

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ali Ugarel, a prisoner at HMP Whatton, on 8 November 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 Ali Ugarel died from COVID-19 pneumonia in hospital on 8 November 2020 while a prisoner at HMP Whatton. He also had heart disease which contributed to but did not cause his death. He was 55 years old. We offer our condolences to those who knew him.
4. The clinical reviewer concluded that the clinical care that Mr Ugarel received at Whatton was equivalent to that which he could have expected to receive in the community.
5. The clinical reviewer found that, at the start of the pandemic, Mr Ugarel was correctly identified as having a moderate risk of developing complications of COVID-19 infection because he had previously had a heart attack. This did not require him to shield.
6. The clinical reviewer said that after Mr Ugarel was diagnosed with COVID-19 on 30 October, there was nothing in the days leading to his death that staff could have done to prevent his death. He said that it was good practice that prison staff conducted daily welfare checks and that healthcare staff conducted face-to-face checks after he contracted COVID-19.
7. Our investigation found that the prison had followed the national guidance on managing the risks associated with COVID-19.
8. We make no recommendations.
9. This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Investigation Process

10. NHS England commissioned a clinical reviewer to review Mr Ugarel's clinical care at the prison.
11. The PPO investigator has investigated the non-clinical issues in Mr Ugarel's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
12. We shared the initial report with the prison service. There were no factual inaccuracies. We have removed the recommendation relating to social distancing measures.

Previous deaths at Whatton

13. There were ten deaths from natural causes at HMP Whatton in the two years before Mr Ugarel's death, including one from COVID-19. Six prisoners have died at Whatton since Mr Ugarel's death, four as a result of COVID-19.
14. Of the three deaths from COVID-19 we have investigated at the time of writing, including Mr Ugarel's, all three prisoners appear to have contracted the virus in prison.

Coronavirus (COVID-19)

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 have 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. 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 prison population.
18. The Ministry of Justice and Public Health England later issued joint guidance, *Preventing and controlling outbreaks of COVID-19 in prisons and places of detention*. It provides operational recommendations for custodial and healthcare

staff on preventing and managing outbreaks of COVID-19, including specific advice on population management, social distancing, actions to take if a prisoner, or staff member develops symptoms, and the use of personal protective equipment (PPE). (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.)

19. After a period of complete lockdown, the Ministry of Justice and HM Prison and Probation Service produced *COVID-19: National Framework for Prison Regimes and Services*. This outlines strategies for easing restrictions and modifying regimes, where severe constraints are disproportionate, or unsustainable. Prisons are expected to devise local policies within the parameters set in the framework.

Key Events

20. On 29 January 2010, Mr Ali Ugarel received an indeterminate sentence for public protection for sex offences, with a minimum tariff to serve of just over three years.
21. In April 2012, healthcare staff at HMP Parc assessed that Mr Ugarel had a dangerous and severe personality disorder. Later that year, healthcare staff at HMP Dovegate identified that he had hereditary hyperlipidaemia (inherited high cholesterol). In March 2016, Mr Ugarel had a heart attack at HMP Littlehey and was sent to hospital, where he had surgery.
22. On 4 April 2019, Mr Ugarel was transferred to HMP Whatton.
23. At the start of the COVID-19 pandemic, Mr Ugarel was deemed to have a moderate risk (clinically vulnerable) of developing complications from COVID-19. There was no requirement for him to shield although he lived in a single cell, which was self-contained with its own shower.
24. On 28 October 2020, Mr Ugarel was tested for COVID-19 as part of a mass testing programme at Whatton. He remained isolated in his single cell after his test.
25. On 29 October, he was seen by healthcare staff after prison officers reported he was “showing symptoms of a high temperature/burning up”.
26. On 30 October, he was confirmed to be COVID-19 positive.
27. On 31 October, a nurse drew up a COVID Care Plan and discussed with him the isolation, welfare checks, how to escalate if his condition deteriorated, maintaining hydration, medication delivery and access to pastoral support. Prison officers carried out daily welfare checks when they brought his meals.
28. At 5.00pm on 4 November, a nurse saw Mr Ugarel, who was struggling to breathe. She noted crackles and wheezing sounds from Mr Ugarel’s lungs. She noted that Mr Ugarel’s blood pressure was normal (107/74), he had a raised pulse rate (123 beats per minute), a high temperature (39.4 degrees), a raised respiratory rate (30 breaths per minute) and very low blood oxygen saturation (78%).
29. The nurse noted that Mr Ugarel had a National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) of 13 which indicated that he posed a high clinical risk. (A NEWS score above 0 indicates a deterioration in clinical condition, with a score above 7 indicating high clinical risk, and requiring an emergency response.) She radioed a medical emergency code blue (which indicates that a prisoner is unconscious or not breathing and triggers the control room to call an ambulance immediately). She gave Mr Ugarel oxygen. At 6.38pm, ambulance paramedics took Mr Ugarel to hospital.
30. On 8 November, Mr Ugarel died in hospital. There was no post-mortem but an intensive care consultant said that Mr Ugarel died from COVID-19 pneumonia and that he also had heart disease which contributed to but did not cause his death.

Findings

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

31. HM Inspectorate of Prisons conducted a scrutiny visit of HMP Whatton in August 2020. They found that the prison was following the national directives issued by HMPPS on how to contain and prevent the spread of the virus, and cohort arrangements for prisoners were in place. There had been clear communication to staff and prisoners about the pandemic and associated risks, with information communicated to staff in notices and regular verbal briefings. Prisoners were informed by notices, the WayOut TV channel and verbally by staff and peer workers.
32. Inspectors reported that the need for social distancing was re-enforced but remained problematic in practice as some corridors and office spaces made this virtually impossible at all times. There had been attempts to supervise distancing in areas such as meal service and domestic visits, but in other settings prisoners and staff worked and associated in close proximity.
33. After the scrutiny visit prison managers undertook measures to enforce social distancing which included one-way systems, increased cleaning regimes, health and safety risk assessments to ensure that desks and work stations were adequately spaced, a reduction in the number of prisoners unlocked in each area to ensure that social distancing was maintained during exercise, domestics and collecting meals, posters and signs promoting social distancing, staff encouraging prisoners to social distance and the compartmentalisation of workshops to ensure that prisoners from different areas were not mixing.
34. The Governor posted a series of notices to staff and prisoners explaining the steps that were being taken to ensure the safety of staff and prisoners.
35. As Mr Ugarel had not left the prison in the months before he developed COVID-19 symptoms, we assume he contracted the virus in prison.
36. Mr Ugarel was deemed to have a moderate risk (clinically vulnerable) of developing complications from COVID-19. There was no requirement for him to shield, although he lived in a single cell, which was self-contained with its own shower.
37. Our investigation found that the prison had followed the national guidance on managing the risks associated with COVID-19.