

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Matthew Hutchinson, a prisoner at HMP Ranby, on 15 February 2021

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 Matthew Hutchinson died in hospital from respiratory failure caused by COVID-19 pneumonitis on 15 February 2021, while a prisoner at HMP Ranby. He was 44 years old. I offer my condolences to Mr Hutchinson's family and friends.
4. Mr Hutchinson had asthma and was obese. The prison identified him as being at risk of becoming seriously ill from COVID-19, and in May 2020, they suggested he move to a shielding unit. However, Mr Hutchinson refused this and all subsequent offers of shielding. On 21 January 2021, he tested positive for COVID-19. On 27 January, he was taken to hospital where he died on 15 February.
5. The clinical reviewer concluded that the clinical care Mr Hutchinson received at Ranby was equivalent to that which he could have expected to receive in the community. However, she made one recommendation about a nurse's failure to record a National Early Warning Score (NEWS – used to assess clinical deterioration) for Mr Hutchinson when he became unwell on 27 January. Although this made no difference to the outcome, it is important that staff monitor prisoners with COVID-19, including calculating and recording a NEWS.
6. We found no non-clinical issues of concern.
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.

Recommendations

- The Head of Healthcare should ensure that healthcare staff use the National Early Warning Score (NEWS) system to assess the severity of acute illness.

The Investigation Process

8. NHS England commissioned an independent clinical reviewer, to review Mr Hutchinson's clinical care at the prison.
9. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Hutchinson's hospital escorts, liaison with his next of kin and whether compassionate release was considered.

10. The Ombudsman's family liaison officer contacted Mr Hutchinson's father 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.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies in the report.

Background Information

HMP Ranby

12. HMP Ranby is a Category C prison in Nottinghamshire, holding over 1,000 men. Nottinghamshire Healthcare NHS Foundation Trust provides primary healthcare services.

Previous deaths at HMP Ranby

13. Mr Hutchinson was the third prisoner at Ranby to die since February 2019. The two previous deaths were self-inflicted. There were no similarities between the findings in our investigation into Mr Hutchinson's death and our findings from the investigations into the 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 25 March 2015, Mr Matthew Hutchinson was sentenced to eight years and two months imprisonment for aggravated burglary. He was released on licence on 11 February 2019, but he returned to custody on 25 February after breaching his licence. On 9 October 2019, he was sent to HMP Ranby.
18. Mr Hutchinson had a long history of illegal drug use and he remained on a methadone (opiate substitute) treatment programme until November 2020. He also had asthma and was clinically obese. (He was obese when he arrived at Ranby and gained 14.5kg in weight during his time there.)
19. On 11 May, the prison gave Mr Hutchinson a fact pack about COVID-19, including information about the impact of the virus for drug users. On 15 May, prison officers spoke to him as he had been identified by healthcare staff as being vulnerable to COVID-19. They explained the benefits of him moving to a shielding unit in the prison. Mr Hutchinson said he did not want to move and signed a disclaimer. Mr Hutchinson's medical notes say that on 19 May, he was identified as being at high risk from the virus, but had declined a move to the shielding unit. He was sent a letter advising him of his risk.
20. Mr Hutchinson's prison notes record that he declined a move to the shielding unit on at least four further occasions.
21. On 24 November, with a rising incidence of COVID-19, Mr Hutchinson was tested after his cellmate displayed symptoms. Although they were isolated as a precaution, the results of the tests were negative.
22. In January 2021, there was a very high incidence of COVID-19 in the prison. On 21 January, the whole of Mr Hutchinson's wing was tested. Both he and his cellmate tested positive.
23. Initially Mr Hutchinson displayed no symptoms. However, on 27 January, his cellmate asked for Mr Hutchinson to be checked as he said that he was breathless and had diarrhoea.
24. A nurse saw Mr Hutchinson and recorded that his blood oxygen levels had dropped to a low level at 93% (the normal range is 95-100%), his breathing and heart rate were slightly raised and his temperature was normal.
25. The nurse discussed Mr Hutchinson's symptoms with a hospital doctor who was not worried, and she arranged for him to be reviewed the following day. Healthcare staff gave Mr Hutchinson an oximeter (a device which is placed on a finger to measure blood oxygen levels) and told him to alert staff if his oxygen levels dropped.
26. Later that afternoon, wing staff asked nurses to see Mr Hutchinson following a drop in his oxygen levels. His blood oxygen levels had dropped to 90%, his heart and breathing rates were high and his temperature was 39.6°C (indicating a fever). Staff promptly called an ambulance and Mr Hutchinson was taken to hospital, where he was admitted.
27. On 13 February, Mr Hutchinson was put on a ventilator. He died on 15 February.

28. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Hutchinson's cause of death as respiratory failure caused by COVID-19 pneumonitis.

Findings

Clinical Findings

29. The clinical reviewer considered that the standard of care Mr Hutchinson received at Ranby was equivalent to that which he could have expected to receive in the community.
30. However, the clinical reviewer noted that when the nurse saw Mr Hutchinson on 27 January, she did not record a National Early Warning Score (NEWS). (NEWS is a nationally accredited scoring tool used to assess clinical deterioration based on a standardised set of observations: heart rate, blood oxygen levels, breathing rate, temperature, blood pressure and level of consciousness.) If she had recorded a NEWS based on her readings, it would have been 3, which is categorised as low risk. Nevertheless, the prison's care plans for prisoners infected with COVID-19 say that a NEWS should be recorded so there is a reference point for future assessments.
31. We recommend:
The Head of Healthcare should ensure that healthcare staff use the National Early Warning Score (NEWS) system to assess the severity of acute illness.

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

32. Mr Hutchinson had not left the prison in the six weeks before he became ill and it appears therefore, that he caught COVID-19 at the prison. We have therefore looked at whether the prison took adequate steps to protect him.
33. Following the national lockdown announced on 21 March 2020, Ranby introduced a restricted regime in line with national guidance, including advice on shielding. Mr Hutchinson was given a COVID-19 information pack and was advised in May that he was at high risk of significant illness if he caught COVID-19. Although in the serious incident report following Mr Hutchinson's death, the Head of Healthcare recategorised his risk as medium rather than high, it is the case that he had elevated risk factors because of his asthma and obesity, and significantly he was advised to shield on several occasions, which he declined.
34. Mr Hutchinson was only 44 years old and there was no suggestion in any of his records that he did not have the capacity to make the decision not to shield, and the clinical reviewer had no concerns about this. It is clear that he understood his particular risks. After being told that his COVID-19 test on 21 January 2021, was positive, when his medication was delivered to his cell on 23 January, he was anxious. He said, "I have asthma and am high risk. If I was outside I would go to hospital." He was reassured that hospitalisation was not appropriate at that time as he was not displaying any symptoms, but that if he deteriorated, he should let staff know.
35. From the evidence available, we are satisfied that Mr Hutchinson was made aware of his increased risk from COVID-19 due to his health profile and he chose not to shield. In January with the outbreak of the virus in the prison, the risk to

Mr Hutchinson would have increased. There is no evidence of a new warning being issued to him. However, it is clear that he was aware of his situation and his prison records reveal good levels of communication between Mr Hutchinson and prison officers in the six weeks before he went to hospital. So, if he wished to change his mind about shielding, there were no barriers to that being considered.

Sue McAllister CB
Prisons and Probation Ombudsman

September 2021

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