

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Dennis Dobson, a prisoner at HMP Full Sutton, on 23 November 2020

A report by the Prisons and Probation Ombudsman



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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 Dennis Dobson, who was 81 years old, died of coronary heart disease on 23 November 2020 at HMP Full Sutton. Diabetes, COVID-19 pneumonia and severe obstruction of the arteries in his foot contributed to but did not cause his death. We offer our condolences to Mr Dobson's family and friends.
4. Mr Dobson had several chronic health conditions when he entered prison in 2011, including heart disease and diabetes. In 2019, he was diagnosed with colorectal cancer and chronic kidney disease.
5. On 2 October, Mr Dobson was admitted to hospital after having a heart attack. On 13 October, his left foot was amputated because of a diabetes-related ulcer. His condition continued to deteriorate.
6. On 12 November, he was discharged back to Full Sutton after testing positive for COVID-19 in hospital. He was located in the prison's palliative care suite to isolate and receive end of life care.
7. Mr Dobson's condition continued to deteriorate, and he died on 23 November.
8. The clinical reviewer concluded the healthcare Mr Dobson received at HMP Full Sutton was equivalent to that which he could have expected to receive in the community. She made no recommendations.
9. We did not find any non-clinical issues of concern and we have made no recommendations.

Investigation Process

10. NHS England commissioned an independent clinical reviewer to review Mr Dobson's clinical care at HMP Full Sutton.
11. The PPO investigator has investigated non-clinical issues, including Mr Dobson's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
12. One of the PPO's family liaison officers wrote to Mr Dobson's next of kin, his brother, to explain the investigation. He did not respond to our letter.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at Full Sutton

14. Mr Dobson was the fourth prisoner to die at Full Sutton from natural causes since November 2018. Of the previous deaths, there was also one other death related to COVID-19.
15. There are no similarities between our findings in the investigation into Mr Dobson's death and our investigation findings in the previous deaths.

Coronavirus (COVID-19)

16. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
17. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant, have severe lung or kidney disease or have certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70, people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease, those with a weakened immune system or who are very overweight. (These lists are not exhaustive.)
18. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk, isolate those who are symptomatic, and separate newly arrived prisoners from the main prison population.
19. The Ministry of Justice and Public Health England later issued joint guidance, *Preventing and controlling outbreaks of COVID-19 in prisons and places of detention*. It provides operational recommendations for custodial and healthcare staff on preventing and managing outbreaks of COVID-19, including specific advice on population management, social distancing, actions to take if a prisoner, or staff member develops symptoms, and the use of personal protective equipment (PPE). (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected or have tested positive for COVID-19 within 14 days.)
20. After a period of complete lockdown, the Ministry of Justice and HM Prison and Probation Service produced *COVID-19: National Framework for Prison Regimes and Services*. This outlines strategies for easing restrictions and modifying regimes, where severe constraints are disproportionate, or unsustainable. Prisons are expected to devise local policies within the parameters set in the framework.

Key Events

21. On 19 November 2011, Mr Dennis Dobson was remanded into custody charged with historic sexual offences. On 27 March 2012, Mr Dobson was sentenced to 21 years in prison, and in April he transferred to HMP Full Sutton.
22. Before entering prison, Mr Dobson had been previously diagnosed with diabetes, high blood pressure and heart disease. He had had two heart attacks in 2006. Care plans were created to manage his conditions, he was placed under the care of specialist cardiac and diabetic clinics at the prison, and referrals were made to secondary care providers to ensure continuity of his care.
23. In 2019, Mr Dobson was diagnosed with colorectal cancer and acute kidney disease. Hospital staff concluded that he was too frail to undergo active treatment and that he would be suitable for palliative care only.
24. On 20 January 2020, Mr Dobson was reviewed by a prison GP. The GP discussed the issue of ROTL (release on temporary licence) with him, but Mr Dobson said he was not interested in pursuing any form of early release from prison.
25. At the start of the COVID-19 pandemic, Mr Dobson was deemed to be clinically vulnerable of developing complications from COVID-19. Because of his health conditions and the fact that he was not leaving his cell, he was effectively shielding. On 26 March, Mr Dobson received a Government letter advising him to shield due to his vulnerabilities. Mr Dobson complied with the shielding advice throughout the COVID-19 pandemic.
26. On 16 June, a podiatrist at the prison noted Mr Dobson had developed an ulcer on his left foot, possibly as a result of his diabetes. He was regularly reviewed by healthcare staff, who noted that the ulcer was deteriorating.
27. On 7 September, Mr Dobson was taken to hospital by emergency ambulance with suspected sepsis after his ulcer deteriorated further. He was admitted as an inpatient and given intravenous antibiotics. He was discharged back to Full Sutton on 24 September and moved to the prison's inpatient unit.
28. On 2 October, Mr Dobson was taken to hospital by emergency ambulance after complaining of chest pain. Hospital staff confirmed he had had a heart attack and he was admitted as an inpatient.
29. On 13 October, hospital staff amputated his left foot due to the extent of the ulcer. Mr Dobson's condition continued to deteriorate.
30. On 12 November, Mr Dobson was discharged back to Full Sutton after testing positive for COVID-19. He was moved to the prison's palliative care suite to isolate and to receive end of life care. On 20 November, a prison GP discussed making an application for early release on compassionate grounds with Mr Dobson. However, he was adamant that he did not wish to be considered for early release, and that his preference was to die in prison.
31. Mr Dobson's condition continued to deteriorate, and he died at 1.00pm on 23 November.

Post-mortem report

32. The post-mortem concluded that Mr Dobson died from coronary artery insufficiency (insufficient blood flow to the heart) caused by stenosing coronary artery atheroma (narrowed arteries). Mr Dobson also had diabetes, COVID-19 interstitial pneumonia and treated critical ischaemia of the left forefoot, which did not cause but contributed to his death.

Findings

Management of Mr Dobson's risk of infection from COVID-19

33. We are satisfied that Mr Dobson was able to shield from March 2020 onwards and was nursed in isolation when he returned from hospital in September.
34. Mr Dobson did not show symptoms of COVID-19 until his return from hospital on 12 November. As he had spent the previous six weeks in hospital, we assume he contracted the virus in hospital.
35. The investigation found that after healthcare staff were notified by hospital staff that Mr Dobson had tested COVID-19 positive, they responded appropriately and in line with national guidance and implemented appropriate measures in a timely manner.

Sue McAllister CB
Prisons and Probation Ombudsman

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Annexes

1. Clinical review

