Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Satish Kumar, a prisoner at HMP Oakwood, on 15 May 2023

A report by the Prisons and Probation Ombudsman

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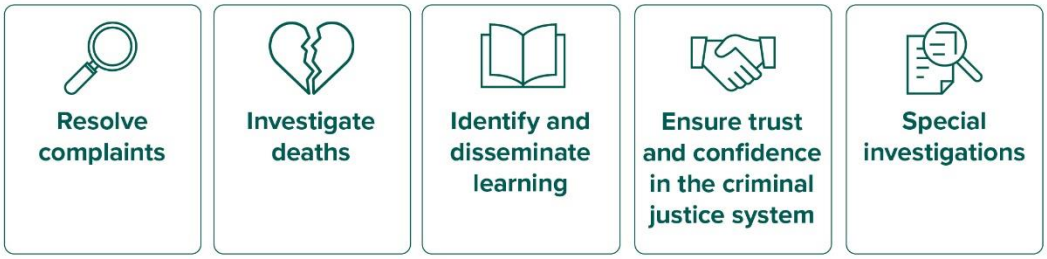
OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE

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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. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

3. Mr Satish Kumar died in hospital of lung cancer on 15 May 2023, while a prisoner at HMP Oakwood. He was 47 years old. We offer our condolences to Mr Kumar's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Kumar received at Oakwood was of a good standard and equivalent to that which he could have expected to receive in the community. However, she made a recommendation about ensuring requests for clinical investigations, such as requests for chest X-rays, are actioned promptly, which the Head of Healthcare will wish to address.

5. We found that there was a delay in removing Mr Kumar's restraints when his condition deteriorated in hospital. We do not make a recommendation but bring this issue to the Director's attention.

The Investigation Process

6. HMPPS notified us of Mr Kumar's death on 15 May 2023.

7. NHS England commissioned an independent clinical reviewer to review Mr Kumar's clinical care at HMP Oakwood.

8. The PPO investigator investigated the non-clinical issues relating to Mr Kumar's care.

9. The PPO family liaison officer wrote to Mr Kumar's partner to explain the investigation and to ask if she had any matters she wanted us to consider. She asked about the quality of healthcare Mr Kumar received at Oakwood. This has been addressed in this report and in the clinical review.

10. We shared our initial report with HMPPS. They found no factual inaccuracies.

11. We sent a copy of our initial report to Mr Kumar's partner. She did not notify us of any factual inaccuracies.

Previous deaths at HMP Oakwood

12. Mr Kumar was the twelfth prisoner to die at HMP Oakwood since May 2020. Nine of the previous deaths were from natural causes and two were drug related.

Key Events

13. On 9 March 2020, Mr Satish Kumar was remanded in custody at HMP Birmingham.

14. On 20 October 2021, Mr Kumar was sentenced to nine years imprisonment for robbery. He was moved to HMP Oakwood on 29 October.

15. On 12 April 2022, Mr Kumar went to see a GP at Oakwood as he was experiencing a persistent cough with haemoptysis (blood-streaked phlegm) and night sweats. The GP requested a chest X-ray, blood test, and sputum (phlegm) test to screen for tuberculosis. On 27 June, the sputum and blood test results were returned and showed that Mr Kumar did not have tuberculosis.

16. On 11 July, a different GP saw Mr Kumar because his cough was getting worse. She discovered that the chest X-ray requested in April had never been completed. She then requested an urgent chest X-ray.

17. On 20 July, Mr Kumar had 'crushing pain' in his chest and was taken to hospital to attend the emergency department. A chest X-ray was done, and Mr Kumar was discharged back to Oakwood after brief treatment in hospital. On 27 July, a GP told Mr Kumar that she had referred him for further tests under the cancer pathway following his X-ray results. A CT scan was scheduled for 9 August, however Mr Kumar declined to attend this appointment and it was rescheduled to a later date. On 26 August, Mr Kumar had a CT scan of his chest and abdomen.

18. On 30 August, Mr Kumar attended the Lung Cancer Clinic where he was told by a respiratory doctor that his CT scan results indicated he may have a tumour in his lung, and that further tests would be needed to confirm this. Mr Kumar returned to hospital on 2 September for an endo-bronchial ultrasound scan (EBUS - used to diagnose various types of lung disorder including cancer).

19. On 6 September, Mr Kumar had a telephone consultation with a respiratory doctor from New Cross Hospital. The doctor told him that his EBUS results showed a tumour on his lung and that the location of the tumour meant it could not be surgically removed.

20. On 15 September, a consultant oncologist (cancer specialist) reviewed Mr Kumar. The consultant told Mr Kumar that his cancer was incurable due to its advanced stage, but that it could be treated with chemotherapy to extend his life expectancy. Mr Kumar began chemotherapy on 20 September and underwent five rounds of chemotherapy over the following months.

21. On 9 November, prison staff started an application for Mr Kumar's early release on compassionate grounds, however the application was not completed as there was no clear prognosis of life expectancy at that stage. Mr Kumar was still undergoing chemotherapy and responding well.

22. After finishing his planned rounds of chemotherapy, Mr Kumar was offered 'consolidative radiotherapy' to his chest, which would kill any remaining cancer cells left in the body. From 27 February 2023 onwards, Mr Kumar began attending radiotherapy appointments at the Deanesly Radiation Oncology Centre.

23. On 10 May, Mr Kumar began to experience shortness of breath and a rapid heart rate. A GP prescribed antibiotics for a possible infection and staff kept him under observation for the following days.

24. On 12 May at approximately 5.00pm, Mr Kumar had a telephone consultation with an oncologist who told Mr Kumar that he might be experiencing 'radiotherapy pneumonitis' (inflammation of the lung caused by radiotherapy). The doctor asked Mr Kumar to attend the emergency department in hospital, however Mr Kumar refused due to it being late in the day. He agreed to go first thing in the morning instead.

25. On the morning of 13 May, Mr Kumar was taken to New Cross Hospital. Two officers accompanied him and applied an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer).

26. When he arrived at the hospital, Mr Kumar was admitted onto an acute medical unit, where he continued to be restrained.

27. The next day, Mr Kumar's condition deteriorated, and he was struggling to breathe. At approximately 10.00pm, Mr Kumar's heart rate became very rapid. A doctor attended and assessed that Mr Kumar might require emergency resuscitation using defibrillation (electric shock). The doctor asked the escort staff to remove Mr Kumar's restraints as they would interfere with emergency resuscitation. An escorting officer contacted a manager by phone who authorised the removal of Mr Kumar's restraints due to his deteriorating condition. The prison's duty manager contacted Mr Kumar's family and they went to the hospital.

28. Mr Kumar's condition continued to deteriorate and he died in hospital at 2.36pm on 15 May.

Cause of death

29. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Kumar's cause of death as lung cancer.

Non-Clinical Findings

Restraints, security and escorts

30. 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. It said 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.

31. The investigator reviewed the escort risk assessment completed on 13 May, when Mr Kumar was taken to hospital for the final time. The assessment was completed thoroughly and we consider that the decision to restrain Mr Kumar with an escort chain was reasonable given his condition at the time. However, the next day, Mr Kumar's condition deteriorated. The prison bed watch records show that from 4.35pm, Mr Kumar was struggling to breathe. Over the next five and a half hours, he remained on the escort chain.

32. The escort chain was not removed until around 10.00pm that night, at the request of a doctor. We consider that prison staff should have reassessed Mr Kumar's risk earlier, given his deteriorating health. Mr Kumar had been assessed as posing a low risk of escape and medium risk to the public at the time of the escort risk assessment, and his progressive illness would have reduced this risk even further, calling into question the need for restraints. We consider that the escorting officers should have alerted a prison manager that Mr Kumar's condition had deteriorated in hospital, rather than waiting to be prompted by medical staff, which delayed the removal of Mr Kumar's restraints. We bring this issue to the Director's attention.

Adrian Usher
Prisons and Probation Ombudsman **February 2024**

Inquest

The inquest, held on 1 July 2025, concluded that Mr Kumar died from natural causes.

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