Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Brian Learmonth, a prisoner at HMP Stafford, on 8 October 2020

A report by the Prisons and Probation Ombudsman

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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*

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 Brian Learmonth died on 8 October 2020, at HMP Stafford. He was 65 years old. He died from a cardiorespiratory arrest, caused by COVID-19. He also had underlying high blood pressure. I offer my condolences to Mr Learmonth's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Learmonth received at Stafford was of a good standard and equivalent to that he could have expected to receive in the community. She made no recommendations.

5. The investigation found that Stafford promptly followed national guidance on COVID-19 risk management and implemented the procedures advised to help prevent the spread of the infection, in consultation with Public Health England. Mr Learmonth appears to have contracted the virus in prison, as he had not attended any hospital appointments, or left the prison for any other reason during the five months before his death. When his condition deteriorated, staff immediately assessed him and contacted the ambulance service. During an assessment by a paramedic, his heart and breathing stopped. Resuscitation attempts were unsuccessful.

6. We found no non-clinical issues of concern and make no recommendations.

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

The Investigation Process

8. NHS England commissioned an independent clinical reviewer to review Mr Learmonth's clinical care at HMP Stafford.

9. The PPO investigator reviewed Mr Learmonth's personal records, as well as HMPPS and local policy documents. She investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Learmonth's location; liaison with his family; and whether early release was considered.

10. The clinical reviewer and investigator jointly interviewed the Head of Healthcare on 12 November and the investigator interviewed a prison officer on 20 November. The interviews were conducted by telephone due to the restrictions in place during the COVID-19 pandemic.

11. The PPO family liaison officer wrote to Mr Learmonth's next of kin, his wife, to explain the investigation. Mr Learmonth's wife asked whether COVID-19 had been diagnosed in time for Mr Learmonth to be isolated and if he had an undiagnosed heart condition.

12. Mr Learmonth's wife received a copy of the initial report. She identified a factual inaccuracy, which has been amended in this report.

13. The initial report was shared with HMPPS. They reported no factual inaccuracies.

Previous deaths at HMP Stafford

14. Mr Learmonth was the seventh prisoner to die at Stafford since October 2018. All the previous deaths were from natural causes (none due to COVID-19). There have since been four deaths (including one due to COVID-19). There are no similarities between our findings in this investigation and those of the previous deaths.

COVID-19 (coronavirus)

15. 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.

16. 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.)

17. 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 received prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

18. Mr Brian Learmonth was remanded to HMP Birmingham on 18 July 2014. He was convicted of sexual offences and sentenced to 12 years and 6 months imprisonment on 30 January 2015. (He was due to be released in October 2020.)

19. Mr Learmonth was transferred to HMP Stafford on 1 June 2017. During his reception health screen, it was noted that Mr Learmonth had previously been diagnosed high blood pressure and gastric reflux, for which he had been prescribed medication. However, his blood pressure reading on that day was within the normal range.

20. Mr Learmonth's blood pressure was kept under review and remained within acceptable limits. However, due to this long-term condition, healthcare staff wrote to him on 23 March 2020, giving advice about the COVID-19 pandemic and protective isolation (shielding) of those at very high risk of developing complications if they contracted the infection. Blood tests and a risk assessment for heart disease, in April and May, respectively, identified no significant problems.

21. On 11 June, Mr Learmonth was formally identified as being at high risk of complications from COVID-19 and he began shielding from 2 July.

22. On 26 September, Mr Learmonth reported breathlessness and chest pain. He was immediately isolated in a cell on D wing (designated for men showing symptoms of COVID-19, as well as newly arrived prisoners, or those returning from hospital who needed to isolate for 14 days). An advanced nurse practitioner examined him, and a swab was taken for testing. The result indicated that Mr Learmonth was positive for COVID-19, and he was moved to K wing (the segregation unit) which had been designated as the protective isolation unit for men who have tested positive. Mr Learmonth was closely monitored by the advanced nurse practitioner, or a senior nurse, wearing full PPE, with clinical observations taken at least twice a day. It was noted that he did not need to be sent to hospital.

23. On 1 October, Mr Learmonth was prescribed antibiotics for a chest infection. From 5 October, some improvement in his health was noted.

24. At around 9.35am on 8 October, Mr Learmonth asked to see a nurse, as he was short of breath. The advanced nurse practitioner examined him and gave him oxygen. Mr Learmonth was conscious and able to speak. At 10.05am, the nurse asked an officer to call a code blue emergency and an ambulance was requested. A paramedic arrived at 10.40am and planned to send Mr Learmonth to hospital. At 10.55am, Mr Learmonth appeared to have a seizure. However, he remained conscious and asked staff to collect some items to take to hospital. While he was being assessed his heart stopped. The paramedic, nurse and two prison officers began cardiopulmonary resuscitation. Additional paramedics arrived, but the resuscitation attempts were unsuccessful and Mr Learmonth's death was confirmed at 11.36am.

25. A prison manager debriefed the staff involved in the emergency and offered support. Officers checked the wellbeing of the other prisoners on the wing. Staff and prisoners across the prison were also informed of Mr Learmonth's death and offered support.

26. A prison family liaison officer telephoned Mr Learmonth's wife to break the news of his death and offer support. The Head of Healthcare knew Mr Learmonth, as he had been a Health Champion at the prison. She also contacted Mr Learmonth's wife to offer condolences and explain the healthcare investigative processes. The family liaison officer kept in touch Mr Learmonth's wife and assisted with advice and information on the funeral arrangements. In line with national policy, the prison offered to contribute to the funeral costs.

Cause of death

27. No post-mortem examination was held, as the coroner accepted clinical certification that Mr Learmonth had died from cardiorespiratory arrest due to COVID-19. He also had underlying hypertension, which did not cause but contributed to his death.

Findings

Clinical Findings

28. The clinical reviewer concluded that Mr Learmonth received a good standard of clinical care, equivalent to that he could have expected to receive in the community. She made no recommendations.

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

29. In June 2020, Mr Learmonth was identified as a prisoner at high risk of serious illness if he contracted COVID-19, and he was shielded on a dedicated wing from 2 July. There was a restricted regime with only essential work, such as the laundry and catering, with minimal contact between prisoners. Prison managers issued regular updates to staff and residents on government advice and local policies.

30. When Mr Learmonth reported that he felt unwell, staff took the appropriate precautions to isolate him. They immediately moved him to the protective isolation unit when he tested positive for COVID-19 and promptly called the emergency services when his condition worsened.

31. We are satisfied that Stafford followed the national guidance on managing the risks associated with COVID-19 and promptly implemented the policies and measures expected. Infection control measures were in place and healthcare staff had access to appropriate personal protective equipment (PPE). As face to face visits with prisoners had been stopped, managers were aware that the infection could only get into the prison through staff, so it was made mandatory for all staff to wear face masks, before the national guidance on this was introduced.

32. To help prevent infection once the prison became an outbreak site, all prisoners were offered tests (door to door) in early October 2020 and a track and trace system was used following known positive cases among both staff and prisoners. Regular meetings were held with Public Health England to manage the risks.

33. We make no recommendations.

Sue McAllister CB
Prisons and Probation Ombudsman **April 2021**

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