

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Allwyn Evans, a prisoner at HMP Usk, on 17 April 2020

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 Allwyn Evans died in hospital on 17 April 2020, while a prisoner at HMP Usk. He was 75 years old. The cause of his death was COVID-19. He also had underlying cerebrovascular disease. I offer my condolences to Mr Evans' family and friends.
4. The clinical reviewer concluded that the clinical care Mr Evans received at Usk was equivalent to that he could have expected to receive in the community. However, he made two recommendations about clinical observations and record keeping. Neither of these issues adversely affected the outcome for Mr Evans. We repeat the recommendations (slightly recast) in this report.
5. Mr Evans had briefly attended hospital, as an outpatient, two and a half weeks before he reported symptoms of COVID-19. He had not left the prison for any other reason within that period. While we cannot say for certain when or where he contracted the virus, it seems likely that it was at the prison.
6. The investigation found that Usk followed national guidance on COVID-19 risk management. They were flexible in their approach to the changing circumstances during the pandemic and implemented the advised procedures to help prevent the spread of the infection. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that clinical observations include blood pressure readings and are documented to help prioritise the clinical response.
- The Head of Healthcare should ensure that clinical entries completed retrospectively record the time that the patient was seen.

The Investigation Process

7. Health Inspectorate Wales commissioned an independent clinical reviewer to review Mr Evans' clinical care at HMP Usk. He reviewed Mr Evans' healthcare records, information from the Head of Healthcare, statements from GPs and other relevant documents and discussed his findings with the PPO investigator.
8. The PPO investigator investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Evans' location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
9. The PPO family liaison officer wrote to Mr Evans' next of kin, his niece, to explain the investigation. Mr Evans' niece did not have any specific questions for us to consider.
10. Mr Evans' niece received a copy of our initial report. She made no comments.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). They accepted our recommendations and identified a factual inaccuracy which has been amended.

Previous deaths at HMP Usk

12. Mr Evans was the fourth prisoner to die at Usk since April 2018. Of the previous deaths, two were from natural causes and one self-inflicted. There are no similarities between our findings in this investigation and those of the previous deaths. There have been no other COVID-19 related deaths at Usk.

COVID-19 (coronavirus)

13. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs or sneezes. The first reported case of COVID-19 in the UK was in February 2020. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
14. COVID-19 can make anyone seriously ill, but the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable); and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant; have a severe lung condition; are having certain types of treatment for cancer; or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70; people with a lung condition or a chronic medical condition, such as diabetes, heart, liver, or chronic kidney disease; or those who are very obese (this list is not exhaustive).
15. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23 March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).

16. On 13 March, PHE's National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance set out the importance of effective preventative measures and that methodical cleaning would help prevent infection spread.
17. On 24 March, HMPPS issued an instruction, in line with Government advice, to all prisons to introduce social distancing and to implement a restricted regime and supported enforcement of social distancing of two metres for staff and prisoners wherever possible. The most vulnerable prisoners were identified and put into protective isolation.
18. From 31 March, HMPPS put in place further measures to contain COVID-19, including an order to significantly reduce transfers between prisons. Other measures, known as 'compartmentalisation' were also announced. These measures were designed to be implemented at local level, depending on the needs of each individual establishment, and included:
 - Protective Isolation Units (PIUs): to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation.
 - Shielding Units (SUs): to protect the most vulnerable identified through collaboration with NHS England, with enhanced levels of bio-security including dedicated staff;
 - Reverse Cohorting Units (RCUs): to accommodate new receptions or transfers in for a period of 14 days to detect any emergent infectious cases before entering general population. These units could also accommodate anyone returning from hospital.

Key Events

19. Mr Allwyn Evans was convicted of sexual offences. On 8 September 2010, he was sentenced to Imprisonment for Public Protection, with a minimum term of four years and taken to HMP Cardiff. It was not his first time in prison.
20. Mr Evans had been resident at HMP Usk since 19 July 2013, except for one month at HMP Grendon in 2019. He had several medical conditions, including high blood pressure, chronic heart disease and a past stroke.
21. On 18 March 2020, Mr Evans attended prison healthcare's emergency clinic. He reported that he had been unwell the previous night with symptoms of slurred speech and difficulties balancing, and he presented with a headache and neck pain. A nurse and a prison GP examined him and asked about COVID-19 symptoms. Mr Evans said that he had coughed a few times, but he did not cough during either assessment. The GP sent him to the stroke unit at Royal Gwent Hospital. A scan showed that he had not had a further stroke and he returned to the prison
22. The same day, the prison issued key information to staff about protection to reduce the risk of contracting COVID-19, including an instruction not to attend for work if they or members of their family were displaying symptoms.
23. On 19 March, the prison issued a detailed, user-friendly guide to prisoners, including advice on how to reduce the risk of contracting COVID-19.
24. On 6 April, Mr Evans felt unwell, with symptoms of a headache and high temperature. He was reviewed by a nurse and a prison GP. They suspected he might have caught COVID-19 and took a swab. The result, received the the next day, was positive. Mr Evans was told to remain in isolation and he was prescribed antibiotics to prevent a chest infection. Wing staff were instructed to seek medical advice if his symptoms worsened.
25. Prison healthcare staff monitored Mr Evans closely. GPs reviewed him on the daily COVID-19 ward round, nurses checked him two or three times a day and safer custody staff conducted a daily welfare check.
26. On 10 April, a prison GP found that Mr Evans' oxygen levels had dropped and discussed Mr Evans' infection with the COVID-19 consultant at the Neville Hall Hospital. The GP sent to him to hospital with a view to oxygen therapy, but he returned the same day. Prison staff notified Mr Evans' niece that he had gone to hospital and updated her on his return.
27. An officer was placed outside Mr Evans' room overnight and arrangements were made for the community out-of-hours nurse to attend, as necessary. On 11 and 12 April, healthcare staff consulted the out-of-hours service following changes in Mr Evans' oxygen levels. They were advised to continue pain medication and fluids and seek further advice if his oxygen level fell below 90%. Mr Evans said he did not wish to be resuscitated if his heart or breathing stopped and wanted to remain at Usk. Staff completed the relevant forms. (Mr Evans changed his mind on 13 April and said that if his condition worsened he would consider going to hospital.)

28. The prison assigned a family liaison officer (FLO) on 12 April. She contacted Mr Evans' niece the same day and telephoned daily with updates on his condition.
29. At a GP review on 14 April, the GP found that Mr Evans' condition had deteriorated, with a raised temperature and low oxygen level. After a discussion with the hospital COVID-19 consultant, the GP sent Mr Evans to hospital immediately. He was escorted by two prison officers, who remained outside his room and no restraints were used.
30. Healthcare staff kept in touch with the hospital to check Mr Evans' condition and the family liaison officer continued to update his niece daily. Escort records noted that Mr Evans persistently refused to wear an oxygen mask, as he was claustrophobic, but was fully aware of the consequences.
31. Mr Evans died on 17 April. The FLO telephoned his next of kin promptly to notify break the news of his death. She kept in daily contact and also spoke to Mr Evans' son. One of the prison chaplains contacted the family and the prison held a memorial service.
32. Prison managers offered support to staff and prisoners, giving additional advice about support and wellbeing arrangements during lockdown.
33. Mr Evans' funeral was held on 19 May. In line with national policy, the prison contributed to the funeral expenses.

Cause of death

34. No post-mortem examination was held as the Coroner accepted the cause of death certified by the hospital. Mr Evans died from COVID-19. He also had cerebrovascular disease which did not cause, but had contributed to his death.

Findings

Clinical Findings

35. The clinical reviewer concluded that Mr Evans's clinical care was good and equivalent to that he could have expected to receive in the community.

Management of Mr Evans' risk of infection from COVID-19

36. Usk gave clear and comprehensive information to staff and prisoners at an early stage and operated a restricted regime, in line with HMPPS instructions. For capacity reasons, Mr Evans shielded in his cell and remained there when he became symptomatic. (HMPPS cohorting guidance for prisons permitted this as an option. However, the prison later reviewed and changed this policy by reducing their operational capacity and providing a dedicated area for protective isolation.)
37. When Mr Evans became unwell with possible symptoms of COVID-19, staff acted quickly to take tests and monitor his vital signs. He was reviewed several times each day, with provision for overnight monitoring as the prison has no inpatient facilities. Mr Evans was sent to hospital promptly on both occasions that his condition worsened.
38. We cannot say how or when Mr Evans contracted COVID-19. We are satisfied that Usk followed national guidance and put in place the measures expected at the outset. Prison managers at Usk were responsive to developments as the pandemic progressed and adapted local policies, in close consultation with Public Health Wales.
39. Given the uncertainty and distress to families because of limited access to prisoners during the period, we commend the prison's family liaison officer for her assiduous and attentive communication with Mr Evans' family.

Sue McAllister CB
Prisons and Probation Ombudsman

November 2020

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