

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Robert Sansford on 10 October 2021, following his release from HMP Elmley

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 Robert Sansford died in hospital of heart failure on 10 October 2021, following his release from HMP Elmley on 1 October. He was 68 years old. I offer my condolences to his family and friends.
4. The clinical reviewer concluded that the care Mr Sansford received at HMP Elmley was equivalent to that which he could have expected to receive in the community.
5. We found that there was a delay in the prison appointing a Family Liaison Officer when Mr Sansford was taken to hospital for the last time on 23 September 2021.

Recommendations

- The Governor should ensure that staff notify prisoners' next of kin immediately when they become seriously ill, in line with PSI 64/2011.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Sansford's clinical care at Elmley, including his diagnosis and treatment.
7. The PPO investigator has investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered. The investigator and clinical reviewer interviewed one member of staff by video link on 7 January 2022.
8. We contacted Mr Sansford's next of kin, his sister, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter. However, the Coroner shared with us a number of concerns raised by the family which have been addressed in the clinical review report.
9. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.

Previous deaths at HMP Elmley

10. Mr Sansford was the thirteenth prisoner to die at HMP Elmley since October 2019. Of these deaths, nine were from natural causes, one was self-inflicted and two were drug related.
11. There are no similarities between our findings in the investigation into Mr Sansford's death and our investigation findings for the previous deaths.

COVID-19 (coronavirus)

12. 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.
13. 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 are having 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.)
14. 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. (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.) 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 population. Other measures include social distancing and the use of personal protective equipment (PPE).

15. On 17 September 2021, the Government advised that it was no longer necessary for the clinically vulnerable to shield. This was on the basis that vaccination had reduced the risk to them.

Key Events

16. On 3 February 2020, Mr Sansford was sentenced to 40 months in prison for a violent offence. On 12 February, he transferred to HMP Rochester.
17. Mr Sansford had several long-term health conditions, including atrial fibrillation (irregular heartbeat) and Chronic Obstructive Pulmonary Disease (COPD).

HMP Rochester

18. On his arrival at Rochester, a nurse saw Mr Sansford for his initial health screening. The nurse noted his pre-existing medical conditions.
19. On 27 February, Mr Sansford was identified as being at high-risk from complications associated with COVID-19. He moved from the induction wing to H-wing, which was a Shielding Unit.
20. On 16 November, healthcare staff carried out a review of those prisoners who were shielding. Mr Sansford was identified as still needing to shield. However, he declined the opportunity to shield and signed a disclaimer to that effect. Healthcare staff did not record his reasons for refusing to shield.
21. On 26 November, a prison GP saw Mr Sansford because he had unexplained anaemia. Given this and his family history of bowel cancer, the GP completed a fast track cancer referral. The hospital said that they would review Mr Sansford by telephone on 9 December.
22. On 4 December, Mr Sansford was offered the opportunity to shield again. He refused and signed a disclaimer to that effect.
23. A few days later, Mr Sansford took a COVID-19 test and the result was negative.
24. On 30 December, Mr Sansford had a hospital telephone consultation about his suspected cancer. The consultant booked him in for a CT scan of his chest, abdomen and pelvis.

2021

25. On 6 January 2021, the prison gave Mr Sansford another opportunity to shield. He declined and said that he felt ok and did not feel the need to shield.
26. On 15 January, Mr Sansford went to hospital for his CT scan.
27. On 19 January, Mr Sansford's family contacted the prison to say that they had concerns about his health as he seemed short of breath when speaking with them on the phone. Healthcare staff checked Mr Sansford's vital signs and they were normal. They checked him again later that day and his oxygen saturation level was low, and he had a high temperature. He was transferred to hospital as an emergency. Upon arrival, he was tested for COVID-19 and the result was positive.

28. Mr Sansford remained in hospital until 1 March. He was treated for COVID pneumonia. He was discharged from hospital and transferred to Elmley prison because it provided 24-hour healthcare and was able to meet his healthcare needs.

HMP Elmley

29. On 1 March, Mr Sansford had his reception health screening and he was admitted to the prison's Inpatient Department (IPD). His oxygen concentrator was set up, a care plan created, and he was monitored hourly (which is standard for all prisoners residing on the IPD).
30. On 10 March, Mr Sansford received the result of his COVID-19 PCR test and it was negative.
31. On 16 March, a nurse completed a mental capacity assessment and recorded that Mr Sansford was able to understand information given to him regarding the cleanliness of both himself and his environment. He had no problems communicating his needs and he therefore had the capacity to make his own decisions.
32. On 7 April, Mr Sansford was taken to hospital by emergency ambulance because he was short of breath. His blood oxygen levels were low and his pulse high. He was diagnosed with pneumonia and was tested for COVID-19. The result was negative. On 23 April, he was discharged from hospital and returned to Elmley.
33. On 20 May, Mr Sansford refused a COVID-19 vaccination. He told healthcare staff that he had been told not to have it because of his illnesses. Healthcare staff could not find any written evidence of this advice.
34. In June, the prison started an application for early release on compassionate grounds on Mr Sansford's behalf. However, the hospital consultant did not give a clear indication of Mr Sansford's life expectancy and the application was still incomplete at the time of his release on 1 October.
35. On 11 July, Mr Sansford was taken to hospital after he complained of heart palpitations, chest pain and blackouts. After examination, the hospital discharged him from hospital with advice that he should take his medications regularly.
36. On 24 July, Mr Sansford refused to attend a cardiology appointment and signed a disclaimer. Healthcare staff rearranged the appointment for 7 September.
37. On 18 August, a nurse spoke to Mr Sansford about his reluctance to have the COVID-19 vaccine. Mr Sansford said that it was because he had been told by the hospital in April not to have it because of his medical conditions. The nurse checked the discharge summary from that time and there was no information relating to the COVID-19 vaccine. She also contacted the respiratory team at the hospital by email but they did not respond.
38. On 23 September, a prison GP examined Mr Sansford because he was showing signs of heart failure. He tried to contact the hospital medical team on two occasions but was unsuccessful. The GP sent Mr Sansford to hospital by emergency ambulance. Mr Sansford was admitted to hospital as an inpatient. He

had suspected sepsis, respiratory tract infection and possibly an infectious exacerbation of his COPD.

39. On 1 October, Mr Sansford reached the end of his sentence and he was released from prison.
40. On 10 October, Mr Sansford died in Medway Maritime Hospital.

Contact with Mr Sansford's family

41. On 25 September the prison appointed a Custodial Manager as the Family Liaison Officer (FLO). The Governor contacted Mr Sansford's next of kin, his sister, and offered her condolences. The prison paid for Mr Sansford's body to be transferred from the hospital to Sussex for his funeral.

Cause of death

42. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Sansford's cause of death as decompensated right heart failure caused by pulmonary fibrosis and COVID-19. He also had COPD and an atrial flutter which did not cause but contributed to his death.

Clinical findings

43. The clinical reviewer concluded that the care Mr Sansford received at Elmley was generally of a good standard and equivalent to that which he could have expected to receive in the community.

Management of Mr Sansford's risk of catching COVID-19

44. Mr Sansford contracted COVID-19 at HMP Rochester. He was also identified as being at high-risk from complications associated with COVID-19 and was moved to the prison's Shielding Unit. In November 2020, Mr Sansford decided that he no longer wished to shield. He declined to shield on two further occasions.
45. On 15 January 2021, while at Rochester, Mr Sansford attended a hospital appointment. It is possible that he contracted COVID-19 during this visit as he tested positive for the virus on 19 January.
46. While at Elmley, Mr Sansford declined his COVID-19 vaccination on more than one occasion. Staff encouraged him to accept the vaccination, but they were unsuccessful. Mr Sansford believed that he could not take the vaccine because of his medical conditions. Staff tried to establish if this advice had been given to him by the hospital as there was no written communication about this and no mention of it in his discharge summaries or any other written communication. Staff advised Mr Sansford of this.
47. The clinical reviewer made some recommendations about monitoring of vital signs, following up medical tests and medicine management, which we do not repeat in this report but which the Head of Healthcare will need to address.

Non-clinical findings

Liaison with Mr Sansford's family

48. Prison Rule 22 says that prisons should inform the next of kin immediately if a prisoner becomes seriously ill. Prison Service Instruction (PSI) 64/2011 on safer custody says that if a prisoner suffers an unpredicted or rapid deterioration in their physical health, an appropriate member of prison staff should engage with their next of kin to provide information and support. If a prisoner's health deteriorates a family liaison officer should be appointed immediately and next of kin should be contacted.
49. Mr Sansford went to hospital on 23 September 2021, by emergency ambulance with suspected heart failure. He was subsequently admitted to hospital with possible sepsis and a respiratory infection.
50. There was a delay in the prison notifying Mr Sansford's next of kin that he was in hospital. His next of kin found out from the hospital that he had been admitted as an inpatient on the morning of 24 September. The prison did not appoint a Family Liaison Officer (FLO) until 25 September, two days after Mr Sansford's admission. Given how unwell Mr Sansford was when he went to hospital and his ongoing health problems, we consider that the prison should have informed his next of kin as soon as he was admitted to hospital.
51. We make the following recommendation:

The Governor should ensure that staff notify prisoners' next of kin immediately when they become seriously ill, in line with PSI 64/2011.

**Sue McAllister CB
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