

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Lisa Sherrington, a prisoner at HMP Low Newton, on 26 August 2022

A report by the Prisons and Probation Ombudsman

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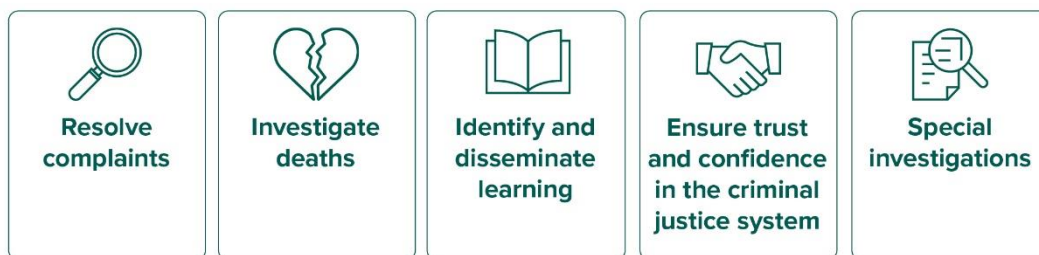
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OUR VISION

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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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.

Ms Lisa Sherrington died in hospital from herpes simplex encephalitis (brain inflammation caused by the herpes virus) on 26 August 2022, while a prisoner at HMP Low Newton. She was 50 years old. I offer my condolences to Ms Sherrington's family and friends.

The clinical reviewer concluded that the care Ms Sherrington received at Low Newton was equivalent to the care she could have expected to receive in the community.

While it appears to be unconnected to Ms Sherrington's death, we are concerned that she was able to smuggle drugs into Low Newton. The Governor will need to consider how searching procedures can be improved to avoid similar incidents in future.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Adrian Usher
Prisons and Probation Ombudsman

September 2023

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Summary

Events

1. On 25 July 2022, Ms Lisa Sherrington was remanded in prison custody charged with possession of class A drugs with intent to supply. She was sent to HMP Low Newton.
2. Ms Sherrington had several health conditions and used a wheelchair. She also had a history of drug misuse.
3. When Ms Sherrington arrived at Low Newton, a reception officer carried out a rub down search of her while she remained in her wheelchair. The officer also searched the wheelchair. Ms Sherrington was moved to a cell in the healthcare unit so she could be monitored more easily.
4. On 26 July, Ms Sherrington had a seizure and was sent to hospital. While there, 18 packages of drugs were found in her rectum. Staff searched Ms Sherrington's cell and found four packs of antibiotics in the pouch at the back of her wheelchair.
5. Ms Sherrington returned to Low Newton on 27 July. On the morning of 2 August, she again had a seizure and was sent to hospital.
6. Ms Sherrington died in hospital on 26 August. A hospital doctor recorded her cause of death as herpes simplex encephalitis (brain inflammation caused by the herpes virus).

Findings

7. The clinical reviewer concluded that the clinical care Ms Sherrington received at Low Newton was of a good standard and equivalent to that which she could have expected to receive in the community. He made no recommendations.
8. Ms Sherrington's death was caused by a viral infection and there is no indication that illicit drug use contributed to her death. Nevertheless, we are concerned that Ms Sherrington was able to smuggle drugs into Low Newton. Body scanners, which can detect drugs secreted internally, are not currently cleared for use in women's prisons. We therefore accept that it would have been difficult to detect the drugs that Ms Sherrington had secreted internally. However, we are concerned that Ms Sherrington was able to bring in four packs of antibiotics through reception. Searching procedures for wheelchair users should be reviewed.

Recommendations

- The Governor should review the searching procedures for prisoners arriving in wheelchairs and ensure that reception staff are fully aware of the procedures they must follow in these circumstances.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Low Newton informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
10. The investigator obtained copies of relevant extracts from Ms Sherrington's prison and medical records.
11. The investigator interviewed 11 members of staff at HMP Low Newton on 8, 9 and 10 November. He also interviewed two members of staff by telephone and by video-link in October.
12. NHS England commissioned a clinical reviewer to review Ms Sherrington's clinical care at the prison. The investigator and clinical reviewer conducted joint interviews with clinical staff on 10 November.
13. We informed HM Coroner for County Durham and Darlington of the investigation. The Coroner provided us with the cause of death. We have sent the Coroner a copy of this report.
14. The investigator contacted Ms Sherrington's mother to explain the investigation and to ask if she had any matters she wanted us to consider. Ms Sherrington's mother asked why her daughter was discharged from hospital on 28 July and sent back to Low Newton. We have answered this question in our report.
15. We shared the initial report with Ms Sherrington's mother and with HM Prison and Probation Service (HMPPS). HMPPS commented upon the blister packs of medication that were later discovered in Ms Sherrington's wheelchair. HMPPS argued that we could not be certain that the medication was in Ms Sherrington's wheelchair when she first arrived at Low Newton but might instead have been secreted somewhere on her person. We have accepted this possibility, and this is reflected in this version of the report and discussed further in paragraphs 49 and 50. We also acknowledge in paragraph 50 that Ms Sherrington might have acquired the medication while at Low Newton, although we consider that unlikely. We do not accept it at all likely that Ms Sherrington had stored the four blister packs of medication in her rectum as she had done with the packs of other drugs discovered when she was transferred to hospital.

Background Information

HMP Low Newton

16. HMP Low Newton is located near Durham. It holds up to 344 women on remand and serving short and long sentences including some high security prisoners. Physical healthcare services are provided by Spectrum Community Healthcare CIC and mental health provision is provided by Tees, Esk & Wear Valleys NHS Foundation Trust. The prison has 24 hour a day nursing cover.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Low Newton was in June 2021. Inspectors noted that 36% of women in the prisoner survey said it was easy to get drugs in the prison, which was an improvement from the 64% response at the previous survey. Inspectors had previously recommended that the prison should be equipped with a body scanner to help prevent illicit items being smuggled in, but Low Newton said that this technology had not been approved for use in women's prisons. In response, inspectors recommended that Low Newton should develop alternative and effective ways of managing women suspected of secreting drugs and other illicit items. Inspectors also noted that since the COVID-19 pandemic, staff in reception no longer completed rub-down searches but instead asked women to remove their clothing, which inspectors deemed disproportionate. Inspectors recommended that rub down searches should be reinstated immediately, which the prison accepted and implemented.

Independent Monitoring Board

18. 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 latest annual report, for the year to 28 February 2022, the IMB considered that the prison provided an environment that protected prisoners, so levels of self-harm and violence were relatively low. The IMB reported that the Drug and Alcohol Rehabilitation Team (DART) had developed in-cell work and motivational materials to help reduce harm from substance misuse.

Previous deaths at HMP Low Newton

19. There were no deaths at Low Newton in the two years prior to Ms Sherrington's death.

Key Events

20. On 25 July 2022, Ms Lisa Sherrington was remanded in prison custody, charged with possession of class A drugs with intent to supply, and sent to HMP Low Newton. This was her first time in prison.
21. Ms Sherrington had several physical health problems and used a wheelchair. She also had a history of substance misuse.
22. A reception officer carried out a rub down search of Ms Sherrington while she remained sitting in her wheelchair as she was unsure whether Ms Sherrington was able to stand. She also carried out a rub down search of Ms Sherrington's wheelchair and checked the pockets. She found nothing of concern.
23. A nurse then saw Ms Sherrington for a reception health screen. The nurse noted that Ms Sherrington had needed a wheelchair following a prolonged period in hospital that included being in an induced coma for three to four months. She noted that Ms Sherrington had a history of drug misuse and presently smoked drugs. She noted that Ms Sherrington had recently been having seizures and possibly had undiagnosed epilepsy. She also noted that Ms Sherrington had diabetes and was insulin dependent.
24. Once the reception process was complete, the nurse located Ms Sherrington in a cell in the healthcare unit so she could be checked more easily. Ms Sherrington was prescribed insulin for diabetes and methadone (a heroin substitute) for opiate dependency.

Events of 26 July

25. At 5.00pm on 26 July, an officer started an evening shift on the healthcare unit and went to check the prisoners on the unit. She went to Ms Sherrington's cell at around 5.15pm and unlocked the door. Ms Sherrington was lying in bed and said that she was okay.
26. Around five minutes later, a nurse went to check Ms Sherrington's blood sugar level. When she looked into the cell, she saw Ms Sherrington on the floor having a seizure. The nurse was not carrying a radio, so she shouted for help and pressed the emergency alarm bell. She went into the cell and officers and other nurses arrived within a few seconds. She took clinical observations and gave Ms Sherrington oxygen and rectal diazepam. She also gave naloxone in case the seizures were drug related. One of the officers had radioed a Code Blue (a medical emergency code to indicate that a prisoner is unconscious or having breathing difficulties and that an ambulance is needed). Paramedics arrived at around 5.46pm, by which time the nurse noted that Ms Sherrington had had around seven seizures. Ms Sherrington was taken to hospital and was accompanied by two bedwatch officers (bedwatch officers accompany and remain with prisoners while they are in hospital). Ms Sherrington's mother was informed that evening that her daughter had been taken to hospital.
27. At hospital, Ms Sherrington was sedated and placed in intensive care and during examination was found to have 18 packages of drugs stored in her rectum. Staff

thought one of the packages may have leaked, but it is unclear whether that was the case.

Events of 27 and 28 July

28. On the morning of 27 July, Ms Sherrington's sedation was stopped and at 11.49am, she was noted to be awake and alert.
29. Due to the discovery of the secreted drugs, Ms Sherrington's cell was searched on 27 July. The investigator viewed body worn video recordings of the search. The search was thorough and systematic and covered the bedding material, towels and curtains, Ms Sherrington's clothing and other possessions. The search also covered the cell furniture and staff checked behind and beneath it. The search discovered around 36 tablets of clindamycin (an antibiotic) in four blister packs that were in the pouch at the back of Ms Sherrington's wheelchair (she had been prescribed this medication while in the community).
30. At 12.15pm on 28 July, one of the bedwatch officers started Prison Service suicide and self-harm monitoring (known as ACCT) after Ms Sherrington made comments about having "nothing to live for" and that she "did not want to be here". He set observations at four an hour.
31. Ms Sherrington was discharged from hospital and returned to Low Newton at around 4.25pm on 28 July. One of Low Newton's nurses subsequently noted that the reason for Ms Sherrington's discharge was that the hospital had no available 'step down beds'. The nurse told the investigator that the usual practice would be for a hospital patient to move from intensive care to a medical ward for their progress to be monitored before being discharged. However, the nurse did not have any particular concerns about Ms Sherrington's discharge back to Low Newton.
32. The hospital discharge summary noted Ms Sherrington's diagnosis to be 'epilepsy generalised'.

Events of 29 July to 1 August

33. On the morning of 29 July, an officer saw Ms Sherrington for an ACCT assessment interview. The officer noted that Ms Sherrington appeared very confused and kept jumping from one thought to another. She told the investigator that that was the first time she had met Ms Sherrington, so she did not know if this was usual for her or whether it was due to the circumstances that led to her hospitalisation. She said that during ACCT assessments she typically asked prisoners, on a scale of zero to ten, whether they wanted to die, and she noted that Ms Sherrington had answered ten. However, Ms Sherrington also spoke about her family and going to education and said that her main concern was that she was losing weight and needed help with that.
34. In the early afternoon, a Supervising Officer (SO) chaired an ACCT case review. Ms Sherrington, the officer who carried out the assessment interview and a mental health nurse also attended. The review was held on the healthcare exercise yard as Ms Sherrington wanted some fresh air. The SO noted that Ms Sherrington was

a little confused when answering questions and when asked if she knew where she was, said she was in HMP Holme House (a male prison). She also said that she remembered nothing about being in hospital. He noted that Ms Sherrington had self-harmed in the past by cutting and noted that as Ms Sherrington was unknown at Low Newton, she should continue to be observed four times an hour. He scheduled the next ACCT review for 5 August. The nurse did not note any concerns in Ms Sherrington's medical record after the ACCT review.

35. Officers made entries in Ms Sherrington's records to show that from the afternoon of 29 July, she began to engage more with staff. She was noted to be in good spirits on 30 July and on 31 July, and she said that she felt much better physically. On 1 August, the records indicate that Ms Sherrington had been feeling unwell that day although she told a nurse in the afternoon that she was no longer feeling sick.

Events on 2 and 3 August

36. At around 8.00am on 2 August, a nurse went to Ms Sherrington's cell and briefly chatted to her before going to collect equipment to check her blood sugar level. Before the nurse had returned, an officer went to make an ACCT check on Ms Sherrington and saw her having a seizure on her bed. The officer shouted for nurse assistance and the nurse ran from the staff office, which was around 20 yards away. The nurse said that she went into Ms Sherrington's room and was joined by another nurse and the Head of Healthcare. The nurse said that they put Ms Sherrington on her side to make sure she was safe, and they took her observations. Ms Sherrington had several seizures, but they were not as severe as the seizure on 26 July, and she was able to talk in between seizures. After around two to three minutes the nurses decided Ms Sherrington would need to go back to hospital, so they radioed a Code Blue. Ambulance paramedics arrived at 8.57am and took Ms Sherrington to hospital.
37. Communications room records show that the Code Blue call was made at 8.42am and an emergency ambulance was called at 8.44am. An Officer Support Grade (OSG) who was working in the communications room that day said that the practice at that time was that an ambulance would only be called when the most senior uniformed officer on duty had confirmed that one was needed. However, the practice had since been updated so ambulances were requested immediately on hearing a Code Blue.
38. On 3 August, following Ms Sherrington's additional seizures, a further search was made of her cell and a package of brown powder was found concealed in a sock inside a cupboard. (The investigator noted that when staff checked the cell on 27 July, they checked Ms Sherrington's clothing by turning the items inside out and they emptied the cupboards before placing checked items back inside the cupboards.)

Ms Sherrington's deterioration and death

39. Bedwatch officers remained with Ms Sherrington while she was at hospital and prison healthcare staff maintained contact with the hospital for updates on her progress. Ms Sherrington had various hospital tests and had seizures from time to

time, but also had periods when she was lucid and talkative. On 15 August, Ms Sherrington was able to leave her bed to wash herself in the bathroom.

40. In the early hours of 16 August, Ms Sherrington had continuous seizures for three hours and was moved from a general ward to the intensive treatment unit (ITU). Ms Sherrington remained sedated from that time, with machines assisting her breathing. Doctors performed various tests and diagnosed Ms Sherrington with herpes simplex encephalitis, a rare neurological disorder causing inflammation of the brain. They gave her a five percent chance of survival. Ms Sherrington was disconnected from all life support equipment on 26 August and died at 4.10pm that day.

Contact with Ms Sherrington's family

41. One of Low Newton's family liaison officers (FLOs) had attempted without success to contact Ms Sherrington's mother on the afternoon of 2 August to inform her that her daughter had been sent to hospital again. The FLO was not able to speak to Ms Sherrington's mother until 5 August, as she had been away from home for several days. Ms Sherrington's mother visited her daughter in hospital and was later present when the life support machine was switched off and Ms Sherrington died.
42. Low Newton contributed to the cost of Ms Sherrington's funeral in line with national instructions.

Support for prisoners and staff

43. After Ms Sherrington's death, a member of the prison care team debriefed the staff who had been on bedwatch to ensure they had the opportunity to discuss any issues arising, and to offer support.
44. The prison posted notices informing other prisoners of Ms Sherrington's death and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Ms Sherrington's death.

Cause of death

45. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor recorded Ms Sherrington's cause of death as herpes simplex encephalitis (inflammation of the brain caused by the herpes virus). There were no toxicological tests for the presence of drugs or other substances.

Findings

Clinical care

46. The clinical reviewer concluded that the healthcare Ms Sherrington received at Low Newton was of a good standard and equivalent to that which she could have expected to receive in the community. The clinical reviewer found no areas for concern, and he made no recommendations.
47. The clinical reviewer did not identify anything that the prison could have done differently that might have prevented Ms Sherrington's death.

Drug finds

48. When Ms Sherrington was sent to hospital on 26 July, several drug packages were found in her rectum. Further medication and drugs were subsequently found during cell searches on 27 July and 3 August.
49. Body scanners, which can identify items secreted internally, are not used in women's prisons and strip searches are carried out at Low Newton only if there is intelligence that a woman might be carrying drugs. We therefore accept that it would not have been possible for staff to identify that Ms Sherrington had secreted drugs internally and the drugs discovered on 3 August might also have been stored internally when Ms Sherrington arrived. However, we are concerned that four blister packs of medication were later found in the pouch at the back of Ms Sherrington's wheelchair, which were not found during the reception searching procedures. It is probable that these were somewhere upon her person or in or on her wheelchair when she arrived. We accept that staff must be sensitive when conducting rub down searches, especially when checking intimate areas of the body, but we are surprised that Ms Sherrington was apparently able to successfully conceal four packs of medication.
50. It is possible that Ms Sherrington acquired the drugs, including the medication, while in Low Newton, but that seems unlikely. We do not know where the medication was when Ms Sherrington arrived and whether it was in her wheelchair or concealed under her clothing. We accept that a full search would have been inappropriate and that there are limitations with rub down searches. Nevertheless, we consider that it would be advisable for the searching arrangements for wheelchair users to be reviewed to ensure they are sufficiently robust. We recommend:

The Governor should review the searching procedures for prisoners arriving in wheelchairs and ensure that reception staff are fully aware of the procedures they must follow in these circumstances.

Inquest

An inquest into Ms Sherrington's death held on 21 October 2024 concluded that her cause of his death was herpes simplex encephalitis.

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