

**Investigation into the death of a man in hospital in
November 2005, while a prisoner at HMP Swansea**

**REPORT BY THE PRISONS AND PROBATION
OMBUDSMAN FOR ENGLAND AND WALES**

JULY 2006

This is the report of an investigation into the death of a man who died from natural causes in a local hospital in November 2005, having being admitted there from HMP Swansea. He was 51 years of age.

The loss of a loved one is always distressing. I would like to add my personal condolences to the man's family, to those already expressed by one of my Family Liaison Officers.

The man had been received into custody at Swansea prison in October 2005, having been charged with arson and carrying an offensive weapon. Following his first reception healthscreen, he was admitted to the Healthcare Centre. Later the same day, he was taken to a local hospital because of concerns about his health. He had spent just a few hours in prison – his first and only experience of imprisonment.

This investigation has been undertaken by one of my colleagues. I would like to thank the Governor of Swansea Prison, and his staff for their participation in the investigation. I am particularly grateful to the Head of Residence, who acted as the liaison officer.

I make no recommendations in this report although I draw the attention of Prison Health to my comments in para 42 and that of the Governor to my comments in para 47.

Stephen Shaw CBE
Prisons and Probation Ombudsman

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Summary

1. The man was born in November 1954. He was 51 years old when he died from natural causes in November 2005 at the local hospital, Swansea, while a prisoner at HMP Swansea.
2. The cause of death was recorded as septicaemia and septic shock, pneumonia, alcohol abuse and malnutrition.
3. In October 2005, the man had been arrested and charged with arson at his home address. The house was owned by his mother, but he lived there alone. Police records show that, while in police custody, officers were initially more concerned about his mental health than his physical health. The man's sister telephoned from Canada on 12 October and expressed concerns about her brother's mental health. Later that day, a doctor attended to assess his mental state. The doctor advised police officers that, in his opinion, the man did not have mental health problems but did need to go to hospital because of his heart condition. He was promptly taken to the local hospital, and stayed there on the Coronary Care Unit until 18 October. During that time, he escaped from police custody for around 20 minutes when he hid in the hospital. He returned to the police station from the hospital on 18 October, and subsequently attended the Magistrates' Court on 19 October.
4. On 19 October, the man was remanded into custody at HMP Swansea. This was his first experience of prison life. Following his first reception healthscreen, he was admitted to the Healthcare Centre. He was taken to hospital later the same day because of concerns about his health.
5. The clinical review commissioned as part of this investigation concludes that it was appropriate that the man went straight from the prison's reception to the Healthcare Centre for supervision and medical care. His medication was dispensed without delay. The review also concludes that he was dealt with promptly and effectively by staff when he was sent to the local hospital by ambulance later that day.
6. On 25 November 2005, one of my Family Liaison Officers contacted the man's sister by letter. She expressed various concerns about the care and treatment given to her brother from the time of his arrest. Specific concerns about the care and treatment of the deceased by Swansea prison are addressed in this report. It is not within my remit to comment on the care the man did or did not receive whilst in police custody.

HMP Swansea

7. HMP Swansea is a small category B local prison which holds adult male prisoners, both those remanded into custody from the courts and those convicted and sentenced. The prison was completed in 1861 and has remained substantially un-changed since then. However, D wing has benefited from additional accommodation and the reception, kitchen and visits area have been re-built. Considerable refurbishment of existing accommodation areas is currently underway, including a new pedestrian gate, healthcare and the re-establishment of B wing as a residential unit. Swansea has an operational capacity of 425.
8. The Healthcare Centre provides 24 hour primary care and has 12 in-patient beds. Clinical care is provided by a team of doctors and nurses employed by the Prison Service. There is also a specialist Mental Health In-Reach Team (MHIT) which has connections to the local medium secure unit in Bridgend.
9. Her Majesty's Chief Inspector of Prisons (HMCIP) carried out an unannounced inspection of Swansea in April 2005. The inspection report said Swansea is "a small, genuinely local, prison: 70% of its prisoners live less than 50 miles away. One of its distinguishing features is the good relationship between staff and prisoners, often based on familiarity: many prisoners are repeat offenders. Most prisoners told us they felt safe in Swansea; and most said they were well treated by staff on arrival and while in the prison. Race relations were good, and accommodation was clean, though overcrowded. Some of the drug treatment work was excellent."

Conduct of the investigation

10. My investigator studied all relevant prison records relating to the deceased. These included his main prison record and medical record. She also examined the man's police custody records. She spoke to two members of staff at Swansea, and officer from Healthcare, and a Principal Officer within the Security Department. She also spoke to the man's solicitor.
11. A nurse, who works for the Ombudsman's office, undertook a review of the man's medical care in collaboration with the Investigations Manager in the Healthcare Inspectorate Wales (HIW) and with the Director of Investigations, HIW.
12. 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. The coroner explained that the hospital doctor issued a medical certificate of cause of death. The coroner had discussed the matter with the man's family who felt strongly that they did not want a post mortem. The coroner therefore decided it would be appropriate to proceed on the strength of the medical certificate identifying the cause of death alone, and not to conduct a post mortem examination. The cause of death was recorded as septicaemia and septic shock, pneumonia, alcohol abuse and malnutrition.
13. One of my Family Liaison Officers contacted the man's family. His sister raised some concerns about her brother's treatment by police following his arrest. She said that he was obviously ill, but it was his solicitor, rather than the police, who first called a doctor for him. She also questioned why, having been taken to hospital while in police custody, he was discharged from the hospital ultimately to the Magistrates' Court to stand trial, when he was clearly very ill. She also expressed concerns about the doctor at the hospital who advised her on 25 October that her brother's health had improved. Given my terms of reference, issues about the man's treatment while in the custody of the police are outside the remit of my investigation.
14. The man's sister also said she did not believe it was necessary for her brother to be guarded by two prison officers while in hospital. She also said that she overheard two prison officers say that they would have to handcuff her brother, "but not with the chain across his chest," when they became aware of the doctor's opinion that his condition had improved. These issues are within my remit, and are addressed in this report, which I hope answers some of the concerns expressed by the man's sister.

The man's time in HMP Swansea and in the local hospital

15. The man was remanded into custody at HMP Swansea from the Magistrates' Court on 19 October 2005 to await trial. The First Reception Health Screen, carried out by a Healthcare Officer (HCO) highlighted concerns about his physical health. It was noted that he was not very well, and had suffered a "dual heart attack" about a week previously while in police custody and had been treated at the local hospital. It was also noted that he had concerns about emphysema and suffered from asthma and chest pains. The HCO noted that the man was very emaciated.
16. The man was referred to a doctor for a secondary healthscreen. The prison doctor examined him and he was immediately admitted to healthcare as an inpatient. He later complained about chest pains and was seen by the duty nurse. An Electrocardiogram (ECG) was performed which showed that he had an abnormal heart rhythm (SVT). On the advice of the doctor, the man was taken to hospital by ambulance at 10pm that night. He went initially to the Accident and Emergency Department (A&E), but he was later moved to the Coronary Care Unit. A detailed bedwatch log was completed by various prison staff throughout the time he was in hospital. There is a note in the bedwatch log by the escorting officer that a consultant at the hospital had seen the man and was planning to conduct a number of tests which would require him to stay in hospital for approximately one week.
17. On 20 October, a staff nurse from HMP Swansea attempted to telephone the man's next of kin, his sister, but there was no reply. His sister lives in Canada and their mother was visiting her at the time. The man's solicitors were then informed at 11.10am that the man had been admitted to hospital. The solicitors phoned the prison back at 12.50pm, and said they would visit the man in hospital and inform his uncle of his whereabouts.
18. Hospital staff informed the prison that they considered that it was not appropriate to handcuff him, due to his serious medical condition. A risk assessment was undertaken and it was decided that no handcuffs should be used. Two prison officers were detailed to watch him. Instructions were that the prison was to be informed of any improvement in the man's condition for the Duty Governor to reassess the situation. Police had advised the prison that the man had escaped their custody for 20 minutes when previously at the hospital. The man was never restrained during his time in hospital following risk assessment by the prison.

19. Despite the fact that the man was clearly very ill, he would not have been eligible for Release on Temporary Licence (ROTL) as he was on remand.
20. On 22 October, there is an entry on the bedwatch log at 10.40am, "Reported by nursing staff that the man had a confirmed MRSA blood infection. All staff aware and advised no direct contact if possible. Barrier nursing instigated immediately." He was moved to the Intensive Care Unit (ICU) at 6.45pm. At 9pm, the escorting officer noted that the man was on a life support machine. At 11.50pm, he noted that hospital staff were very concerned about the man's condition and had contacted his relatives.
21. On 23 October 2005, the staff nurse telephoned the hospital and was updated about the man's condition. The man was reported to be very ill and on a ventilator. The man's sister and mother had travelled from Canada and were at the hospital. An escorting officer noted that nursing staff indicated that the man had only a 50/50 chance of survival, as there were problems with his blood pressure and heart beat. He remained unconscious.
22. On 25 October, the man was still in the ICU and reported to be stable. There is a note that the man's solicitor told a bedwatch officer, that a doctor had advised that the man was improving and could possibly be discharged in a week or so. The officer noted on the bedwatch log that he was told by a nurse that there was a chance of him being moved to a lower dependency unit (LDU) or even an ordinary ward. The staff nurse telephoned the hospital and was told that he was stable. This is when his sister says she overheard two prison officers saying they would have to handcuff her brother. There is no independent evidence to support this. However, in view of the risk assessment, it is likely that the issue of any improvement in the man's condition would indeed have been discussed as instructions were to report any such improvement to the prison. In fact, the man was never moved from ICU.
23. The man's solicitor explained to my investigator that the sister expressed concerns to her that the man was being guarded by two prison officers. She said that she explained to her that, as the man was on remand, the only way to ensure that the prison officer escort was removed was to apply for bail for him. She said that she did start that procedure, but as the doctor had advised that he was improving she withdrew the bail application as he had no home to return to and his mother could not look after him.
24. On 26 October, the staff nurse telephoned the hospital again and was told that the man remained in intensive care and was ventilated and intubated and semi-conscious. The nurse passed that information on to the man's solicitors.

25. On 3 November, the staff nurse and a principal officer (PO) visited the man in hospital. The nurse reported that the man was seriously ill and still ventilated. Furthermore, he could not speak and remained in intensive care.
26. On 7 November, an officer had a telephone call from the man's sister. She told my investigator that during the call the man's sister questioned the need for prison officers to be in attendance at the hospital. She said that she took advice from a Principal Officer within the Security Department. The PO could not recall giving this advice to the officer. The officer said that she then telephoned the man's sister back, and told her that there was no change to the risk assessment at that time. The man passed away later in the day at 5.55pm.

Clinical review

27. A nurse, who works for my office, undertook a clinical review of the man's medical care in collaboration with the Investigations Manager in the Healthcare Inspectorate Wales (HIW) and with the Director of Investigations (HIW).
28. The overall conclusion of the clinical review is that the man received appropriate medical care when he arrived at Swansea prison. Healthcare staff had acted swiftly in sending him to the local hospital to by emergency ambulance shortly after he was located in the Healthcare Centre.
29. The review also notes the regular contact which the prison, particularly the Healthcare Centre, had with the nursing staff at the hospital for updates on the man's condition, and the visits that were made.
30. I refer to other findings from the clinical review in the following section of this report.

Key findings

31. From the time the man was admitted to hospital from Swansea on 19 October, the Healthcare Centre maintained regular contact with nursing staff at the hospital and there was daily contact by the Security Manager. The escort was supervised daily by managers from Swansea. The Staff Nurse and the PO visited him on 3 November. A proper risk assessment was undertaken by the prison based on all the available information and was appropriately reviewed throughout. The man was never handcuffed during his time in hospital. The overall standard of record keeping is high.
32. The man was not eligible for Release on Temporary Licence (ROTL) according to Prison Service Order (PSO) 6300 as he was on remand. He was not eligible for release on compassionate grounds for the same reason.
33. I agree with the findings of the clinical review that the man's care while he was in prison was appropriate. The initial health screening by the health care officer and the doctor elicited all necessary information from the man, and it was entirely correct that he went straight from reception to the Healthcare Centre where his medication was dispensed without delay.
34. Swansea prison staff acted promptly and effectively in sending him to the local hospital by emergency ambulance on 19 October. I am also pleased that the Healthcare Centre kept in regular contact with the nursing staff in the hospital which was in addition to the daily contact by the Security Department and management supervision of the escort.
35. Some of the concerns raised by the man's family are outside the remit of this investigation. The man's sister was concerned about his treatment by police following his arrest on 11 October. She said that he was obviously ill, but it was his solicitor, rather than the police, who first called a doctor for him. She also questioned why, having been taken to hospital on 12 October while in police custody, he was discharged from the hospital on 18 October when he was clearly very ill. This is something which the NHS and Swansea police may wish to examine further.
36. The man's sister also expressed concerns about the doctor who advised her on 25 October that her brother's health had improved. Again, this is outside the remit of this investigation, but the man's sister might want to pursue this within the NHS clinical complaints system.
37. In view of his failing health, the man was not handcuffed at any time in hospital while in prison custody. It is possible that officers did discuss a reported improvement in the man's condition, as they had been instructed to be alert to any such improvements. I appreciate that, if

such a conversation took place and was overheard by the family, it would have been distressing for them.

38. As already mentioned, I am satisfied that the prison authorities had all the necessary information and undertook a proper risk assessment of the man while he was in hospital. While it was clearly distressing for the family that there were two prison officers in attendance at the hospital, I believe that the risk assessment was appropriate in view of the nature of the charges against the man, and the fact that he had escaped from police custody previously. However, it was unfortunate, as the clinical review says, "that it was not possible for the prison to at least reduce the escort to one officer when the man was so seriously ill and so unlikely to make any sort of escape attempt."
39. I make no formal recommendations, but I suggest that the NHS and Swansea Police may wish to pursue further the issues the man's sister raises about her brother's treatment after his arrest and before his arrival at Swansea prison. I trust that I may leave this matter in the hands of Prison Health.
40. The Prison Service did not find any factual inaccuracies or request any amendment of the draft report. However, the man's sister had a number of comments – some of which I reflect in the following paragraphs but many of which I am afraid I cannot address as they concern matters outside the remit of my investigation.
41. The man's sister was distressed that her brother's date of birth had been wrongly recorded. I am sorry for this error that originated when the man was remanded. This report now correctly records the man's date of birth. Paragraph 7 of the clinical review has also been amended as the sister said that she did not telephone regarding the man's mental state but rather his physical condition.
42. I appreciate that the man's solicitor told his sister that there was no evidence against her brother and that the house fire was a tragic accident. However, the man's guilt or innocence would have been established by a court. Until then, the Prison Service had a duty to assess any risk or potential problems when transferring him to hospital on the basis that he had been arrested and charged with the serious offence of arson.
43. The man's sister was also concerned that comments in sections of the Hospital Risk Assessments indicated that she and her mother were angry and might cause problems when they visited the hospital. She found the comments offensive. The sister said they were unfounded and the subsequent Visit Check List indicated there had been no problem.
44. Finally, the sister was offended that the bedwatch log stated that she stormed out after her brother's death, when she had just watched him die and was extremely upset. I can appreciate that the presence of prison

staff and their comments noted in the hospital risk assessment, management check list and bedwatch log could have caused distress to the family. In this respect, the Governor might wish to remind staff of the need to ensure that all comments in prison records are carefully considered and sensitively written.