



Independent investigation into the death of Mr Dean Sheppard, on 25 December 2023, following his release from HMP Stoke Heath

A report by the Prisons and Probation Ombudsman

OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
3. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
4. Mr Dean Sheppard died from Influenza A (a viral infection also known as swine flu) on 25 December 2023, following his release from HMP Stoke Heath on 21 December 2023. He was 48 years old. We offer our condolences to those who knew him.
5. Mr Sheppard was released with accommodation in place. We found that the appropriate accommodation referrals to homelessness support services were made.
6. We found that Mr Sheppard accessed satisfactory support with his substance misuse issues at Stoke Heath. Substance misuse support was also put in place when he was released from prison.
7. Mr Sheppard did not report any concerns about his physical health. He was assessed by healthcare in the days leading up to, and on the day of his release and did not present as physically unwell. The clinical reviewer found that the care Mr Sheppard received at Stoke Heath was equivalent to that which he would have received in the community. The clinical reviewer made one recommendation, which did not impact on her assessment of equivalence, that the Head of Healthcare will wish to address.
8. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Mr Sheppard.
9. We make no recommendations.

The Investigation Process

10. HMPPS notified us of Mr Dean Sheppard's death on 5 January 2024.
11. The PPO investigator obtained copies of relevant extracts from Mr Sheppard's prison and probation records.
12. The investigator interviewed Mr Sheppard's community offender manager on 25 March 2024.
13. We informed HM Coroner for Birmingham of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
14. The Ombudsman's office contacted Mr Sheppard's mother and sister to explain the investigation and to ask if they had any matters they wanted us to consider. They asked questions relating to pre-release planning, methadone dosage and post-release travel arrangements. They also had concerns relating to Mr Sheppard's healthcare at Stoke Heath. Their concerns have been addressed in this report, the clinical review and in separate correspondence.
15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
16. Mr Sheppard's family received a copy of the draft report. They raised a number of issues that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

Background Information

HMP Stoke Heath

17. HMP Stoke Heath is a category C prison which holds convicted and remanded male prisoners. Shropshire Community Health NHS Trust provide primary health services. North Staffordshire Combined NHS Trust provides secondary health services and substance misuse treatment. Forward Trust provides non-clinical substance misuse services. Nursing cover is available between 7.30am and 7.30pm seven days a week.

Probation Service

18. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriate. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

Key Events

Background

19. On 31 August 2023, Mr Dean Sheppard was convicted of theft and sentenced to nine months in prison. At the time of sentencing, Mr Sheppard was subject to a community order for shoplifting, which was revoked. He was sent to HMP Birmingham.
20. At his initial health screen, Mr Sheppard told a nurse that he had a history of substance misuse and poor mental health. He said that he had been drinking alcohol daily and used drugs in the community. Mr Sheppard tested positive for cocaine, cannabis, opiates and benzodiazepines (medication that slows down brain activity, used for anxiety and mental health conditions). He was prescribed methadone, diazepam (used to treat anxiety and alcohol withdrawal) and other medication to lessen his withdrawal symptoms from alcohol.
21. On 18 September, Mr Sheppard transferred from Birmingham to HMP Stoke Heath. Mr Sheppard continued to be prescribed methadone.
22. On 22 September, a substance misuse worker from Forward Trust saw Mr Sheppard on the wing and he told them that he did not want their help as he was now receiving methadone.
23. On 24 September, Mr Sheppard made a formal complaint that he had been taken off the medication list and had not received his methadone. Staff responded and reassured him that he was still prescribed methadone and there was no reason why he would not receive it. Medical records confirm that he was prescribed 40ml of methadone from 18 September onwards.
24. On 6 November, Mr Sheppard asked to see Forward Trust and a nurse put him on a waiting list for an appointment.
25. On 8 November, Mr Sheppard referred himself to the mental health team. He said that he had difficulties with anxiety, depression and trauma from a bereavement. He was put on a waiting list.
26. On 9 November, a nurse saw Mr Sheppard and noted that he appeared settled and engaged well. The nurse told him that he was on a waiting list for Forward Trust. Mr Sheppard said that he wanted extra support alongside his methadone script. The nurse noted that Mr Sheppard raised no immediate concerns and was content to remain on the waiting list.
27. On 14 November, a substance misuse worker from Forward Trust assessed Mr Sheppard and noted that he appeared well. Mr Sheppard told her that he was being released the following month and still wanted to speak to Forward Trust because he did not want to use illicit substances in the community. She planned for him to have six structured intervention sessions focusing on triggers, motivation and relapse prevention. She posted him in-cell packs (workbooks) to complete on drug awareness, coping with triggers, motivation and relapse prevention.

28. On 16 November, Mr Sheppard asked a nurse for medication for anxiety and depression due to dealing with a bereavement. A GP at Stoke Heath prescribed him sertraline (an antidepressant). She asked the counselling team to offer some talking therapy sessions to deal with bereavement. Over the next two weeks, he completed the 'living with loss' course.
29. On 23 November, Mr Sheppard asked a nurse for a healthcare appointment because he had been feeling light-headed which was making him anxious. On 28 November, Mr Sheppard saw a nurse, who recorded a high blood pressure reading (157/77). The nurse arranged for Mr Sheppard to have his blood pressure checked twice a week and to monitor him for a few weeks before asking a GP if he required medication. Over the following weeks, healthcare staff checked his blood pressure, and it remained high.
30. On 7 December, Mr Sheppard attended a treatment review. The nurse noted that Mr Sheppard had no heart issues or respiratory concerns, and his physical health was generally okay. Mr Sheppard told the nurse he had been receiving some bereavement support and he was working with Forward Trust doing in-cell workbooks. He said that he had no accommodation on release.
31. On 11 December, a nurse saw Mr Sheppard for a review. He requested further medication for his anxiety, depression and sleep issues. On 14 December, he was prescribed a medication to help him sleep.
32. On 18 December, a substance misuse worker saw Mr Sheppard on the wing for a structured intervention session. He told her that he was being released one day early on 21 December. She noted that he appeared well, and he said that he was 'good'. She told him that an appointment would be arranged in the community for him to collect his methadone prescription. A nurse also wrote that a community referral form was sent to a community substance misuse service.
33. On 20 December, a nurse noted in the medical records that an appointment had been arranged with Change, Grow, Live (CGL – a substance misuse service in the community) for 22 December. Mr Sheppard was given a naloxone kit (used to reverse the effects of an opioid overdose). A Forward Trust staff member gave Mr Sheppard naloxone training.
34. On 21 December, a nurse assessed Mr Sheppard was fit for discharge. His blood pressure was 109/57, which was within normal range. His pulse rate and temperature were within normal range. His oxygen saturation level was 94%, which was slightly outside of the normal range. Mr Sheppard also saw a substance misuse worker, who gave him advice on his reduced tolerance to drugs and told him how to keep safe in the community. Mr Sheppard again said that he was being released homeless.

Pre-release planning

35. Mr Sheppard was released under the discretionary release scheme (when a prisoner can be released up to two days early if their release date falls on a Friday or before a Bank Holiday to support their resettlement). Mr Sheppard's release date was changed from 22 December to 21 December.

36. Prison staff made an appointment for Mr Sheppard with the Department for Work and Pensions (DWP) to claim benefits on release. On 28 September, Mr Sheppard attended an appointment with a DWP worker. Mr Sheppard applied for a new bank card and birth certificate, which were sent to the prison on 24 October.
37. On 25 October, Mr Sheppard was allocated a community offender manager (COM).
38. On 22 November, a Probation Service Officer (PSO) who helps source accommodation, documented that he had referred Mr Sheppard to 24 housing providers to source accommodation.
39. On 30 November, following discussion with the COM, the PSO documented that he had accepted an accommodation offer for Mr Sheppard for a property with Nexus Housing and confirmed that his release date was 21 December. (Nexus Housing offers accommodation to homeless and vulnerable people in Birmingham.) There is no evidence that anyone told Mr Sheppard he had accommodation until he was released.
40. On 7 December, a DWP worker booked an appointment with the job centre in the community.
41. On 12 December, a pharmacist noted that Mr Sheppard was prescribed 28 days of sertraline, to be given to him on 19 December to prepare for his release. This was so he had enough medication to last him four weeks after his release.
42. On 13 December, Mr Sheppard declined support with registering with a community GP.
43. On 20 December, a nurse recorded that CGL had responded to their referral. Mr Sheppard was given an appointment for 22 December to collect his methadone. The nurse noted that Mr Sheppard had a naloxone kit.
44. On 21 December, a prison manager gave Mr Sheppard a copy of his licence with the conditions of his release. The manager told him to report to the Birmingham city centre probation office at 11.30am. Staff gave Mr Sheppard a travel warrant for his train journey from Stoke Heath to Birmingham and a release grant of £89.52.

Post-release supervision

45. Mr Sheppard attended his appointment with his COM as required on 21 December. She noted that he appeared distracted. Mr Sheppard denied taking illicit drugs. She completed the induction paperwork. Mr Sheppard said that he could not remember the time or date of his CGL appointment. He did not report any health concerns.
46. The COM explained Mr Sheppard's licence conditions to him, and he signed to say that he understood them. She gave him the address of his accommodation and instructed him to attend his accommodation that day for his induction.
47. On 27 December, Mr Sheppard missed a scheduled probation appointment. His COM had returned from leave on that date and thought that Mr Sheppard had moved into his accommodation. He was sent a compliance letter for the missed appointment.

48. On 3 January 2024, Nexus housing provider emailed the COM to say that Mr Sheppard had not moved into the accommodation. She discussed this update with her manager, and they decided that Mr Sheppard would be recalled to custody. They were unaware at that point that Mr Sheppard had died.

Circumstances of Mr Sheppard's death

49. On 24 December, at approximately 4.40pm, Mr Sheppard went to a temporary homeless shelter run by Birmingham Christmas Shelter.

50. On the morning of 25 December, Mr Sheppard spoke to shelter staff and asked for clothing. Mr Sheppard told staff he felt unwell, so they asked him to sit down. He started to feel worse, so they put him in the recovery position. Mr Sheppard felt better and sat down on a chair but then collapsed and became unresponsive.

51. Shelter staff requested an ambulance which arrived four minutes later. The shelter staff performed CPR while they waited for the ambulance to arrive. At 8.50am, paramedics confirmed that Mr Sheppard had died.

Post-mortem report

52. The post-mortem report concluded that Mr Sheppard died from Influenza A (Human H3 variant) pneumonia.

53. Influenza A is also known as swine flu. For most people, swine flu is mild. The symptoms include tiredness, a high temperature, a cough, a sore throat, aching muscles, chills, a runny nose, loss of appetite and sometimes vomiting and diarrhoea. Flu symptoms normally develop about one to four days after being exposed to the virus and usually, the symptoms last for around a week. Some people can become seriously ill with flu, including those that are immunocompromised. (Immunocompromised means the body's immune system is weakened).

Findings

Clinical Care

54. The clinical reviewer is satisfied that in the days leading up to, and on the day of Mr Sheppard's release, he did not report any concerns about his physical health and was not observed to be physically unwell by healthcare or prison staff. Mr Sheppard was seen by a nurse for clinical observations on the day of his release who reported that he was fit for discharge. The clinical reviewer noted that the results gave the nurse no cause for concern. Mr Sheppard did not raise any concerns regarding his health during that contact or subsequently when he attended his probation appointment on 21 December.

55. The clinical reviewer also found that Mr Sheppard's blood pressure was appropriately monitored. Mr Sheppard's structured interventions care plan with Forward Trust was reviewed in a timely manner and healthcare provided appropriate medication, naloxone training and appointments with community services. She noted that Mr Sheppard's medication and continuity of care was timely and appropriate.

56. Overall, the clinical reviewer found that Mr Sheppard's care at Stoke Heath was of a good standard and equivalent to that which he would have received in the community. She made one recommendation, which did not impact on her assessment of equivalence, that the Head of Healthcare will wish to address.

Substance Misuse Services

57. We are satisfied that the COM put appropriate measures in place to address Mr Sheppard's substance misuse issues when he was released from prison. She identified that Mr Sheppard's offending was linked to his substance misuse, and she included drug testing and engagement with community drug and alcohol services as a condition of his licence.

Accommodation

58. We consider that the COM appropriately prepared for his release and secured accommodation in a timely manner. We found that considerable efforts were made by probation to source accommodation with numerous referrals to housing providers. Despite accommodation being secured for Mr Sheppard three weeks before his release, he was unaware that he had a place to live until he was told by her on the day of his release. The Probation Service will want to ensure that such news is communicated more effectively in the future. Nevertheless, Mr Sheppard did not attend the accommodation secured for him for unknown reasons. We do not think that his failure to access his accommodation impacted on his death.

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