

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Robert Dalus a prisoner at HMP Bristol on 3 November 2016

**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 Robert Dalus was found hanging in his cell at HMP Bristol on 3 November 2016. He was 45 years old. I offer my condolences to Mr Dalus' family and friends.

The investigation found that Mr Dalus had never given any indication of suicidal thoughts throughout his time in custody. I am therefore satisfied that staff could not have predicted or prevented Mr Dalus' actions. However, I am concerned at the apparent ease with which Mr Dalus was able to access illicit substances at Bristol.

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**

**April 2017**

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# Summary

## Events

1. On 4 July 2016, Mr Robert Dalus was charged with burglary and remanded into custody at HMP Bristol. Mr Dalus had been in prison before, having served several custodial sentences since 1987. His last sentence ended a month earlier, on 3 June 2016.
2. Mr Dalus had never harmed himself while in prison and no one had ever considered that he was at risk of suicide. He settled well at Bristol, had a job as a wing cleaner and was a trusted prisoner. Mr Dalus had a long history of drug dependence and alcohol abuse. He was put on a drug detoxification programme and prescribed reducing amounts of opiate substitute medication.
3. Mr Dalus had an infected right leg caused by an old injury. Although prison doctors prescribed antibiotics, Mr Dalus was admitted to hospital for treatment as an inpatient on three separate occasions. This treatment included surgery.
4. On 3 November 2016, an officer found Mr Dalus hanging in his cell and raised the alarm. An ambulance was called and staff immediately began cardiopulmonary resuscitation (CPR), despite a doctor attending and assessing that Mr Dalus had died. When paramedics arrived they took over emergency treatment, but at 7.29pm they pronounced Mr Dalus dead.

## Findings

### Assessment of risk

5. Mr Dalus had given no indication, either verbally or in terms of how he presented to staff or other prisoners, that he had thoughts of suicide. We do not consider that prison staff could have predicted or prevented his actions.

### Access to illicit substances

6. We are concerned that Mr Dalus was evidently able to access illicit substances at Bristol. Because of his ongoing drug detoxification programme over this period, it appears that this intake was restricted to medication prescribed to other prisoners that he illicitly acquired. He also had illegally distilled alcohol.

### Emergency response

7. We are concerned that a prison doctor allowed staff to continue resuscitation on Mr Dalus after he had assessed that Mr Dalus was dead.

## Recommendations

- The Governor and Head of Healthcare should give clear guidance to staff about the circumstances in which resuscitation is inappropriate.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Bristol informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
9. The investigator visited Bristol on 20 January. He obtained copies of relevant extracts from Mr Dalus' prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Dalus' clinical care at the prison.
11. The investigator interviewed nine members of staff and two prisoners at Bristol in December, all jointly with the clinical reviewer.
12. We informed HM Coroner for Avon of the investigation. He gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.
13. One of the Ombudsman's family liaison officers contacted Mr Dalus' sister to explain the investigation and to ask whether the family had any matters they wanted the investigation to consider. Mr Dalus' sister asked whether her brother had left a letter or suicide note, and whether his death could have been prevented. She also asked who had spoken with him last. Mr Dalus' family received a copy of the initial report. They did not make any comments.

# Background Information

## HMP Bristol

14. HMP Bristol is a local prison, which can hold up to 614 sentenced and remanded men. Bristol Community Health provides primary healthcare services and Medco Secure Health Services provides GP services. Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services and substance misuse services. All wings have a treatment room staffed by a nurse and healthcare assistants during the day. There is a nurse and a healthcare assistant on duty at night.

## HM Inspectorate of Prisons

15. The most recent inspection of HMP Bristol was conducted in October 2014. Inspectors found that almost a third of prisoners had a drug problem when they entered the prison and almost a quarter had problems with alcohol. Services for prisoners with substance abuse problems had improved since the last inspection and were now good. Security was proportionate and the prison was taking robust action to reduce the supply of drugs. Nevertheless, the availability of New Psychoactive Substances (NPS) was a problem, as found elsewhere in the prison system. Health services had also improved and mental health provision was very good. Inspectors found that levels of violence had risen sharply since the last inspection in 2013, and were now considerably higher than in similar prisons and not enough had been done to investigate individual incidents and deal with perpetrators and victims.

## Independent Monitoring Board

16. 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 most recently published report for the year to July 2016, the IMB was alarmed by the defiant use of drugs and unauthorised substances and associated violence and bullying within the prison. Drugs were prevalent on the residential wings despite increased discoveries and recent improvements in drug testing. The IMB commented that Bristol typically manages more than 60 prisoners per month entering a detoxification programme, with a further 60 prisoners on extended prescribing programmes. The IMB were concerned that the upward trend in the use of NPS has added further challenges to maintaining a safe, drug-free prison and has often diverted scarce staff resources in order to respond to emergency incidents.

## Previous deaths at HMP Bristol

17. Mr Dalus' death was the fifth self-inflicted death at Bristol since 2015, and there were two more self-inflicted deaths after Mr Dalus' death and before the end of 2016. There are no similarities between these deaths and that of Mr Dalus.

## Key Events

18. On 4 July 2016, Mr Robert Dalus was charged with burglary and remanded to HMP Bristol. He had a custodial history dating back to 1987, and had only been released from his last sentence on 3 June 2016. He also had a long history of drug dependence and alcohol abuse. Mr Dalus had not self-harmed at any time during his previous custodial sentences.
19. A nurse saw Mr Dalus when he arrived at Bristol. She recorded that he had a history of drug dependence and abused alcohol. Mr Dalus said he had no current thoughts of self-harm or suicide. He said he was a dependant heroin user and drank up to 40 units of vodka a day. Mr Dalus said he was prescribed methadone (an opiate substitute), mirtazapine (for depression), pregabalin (for nerve pain relief) and zopiclone (for insomnia) by his doctor in the community. He said that before coming back into prison he had been of no fixed abode. She referred Mr Dalus to the substance misuse team and requested his records from his doctor in the community.
20. Mr Dalus told reception officers that he had been in Bristol before, and was of no fixed abode before coming back into custody. He did not name anyone as his next of kin.
21. Later that same evening, Mr Dalus saw a substance misuse doctor. Mr Dalus said that each day he used heroin, drank up to 40 units of vodka and took unprescribed valium (a sedative). He noted that Mr Dalus had been prescribed 80mls of methadone in the community. He recorded that he put Mr Dalus on a detoxification programme and prescribed methadone, diazepam (for alcohol withdrawal), thiamine (a vitamin supplement), pabrinex (a high potency vitamin B and C intra-muscular injection), mirtazapine and pregabalin.
22. On 5 July, Bristol received Mr Dalus' community GP medical records, which confirmed that he had been prescribed mirtazapine, pregabalin, zopiclone and methadone. Mr Dalus was monitored every day by the clinical substance misuse team and his medication was dispensed to him daily. He did not keep any medication in his possession.
23. An officer told the investigator Mr Dalus was an enhanced and trusted prisoner, he occupied a single cell and worked as a wing cleaner. He said Mr Dalus was a popular prisoner on the wing and got on well with the other prisoners, in particular a certain prisoner. The business hub manager told the investigator that being a wing cleaner was the job most sought after by prisoners. It was only given to those most trusted, solely on the recommendation of wing staff.
24. On 18 July, the substance misuse doctor saw Mr Dalus, as he said he wished to reduce his intake of methadone. He recorded that Mr Dalus showed no signs of withdrawal and appeared to have a genuine desire to become drug free. He and Mr Dalus agreed a phased reduction to reduce his intake. This was to begin with a reduction of 10mls a week until Mr Dalus was taking 40mls, would remain at this level for a short period before continuing to reduce at 5mls per week. He would then prescribe lofexidine (for opiate withdrawal). Mr Dalus said he had no thoughts of self-harm.

25. On 11 September, healthcare staff saw Mr Dalus who complained of considerable pain in his right leg, which appeared to be infected. He said he had a pin in his leg after a fracture in the past. Staff transferred Mr Dalus to hospital, where he was admitted. Mr Dalus remained in hospital until 22 September. The hospital discharge summary confirmed that Mr Dalus had an operation to remove the pin from his right tibia, and had been prescribed tramadol (for the relief of severe pain) in addition to his existing medication.
26. Following Mr Dalus' return to Bristol, he was seen daily by healthcare staff to have the dressing changed on his leg. He continued to be issued with his prescribed medication each day.
27. On 14 October, Mr Dalus was readmitted to hospital because of further concerns regarding his right leg. Mr Dalus was offered further surgical treatment, but he declined as he said he wanted to continue with antibiotics treatment only. He was discharged back to Bristol on 17 October.
28. On 21 October, Mr Dalus was again readmitted to hospital because of further deterioration of his right leg. Mr Dalus remained in hospital until 25 October. The hospital discharge summary confirmed Mr Dalus suffered from chronic osteomyelitis (bone infection) and had an operation to drain an abscess on his right leg. The hospital prescribed co-amoxiclav (an antibiotic) for four to six weeks, naproxen (an anti-inflammatory) for three to five days, oramorph (oral opiate pain relief) for seven days, omeprazole (a gastro acid inhibitor) in addition to Mr Dalus' existing medication.
29. Following Mr Dalus' return to Bristol, he was seen regularly by healthcare staff to have the dressing changed on his leg, and he continued to be issued with his prescribed medication each day. Two prisoners both told the investigator that Mr Dalus' attitude and demeanour changed after his last admission to hospital. They said Mr Dalus brewed and drank illicit alcohol on top of his medication, which made him worse.
30. On 27 October, prison phone records show that Mr Dalus called his friend, and the investigator has listened to this call. It is clear from the content of the call that they had a close relationship. The call was forward-looking and Mr Dalus gave no indication of any suicidal thoughts. His friend said he was going into drug rehabilitation on 28 October, and Mr Dalus told him that he did not use methadone. Mr Dalus asked him to be his nominated next of kin.
31. On 28 October, the business hub manager recorded that wing officers had advised that Mr Dalus was unsuitable to work as a wing cleaner due to the ongoing issues with his leg. He noted that Mr Dalus was better suited to a workshop job as he would be able to sit down while carrying out the work. He told the investigator that, despite losing employment as a cleaner, Mr Dalus would nevertheless have retained his enhanced prisoner status and he would have been offered a workshop job as soon as a place became available.
32. On 2 November, a prison doctor saw Mr Dalus for a review of his medication. She recorded that Mr Dalus had successfully completed his drug detoxification. She explained to Mr Dalus that the plan for his medication was to begin reducing the prescribed amount of tramadol from 8 November, and continue with

pregabalin. Mr Dalus said that he also wanted to stop smoking. She prescribed varenicline (for nicotine addiction) and referred Mr Dalus to be followed up in the smoking cessation clinic. She recorded that Mr Dalus denied he had any thoughts of self harm or suicide.

### Events of 3 November

33. Two prisoners both said that during the morning of 3 November Mr Dalus was very intoxicated. They said Mr Dalus was aggressive and argued with each of them, which was totally out of character.
34. At 2.00pm, Officer A went to Mr Dalus' cell to collect him and take him to healthcare as he was due to have his leg redressed. He said Mr Dalus was on the landing, was aggressive and swore at him. This was completely out of character. He said that he could clearly smell alcohol on Mr Dalus' breath. Before Mr Dalus was taken to healthcare, he was asked whether he had taken anything or had anything on him that he should not have. Mr Dalus handed to staff an improvised bladed weapon, made from a toothbrush and razor blade.
35. A nurse saw Mr Dalus to treat his leg. She recorded that the old dressing had been removed and there was no sign of infection. The nurse redressed his leg and set a review date for him to be seen again two days later.
36. While Mr Dalus was in healthcare, staff searched his cell because he was suspected to be under the influence of alcohol. Staff found two, five-litre containers of fermenting liquid. This was confiscated and Mr Dalus was told he was placed on report for having illicit items in his cell.
37. At 5.50pm, Officer A locked Mr Dalus in his cell. He explained that at Bristol the lock up time in the evening for all prisoners is between 5.45pm and 6.00pm. Prisoners then remain in their cells until the following morning.
38. At 7.06pm, Officer B went to Mr Dalus' cell to issue him with his adjudication paperwork because he had been placed on report. He said the adjudication hearing was arranged for the following morning. He knocked on Mr Dalus' cell door but received no response. He looked through the observation panel and saw Mr Dalus hanging from the bedframe, by a ligature made from bedding. He radioed an emergency code blue, which indicates a prisoner is unable, or having difficulty breathing. The control room log shows the code blue was radioed at 7.06pm and an ambulance was called immediately. He immediately entered the cell, cut the ligature, lowered Mr Dalus to the floor and began cardiopulmonary resuscitation (CPR).
39. A nurse and other officers responded to the code blue call. They, and Officer B, continued with the resuscitation and used an automated external defibrillator, which administers electrical shocks to restore a normal rhythm to the heart if any is found. The defibrillator found no shockable rhythm, so they continued with CPR.
40. At 7.14pm, a prison doctor arrived at the scene. He told the investigator that it was clear to him that this was a non-recoverable event and that Mr Dalus had died. He said he had considered stopping the resuscitation, but as the

paramedics and critical care team were already on their way he felt it was reasonable for the resuscitation to continue.

41. Paramedics arrived at 7.18pm, and the critical care team arrived at 7.21pm. At 7.29pm paramedics pronounced Mr Dalus dead.

#### **Contact with Mr Dalus' family.**

42. Mr Dalus had nominated his friend as his next of kin. At 8.30pm, the Governor and a chaplain, the prison family liaison officer, went to Mr Ford's address, but were unable to get a reply. As Bristol had no record of whether Mr Dalus had any relatives, the police and Samaritans were asked to establish whether Mr Dalus had any family. Mr Dalus was found to have family who lived in the London area. Mr Dalus' sister contacted the prison on 6 November, and the chaplain informed her of the circumstances of Mr Dalus' death. He offered condolences and provided support. In line with Prison Service instructions, the prison contributed to the costs of the funeral.

#### **Support for prisoners and staff**

43. A custodial manager debriefed the staff who had been involved in the emergency response. Staff members were offered the support of the prison's care team.
44. The prison posted notices informing staff and prisoners of Mr Dalus' death, and offering support. Staff reviewed all prisoners subject to suicide and self-harm prevention procedures in case they had been adversely affected by Mr Dalus' death.

#### **Post-mortem report**

45. A post-mortem examination, conducted by a Home Office Forensic Pathologist, confirmed that the cause of Mr Dalus' death was hanging. The pathologist, commenting on the toxicology results, found the presence of tramadol, pregabalin and mirtazapine, all medications that Mr Dalus had been prescribed. The results also showed the presence of diazepam, a medication which Mr Dalus was not prescribed. The results confirmed that Mr Dalus had been drinking alcohol in the hours before his death. She noted that the level of alcohol found was equivalent to one and a half times above the legal driving limit. She also noted that the post-mortem examination showed a recent puncture mark in Mr Dalus' right arm which may have been caused by injecting illicit drugs.

# Findings

## Assessment of risk

46. Mr Dalus had been in prison several times before. He had a history of substance misuse but had no history of suicide attempts or self-harm. At no time during his last sentence was Mr Dalus considered at risk of suicide, such that he needed additional monitoring and support using Prison Service suicide and self-harm prevention procedures.
47. The Head of Security told the investigator that she was responsible for all security matters at Bristol. This involved receiving and collating all information and intelligence of drugs, alcohol, bullying and issues concerning prisoners being in debt. She said that Mr Dalus was neither a victim nor perpetrator of bullying and he had no debt issues.
48. Mr Dalus gave no indication to anyone that he had any suicidal thoughts immediately before 3 November or at any other time while he was at Bristol. We do not consider that staff at Bristol could have predicted that he intended to take his own life and therefore could have done anything to prevent his actions.

## Access to illicit substances

49. We are concerned however that Mr Dalus was evidently able to access illicit drugs and was able to ferment alcohol at Bristol. Because he followed a drug detoxification programme over this period, it seems likely that the intake was restricted to medication legitimately prescribed to other prisoners that Mr Dalus had acquired illicitly. Because of Mr Dalus' out of character behaviour on the day of his death, staff searched his cell and at that point found a quantity of illicit alcohol.
50. As an enhanced prisoner at Bristol, Mr Dalus would have only had a weekly fabric check of his cell (a check of the doors, locks and bars). All security searches of cells are intelligence led. The Head of Security also confirmed that there was no intelligence that Mr Dalus was involved in illicit drugs or alcohol. We accept that Bristol had no prior information that indicated Mr Dalus' involvement in illicit drugs and alcohol, and could not have predicted or prevented his actions. We therefore do not make any recommendation.

## Clinical Care

51. The clinical reviewer considered that Mr Dalus' reception assessment was thorough and he was appropriately placed on a detoxification programme. Prison doctors maintained Mr Dalus on appropriate prescribed medication. When Mr Dalus' right leg became infected, the prison doctors promptly assessed him, prescribed broad spectrum antibiotics and referred him to hospital for further assessment.
52. The clinical reviewer commented that Mr Dalus' first assessment at the hospital failed to address the problem fully and his leg deteriorated within a day of his discharge. He was therefore readmitted and received surgical treatment and intravenous medication. Following discharge from hospital on 22 September,

despite a course of antibiotics, prison doctors readmitted Mr Dalus to hospital on 14 October, when it was evident the condition of his leg had deteriorated further. Mr Dalus was offered further surgical treatment, which he declined, preferring to continue with antibiotics treatment only. He was discharged on 17 October. Despite further antibiotic treatment, Mr Dalus was admitted to hospital again on 21 October, received surgical treatment, discharged on 25 October and prescribed antibiotics for a further 28 days.

53. The clinical reviewer was satisfied that the care Mr Dalus received while at HMP Bristol was equivalent to that which he could have expected to receive in the community.

### **Resuscitation**

54. After cutting the ligature, Officer B immediately started CPR when he entered Mr Dalus' cell. A nurse and other staff continued with CPR while waiting for the prison doctor and paramedics to arrive.
55. The clinical reviewer considered that the initial decision to commence CPR was correct. However, he considered the prison doctor's decision to allow staff to continue with CPR while waiting for the paramedics to arrive, for them to assess Mr Dalus and declare further CPR futile themselves, was completely unnecessary. Not only did the doctor occupy the staff in a lengthy and fruitless attempt at CPR, he also prevented the paramedics from being ready to respond to another critical situation elsewhere in the community. He considered that once the doctor had assessed that Mr Dalus had died, he should have immediately stopped the CPR efforts, stood down the paramedics and confirmed Mr Dalus' death.
56. Attempting CPR when someone is dead is distressing for staff and undignified for the deceased. European Resuscitation Council (ERC) Guidelines for Resuscitation 2015, Section 11 state, "Resuscitation is inappropriate and should not be provided when there is clear evidence that it will be futile". The National Offender Management Service, the Royal College of Nursing and the Royal College of General Practitioners jointly issued guidance on when not to perform resuscitation (September 2016). The guidance states that resuscitation must be started on all patients who are found not breathing and/or pulseless unless certain conditions exist until advised otherwise by a competent member of staff. We agree with the clinical reviewer's comments and make the following recommendation:

**The Governor and Head of Healthcare should give clear guidance to staff about the circumstances in which resuscitation is inappropriate.**

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