Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Leon Eastwood, a prisoner at HMP Belmarsh, on 2 April 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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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.

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.

Mr Leon Eastwood died in hospital of multi-organ failure on 2 April 2020, while a prisoner at HMP Belmarsh. He had been admitted to hospital 12 days earlier. He was 64 years old. I offer my condolences to Mr Eastwood's family and friends.

Mr Eastwood tested positive for COVID-19 before his death, but there are different views on whether COVID-19 was the cause of his death, or whether his death was the result of his serious underlying health conditions, with COVID-19 as a contributory factor. This will need to be determined at the inquest.

We have not been able to determine if Mr Eastwood contracted COVID-19 at Belmarsh or during his thrice weekly visits to a kidney dialysis unit in the community. The clinical reviewer concluded that the volatility of the COVID-19 pandemic means that it is not possible to determine whether the care that Mr Eastwood received at Belmarsh was equivalent to that which he could have expected to receive in the community. However, we are satisfied that healthcare staff made clinically rational judgments, appropriately treated his underlying health conditions and gave him a high level of personal attention, and that there was a clear and practical approach to the management of COVID-19 cases and suspected cases within the prison.

I am concerned that the decision to restrain Mr Eastwood when he was taken to hospital was made without any input from healthcare staff on his poor mobility, and that there was a delay in telling Mr Eastwood's next of kin that he was seriously ill in hospital.

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

Sue McAllister CB
Prisons and Probation Ombudsman **October 2020**

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Summary

Events

1. On 19 August 2015, Mr Leon Eastwood was convicted of sexual offences, sentenced to 17 years imprisonment and sent to HMP Belmarsh.

2. Mr Eastwood suffered from kidney failure, coronary heart disease and high blood pressure. He was treated with prescribed medication and received kidney dialysis three times a week at a dialysis unit in the community. He had regularly reviewed care plans.

3. On 17 March 2020, a nurse saw Mr Eastwood who said that he had had diarrhoea during the night and that he had a headache. Mr Eastwood said he had been isolating himself in his single cell, due to his health conditions. The nurse advised Mr Eastwood to drink more water and let healthcare staff know if his symptoms worsened.

4. The following day, a prison GP saw Mr Eastwood on his return from a dialysis session in the community. Mr Eastwood said that he felt unwell, though he did not have a cough, sore throat or difficulty breathing (which were the recognised symptoms of COVID-19 at the time). The GP found Mr Eastwood's temperature was high but thought that Mr Eastwood could be suffering from gastroenteritis, due to his loose stools. The GP took a stool sample for testing, planned for healthcare staff to check him daily and prescribed an antibiotic.

5. On 20 March, a nurse found that Mr Eastwood's temperature was high so swabbed him to check him for COVID-19.

6. The following day, the prison GP checked on Mr Eastwood, who said that he was suffering with a dry cough, though he did not have a sore throat or difficulty breathing. The GP found that Mr Eastwood's temperature was high so isolated him in the prison's contingency suite as he may have COVID-19.

7. Later that day, a nurse decided to send Mr Eastwood to hospital. Hospital doctors admitted Mr Eastwood to the coronary care unit and, on 23 March, put Mr Eastwood on a ventilator. On 25 March, the prison was told that the swab taken on 20 March had tested positive for COVID-19.

8. Mr Eastwood's condition continued to deteriorate and a hospital doctor confirmed that he died at 6.36pm on 2 April.

9. A pathologist and a hospital doctor both concluded that Mr Eastwood died of multi-organ failure. The pathologist considered that this was caused by COVID-19. The doctor considered that Mr Eastwood's death was caused by his underlying health conditions, with COVID-19 as a contributory factor.

Findings

Clinical care

10. We cannot say whether Mr Eastwood contracted COVID-19 at Belmarsh or during his thrice weekly visits to a dialysis unit in the community (where he would have come into contact with a variety of people).

11. The clinical reviewer considers that the volatility of the COVID-19 pandemic means that it is not possible to determine whether the care that Mr Eastwood received was equivalent to that which he could have expected to receive in the community.

12. However, she is satisfied that healthcare staff made clinically rational judgments, treated Mr Eastwood appropriately and gave him a high level of personal attention. She also noted that Belmarsh followed the guidance issued by Public Health England at the time.

Restraints, security and escorts

13. We are concerned that the medical information section of the escort risk assessment made no reference to Mr Eastwood's poor mobility. We are not satisfied that the use of an escort chain to restrain Mr Eastwood for 15 hours was justified.

Contact with Mr Eastwood's family

14. There was a delay in the prison telling Mr Eastwood's daughter that he had been admitted to hospital. This went against the requirements of Prison Rule 22 that says when a prisoner becomes seriously ill, the governor should "at once inform the prisoner's spouse or next of kin".

Recommendations

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that, in all cases:
  - healthcare staff complete the medical information section of the escort risk assessment to say whether the prisoner's current medical condition affects their mobility and risk of escape; and
  - authorising managers show that they have taken this information into account when assessing a prisoner's current level of risk.
- The Governor should ensure that:
  - staff notify a prisoner's next of kin as soon as possible when they become seriously ill; and
  - introduces a local policy on family liaison that reflects Prison Rule 22.

The Investigation Process

15. The investigator issued notices to staff and prisoners at HMP Belmarsh informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

16. The investigator obtained copies of relevant extracts from Mr Eastwood's prison and medical records.

17. NHS England commissioned an independent clinical reviewer to review Mr Eastwood's clinical care at the prison.

18. The investigator interviewed eight members of staff, by telephone, at HMP Belmarsh on 12, 17 and 29 June. The clinical reviewer joined the investigator for two interviews on 12 June and three interviews on 17 June.

19. We informed HM Coroner for Inner South London District of the investigation. He gave us two separate causes of death: one determined by a doctor from a hospital and one determined by a pathologist. We have sent the coroner a copy of this report.

20. One of the Ombudsman's family liaison officers contacted Mr Eastwood's next of to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She asked the following questions:

    - What was the full sequence of events, including the timeline and circumstances leading up to Mr Eastwood being taken to hospital?
    - How did Mr Eastwood manage to contract COVID-19 while in prison and what processes were in place to safeguard him, particularly as he was classed as being at high risk due to his underlying health problems?
    - What processes were in place for alerting immediate family members in the event that a prisoner is taken to hospital?

    We have addressed these questions in this report and in the clinical review.

21. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.

22. Mr Eastwood's next of kin received a copy of the initial report. She did not raise any further issues, or comment on the factual accuracy of the report.

Background Information

HMP Belmarsh

23. HMP Belmarsh is a high security and local prison serving the Central Criminal Court and the courts of South East London and South West Essex. It holds approximately 900 men. Oxleas NHS Foundation Trust provides healthcare services. There is 24-hour healthcare cover and a 32-bed inpatient unit.

HM Inspectorate of Prisons

24. The most recent inspection of HMP Belmarsh was a short scrutiny visit to the long-term and high security estate on 26 May 2020. Inspectors reported that Belmarsh had experienced an outbreak of COVID-19, although managers had maintained the delivery of the restricted regime and had worked hard to implement social distancing guidance for staff and prisoners. Inspectors found that most staff felt that the current level of restrictions was proportionate and that reasonable steps were being taken to keep prisoners safe, though some prisoners were becoming frustrated about perceived differences between restrictions in prisons and the community. At the time of the inspection, Belmarsh had a list of 162 people with various types of vulnerability; each was risk-assessed regularly for either daily, three-day or five-day personal checks, and were seen or phoned on these days.

25. The most recent full inspection of Belmarsh was on January and February 2018. Inspectors found that health services had improved and were now good, and that primary care services were comprehensive. They also found that patients no longer complained about nurses being disrespectful.

Independent Monitoring Board

26. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to 30 June 2019, the IMB reported that non-attendance by prisoners at healthcare appointments remained a concern and that there had been occasional friction between nursing staff and prison officers when dispensing medication. They also were concerned with staffing at night as only one nurse was on duty.

Previous deaths at HMP Belmarsh

27. Mr Eastwood was the seventh prisoner to die at Belmarsh since April 2018. Two of the previous deaths were from natural causes, three were self-inflicted and one was a homicide. We have previously made recommendations about authorising the use of restraints.

28. There have been no other COVID-19-related deaths at Belmarsh.

Coronavirus (COVID-19)

29. 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.

30. COVID-19 can make anyone seriously ill, but the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable) and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant; have a severe lung condition; are having certain types of treatment for cancer; or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70; people with a lung condition or a chronic medical condition, such as diabetes, heart, liver, or chronic kidney disease; or those who are very obese (this list is not exhaustive).

31. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23 March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).

32. On 13 March, PHE's National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance set out the importance of effective preventative measures and that methodical cleaning would help prevent infection spread.

33. On 24 March, HMPPS issued an instruction, in line with Government advice, to all prisons to introduce social distancing and to implement a restricted regime, and supported enforcement of social distancing of two metres for staff and prisoners wherever possible. The most vulnerable prisoners were identified and offered the opportunity to be located in protective isolation.

34. On 31 March HMPPS, in consultation with PHE, issued an order to significantly reduce transfers between prisons. Other measures, known as 'compartmentalisation' were also announced. These measures were designed to be implemented at local level, depending on the needs of each individual establishment, and 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 bio-security 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 any one returning from hospital.

Key Events

35. On 19 August 2015, Mr Leon Eastwood was convicted of a number of sexual offences and was sentenced to 17 years imprisonment. Mr Eastwood was sent to HMP Belmarsh.

36. Mr Eastwood suffered from kidney failure, which was treated with prescribed medication, including alfacalcidol and folic acid, and with dialysis three times a week with at a unit in the community. His prognosis was considered poor without a kidney transplant. Mr Eastwood also had a history of coronary heart disease and high blood pressure, which were treated with prescribed medication.

37. When he arrived at Belmarsh, a prison GP immediately admitted Mr Eastwood to the prison's healthcare unit and nurses created care plans to manage his dialysis and high blood pressure. In January 2017, his social care needs were assessed and he was moved to a larger single cell, with a shower and lavatory in it, for disabled prisoners. He subsequently had a falls assessment and a personal emergency evacuation plan was developed for him.

38. His social care needs were reviewed again in 2019, when it was noted that he was able to move around without aids but used a wheelchair for long distances.

39. During Mr Eastwood's time in custody and for the first two months of 2020, his health was essentially stable and healthcare staff ensured that his serious, long-term conditions were reasonably well controlled. In 2017, the possibility of a live donor kidney transplant was discussed with Mr Eastwood, but the consultant nephrologist noted that Mr Eastwood did not seem keen to consider a transplant and that his potential living donor was ambivalent about donation. Mr Eastwood continued to attend the dialysis unit three times a week, a hospital consultant actively reviewed his care and various healthcare staff appropriately oversaw his health issues.

Events of March 2020

40. On 16 March 2020, Mr Eastwood attended the dialysis unit as normal.

41. The same day, the prison established a small contingency suite of single cells, located below the healthcare unit, where patients with suspected COVID-19 symptoms could be moved.

42. On 17 March, a nurse saw Mr Eastwood who was concerned that he had had diarrhoea during the night and that he had a headache. Mr Eastwood said that had had been isolating himself in his single, disabled cell due to his health conditions and that he was not suffering with chest pains or shortness of breath. She took Mr Eastwood's basic observations and found his temperature was normal at 36.5C (a symptom of COVID-19 is a temperature of 37.8C or above) though his blood pressure was low. She told Mr Eastwood to drink more water and let healthcare staff know if his symptoms worsened.

43. Later that afternoon, the nurse checked on Mr Eastwood, who said that he still had a slight headache. She took Mr Eastwood's basic observations and found his blood pressure was high and his temperature was normal at 37.2C.

44. The following day, a prison GP saw Mr Eastwood on his return from a dialysis session. Mr Eastwood said that he felt unwell, though he did not have a cough, sore throat or difficulty breathing (the recognised symptoms of COVID-19 at the time). The GP took Mr Eastwood's basic observations and found that his temperature was high at 38.7C and his blood pressure was low. The GP thought that Mr Eastwood could be suffering from gastroenteritis, due to his loose stools, so took a stool sample for testing and planned for healthcare staff to check him daily. The GP also prescribed metronidazole (an antibiotic used to treat bacterial infections), paracetamol and dioralyte (to treat diarrhoea).

45. At 10.00pm, a nurse took Mr Eastwood's basic observations and found that his temperature was high at 38.0C and his blood pressure was normal.

46. At 12.10am on 19 March, the nurse checked Mr Eastwood's temperature, which was normal at 36.1C.

47. At 6.39pm, a nurse took Mr Eastwood's basic observations and found that his temperature was high at 37.8C and his blood pressure was normal.

48. At 4.00pm on 20 March, a healthcare assistant saw Mr Eastwood on his return from a dialysis session. He checked Mr Eastwood's temperature, which was normal at 36.8C.

49. At 6.25pm, a nurse took Mr Eastwood's basic observations and found that his temperature was high at 38.8C and his blood pressure was normal. The nurse swabbed Mr Eastwood to check him for COVID-19 and gave him paracetamol and metronidazole. (The swab results were not received until 25 March.)

50. At 7.36pm, a prison GP checked the results from part of the stool sample, which showed that Mr Eastwood did not have Clostridium difficile (a bacterium that can infect the bowel and cause diarrhoea).

51. At 9.10pm, a nurse checked Mr Eastwood's temperature, which was high at 38.0C, and gave him paracetamol and metronidazole, as Mr Eastwood had forgotten to take them.

52. At 9.32am on 21 March, a nurse checked Mr Eastwood's temperature, which was high at 39.3C, and gave him paracetamol, metronidazole and loperamide (to treat diarrhoea).

53. At 12.28pm, a prison GP checked on Mr Eastwood, who said that he was suffering with a dry cough, although he did not have a sore throat or difficulty breathing. The GP took Mr Eastwood's basic observations and found that his temperature was high at 38.2C. In the light of the new symptom of a dry cough, the GP planned for Mr Eastwood to be fully isolated in the contingency suite in case he had COVID-19, and this happened at 2.30pm.

54. At 5.20pm, the GP checked Mr Eastwood's temperature, which was high at 38.5C; referred him for a full blood test; and prescribed ciprofloxacin (an antibiotic used to treat bacterial infections).

55. At 5.26pm, a nurse contacted a hospital, who said that Mr Eastwood's full stool sample results and COVID-19 result were not yet available. The nurse then checked Mr Eastwood's temperature, which was high at 38.8C.

56. At 6.30pm, the nurse checked Mr Eastwood's temperature, which was high at 39.1C. The nurse gave Mr Eastwood an ice pack, ciprofloxacin and paracetamol, as advised by the on-call doctor.

57. At 8.08pm, a nurse checked Mr Eastwood's temperature, which was high at 39.3C, and noted that he appeared to be poorly. After consulting with another nurse, the nurse decided to send Mr Eastwood to hospital.

58. At 9.39pm, paramedics took Mr Eastwood to hospital and doctors admitted him to the coronary care unit. Two prison officers accompanied Mr Eastwood and restrained him with an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer).

59. At 11.40am on 22 March, one of the escorting officers wrote in the Bed Watch Log that a hospital doctor hoped that Mr Eastwood's condition would improve or "they must prepare for the worst".

60. At 4.09pm, a senior prison manager authorised the officers to remove the escort chain, which was not used again. She also instructed the officers to move from the side room to minimise their risk of contracting COVID-19 and to use PPE when checking on Mr Eastwood.

61. On 23 March, hospital staff put Mr Eastwood on a ventilator and, the following day, they moved him to the critical care unit, which had been designated as the isolation ward for patients with COVID-19.

62. The same day, a prison GP checked the results from the final part of the stool sample, which showed that Mr Eastwood did not have an infection.

63. On 25 March, a prison GP reviewed Mr Eastwood's swab result from 20 March and noted that he had tested positive for COVID-19.

64. Mr Eastwood's condition continued to deteriorate and a hospital doctor confirmed that he died at 6.36pm on 2 April.

Contact with Mr Eastwood's family

65. On 25 March, Mr Eastwood's next of kin telephoned the prison and complained that she had not been told by the prison that her father was in hospital. The Head of Offender Management Services returned the call and apologised for the delay. She told Mr Eastwood's next of kin that the prison would not normally inform a prisoner's family for at least 72 hours unless their condition was life-threatening.

66. Between 26 March and 2 April, the Head of Offender Management Services, a mental health and substance misuse services manager and a transfer and

discharge coordinator contacted Mr Eastwood's next of kin and updated her on his condition.

67. Following Mr Eastwood's death, the prison formally appointed the Head of Offender Management Services, as the prison's family liaison officer (FLO). On the evening of 2 April, the FLO telephoned Mr Eastwood's next of kin to break the news of his death, although hospital staff had already informed her, and offered her condolences and support.

68. The FLO continued to support Mr Eastwood's next of kin until his funeral, which was held on 19 May 2020. The prison paid for the costs of the funeral in line with national instructions.

Support for prisoners and staff

69. The escorting officers who were at the hospital when Mr Eastwood died were debriefed and offered the support of the prison's care team.

70. The prison posted notices informing other prisoners of Mr Eastwood's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Eastwood's death.

Cause of death

71. Following Mr Eastwood's death, two separate causes of death have been provided: by a doctor at a hospital and by a pathologist. Both agreed that Mr Eastwood died as a result of multi-organ failure. They took different views on whether this was caused by COVID-19, or whether COVID-19 was a contributory factor.

72. The hospital doctor considered that Mr Eastwood's organ failure was caused by critical limb ischaemia (a severe obstruction of the arteries which reduces blood flow to the hands, feet, and legs) as a result of end stage renal failure, with bronchopneumonia secondary to COVID-19 as a contributory factor.

73. The pathologist considered that Mr Eastwood's organ failure was caused by a respiratory infection associated with COVID-19, with end stage renal failure from chronic kidney disease, hypertension and critical limb ischaemia as contributory factors.

Findings

Clinical care

74. Mr Eastwood had a number of serious health conditions that made him vulnerable to the COVID-19 infection. His risk of contracting it was increased because he left the prison three times a week for dialysis treatment in the community where he came into contact with a variety of people. (This was unavoidable, as it would have been if Mr Eastwood had been living in the community, as he would have died if he did not receive regular dialysis.)

75. Mr Eastwood became ill on 17 March with symptoms of gastroenteritis and healthcare staff appropriately treated him for this condition. Although Mr Eastwood began to have a raised temperature from 18 March, it is not a symptom that only occurs in cases of COVID-19 and the clinical reviewer is satisfied that healthcare staff's examinations, investigations and treatment were consistent with his presentation.

76. When Mr Eastwood began to experience other symptoms of COVID-19, healthcare staff appropriately swabbed him and moved him to the prison's contingency suite. As Mr Eastwood lived in a single, disabled cell with its own shower, there was no clinical reason to move him to the contingency suite before 21 March.

77. These events all took place before the "lockdown" of 23 March and the formal beginning of patient shielding.

78. The clinical reviewer considers that the volatility of the COVID-19 pandemic means that it is not possible to say whether the care that Mr Eastwood received was equivalent to that which he could have expected to receive in the community. However, she is satisfied that healthcare staff made clinically rational judgments, treated Mr Eastwood appropriately and gave him a high level of personal attention.

79. She also noted that staff at Belmarsh had easy access to appropriate PPE to promote good infection control and cross infection procedures, and followed the guidance about the use of PPE issued by Public Health England at the time. The requirements of cohorting patients had also been followed by the establishment of a contingency suite. She said that there was a clear and practical approach to the management of COVID-19 cases and suspected cases within the prison.

Restraints, security and escorts

80. Belmarsh's Local Instruction 7.6, *Escorts – Risk Assessments*, contains instructions on how to complete and use escort risk assessments. This includes that a governor grade must sign off the risk assessment and that it should consider the prisoner's medical condition, including his ability to escape unaided.

81. When Mr Eastwood was taken to hospital on 21 March, a nurse completed the medical information section of the escort risk assessment. The nurse recorded

that Mr Eastwood was in poor health and had a fistula (an access point for dialysis) on his right arm, so that arm could not be handcuffed, but he made no reference to Mr Eastwood's poor mobility. A CM told us that he had a telephone discussion with the duty governor who decided that Mr Eastwood should be restrained with an escort chain. The CM then signed the escort risk assessment.

82. During their interviews, a nurse said that Mr Eastwood "had poor mobility, he cannot walk very well", while the CM said, "I know he walks slowly" and that paramedics used a stretcher to take Mr Eastwood from the contingency suite to the ambulance.

83. Despite their recollections, we are concerned that Mr Eastwood's poor mobility, and his ability to escape unaided, was not reflected in the escort risk assessment. We are not satisfied that the restraint of an ill, 64-year-old Category C prisoner with poor mobility was justified.

84. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that, in all cases:

- **healthcare staff complete the medical information section of the escort risk assessment to say whether the prisoner's current medical condition affects their mobility and risk of escape; and**
- **authorising managers show that they have taken this information into account when assessing a prisoner's current level of risk.**

Contact with Mr Eastwood's family

85. Prison Rule 22 says that when a prisoner becomes seriously ill, the governor should "at once inform the prisoner's spouse or next of kin". This is reflected in PSI 64/2011, which requires prisons to contact the next of kin of prisoners who are seriously ill.

86. We are concerned that Belmarsh does not have a local policy concerning family liaison and that the Head of Offender Management Services told Mr Eastwood's next of kin that the prison would not normally inform a prisoner's family for at least 72 hours unless their condition was life-threatening, which was out of step with the requirements of Prison Rule 22. We consider that it risks families missing crucial time with seriously ill relatives.

87. Mr Eastwood was taken to hospital on 21 March and on 22 March hospital staff told bedwatch officers that they must "prepare for the worst". On 23 March, Mr Eastwood was placed on a ventilator and moved to the critical care unit. Despite this, the prison did not inform Mr Eastwood's next of kin of his condition. She only found out from another source on 25 March and telephoned the prison to complain about not being contacted.

88. We are disappointed that the prison did not contact Mr Eastwood's next of kin before 25 March, particularly as he had clearly suffered a rapid deterioration in his condition. We make the following recommendation:

The Governor should ensure that:

- **staff notify a prisoner's next of kin as soon as possible when they become seriously ill; and**
- **introduces a local policy on family liaison that reflects Prison Rule 22.**

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