

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Anthony Dowsing a prisoner at HMP Bedford on 7 November 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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.

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

Mr Anthony Dowsing died on 7 November 2015, of a pulmonary embolism at HMP Bedford. He was 70 years old. I offer my condolences to Mr Dowsing's family and friends.

Mr Dowsing had been in prison since February 2014 and suffered from a number of chronic conditions. In August 2015, he moved to HMP Bedford for 24-hour nursing care. He was in very poor health, immobile and unable to move from his bed. I am satisfied that Mr Dowsing received a good standard of healthcare at Bedford and staff could not have prevented his death.

However, despite his immobility, prison managers decided that Mr Dowsing should be restrained for two hospital admissions, without appropriate risk assessments to justify this. I have raised this matter with the prison twice before and I am disappointed that that promised remedial action has evidently still not occurred.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

June 2016

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Summary

Events

1. On 12 February 2014, Mr Anthony Dowsing was sentenced to four years in prison for sexual offences. He was in very poor health and transferred to HMP Bedford on 17 August 2015 for 24-hour nursing care. He suffered from type 2 diabetes, hypertension (high blood pressure), osteoporosis (bone disease) and anaemia. He could not leave his bed without help.
2. Prison healthcare staff and hospital doctors reviewed Mr Dowsing frequently and used appropriate care plans to manage his health and treatment
3. On 24 August, he was taken to hospital, suffering from chest pains. Despite his poor mobility, managers decided that officers should use an escort chain to restrain him. The hospital treated him for a chest infection and discharged him on 28 August.
4. On 18 September, Mr Dowsing was admitted to hospital again when he appeared unwell. Prison managers again decided he should be restrained. He was treated with oxygen therapy and intravenous antibiotics for a chest infection and went back to the prison on 30 September. Over the next month, healthcare staff monitored Mr Dowsing closely.
5. On the morning of 7 November, Mr Dowsing had difficulty breathing. Nurses gave him oxygen and called an emergency ambulance. Paramedics arrived and took over Mr Dowsing's care but his condition continued to deteriorate and he died shortly afterwards.

Findings

6. Mr Dowsing received appropriate treatment for his medical conditions and GPs reviewed him frequently at Bedford. We are satisfied that he received a good standard of care at the prison equivalent to that he could have expected to receive in the community.
7. Mr Dowsing had extremely limited mobility and could not move from his bed without help. We therefore do not consider that the decisions to restrain Mr Dowsing when he went to hospital were properly justified. In response to previous recommendations about this issue, the prison said that consideration of the health and mobility of prisoners when deciding the level of restraints was now routine practice at Bedford. There is no evidence this was the case for Mr Dowsing.

Recommendation

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

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Bedford informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Dowsing's prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Dowsing's clinical care at the prison.
11. We informed HM Coroner for the Bedfordshire district of the investigation who gave us the post-mortem report. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Dowsing's niece to explain the investigation. She did not have any specific issues for the investigation to consider.
13. Mr Dowsing's niece received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.
14. The initial report was shared with the Prison Service. The Prison Service pointed out a factual inaccuracy and this report has been amended accordingly.

Background Information

HMP Bedford

15. HMP Bedford is a local prison which holds up to 506 men. The prison mostly takes sentenced and remand prisoners from nearby courts, as well as sentenced prisoners from London prisons. South Essex Partnership Trust provides healthcare services. The healthcare unit can hold up to 13 inpatients.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Bedford was in February 2014. Inspectors noted that the delivery of healthcare was good and well integrated into the wider prison. Reception health screening of new arrivals was excellent. Prisoners in the inpatient unit were well supported and had good clinical care. Chronic disease management was well organised and prisoners had excellent access to nurse led clinics dealing with a variety of conditions.

Independent Monitoring Board

17. 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 June 2015, the IMB reported that staff shortages and prison overcrowding had impacted on healthcare, which had led to some complaints from prisoners. However, the IMB considered that the overall quality of healthcare was good.

Previous deaths at HMP Bedford

18. Mr Dowsing was the third prisoner to die from natural causes at Bedford since 2012. We made recommendations about the risk assessment process for the use of restraints for hospital visits in the previous two investigation reports. The prison said it had changed its practice as a result, but there was no evidence of this in Mr Dowsing's case.

Key Events

19. On 12 February 2014, Mr Anthony Dowsing was sentenced to four years in prison for sexual offences. He was sent to HMP Wormwood Scrubs and then to HMP Littlehey. His health was very poor and he moved to the inpatient unit of HMP Bedford on 17 August 2015, where he could receive 24 hour nursing care.
20. Mr Dowsing suffered from type 2 diabetes, hypertension, osteoporosis and anaemia. He had extremely limited mobility due to a history of fractures in his lower limbs and an ulcerated wound on his left leg. These conditions meant that he could not move from his bed without help. Before he arrived at Bedford, an occupational therapist had assessed his needs and provided a hoist and sling so that staff could move him safely from the bed to a chair.
21. Nurses used appropriate care plans to manage Mr Dowsing's diabetes, pain management, personal hygiene, pressure point care and mobility. Staff referred him to a tissue viability nurse at Bedford Hospital to assess his leg ulcer and advise of its management.
22. On 20 August, Mr Dowsing became unwell while nurses were giving him his night medication and said he had pain in the left side of his chest. The nurses requested an ambulance. Paramedics assessed him but Mr Dowsing said he no longer had chest pains and an electrocardiogram test (ECG – which measures the electrical activity and rhythm of the heart) was normal. The paramedics decided that Mr Dowsing did not need to go to hospital.
23. On 24 August, Mr Dowsing told a prison GP that he experienced chest pains when he was lying flat. His oxygen saturation level was normal but his pulse was fast and irregular and she arranged for Mr Dowsing to go to hospital by ambulance. Two prison officers accompanied him and used an escort chain to restrain him. (An escort chain is a long chain with a handcuff at each end, one attached to the prisoner and the other to an officer.) Mr Dowsing remained restrained throughout his time in hospital.
24. When Mr Dowsing was admitted to hospital, the Head of Healthcare informed Mr Dowsing's niece (whom he had named as his next of kin and who lived abroad). In hospital, Mr Dowsing had an ECG test which was normal. Doctors diagnosed a chest infection and treated him with intravenous antibiotics. The hospital discharged Mr Dowsing on 28 August.
25. On 3 September, an occupational therapist assessed Mr Dowsing and reviewed his mobility, pressure care and moving and handling care plans. She concluded that he had an appropriate pressure relieving mattress, but she ordered additional equipment, including a pressure relieving chair cushion and a toilet sling. She arranged to see Mr Dowsing again on 23 September.
26. On 18 September, Mr Dowsing appeared dazed and confused. His oxygen saturation level was low and he did not respond to verbal prompts. A prison GP arranged for Mr Dowsing to be admitted to hospital. Two prison officers accompanied him and used an escort chain to restrain him. The Head of Healthcare again informed his niece that he was in hospital.

27. In hospital, Mr Dowsing had a CT scan of his head, which found no abnormality. He received oxygen therapy and intravenous antibiotics for a chest infection.
28. On 22 September, a hospital consultant contacted the Head of Healthcare and said Mr Dowsing was very unwell and slipping in and out of consciousness. She informed his niece. She later contacted the ward sister to say that prison managers had agreed that officers could remove Mr Dowsing's restraints if he became unconscious or suffered a cardiac arrest. However, Mr Dowsing's condition improved and he remained handcuffed by an escort chain throughout his time in hospital until he went back to the prison on 30 September.
29. On 13 October, a prison GP reviewed blood tests he had arranged for Mr Dowsing, which showed high sodium and potassium levels in his blood. He considered that the spironolactone Mr Dowsing was taking for high blood pressure might have caused this and stopped the medication.
30. On 19 October, a prison GP reviewed Mr Dowsing as nurses were concerned that he appeared to be confused. Mr Dowsing did not have any signs of a chest infection and was not short of breath. He noted that Mr Dowsing was taking tramadol for pain relief, which can cause confusion and reduced the dose.
31. At approximately 8.10am on 7 November 2015, nurses checked Mr Dowsing, who was awake at the time. A few minutes later, he rang his cell bell and asked the nurses to help him sit him up in bed. At approximately 8.40am, a nurse went to check him again and found he was having difficulty breathing and unable to speak. She radioed a medical emergency code blue and the control room called an ambulance.
32. A nurse arrived with emergency equipment and gave Mr Dowsing oxygen. Mr Dowsing's pulse rate was faint and his oxygen saturation level was very low. At 8.49am, paramedics arrived and took over Mr Dowsing's care. However, Mr Dowsing's condition continued to deteriorate and paramedics recorded his death at 9.30am.

Contact with Dowsing's family

33. On 7 November, the prison appointed family liaison officers. Mr Dowsing's niece, his next of kin, lived in the USA so an officer telephoned her to let her know he had died and offered condolences and support.
34. Mr Dowsing's funeral was held on 4 December. The prison paid funeral costs in line with national policy.

Support for prisoners and staff

35. After Mr Dowsing's death, a prison manager debriefed the staff involved in the emergency response and offered his support and that of the staff care team.
36. The prison posted notices informing staff and prisoners of Mr Dowsing's death, and offering support. Staff reviewed all prisoners assessed as at risk of suicide and self-harm, in case they had been adversely affected by Mr Dowsing's death.

Post-mortem report

37. A post-mortem examination found that the cause of Mr Dowsing's death was a bilateral pulmonary embolism (a blockage in the lung's main artery or one of its branches). Mr Dowsing also had congestive heart failure, ischaemic heart disease and severe coronary artery atheroma (narrowing of the arteries leading to the heart).

Findings

Clinical care

38. Mr Dowsing suffered from a number of medical conditions and had extremely poor mobility. An assessment of his physical needs took place before his move to Bedford and nurses arranged comprehensive care plans to manage his physical and clinical needs. The clinical reviewer considered that this was good practice.
39. The clinical reviewer considered that Mr Dowsing received high quality care. He received appropriate treatment for his medical conditions and GPs reviewed him frequently. Overall, she found the standard of care given to Mr Dowsing was at least equivalent to that which he would have expected to receive in the community. We are fully satisfied that Mr Dowsing received good care at Bedford and there was nothing staff could have done to prevent his death.

Restraints, security and escorts

40. 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.
41. On 24 August, when Mr Dowsing was taken to hospital, a prison manager completed a risk assessment for the escort. The risk assessment noted that Mr Dowsing was a high risk to the public and a low risk of hostage taking and escape. There was no contribution from healthcare staff about Mr Dowsing's medical condition or mobility or how it affected his risk of escape, as the 2007 High Court judgment requires. Mr Dowsing remained restrained throughout his stay in hospital and this was never reviewed.
42. When Mr Dowsing was admitted to hospital on 18 September, a prison manager decided that staff should use an escort chain to restrain him. Again, there was no further information from healthcare staff about Mr Dowsing's condition or lack of mobility.
43. Public protection is fundamental, but security measures must be proportionate to a prisoner's individual circumstances which must be fully considered, taken into account and balanced against the security risks. Mr Dowsing was described as bed bound and unable to mobilise from the time he arrived at Bedford. Staff had to use a hoist and a sling to move him from the bed. It is clear that the prison took no account of his health and mobility when assessing his risk and it is difficult to see how restraints could be justified. The High Court judgment found

that restraining seriously ill prisoners was degrading and likely to be regarded as inhumane unless justified by other relevant security considerations.

44. We have raised the need to justify the use of restraints for very ill prisoners in hospital in the two previous deaths from natural causes we have investigated at Bedford. A prison manager told us that the prison had acted on our recommendations and prisoners who are seriously or terminally ill are discussed at the weekly complex care meeting. This gave healthcare staff and prison managers the opportunity to consider whether the use of restraints was appropriate if the prisoner went to hospital. However, he confirmed that there was no record of any such discussion about Mr Dowsing on either occasion when he was admitted to hospital. We make the following recommendation:

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

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