Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ronald Hapgood a prisoner at HMP Cardiff on 29 March 2017

A report by the Prisons and Probation Ombudsman
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Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*
Respectful: *we are considerate and courteous*
Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
Fair: *we are honest and act with integrity*

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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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Ronald Hapgood died in hospital on 29 March 2017 of pneumonia and dementia, while a prisoner at HMP Cardiff. He was 87 years old. I offer my condolences to Mr Hapgood's family and friends.

I agree with Healthcare Inspectorate Wales that Mr Hapgood received good care, equivalent to that which he could have expected in the community. However, I am concerned that the use of restraints on Mr Hapgood when he was transferred from HMP Swansea to Cardiff, and for some of his hospital visits, was not justified.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman **August 2017**

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Summary

Events

1. Mr Ronald Hapgood was sent to HMP Swansea on 27 January 2017. He was aged 87, with limited mobility and high blood pressure.

2. Healthcare staff at Swansea noted Mr Hapgood appeared confused, was very agitated and did not know where he was. A prison GP noted that Mr Hapgood was chronically confused and suffering with dementia. He began arrangements for an assessment for a transfer to a dementia facility.

3. On 31 January, prison staff arranged for Mr Hapgood to transfer to HMP Cardiff, where there were more appropriate facilities to care for him.

4. Healthcare staff at Cardiff created care plans to manage Mr Hapgood in the healthcare unit and they reviewed him daily. On 28 March, Mr Hapgood had two falls in his cell. After the first fall, the nurse checked his blood pressure, pulse, pupil response and oxygen levels, which were all within normal range. After the second fall, the nurse noted Mr Hapgood had low oxygen levels and high blood pressure. Mr Hapgood reported feeling short of breath and having a cough. Healthcare staff sent him to hospital. Doctors found that he had a chest infection and pneumonia. Mr Hapgood remained in hospital, where he died on 29 March.

Findings

5. Healthcare Inspectorate Wales (HIW) found that the overall care Mr Hapgood received was good and equivalent to that which he could have expected to receive in the community. Staff gave thought to the best location for Mr Hapgood and the move to the inpatient unit at Cardiff ensured healthcare staff could monitor him. HIW expressed concern that the reasons for the transfer were not recorded and when Mr Hapgood arrived at Cardiff, healthcare staff were not aware of the earlier discussions or why Mr Hapgood had been transferred to their care.

6. We are concerned that prison managers at Swansea authorised Mr Hapgood to be restrained during the journey to Cardiff. Managers at Cardiff also authorised the use of restraints when Mr Hapgood went to hospital. Managers did not consider Mr Hapgood's age, frailty and poor condition at the time. The recommendations apply to both prisons.

Recommendations

- The Governor and Head of Healthcare should ensure there is a clearly defined procedure for transferring prisoners for healthcare purposes and that the reasons for the transfer are fully recorded.
- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of the prisoner and are based on the actual risk the prisoner presents at the time.

The Investigation Process

7. The investigator issued notices to staff and prisoners at HMP Cardiff informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

8. The investigator obtained copies of relevant extracts from Mr Hapgood's prison and medical records.

9. Healthcare Inspectorate Wales reviewed Mr Hapgood's clinical care at the prison.

10. We informed HM Coroner for Cardiff and Vale of Glamorgan District of the investigation, who gave us the cause of death. We have sent the coroner a copy of this report.

11. The investigator contacted Mr Hapgood's family, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They did not respond.

12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Cardiff

13. HMP Cardiff holds around 800 men, mostly from South East Wales. Many of the prisoners come from local courts on remand. Cardiff and Vale University Health Board is responsible for delivering primary, physical and mental health services at the prison. There is a 22 bed healthcare centre providing 24 hour nursing care and a full time doctor's service between 8.00am and 5.00pm every weekday and a 24 hour on call provision.

HM Inspectorate of Prisons

14. The most recent inspection of HMP Cardiff was in August 2016. Inspectors found that the healthcare was reasonably good. Despite staff vacancies, there were sufficient well-led health services. The Inspectorate found that very few prisoners complained about healthcare as there were only 47 complaints within the previous six months. They said that the health centre, including inpatient unit, was clean and had excellent clinical facilities on two floors.

Independent Monitoring Board

15. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to August 2016, the IMB reported that there was good contact between healthcare managers and prison managers. They said there were lengthy delays for psychiatric assessed prisoners moving to suitable mental health facilities units due to waiting lists.

Previous deaths at HMP Cardiff

16. Mr Hapgood was the fourth prisoner to die from natural causes at Cardiff since January 2016. There were no significant similarities with the circumstances of the previous deaths.

Key Events

17. On 27 January 2017, Mr Ronald Hapgood was sentenced to 18 months in prison for wounding/inflicting grievous bodily harm and sent to HMP Swansea. He was aged 87, with limited mobility and high blood pressure.

18. Mr Hapgood spent his first night sharing a cell on a wing. In the morning, wing staff told a senior nurse that during the night Mr Hapgood had attempted to throw a hot cup of tea over his cellmate and had been incontinent and confused.

19. Mr Hapgood was moved to a single cell and a nurse monitored him the next night. She noted that Mr Hapgood appeared confused, was very agitated and did not know where he was or why he was locked in the cell. She noted that he hardly slept and had not eaten any food. She asked a doctor to review Mr Hapgood.

20. A prison GP reviewed Mr Hapgood on 30 January. He noted that prior to his custodial sentence hospital staff were completing investigations into whether Mr Hapgood had dementia. He noted that Mr Hapgood was completely disorientated in place and time. He thought it was 2003 and that he was in a military facility. He was unable to recall his date of birth. He noted that Mr Hapgood was chronically confused, suffering with dementia, and in his opinion should have been detained under the Mental Health Act.

Transfer to HMP Cardiff

21. On 31 January, prison staff arranged for Mr Hapgood to transfer to HMP Cardiff. Two officers escorted him in a taxi and he was restrained using double handcuffs (the prisoner's hands are handcuffed in front of him and one wrist is attached to a prison officer by an additional set of handcuffs).

22. During his reception assessment, a nurse arranged for Mr Hapgood to be located in the inpatient healthcare unit for a period of observation regarding his physical health and deteriorating memory.

23. On 3 February, an occupational therapist spoke to Mr Hapgood. She noted he appeared confused and planned to speak to healthcare staff about this. The next day a mental health nurse reviewed Mr Hapgood. She noted he was confused. She contacted Mr Hapgood's family to obtain details about any assessments he had. They told her that there had been contact with Social Services but Mr Hapgood had refused assistance.

24. On 5 February, a nurse noted that Mr Hapgood remained confused. He noted there were no signs of a urinary tract infection so his condition could be the early stages of dementia. He said that he would discuss with the prison GPs about future care.

25. On 6 February, a psychiatrist from the prison in reach mental health team completed an assessment. He noted that Mr Hapgood probably had dementia and prison was not a suitable environment for him. He said Mr Hapgood should remain in healthcare while he arranged for a hospital transfer. The next day he spoke to the assistant psychologist from the Older Persons Mental health Service in Swansea who had contact with Mr Hapgood. They said that Mr Hapgood was

suffering from dementia and advised him to begin the process of a transfer from prison to a dementia facility. Nurses continued to have daily contact with Mr Hapgood. He remained confused and disorientated.

26. On 13 February, the occupational therapist completed an assessment. She noted Mr Hapgood was disorientated but was able to clean and dress himself. He told her he had some "memory problems" as he could recall early events in his life but struggled with short term memory. She created a care plan for an occupational therapist to visit weekly.

27. On 27 February, Mr Hapgood had a cut on his head and blood was on the cell floor but he could not recall how this had happened. A nurse cleaned the wound and checked his observations, which were all within the normal range. The psychiatrist saw him on his ward rounds and noted he was confused and disorientated. He sent a chaser regarding his request for assessment to move to a dementia facility.

Events from March 2017

28. On 1 March, a community psychiatric nurse noted that a consultant psychiatrist from the Older Persons Unit at Abertawe Bro Morgannwg University (ABMU) Health Board would attend the prison to begin the process of the transfer assessment. The consultant and psychiatric nurse attended on 3 March and Mr Hapgood was placed on the waiting list for the transfer.

29. During the early hours of the morning on 14 March, Mr Hapgood complained his legs were hot and sore. A nurse tried to speak to Mr Hapgood but noted he was in a confused state so was unable to give much information. She arranged for healthcare staff to review him in the morning and checked on Mr Hapgood every 15 minutes. At approximately 6.30am, a nurse noted that Mr Hapgood was still complaining about leg pain. She arranged for the nurse on the day shift to examine him.

30. A nurse saw Mr Hapgood first thing in the morning. She noted his leg had a large infected ulcer. She cleaned the wound and applied a dry dressing. She created a care plan for daily dressing changes.

31. A prison GP examined Mr Hapgood. She noted he had a left leg ulcer and prescribed antibiotics and frequent leg dressing changes. She arranged tests on a swab from the ulcer. This showed that he had a Group A strep infection (an infection found on the skin surface) and a Staphylococcus infection (an infection that can cause disease due to direct infection or due to the production of toxins by the bacteria). Nurses changed his leg dressings daily.

32. On 21 March, the community psychiatric nurse contacted the Older Person's Unit to check about his transfer and was told enquiries were ongoing to find a suitable placement.

33. On 25 March, a prison GP examined Mr Hapgood. She noted he was dehydrated. She recommended increased fluids. On 27 March, the psychiatrist noted that Mr Hapgood's symptoms of dementia were generally worsening, with increasing confusion and distress in the evenings and he appeared physically frail.

34. Mr Hapgood had two falls in his cell on 28 March. The first was around 3.55am. A healthcare assistant noted Mr Hapgood appeared dehydrated and had become more prone to slipping. He checked his observations, which were all within the normal range. He monitored him every 15 minutes. The second fall was at 6.07am. A nurse found he had fallen out of bed. She checked his observations and noted his blood saturation was low at 75-85%, improving with oxygen. His blood pressure was high at 181/84mmHg. Mr Hapgood told her he was experiencing shortness of breath and as she helped him back to bed she noted he was very weak. She spoke to the duty doctor and agreed that day staff should arrange for Mr Hapgood to go to hospital. Prison staff took Mr Hapgood to hospital at 8.55am. Two officers escorted him and restrained him.

35. The hospital admitted Mr Hapgood and staff diagnosed a chest infection. Prison managers authorised the continued use of handcuffs. After further tests, staff diagnosed pneumonia with an element of cardiac failure. The hospital team specialising in the care of the elderly took over his care. They gave Mr Hapgood intravenous antibiotics and fluids. His condition deteriorated. Hospital staff conducted another chest x ray and found that Mr Hapgood had an infection in both lungs. The handcuffs were removed on 29 March at 7.40am and were not used again. Mr Hapgood died later that day at 8.15pm.

Contact with Mr Hapgood's family

36. The prison appointed a senior nurse as the family liaison officer on 28 March. Mr Hapgood's family visited him in hospital on 29 March.

37. After he died, the nurse rang Mr Hapgood's family to offer condolences and support.

38. Mr Hapgood's funeral was on 11 April and the prison contributed to the funeral costs, in line with national guidance.

Support for prisoners and staff

39. After Mr Hapgood's death, a prison manager debriefed the staff involved in the bedwatch to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

40. The prison posted notices informing other prisoners of Mr Hapgood's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Hapgood's death.

Cause of death

41. The Coroner confirmed that the cause of Mr Hapgood's death was community acquired pneumonia and dementia.

Findings

Clinical care

42. Healthcare Inspectorate Wales (HIW) found that the overall care Mr Hapgood received in prison was equivalent to that which he could have expected to receive in the community.

43. HIW said that Mr Hapgood was already elderly and frail when he was sent to prison. HIW said that the acute episode leading to Mr Hapgood's death could not have been foreseen or prevented.

44. HIW said that a diagnosis of dementia was suspected immediately at both prisons, with appropriate measures taken to confirm the diagnosis. The twice daily monitoring was appropriate and timely.

45. Our Learning Lessons Bulletin on dementia, published in July 2016, acknowledged the challenges of managing elderly prisoners with dementia within the prison setting and highlighted the need for personalised care. We agree that clinical staff quickly recognised that Mr Hapgood was suffering from dementia and he received appropriate care.

Transfer from HMP Swansea to Cardiff

46. A prison manager at Swansea said he initiated and organised Mr Hapgood's transfer and a social services referral. He said that staff were not confident that there were appropriate conditions to support Mr Hapgood at Swansea. He said he recalled speaking to the duty governor and a duty healthcare manager but could not recall the details of the conversations. He said that he had engaged with healthcare staff over the period that Mr Hapgood was at Swansea.

47. HIW said that the impression in the medical records was that the healthcare staff at Cardiff had no knowledge of the reasons for Mr Hapgood's transfer or his medical condition. HIW said that information from the head of healthcare at Cardiff said prison managers arranged the transfer. HIW made two recommendations for both prisons to ensure they have systems to record such arrangements.

48. The Care Act 2014 outlines the social care needs of elderly and infirm prisoners. The Act makes local authorities responsible for assessing and meeting the eligible social care needs of adult prisoners, although prisons need to make the referrals first. Prison staff at Swansea state they began the process. However, there is no documentation to cover the consideration and reasons for Mr Hapgood's prison transfer. We agree with HIW and therefore make the following recommendation to both Swansea and Cardiff:

    The Governor and Head of Healthcare should ensure there is a clearly defined procedure for transferring prisoners for healthcare purposes and that the reasons for the transfer are fully recorded.

Restraints, security and escorts

49. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

50. For Mr Hapgood's inter prison transfer from HMP Swansea to HMP Cardiff on 31 January 2017, the risk assessment concluded that his risk to the public, of hostage taking, escape potential and likelihood of outside assistance were all low. A nurse noted that she had completed a Prisoner Escort Record (PER). This gave brief information about his medical condition.

51. A prison manager authorised the use of restraints. He said that:

> "I made the decision to double cuff based on the recommendations given to me on the risk assessment. I am unsure over 2.5 months later why I done that but I believe I will learn from that. Men held in Category B establishments who are transferred are normally doubled cuffed. I did not intentionally order the use of double cuffs. If I believed that this man was at risk because he was doubled cuffed then I believe the outcome would have been different."

52. The escort risk assessment of 28 March for the hospital journey concluded that Mr Hapgood's risk to the public, of hostage taking, escape potential and likelihood of outside assistance were all low. It did not record that there were any medical objections to the use of restraints, but did say that there were medical conditions likely to influence the escort as he needed a wheelchair, was unable to weight bear and his age should be taken into consideration.

53. The security manager that day said he initially completed the form. He said that he recommended to the senior manager that double handcuffs should be used and staff should be aware that a wheelchair was likely to be needed. He said his recommendation was based on the information in the risk assessment. He said he knew that Mr Hapgood needed to go out that morning as an unplanned escort. He said that he did not know that Mr Hapgood's condition was life limiting or terminal or, based on the information in the risk assessment, that he was a frail old man. He said the new forms had been amended to include age information.

54. The prison manager who authorised officers to restrain Mr Hapgood with double handcuffs for the taxi journey said that the medical section of the risk assessment indicated that there were no medical objections to the use of restraints.

55. He said that the risk assessment form had recently been revised to include the age and date of birth, along with a note for the discharging officer and managers

assessing the risk to consider the medical opinions of the prisoner's ability to escape. He said this was to ensure that the levels of restraints were proportionate to the security risks, balanced by care and considerations of the decency of the prisoner.

56. We are concerned that anyone decided that it would be appropriate to use double handcuffs for Mr Hapgood. Double cuffing is usually required for moving category A or category B prisoners in good health. Mr Hapgood was a category C prisoner. When, exceptionally, double cuffs are used for a category C prisoner like Mr Hapgood, the Prison Service requires that reasons should be recorded in writing. There is no evidence to support this decision and we can see no reason why it would be justified.

57. The Prison Service has a responsibility to protect the public, but security must be balanced with humanity and measures must be proportionate to a prisoner's individual circumstances. Our learning lessons bulletin highlights the need, when escorting prisoners, for any risk assessment to fully take into account their health, their mobility and the impact of conditions such as dementia.

58. We can see no reason why restraints would be justified either for the prison transfer or hospital visit. It is difficult to see how the assessments could conclude that an elderly, immobile man had the ability to escape unaided from two escort officers. We are not satisfied that managers appropriately considered his condition at the time and how this affected his risk.

59. We are also concerned that at Swansea, a prison manager said it was "normal" for managers to authorise double cuffing for category B prisoners leaving the prison. Mr Hapgood was not a category B prisoner. We make the following recommendation to HMP Swansea and Cardiff:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of the prisoner and are based on the actual risk the prisoner presents at the time.

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