Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Hector, a prisoner at HMP Wakefield, on 23 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. 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 Christopher Hector died in hospital of respiratory failure caused by COVID-19 pneumonia on 23 December 2020, while a prisoner at HMP Wakefield. He was 62 years old. I offer my condolences to Mr Hector's family and friends.

4. Mr Hector was obese and had mild asthma. As a result, he was advised to shield at the beginning of the COVID-19 pandemic while at HMP Leeds. After an initial refusal he did so, but following his transfer to Wakefield, he did not shield again before his death. The clinical reviewer was satisfied that he had capacity to make that decision.

5. The clinical reviewer concluded that the clinical care Mr Hector received at Wakefield was equivalent to that which he could have expected to receive in the community. However, she made three recommendations. One of these was on an administrative issue about reporting the death which has not been included in this report.

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 Heads of Healthcare at HMP Leeds and HMP Wakefield should ensure that their screening procedures include embedded elements to capture and record the learning disabilities of prisoners with a pre-existing diagnosis.

- The Head of Healthcare at HMP Wakefield should provide assurance that the learning points relating to the NEWS2 assessment tool, identified in their own review of the death, have been followed up and will continue to be monitored.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer, to review Mr Hector's clinical care at the prison.

8. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Hector's hospital escorts, liaison with his next of kin and whether compassionate release was considered.

9. The investigator and the clinical reviewer jointly interviewed the Head of Healthcare at Wakefield in February 2021. The interview was conducted by telephone due to the restrictions in place during the COVID-19 pandemic.

10. We informed HM Coroner for Yorkshire and Humber of the investigation. We have sent the Coroner a copy of this report.

11. The Ombudsman's family liaison officer contacted Mr Hector's brother to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not reply to our letter.

    The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies in the report.

Background Information

HMP Wakefield

12. HMP Wakefield is a high security prison and holds up to 750 men. Practice Plus Group provides healthcare. Service provision for psychiatry, recovery and psychology services are contracted from the Midlands Partnership Foundation Trust.

Previous deaths at HMP Wakefield

13. Mr Hector was the 21st prisoner at Wakefield to die since December 2018. Of the previous deaths, one was self-inflicted and all the rest were from natural causes. Mr Hector's death was the third from COVID-19 at Wakefield, and there have been three more since. There were no similarities between our investigation findings following Mr Hector's death and our findings from previous deaths.

COVID-19 (coronavirus)

14. 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.

15. 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.)

16. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try to 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, in a prison 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

17. On 3 March 2020, Mr Christopher Hector was convicted of historic sex offences and sent to HMP Leeds. On 9 March, he was sentenced to 20 years imprisonment.

18. Before his imprisonment, Mr Hector had been homeless but had kept in touch with his community GP who conducted an annual review of his learning disability. Mr Hector had been experiencing knee pain from arthritis and had an operation on one of his knees in December 2019. In prison he continued to have pains in his knees and also had cellulitis in his legs (a serious bacterial infection of the skin). He was also significantly obese. He had mild asthma earlier in life, and in 2019 it appeared to have returned.

19. Although he was otherwise well, Mr Hector was more vulnerable to serious illness if he caught COVID-19 because of his asthma, obesity and age (he was 61 when he was imprisoned, giving him an increased risk of complications from COVID-19, although not at the high end of age related risk). At Leeds he was identified as being in a high-risk group and was advised to shield on several occasions. Because of his literacy problems, staff read out advice about COVID-19 to him at Leeds. He signed a disclaimer on 28 April, saying that he was aware of the risks but declined to shield.

20. On 11 June, Mr Hector appeared to have a change of heart, and began shielding. In August, he was tested for COVID-19 and the result was negative. On 30 September, Mr Hector was transferred to HMP Wakefield where he was put into protective isolation for two weeks (known as reverse-cohorting) as required by national prison protocols for COVID-19 to prevent the spread of infection.

21. At the end of his two-week isolation period, Mr Hector was assessed as being at moderate risk of developing complications from contracting COVID-19. He was moved into a single cell on a standard wing.

22. From the end of October, an outbreak of the virus spread through the prison. Mr Hector was sent a letter on 12 November advising him of the option to shield. He did not do so.

23. On the morning of 13 December, wing staff asked for a nurse to assess Mr Hector as he was pale and looked unwell. A nurse noted that Mr Hector's respiratory rate was high and his blood oxygen level was very low (80% - a normal range is 95-100%), though his temperature, pulse and blood pressure were normal. The nurse gave Mr Hector oxygen and his blood oxygen level increased to 99%. She considered that the fall in Mr Hector's blood oxygen level had been caused by his failure to use his asthma inhalers.

24. The nurse returned to check on Mr Hector that afternoon and found his blood oxygen level had fallen to 87% but it increased to 91% with oxygen. She advised him to take deep breaths and use his inhalers as required.

25. A different assessed Mr Hector that evening. His blood oxygen level had improved (93%) and his respiratory rate, pulse, temperature and blood pressure were normal.

26. On the afternoon of 14 December, a healthcare assistant (HCA) assessed Mr Hector. She found that his blood oxygen level was low (91%) and referred him to a nurse.

27. Another nurse saw Mr Hector, who said he had no cough but a pounding headache and felt extremely fatigued. The nurse calculated a National Early Warning Score (NEWS) of 7. (NEWS2 is a clinical tool used to assess clinical deterioration in adult patients. A score of 7 indicates that the patient requires an urgent or emergency response.) The nurse asked an advanced nurse practitioner (ANP) to assess Mr Hector. Mr Hector told her that he had had chest pain for the past few days. She noted that his blood oxygen level was 87%, which increased to 92% with oxygen. She thought he may have a problem with his heart and she requested an emergency ambulance. The ambulance was called shortly after 5.30pm and Mr Hector was taken to hospital an hour later.

28. Mr Hector tested positive for COVID-19 in hospital. He did not respond to treatment and refused to be put on a ventilator. He died in hospital on 23 December.

Cause of death

29. The Coroner held an inquest into Mr Hector’s death on 11 January 2021. He determined that Mr Hector had died from respiratory failure caused by COVID-19 pneumonia.

Findings

Clinical Findings

30. The clinical reviewer considered that the standard of care Mr Hector received at Wakefield was equivalent to that which he could have expected to receive in the community.

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

31. Mr Hector had not left Wakefield since arriving from Leeds on 30 September, so would appear to have caught COVID-19 at the prison. We have therefore looked at whether Wakefield took adequate steps to protect him.

32. As the pandemic persisted through the course of the year, prison and healthcare staff at Wakefield participated in weekly meetings with representatives from the NHS and Public Health England. Best practice initiatives from those meetings were implemented in the prison.

33. Although he had initially refused to shield at Leeds, Mr Hector had done so towards the end of his time there. When he arrived at Wakefield, he was isolated for 14 days to minimise the chances of COVID-19 being brought into the prison from outside and spread among the prisoners. This system of reverse-cohorting had been practised for several months by Wakefield in line with national guidance.

34. The healthcare provider Practice Plus Group has a regional data performance lead who regularly reviews the collation of lists of vulnerable prisoners to ensure that they are offered advice on shielding.

35. Mr Hector was not identified by Wakefield as being in a high-risk group, and it is noted that although significantly obese, his asthma was characterised as mild. However, from the end of October, Wakefield experienced a significant outbreak of COVID-19 which impacted staff and prisoners. On 12 November, a letter was sent out to Mr Hector giving him the option to shield. However, he did not do so.

36. At interview the Head of Healthcare at Wakefield, said that the facts and options relating to COVID-19 are discussed with prisoners at the end of the isolation period imposed after coming to prison. He did not shield again at Wakefield after his period in the reverse-cohorting unit ended. The clinical reviewer was reasonably satisfied that Mr Hector had received sufficient verbal communication about his options, and that he would have been able to have shielded at Wakefield if he had wanted to do so.

37. The clinical reviewer was also reassured that appropriate PPE was used at Wakefield.

Assessment of Mr Hector's learning disability

38. Mr Hector's medical record that was passed on to both Leeds and Wakefield, included information about his learning disability (LD). In the period before his imprisonment, his GP carried out an annual assessment of his LD. However, the

information about this was not passed on to Leeds by the community GP as part of the summary of information about their patient.

39. As a result, when Mr Hector entered both Leeds and Wakefield, knowledge about his LD was not immediately to hand. However, the initial healthcare assessments should establish significant conditions, even if they are not included in the prisoner's records that the prison receive. There is no record of relevant questioning about his LD on entering either prison.

40. At Leeds, information about COVID-19 was read to Mr Hector by wing staff and he signed a disclaimer to say that he did not want to shield. Although Mr Hector had a LD, the clinical reviewer was satisfied that he had the mental capacity to make this decision. However, no assessment was made of his LD in prison or whether there was a need for reasonable adjustments in communicating significant information to Mr Hector.

41. At Wakefield there was a significant gap after arrival before he was given a letter about shielding, and there is no record of this having been read to him. However, by that time he had previously been verbally made aware of the dangers of COVID-19 while at Leeds and after leaving the reverse-cohorting unit at Wakefield.

42. We recommend:

The Heads of Healthcare at HMP Leeds and HMP Wakefield should ensure that their screening procedures include embedded elements to capture and record the learning disabilities of prisoners with a pre-existing diagnosis.

Clinical assessment of Mr Hector on 13 December 2020

43. The clinical reviewer expressed concerns that two opportunities to escalate Mr Hector's care were missed on 13 December. His NEWS2 assessment in the morning was significant enough to ring alarm bells, and although he improved from that low point, his later observations were still a cause for concern. On 13 December, healthcare staff thought Mr Hector could possibly be suffering from asthma and therefore booked him in for a follow up check the next afternoon, by which time his condition had significantly deteriorated. He was taken to hospital where he tested positive for COVID-19 and his condition deteriorated quickly.

44. These concerns were also identified as learning points by the Head of Healthcare in her initial assessment of Mr Hector's death. We agree that this learning should be followed up and recommend:

The Head of Healthcare at HMP Wakefield should provide assurance that the learning points relating to the NEWS2 assessment tool, identified in their own review of the death, have been followed up and will continue to be monitored.

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

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