

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Randolph Stott, a prisoner at HMP Whatton, on 1 December 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. 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.
3. Mr Randolph Stott, who was 73 years old, died in hospital of COVID-19 pneumonia on 1 December 2020, while a prisoner at HMP Whatton. I offer my condolences to Mr Stott's family and friends.
4. Mr Stott had underlying health conditions that put him at risk of serious illness if he contracted COVID-19 and he had been appropriately located in the prison's shielding unit since the beginning of the pandemic. Despite this, he appears to have contracted COVID-19 in prison.
5. The clinical reviewer concluded that the clinical care Mr Stott received at Whatton was equivalent to that which he could have expected to receive in the community. She made one recommendation, but we have not repeated it here as we do not consider that it is linked to his death.
6. We did not find any non-clinical issues of concern. We 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 Stott's clinical care at the prison.
9. The PPO investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for his hospital escorts, liaison with Mr Stott's next of kin and whether compassionate release was considered.
10. We informed HM Coroner for Nottinghamshire of the investigation. We have sent the Coroner a copy of this report.
11. The Ombudsman's family liaison officer wrote to Mr Stott's next of kin, a friend, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond.
12. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies.

Background Information

HMP Whatton

13. HMP Whatton is a medium security prison in Nottinghamshire which holds up to 841 prisoners convicted of sex offences. From 1 April 2020, Care UK has provided healthcare services.
14. The healthcare centre is open from 7.30am to 6.30pm from Monday to Friday and from 8.30am to 6.30pm on weekends and bank holidays. There is an out-of-hours service at other times. There are no inpatient beds but there is a palliative care suite in the healthcare centre for end-of-life care.

Previous deaths at HMP Whatton

15. Mr Stott was the 13th prisoner to die at Whatton since December 2018. All the previous deaths were from natural causes. Mr Stott was the third prisoner to die from COVID-19 at Whatton.

COVID-19 (coronavirus)

16. 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.
17. 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.
18. 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.)
19. 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

20. On 20 November 2018, Mr Randolph Stott was sentenced to six years in prison for sexual offences. He was sent to HMP Leicester. Ten days later he was moved to HMP Whatton.
21. Mr Stott had several long-term health conditions including kidney disease, vascular disease and diabetes.
22. On 15 November 2020, a prison officer asked a nurse to see Mr Stott in his cell because he was feeling unwell. A nurse saw Mr Stott. She thought that he had a chest infection, so she asked the doctor to prescribe antibiotics. She also tested Mr Stott for COVID-19.
23. On 17 November, Mr Stott collapsed on his cell floor. A nurse helped him up and took his observations, which were within normal range. Mr Stott told the nurse that he was not in any pain. Later that day Mr Stott's health deteriorated. He had a high temperature and a National Early Warning Score (NEWS) of 5. (NEWS is a tool used to assess clinical deterioration in adult patients. A score of 5 means that the patient needs urgent assessment.) Nursing staff said that Mr Stott needed to go to hospital, so the prison called an ambulance. Mr Stott was taken to hospital accompanied by two prison officers.
24. On 18 November, the hospital confirmed that Mr Stott had COVID-19, but as he did not have any symptoms he was sent back to prison.
25. On 19 November, a nurse saw Mr Stott and took his observations. She recorded that he had a high temperature, low oxygen levels and a NEWS score of 11 (which requires an emergency response), so she arranged for him to be sent back to hospital. The same day, the prison arranged for Mr Stott to be released on temporary licence (ROTL).
26. On 27 November, hospital staff discussed a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order with Mr Stott, who agreed that if he stopped breathing he did not want to be resuscitated.
27. On 30 November, Mr Stott's health deteriorated, and all treatment was stopped. On 1 December at 5.02am, he died.

Cause of death

28. The Coroner accepted the cause of death provided by the hospital doctor and no post-mortem examination was carried out. The hospital doctor gave the cause of death as COVID-19 pneumonia and urinary tract infection. Peripheral vascular disease, kidney disease and hypertension (high blood pressure) were listed as underlying conditions which contributed to but did not cause Mr Stott's death.

Clinical Findings

29. Mr Stott had several health conditions including kidney disease, vascular disease and diabetes. The clinical reviewer considered that the standard of care he received at Whatton was equivalent to that which he could have expected to receive in the community. Mr Stott received appropriate medication and his long-term health conditions were properly managed with care plans.

Management of Mr Stott's risk of catching COVID-19

30. On 31 March, HMPPS, in consultation with Public Health England (PHE), issued an order to significantly reduce transfers between prisons and other measures were implemented. These measures were designed to be implemented at local level, depending on the needs of each individual establishment and known as 'compartmentalisation' which 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 biosecurity 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.
31. Mr Stott was appropriately located on the wing for older prisoners who were all shielding, and which acted as a shielding unit from the beginning of the pandemic. We cannot be sure how Mr Stott contracted COVID-19. However, when Mr Stott began to experience COVID-19 symptoms, healthcare staff quickly responded and sent him to hospital.
32. The investigation found that the prison had followed the national guidance on managing the risks associated with COVID-19 and promptly put in place the policies and measures expected.
33. We make no recommendations.

Sue McAllister CB
Prisons and Probation Ombudsman

March 2021

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