Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Stephen Potter, a prisoner at HMP Stafford, on 17 December 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*

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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 Stephen Potter died in hospital on 17 December 2020, while a prisoner at HMP Stafford. He was 66 years old. The cause of his death was COVID-19 pneumonia. He also had underlying diabetes and lung disease. I offer my condolences to Mr Potter's family and friends.

4. The clinical reviewer concluded that Mr Potter's clinical care at Stafford was equivalent to that he could have expected to receive in the community. Full details of her findings are in the clinical review report. Although staff provided good care overall, the clinical reviewer made recommendations on the need for healthcare staff to promptly implement and regularly review care plans when a condition has been diagnosed; and to comply with National Early Warning Score (NEWS) 2 monitoring and escalation guidance. We make similar recommendations in this report.

5. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that care plans for long-term conditions are put in place as soon as a condition has been diagnosed.
- The Head of Healthcare should ensure that prisoners who are shielding are monitored in line with their COVID-19 care plans throughout the course of the shielding period.
- The Head of Healthcare should ensure that healthcare staff comply with the National Early Warning Score (NEWS) 2 monitoring and escalation guidance.

The Investigation Process

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

7. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Potter's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.

8. The Ombudsman's family liaison officer wrote to Mr Potter's next of kin, his wife, to explain the investigation. Mr Potter's wife did not have any specific questions for us to consider.

9. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.

10. We sent a copy of our initial report to Mr Potter's wife. She did not notify us of any factual inaccuracies.

Previous deaths at HMP Stafford

11. Mr Potter was the ninth prisoner at Stafford to die, since December 2018 and there have been three further deaths. All were from natural causes, including a previous death from COVID-19. In a recent investigation at Stafford, we raised concerns about weaknesses in the use of the National Early Warning Score (NEWS) 2.

COVID-19 (coronavirus)

12. 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.

13. 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.)

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

Key Events

15. Mr Stephen Potter was convicted of sexual offences. On 20 August 2019, he was given an extended sentence, comprising eight years in prison and a year in the community and sent to HMP Manchester.

16. Mr Potter had several chronic medical conditions, including type 2 diabetes, asthma, deep vein thrombosis, chronic obstructive pulmonary disease (COPD) and arthritis. He was later diagnosed with high blood pressure. Mr Potter used walking aids due to reduced mobility.

17. Mr Potter transferred to HMP Stafford on 25 September 2019. Healthcare staff conducted health screens and created care plans for his long-term conditions.

18. On 1 April 2020, Mr Potter received a letter informing him that he was considered clinically extremely vulnerable to severe illness from COVID-19 and advising him to shield for 12 weeks. He agreed to this and a detailed care plan was created on 9 April. This included a weekly wellbeing review.

19. As a high-risk prisoner, Mr Potter was not eligible for the COVID-19 compassionate release on temporary licence (ROTL) scheme.

20. Stafford introduced a contact tracing system for both staff and prisoners. In October, Mr Potter was exposed to someone who had tested positive for COVID-19. A swab was taken for testing and the result was confirmed as negative on 10 October.

21. From October 2020, all prisoners were offered testing for COVID-19. On 11 November, as a result of this mass screening, Mr Potter was found to be COVID-19 positive.

22. Mr Potter was isolated in his single cell on G wing. (G wing was initially a normal residential wing, but became an isolation unit, so he remained there.) Mr Potter was reviewed daily. At first, he said that he felt well, with no symptoms and his clinical observations were within normal range.

23. On 18 November, Mr Potter felt unwell, with a temperature. A nurse assessed him, took clinical observations and calculated a National Early Warning Score (NEWS) 2 – an assessment to identify critical illness and deterioration. A score of 7 or above requires an urgent or emergency medical response and Mr Potter scored 8. The nurse advised him to take paracetamol and regular deep breaths to improve his oxygen levels and report any changes to staff. A further NEWS2 assessment that evening scored '7'.

24. On 19 November, Mr Potter was admitted to hospital following a code blue medical emergency (which indicates a person has difficulty breathing or is unconscious) as he was short of breath, with low oxygen saturation levels. He was discharged on 23 November and resumed isolation at Stafford.

25. At lunchtime on 24 November, Mr Potter was again found to be short of breath, with low oxygen and a NEWS2 score of 12. A code blue emergency was called and he returned to hospital, escorted by two prison officers. No restraints were used due to his age and COVID-19 status.

26. The next day, the prison informed Mr Potter's wife that he was in hospital and she agreed to contact the prison for updates.

27. Healthcare staff obtained regular updates from the hospital and noted that Mr Potter had been diagnosed with pneumonia. He was initially expected to leave hospital within a few days and there were several discussions about discharge plans during the first week of December. However, on 7 December, his condition worsened and he moved to the critical care unit.

28. On 9 December, the prison assigned a family liaison officer. For reasons beyond his, or the prison's control, the family liaison officer did not speak to Mr Potter's wife until late evening. They agreed that she would get updates directly from the hospital, with support from the prison when necessary.

29. Mr Potter continued to deteriorate and his wife was with him when he died at 8.53pm on 17 December.

30. Mr Potter's funeral was held on 7 January 2021. In line with national policy, the prison contributed to the funeral expenses.

Cause of death

31. No post-mortem examination was held, as the Coroner accepted the hospital's clinical certification that Mr Potter had died from COVID-19 pneumonia. He also had underlying type 2 diabetes mellitus and chronic obstructive pulmonary disease which contributed to but did not cause his death.

Findings

Clinical Findings

32. The clinical reviewer concluded that Mr Potter received good care at Stafford, equivalent to that he could have expected to receive in the community. However, she made recommendations about the need for timely implementation and review of care plans; and improvements in monitoring and escalation when a prisoner has a high NEWS2 score. We endorse the clinical reviewer's recommendations.

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

33. The investigation found that Stafford followed the national guidance on managing the risks associated with COVID-19 and promptly implemented the policies and measures expected. Prison managers issued regular updates to staff and residents on government advice, as well as local policies.

34. 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. Once the prison became an outbreak site, regular meetings were held with Public Health England to manage the risks.

35. Mr Potter began shielding after he was identified as clinically extremely vulnerable and at high risk of serious illness if he contracted COVID-19. He was tested immediately when it was discovered through contact tracing that he had been exposed to someone who was COVID-19 positive and he was later identified as COVID-19 positive through the prison's mass screening programme.

36. We are satisfied that Mr Potter's health was well-managed. However, we share the clinical reviewer's concern that after his arrival at Stafford, there was a delay of several months in creating a hypertension care plan; and that his COVID-19 shielding care plan was not reviewed after June 2020, although he was still shielding. We recommend:

    The Head of Healthcare should ensure that care plans for long-term conditions are put in place as soon as a condition has been diagnosed.

    The Head of Healthcare should ensure that prisoners who are shielding are monitored in line with their COVID-19 care plans throughout the course of the shielding period.

Monitoring Mr Potter after he contracted COVID-19

37. Prison staff promptly isolated Mr Potter when he became symptomatic and reviewed him daily. However, the clinical reviewer was concerned that on 18 November, healthcare staff did not follow the NEWS2 escalation guidance when Mr Potter's scores indicated a high clinical risk and the need for an urgent or emergency response, as well as close monitoring of vital signs. We agree that

monitoring in these circumstances should not have been the responsibility of operational staff. We recommend:

The Head of Healthcare should ensure that healthcare staff comply with the National Early Warning Score (NEWS) 2 monitoring and escalation guidance.

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

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