **EMIS** | Egton Medical Information System |
| **GDPR** | General Data Protection Regulations |
| **GP** | General Practitioner |
| **IMB** | Independent Monitoring Board |
| **MRI** | Magnetic Resonance Imaging |
| **NIPS** | Northern Ireland Prison Service |
| **PPANI** | Public Protection Arrangements Northern Ireland |
| **SEHSCT** | South Eastern Health and Social Care Trust |
| **S/O** | Senior Officer |
| **WHSCT** | Western Health and Social Care Trust |

# Foreword from the Ombudsman

The death of a loved one is always difficult. The fact that a death occurs in custody, or shortly after someone is released from prison, has particular difficulties given the loss families experience when a loved one is taken into custody and the trust they must place in the Prison Service, in Healthcare providers, and others to ensure the safety and wellbeing of their loved one.

All those in custody should expect to be treated decently and with respect, receiving the best care possible for their wellbeing and rehabilitation.

In this report, I highlight good practice by both the Prison Service and the Healthcare in Prisons provider. It is important to note good practice so it can be repeated.

While interested parties are important this report is written primarily with Mr Sharratt's family in mind. It is critical that, as far as we can, we provide explanations and insight to bereaved relatives. I offer my sincere condolences to Mr Sharratt's family on their sad loss and hope this report provides information that will be helpful to them.

Mr Sharratt had been in custody since April 2017. He was diagnosed with follicular lymphoma in February 2019 but experienced a good stretch of time without significant impact from the diagnosis. By January 2020 the situation had changed and Mr Sharratt's illness progressed very quickly. Some of the opportunities a family would hope to have towards the end of a loved one's life were not available to them largely due to the speed at which Mr Sharratt's health declined and the impact of the Covid-19 pandemic. This is the first death in custody investigation in which I will address whether or not Covid-19 had a significant impact on a prisoners care. It is, therefore, an important report.

I am grateful to the Prison Service, the Trust and the clinical reviewer for their contributions to this investigation. Others have helped in the information gathering process and to them I also extend my gratitude.

**DR LESLEY CARROLL**
**Prisoner Ombudsman for Northern Ireland**

# Section 1: Summary

Mr Sharratt was aged 58 years when he died at Altnagelvin Hospital on 29 March 2020.

He received a diagnosis of a low-grade follicular lymphoma on 07 February 2019 following a cervical lymph node biopsy. Mr Sharratt did not require any treatment at that time and a "watch and wait" approach was adopted.

Mr Sharratt did not experience any major health complaints until 16 January 2020 when he was admitted to hospital with a severe chest infection. He returned to Magilligan Prison on 22 January 2020. By this stage, Mr Sharratt's mobility was affected and he required a walking aid. His pain medication was also increased.

On 17 February 2020 Mr Sharratt was taken to hospital by ambulance after struggling for breath. He commenced chemotherapy on 19 February 2020 and unfortunately experienced a reaction to the chemotherapy drugs and was admitted to the Intensive Care Unit for several days.

Sadly Mr Sharratt spent the last six weeks of his life in hospital, where his lymphoma progressed very rapidly despite treatment. Mr Sharratt remained in prison custody at the time of his death on 29 March 2020.

Mr Sharratt's post mortem finding was that death was caused by lymphomatous infiltration of central nervous system due to transformed follicular lymphoma. An inquest is pending.

An independent clinical review was commissioned as part of this investigation, the purpose of which was to examine the primary healthcare provided to Mr Sharratt during his final period of custody.

The clinical reviewer concluded that Mr Sharratt received appropriate and timely clinical care while he was in Magilligan Prison and later whilst in hospital. Furthermore, the clinical reviewer found no evidence that the Covid-19 pandemic, which at the time of Mr Sharratt's death had spread to Northern Ireland, had any significant impact on Mr Sharratt's primary or secondary healthcare provision.

I accept and endorse the findings of the independent clinical review and I make no recommendations.

# Section 2: Background information

## 2.1 Magilligan Prison

Magilligan is a medium security prison which holds male adult sentenced prisoners mainly transferred from Maghaberry prison.

Since 2008 prison health care services have been provided by the South Eastern Health and Social Care Trust (the Trust). There is a 24 hour primary health care service and the Mental Health Team is on site Monday to Friday between 08:00 and 17:00. There are no in-patient beds.

## 2.2 Criminal Justice Inspection

The most recent inspection report of Magilligan Prison was published in December 2017. Inspectors recognised the progress made at Magilligan since their previous inspection. They welcomed the innovative work to improve provision for disabled and older prisoners and improvements in relation to healthcare.

## 2.3 Independent Monitoring Board (IMB)

Magilligan has an IMB whose role is to satisfy themselves regarding the treatment of prisoners.

The 2018-19 IMB annual report noted the regime and facilities in House Block 2 (H2) A&B as a model of good practice for older prisoners and those who required assistance. The report also outlined the healthcare provision and noted that the impact of regional shortages of nurses was impacting on the prison but that attempts had been made to enhance recruitment.

## 2.4 Previous incidents at Magilligan Prison

Mr Sharratt's death was the only death from natural causes in 2020 in Magilligan Prison.

# Section 3: Framework for this investigation

Mr Sharratt died from a terminal illness while he remained in prison custody. As a result I am required to investigate and report on the circumstances surrounding his death.

This investigation was conducted in line with the objectives as set out in section 3.4, which include providing explanations, where possible, to Mr Sharratt's family.

## 3.1 Questions raised by Mr Sharratt's family

Mr Sharratt's family raised concerns about the communication between the Prison Service and themselves in relation to Mr Sharratt's transfer to hospital and decline in health.

## 3.2 Investigation methodology

My investigation methodology is designed to thoroughly explore and analyse all aspects of each case including any questions raised by bereaved relatives. The following information was gathered and analysed by the Investigating Officer:

1. Prison Service records;
2. Prison healthcare records;
3. Hospital records; and
4. Post mortem records.

All of this information was carefully examined and I have detailed the relevant matters, which underpin my findings, in this report.

## 3.3 Independent advice

When appropriate, I commission an independent clinical review of specific aspects of healthcare. A clinical reviewer is commissioned from an agreed list, usually to provide peer review of healthcare provision, and they provide a report with recommendations. My office provides relevant documentation and reviewers receive a terms of reference specific to each case. They provide an independent, expert opinion about care provided. A clinical reviewer may, for example, assess delivery of care in relation to current clinically approved guidelines, local and national. They will keep in mind whether or not care has equivalency with that provided in the community and any learning to improve care in the future.

In Mr Sharratt's case I invited the clinical reviewer to examine:

5. The provision of primary healthcare and treatment including palliative care and medication management in relation to that which would have been provided in the community
6. Any impact the Covid-19 pandemic had on Mr Sharratt's primary health care
7. Any shortcomings in care or service provision.
8. Any comments in respect of the policies and procedures under which Mr Sharratt was managed.
9. Any learning opportunities and recommendations for future practice.

I commissioned Dr Andrew N. T. Davies MBBS, MSc, MD, FRCP to complete the clinical review. Dr Davies is a Professor of Palliative Medicine at Trinity College Dublin, University College Dublin and Our Lady's Hospice Dublin. He is the Past President of the Association for Palliative Medicine of Great Britain and Ireland, and current President of the Multinational Association of Supportive Care in Cancer.

## 3.4 Scope and remit of the investigation

The specific objectives of this investigation were to:

1. Establish if the clinical care provided to Mr Sharratt was at least equivalent to that which he would have received in the community.
2. Establish if the Covid-19 pandemic had any impact on the care provided to Mr Sharratt.
3. Establish if any improvements could be made to the communication between the Prison Service and Mr Sharratt's family.
4. Identify any areas of good practice and learning opportunities arising from this case.

A description of the key events leading up to Mr Sharratt's death is set out in Section 4 and my findings are set out Section 5.

# Section 4: Description of key events

## 4.1 Background

Mr Sharratt was committed to Maghaberry prison on 08 April 2017. Due to the nature of his offences he was subject to Public Protection Arrangements Northern Ireland (PPANI) and had been assessed at PPANI Category 1[1]. This was his tenth period in custody.

Mr Sharratt's prison records medical markers included mental health, self-harm, addictions, allergy, stomach ulcer and smoker.

## 4.2 Investigations and Diagnosis

The Egton Medical Information System (EMIS) show that Mr Sharratt attended the Trust's treatment room due to loose stools and stomach pain on 22 May 2017. He attended again on 06 September 2017 and saw a GP on 11 September 2017.

The GP, (Doctor A), requested blood tests to be completed and made an urgent referral to the surgical department and for an Ultrasound, which he attended on 19 September 2017. His blood tests were reviewed by the GP (Doctor A) on 20 September 2017 which resulted on the urgent referral expedited to a Red Flag.

Mr Sharratt's Surgical Clinic appointment for 10 October 2017 was cancelled and rescheduled for 23 October 2017. In a letter dated 05 December 2017 the Consultant Surgeon advised that Mr Sharratt refused any further investigation. Mr Sharratt did however attend for a colonoscopy on 11 December 2017, an Ultrasound on 23 January 2018 and the Surgical Clinic on 12 February 2018.

Mr Sharratt engaged with healthcare in prison throughout this period of investigation, regularly seeing both nurses and GPs.

In addition Mr Sharratt attended the following appointments which led to his diagnosis of low-grade lymphoma:

- 23 January 2018 - An ultrasound of Mr Sharratt's abdomen for investigation of anaemia[2]. The results demonstrated an anomaly within the liver.

[1] Definition of PPANI Category 1: 'Where previous offending and/or current behaviour and/or current circumstances present little evidence that the offender could cause serious harm.'
[2] Anaemia is a deficiency in the number or quality of red blood cells in the body.

- 25 October 2018 - A computerised tomography (CT) scan of the chest, abdomen and pelvis demonstrated enlargement of the lymph nodes and spleen.
- 28 November 2018 - A cervical lymph node biopsy revealed a low-grade follicular lymphoma[3].

Mr Sharratt received his diagnosis on 7 February 2019 during a review at the Haematology Clinic at the Ulster Hospital. A decision was made at this review that Mr Sharratt did not need treatment for his low-grade follicular lymphoma and that a "watch and wait" approach would be adopted.

His care was transferred to the Haematology Clinic at Altnagelvin Hospital, Western Health and Social Care Trust (WHSCT), when he was transferred to Magilligan Prison on 3 January 2019. He was housed in H2, which is a wing that houses mainly older prisoners.

## 4.3 Magilligan Prison

Mr Sharratt was reviewed by the Haematology Clinic at Altnagelvin Hospital on 27 June 2019 and 26 September 2019 and a decision was taken that he did not need treatment at that time.

On 20 January 2020 Mr Sharratt attended a repeat CT scan which showed progression of his low-grade follicular lymphoma. He was reviewed by the Haematology Clinic at Altnagelvin Hospital on 30 January 2020 and a decision was made that Mr Sharratt did not need treatment at this time.

During this time Mr Sharratt's mobility had become greatly impacted due to the cancer now affecting his spine, and he was assessed by an occupational therapist on 27 January 2020 as needing a walking aid, bed lever and toilet frame.

Mr Sharratt was seen by Doctor B in Magilligan Prison on 04 February 2020 and he was prescribed Tramadol for pain relief.

On 11 February 2020 Doctor B referred Mr Sharratt for an urgent assessment at the Emergency Department due to a suspected Gastro-Intestinal Bleed. Mr Sharratt self-discharged on 13 February against medical advice and returned to Magilligan Prison.

[3] Low-grade follicular lymphoma is a common type of slow growing non-Hodgkin lymphoma (cancer) that develops in the B cells.

From 13 February to 17 February 2020, EMIS documents frequent complaints of pain from Mr Sharratt. He is recorded as spending a lot of time in bed and failing to eat or drink very much during this period.

An entry on Inmate Notes[4] on 17 February 2020 records that Senior Officer A spoke with Mr Sharratt and was concerned that he was not eating or drinking enough, that he was spending a lot of time in bed as he thought he might fall if he went anywhere. Senior Officer A arranged for another prisoner to act as a 'buddy' to assist him with meals and drinks and for the Trades Department to bring a high backed chair into his cell to help with his comfort whilst watching television.

Following an appointment with Doctor B Mr Sharratt was admitted to Causeway Hospital with malaise, cough and shortness of breath on 17 February 2020. On 19 February 2020 a lymph node biopsy revealed the low grade follicular lymphoma had transformed into high grade follicular lymphoma and he transferred to Altnagelvin Hospital for chemotherapy.

Unfortunately Mr Sharratt experienced an adverse drug reaction and spent a period in the Intensive Care Unit until he was moved back onto a ward on 25 February 2020.

Chemotherapy was restarted on 04 March 2020. EMIS records for 04 March 2020 recorded that the Nursing Sister at Altnagelvin Hospital queried the level of care prison could provide for Mr Sharratt due to him requiring heavy input from physiotherapy and occupational therapy teams, high levels of nursing care due to chronic anaemia and low haemoglobin coupled with chemotherapy when he was already immunocompromised. The prison healthcare nurse, (Nurse A), advised the Nursing Sister that discharge planning would be required to ensure that an appropriate care package could be put in place for Mr Sharratt.

On 13 March 2020 Altnagelvin hospital declared Mr Sharratt was fit for discharge but as no care package had been found for him he was unable to return to Magilligan Prison. There was a meeting between an Altnagelvin hospital nurse, a prison healthcare nurse (Nurse A), an in-house physiotherapist and an occupational therapist to identify Mr Sharratt's social and nursing care needs. Mr Sharratt was referred to the hospital social worker to assess for a suitable care package. Mr Sharratt remained in hospital until 19 March 2020 when he self-discharged.

Governor A put a buddy in place for Mr Sharratt on the wing however buddies are unable to assist with personal care, which Mr Sharratt needed. On arriving back at Magilligan Prison, Mr Sharratt was unable to weight bear and was assisted by staff from his wheelchair to his bed. EMIS records by Nurse B that Mr Sharratt required a

[4] Inmate Notes is a computerised record of relevant information in relation to a prisoner's period in custody

hospital bed with cot sides, a walking frame, a special mattress, a commode and two nurses for mobilising and help with personal care on 19 March 2020. It further documents that this standard of care was not possible and the issue was escalated to Governor A, Doctor C and the Lead Nurses.

Mr Sharratt was re-admitted to Altnagelvin Hospital on 20 March 2020, less than 12 hours after self-discharging. The Emergency Control Room (ECR) log recorded that at 09:05 Mr Sharratt fell whilst getting out of bed and was unable to get back up.

The Covid-19 pandemic had moved into Northern Ireland by this point and there was some concern from the hospital that Mr Sharratt may be safer in Magilligan Prison than in the hospital. However discharge back to prison was not possible due to the lack of care package available to Mr Sharratt at that time.

Mr Sharratt developed new neurological symptoms over the next few days and a Magnetic Resonance Imaging (MRI) scan of his brain performed on 25 March 2020 demonstrated changes consistent with lymphoma of the central nervous system. He was no longer considered for discharge back to prison.

A further round of chemotherapy commenced however no further courses were given due to the deterioration in Mr Sharratt's condition.

On 28 March 2020 the Bedwatch Journal[5] recorded that Mr Sharratt received a five minute phone call with his sister. Officer A confirmed that he sought permission from the Prison Service to facilitate this call and having spoken to Mr Sharratt beforehand, he passed on a personal message to Mr Sharratt's sister. This was because Mr Sharratt was sadly too unwell speak during this call.

Mr Sharratt died at Altnagelvin Hospital at 10:54 on the 29 March 2020.

[5] The Bedwatch Journal is completed by prison officers to form a record of the prisoners period in hospital

# Section 5: Findings

This section sets out my findings under each specific investigation objective.

Given the nature of Mr Sharratt's death, I invited the clinical reviewer to comment on objectives relating to clinical care i.e. 5.1-5.2 below.

## 5.1 Establish if the clinical care provided to Mr Sharratt was at least equivalent to that which he would have received in the community.

The Clinical Reviewer, Dr Andrew Davies, confirmed in his report that Mr Sharratt had a low-grade lymphoma that transformed into a high-grade lymphoma, and that then progressed very rapidly despite appropriate treatment. He found no evidence of any issues or problems relating to Mr Sharratt's care in prison, or his care in hospital (i.e. outpatient care, inpatient care). Moreover, there was no opportunity to review his prison sentence, or consider alternative places of care / death (e.g. hospice).

Dr Davies concluded that the primary care provided to Mr Sharratt appears to have been entirely appropriate (and timely), and was at least equivalent (and probably better) to what he would have received in the community.

## 5.2 Establish if the COVID-19 pandemic had any impact on the care provided to Mr Sharratt.

Dr Davies found no evidence that the Covid-19 pandemic had any significant impact on Mr Sharratt's primary or secondary healthcare provision.

## 5.3 Establish if any improvements could be made to the communication between the Prison Service and Mr Sharratt's family.

Mr Sharratt was admitted to Altnagelvin Hospital on 19 February 2020, and remained there until his death on 29 March 2020 (except from a period of less than 12 hours between 19 and 20 March 2020). Dr Davies explained in his report that low grade lymphomas are often indolent conditions, with a relatively good prognosis and long survival rate (Cancer Research UK, 2021). Moreover, it is not possible to predict when a low-grade lymphoma will transform into a high-grade lymphoma (Kridel et al, 2017).

In Mr Sharratt's case, it wasn't until this hospital admission that it was discovered that his low grade lymphoma had transformed into a high grade lymphoma. Mr Sharratt's health deteriorated rapidly from this point.

Mr Sharratt's family were aware of his diagnosis but were understandably unsettled at his rapid decline in health. Mr Sharratt was visited in hospital by his sister on 04 March 2020 where she learned that the lymphoma has spread to her brother's spine. However in a phone call to the ward shortly after this visit she was informed that her brother would soon be returning to prison. This was due to the ongoing public health concerns of Covid-19 but did not go ahead as detailed in Section 4.

Mr Sharratt's sister made further contact with Magilligan Prison on a date unknown after this, but was not given any updated information on her brother because she was not listed as his next of kin on his prison records. I understand that this would have been difficult for her, however the Prison Service are bound by General Data Protection Regulations (GDPR) and unfortunately they were unable to disclose information to anyone other than the recorded next of kin.

Given Mr Sharratt's extended stay in hospital and rapid decline in health, it was the hospital staff, rather than the Prison Service, who maintained contact with Mr Sharratt's family. It should be noted however that in the telephone call facilitated by the hospital on 28 March 2020 when Mr Sharratt was unable to speak, a prison officer relayed a message to his sister at the request of Mr Sharratt. Mr Sharratt died the following day.

I understand that a slower decline in health may have allowed for the Prison Service to nominate a single point of contact for family engagement. This is common practice on the wing where Mr Sharratt was resident, allowing families to be included in managing end of life care plans for their loved one.

For example, the wing's Enhanced Support Room allows prisoners to be managed under individual end of life care plans. It also provides a space for families to visit their loved ones, away from the hustle and bustle of the visits hall. However, Mr Sharratt's health declined so rapidly there was no opportunity to engage with his family and include them in managing his end of life care.

## 5.4 Identify any areas of good practice and learning opportunities arising from this case.

An important aspect of my investigations is to highlight good practice so that it can be embedded for the future. While I make no recommendations for improvement in this report I do want to draw attention to good practice and encourage continuation of it.

1. Information, medication and primary care

The clinical reviewer found that Mr Sharratt received adequate explanations of his diagnosis, timely and appropriate medication and primary care to a standard equivalent (and probably better) to what he would have received in the community. The speed of Mr Sharratt's decline sadly resulted in there being no opportunity to review his prison sentence, or consider alternative places of care / end of life care (e.g. hospice).

2. The Buddy Scheme

The nomination of a 'buddy' or 'buddies' to assist those with health conditions on the wing should be commended and goes some way to providing comfort and inclusion for those availing of the service.

The wing where Mr Sharratt was resident, H2, houses mainly older men, some of whom will spend their last days in custody. It includes the Enhanced Support Room, where families can visit and make their final memories with their loved one. My thoughts are with Mr Sharratt's family, as there was no opportunity for them to avail of this opportunity due to the speed of his deterioration.

# Section 6: Conclusions

With regard to my responsibilities to investigate Mr Sharratt's death and specifically considering the objectives of my investigation, I draw the following conclusions:

1. My investigation established the circumstances and events leading up to Mr Sharratt's death on 29 March 2020. I am satisfied that, overall, the Prison Service provided appropriate care for Mr Sharratt and a "buddy" was made available to him to assist with daily tasks such as collecting meals.

2. I accept the opinion of the clinical reviewer that Mr Sharratt received appropriate and timely care from the Trust throughout his period of custody and that appropriate investigations were undertaken as necessary. I also accept that the clinical care provided to Mr Sharratt during his period of custody was to a standard equivalent (and probably better) to what he would have received in the community and that there is no evidence of the Covid-19 pandemic having any significant impact on his primary or secondary care provision.

3. I am satisfied that there was no opportunity for significant improvement to the communication between the Prison Service and the deceased family in this case and that the speed of Mr Sharratt's deterioration was a factor in this.

4. I am satisfied that my investigation into Mr Sharratt's death did not highlight any need for changes to be made in Prison Service or Trust operational methods, policy, practice or management arrangements which could help prevent a similar death in future.

5. I do not make any recommendations in this case.

6. In order to assist the Coroner's investigative obligation under Article 2 of the European Convention on Human Rights, I will provide the Coroner with the materials underlying my investigation.