

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr David Page, a prisoner at HMP Swaleside on 28 February 2020

A report by the Prisons and Probation Ombudsman

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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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. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr David Page, who was 60 years old, died of kidney cancer on 28 February 2020, at HMP Swaleside. We offer our condolences to those who knew him.
4. The clinical reviewer concluded that the clinical care Mr Page received at Swaleside was equivalent to that which he could have expected to receive in the community. However, she made five recommendations, two of which are included in this report.
5. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that care planning is person-centred and addresses the specific needs of prisoners.
- The Head of Healthcare should ensure that staff working in the palliative care suite have the appropriate training and education in caring for prisoners with palliative and end of life care needs.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Page's clinical care at Swaleside. The clinical reviewer's report is attached as Annex 1.
7. The PPO investigator has investigated non-clinical issues, including Mr Page's location, the security arrangements for his hospital escorts, and whether compassionate release was considered.
8. Mr Page did not have a next of kin.
9. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Previous deaths at HMP Swaleside

10. Mr Page was the 13th prisoner to die at Swaleside since February 2018. Of the previous deaths, eight were from natural causes, two were self-inflicted, one was drug-related and one is awaiting classification. We have previously made a recommendation to Swaleside about using personalised end of life care plans.

Key Events

11. On 3 December 2004, Mr David Page was remanded in custody charged with murder. He was later sentenced to life in prison. On 23 September 2013, he was sent to HMP Swaleside.
12. In January 2015, Mr Page was diagnosed with kidney cancer. In February he had a nephrectomy (an operation to remove all or part of the kidney).
13. In May 2016, Mr Page had a computerised tomography (CT) scan (uses X-rays and a computer to create detailed images of the inside of the body), which showed the cancer had spread to his lungs.
14. Over the next 18 months, Mr Page had regular courses of chemotherapy. He was admitted to hospital on several occasions, often with chest infections.
15. On 19 March 2018, hospice staff discussed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order with Mr Page, who agreed that if he stopped breathing he did not want to be resuscitated.
16. On 29 March, Mr Page decided that he did not want to have any more chemotherapy because it made him feel too unwell. Mr Page was monitored by prison healthcare staff and regularly prescribed pain medication.
17. On 10 November 2019, Mr Page said that he did not have any feeling in his legs and he was breathless. He was taken to hospital, and was told that the cancer had spread and was causing compressions to his spinal cord, which was making his legs feel numb.
18. On 19 November, it was noted that Mr Page was paralysed from the waist down. He was taken to a hospice where he was treated for pain control, crisis medication and psychological support.
19. On 9 December, it was agreed that Mr Page would return to Swaleside where he would receive end of life care. Compassionate release was discussed with Mr Page but he said that he did not want to be released, because he had no family and wanted to stay at Swaleside.
20. On 28 February 2020, a nurse went to see Mr Page and noticed that his breathing had become shallow. She sat with him until he died, at 7.20pm.

Cause of death

21. There was no post-mortem examination as the Coroner accepted the cause of death provided by the prison doctor. The doctor recorded that Mr Page died from metastatic kidney cancer.

Sue McAllister CB
Prisons and Probation Ombudsman

July 2020

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