Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Stowe, a prisoner at HMP Birmingham, on 8 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*

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 Christopher Stowe died on 8 December 2020, of COVID-19, at St Mary's hospice while on temporary release from HMP Birmingham. Mr Stowe was 98 years old. I offer my condolences to Mr Stowe's family and friends.

4. The clinical reviewer concluded that the clinical care that Mr Stowe received at HMP Birmingham was equivalent to that which he could have expected to receive in the community. She assessed he received good end of life care. She made two recommendations, one of which is included in this report. She recommended that the policy on isolating prisoners returning from hospital is consistently applied.

5. We found one non-clinical issue of concern relating to contact with Mr Stowe's family when he was hospitalised in August and November 2020. This concern does not relate to contact around the time of his death. We make one recommendation.

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

Recommendations

- The Head of Healthcare should ensure that 'reverse-cohorting' is consistently applied to all prisoners returning from a hospital stay.
- The Governor should ensure that staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Stowe's clinical care at HMP Birmingham.

8. A PPO investigator has investigated non-clinical issues, including Mr Stowe's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.

9. Our family liaison officer wrote to Mr Stowe's daughter to explain the investigation and to ask whether she had any matters she wanted to be considered during the investigation. She had no questions but asked for a copy of our report.

10. Mr Stowe's family received a copy of the initial report. They did not make any comments.

11. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies and their action plan accompanies this report.

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 received or returning prisoners from the main population through 'reverse-cohorting'. Other measures include social distancing and the use of personal protective equipment (PPE).

Previous deaths at HMP Birmingham

15. Mr Stowe was the sixth prisoner to die at Birmingham since December 2018. All the previous deaths were from natural causes.

16. In a previous investigation into a death at Birmingham in September 2019, we found that there were delays in notifying family members when a seriously ill prisoner was taken to outside hospital.

Key Events

17. On 17 April 2019, Christopher Stowe was sentenced at Warwick Crown Court to an Extended Determinate Sentence (EDS) of eight years for sexual offences. He was sent to HMP Birmingham.

18. On arrival, Mr Stowe was placed on the healthcare unit due to his health and mobility issues. In July, he moved onto J Wing, the unit for older prisoners.

19. Through March 2020, COVID-19 restrictions began to be imposed. On 23 March, a national lockdown came into force across the United Kingdom. Mr Stowe was identified by the prison as clinically vulnerable and was advised to shield for 12 weeks in line with Public Health England (PHE) guidance. Mr Stowe said that he did not wish to shield and signed a disclaimer to this effect.

20. On 3 April, the prison appointed a Family Liaison Officer (FLO) to support Mr Stowe's family given his age, health and his vulnerability to COVID-19.

21. At 2.30am, on 8 August, a nurse was called to assess Mr Stowe as he was struggling to breathe. She contacted the out of hours GP service, who advised he needed to go to hospital. Mr Stowe initially did not want to go to hospital but around 5.00am he agreed, and an emergency ambulance was called.

22. In hospital, Mr Stowe was treated for COPD (Chronic Obstructive Pulmonary Disease – a group of lung conditions that cause breathing difficulties) and Congestive Cardiac Failure (CCF – a condition where the heart is unable to pump blood around the body properly).

23. On 12 August, Mr Stowe was discharged back to the prison. He was not required to 'reverse cohort' and did not isolate in line with HMPPS and PHE guidance. On 13 August, Mr Stowe's family were notified that he had been in hospital but had returned to the prison.

24. On 16 October Mr Stowe had fallen in his cell and was taken to hospital for review. He remained in hospital for 13 days and was discharged back to the prison on 28 October. The 'reverse-cohorting' policy was applied to Mr Stowe and he isolated for 14 days.

25. On 29 October, Mr Stowe saw a prison GP. They discussed his health and a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form. Mr Stowe agreed that he did not want to be resuscitated in the event of a heart attack or if he stopped breathing. He signed the form.

26. On 5 November, a nurse met with Mr Stowe to discuss COVID-19 shielding. Mr Stowe declined to shield once he had completed his period of 'reverse-cohorting' isolation and signed a disclaimer. On 11 November, Mr Stowe completed his period of isolation and returned to J Wing.

27. On 17 November, a nurse saw Mr Stowe in his cell. He was short of breath and had difficulty speaking in full sentences. She requested the GP prescribe antibiotics which was done that day. At 11.50pm that evening, officers called a nurse to review Mr Stowe in his cell as he was having difficulty breathing. She noted that Mr Stowe was slumped in his chair and looked very unwell. His blood

pressure, temperature and pulse rate were high. She called a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties) at 11:53pm and a 999 call was made. An ambulance arrived at 12.10am and Mr Stowe was taken to hospital at 12.53am.

28. In the early hours of 18 November, on admission to hospital Mr Stowe tested positive for COVID-19. Later that morning, at around 8.00am the prison notified Mr Stowe's family that he was in hospital.

29. In hospital, Mr Stowe's health and wellbeing declined. He suffered a heart attack and for a short period of time declined treatment and food. However, by 26 November, Mr Stowe was eating again and accepting treatment. He was discharged and returned to the prison at around 7.10pm. A nurse reviewed Mr Stowe on his return to the prison. He was noted to be weak and lethargic with low oxygen levels. After seeking advice from a senior nurse, she called a code blue at 7.30pm. An emergency ambulance attended to take Mr Stowe back to hospital.

30. At 1.45am, on 27 November, Mr Stowe returned to the healthcare unit and was placed in COVID-19 isolation. Later that morning a prison GP saw Mr Stowe. Following a discussion of his health, the GP concluded that Mr Stowe needed end of life care and should be transferred to a hospice. On 28 November, a nurse completed a referral to St Mary's hospice.

31. On 1 December, Mr Stowe was admitted to St Mary's hospice following the completion of fourteen days of isolation since his positive COVID-19 test.

32. At 11.10am, on 8 December, Mr Stowe died in St Mary's hospice.

Post-mortem report

33. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Stowe's cause of death as COVID-19. Mr Stowe also had ischaemic heart disease and COPD which did not cause but contributed to his death.

Clinical Findings

The clinical reviewer concluded that the care that Mr Stowe received at Birmingham was equivalent to that which he could have expected to receive in the community. The clinical reviewer made a recommendation about COVID-19 'reverse-cohorting'.

Management of Mr Stowe's risk of infection from COVID-19 and risk to others

34. The clinical reviewer found that it was most likely that Mr Stowe contracted Coronavirus in prison prior to his admission to hospital on 18 November, although she could not say definitively. The 'reverse-cohorting' policy was applied to Mr Stowe when he was discharged from hospital on 28 October and he isolated for fourteen days. Information from the healthcare team confirmed that there were no other prisoners found to be positive with COVID-19 on Mr Stowe's wing during November 2020. Healthcare staff had PPE policies and supplies in place from the beginning of the pandemic with no reported shortages. However, staff testing at HMP Birmingham did not start until December 2020.

35. The clinical reviewer found that Mr Stowe was not consistently required to 'reverse-cohort' when returning from outside hospital. When he returned from hospital on 12 August, he was not required to 'reverse-cohort' and returned to J Wing, the older prisoner unit, the following day. This raised the risk of Mr Stowe bringing COVID-19 onto this unit, a unit where clinically vulnerable prisoners lived. We make the following recommendation:

    The Head of Healthcare should ensure that 'reverse-cohorting' is consistently applied to all prisoners returning from a hospital stay.

Non-clinical Findings

Liaison with Mr Stowe's family

36. Prison Rule 22 says that prisons should inform the next of kin immediately if a prisoner becomes seriously ill. Prison Service Instruction 64/2011, about safer custody, says that if a prisoner suffers an unpredicted or rapid deterioration in their physical health, an appropriate member of prison staff should engage with their next of kin to provide information and support.

37. A Family Liaison Officer (FLO) was appointed on 3 April 2020 as Mr Stowe was assessed as clinically vulnerable given his health and age. We found that there was often timely and supportive contact with Mr Stowe's family. However, there were two occasions when he was sent to hospital by emergency ambulance when contact with his family was not as timely as it should have been.

38. On 8 August, Mr Stowe was found to be struggling to breathe and was taken to hospital by ambulance. He returned to the prison on 12 August. His family were not told he had been in hospital until 13 August. In August, the FLOs had their cases reallocated. During the reallocation between staff Mr Stowe's case was missed. The prison apologised to the family and arranged a prison visit for them to see Mr Stowe.

39. In the early hours of 18 November 2020, Mr Stowe went out to hospital by emergency ambulance. He was struggling to breathe. The prison rang the FLO

in the early hours to ask her to contact Mr Stowe's family. The FLO missed these calls, and it was not until 8.00 am that they were contacted.

40. However, we acknowledge that the Family Liaison Officer (FLO) provided timely information and support to Mr Stowe's family in the weeks prior to and after his death. We make the following recommendation:

The Governor should ensure that staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill.

Sue McAllister, CB
Prisons and Probation Ombudsman **August 2021**

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