

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Steven Allen, a prisoner at HMP Wakefield, on 9 March 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 Steven Allen died in hospital of COVID-19 pneumonitis on 9 March 2021, while a prisoner at HMP Wakefield. He was 58 years old. I offer my condolences to Mr Allen's family and friends.
4. Although Mr Allen followed advice to shield, he tested positive for COVID-19 on 14 February 2021. His condition deteriorated rapidly, and he was taken to hospital on 18 February. He died there on 9 March.
5. The clinical reviewer concluded that Mr Allen's clinical care at Wakefield was equivalent to that which he could have expected in the community. However, she made two recommendations. One was not related to Mr Allen's death, so we have included only one of the clinical reviewer's recommendations in our report.
6. We found no non-clinical issues of concern.

## Recommendations

- The Head of Healthcare should ensure that staff consistently use the NEWS2 tool and record the results in the prisoner's medical record.

## The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Allen's clinical care at Wakefield.
8. The PPO's investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for Mr Allen's hospital escort, and liaison with his next of kin.
9. We informed HM Coroner for West Yorkshire Eastern District of the investigation. We have sent the Coroner a copy of this report.
10. The Ombudsman's family liaison officer contacted Mr Allen's next of kin, his ex-wife, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Allen's ex-wife said that she had no questions or concerns but would like a copy of the investigation report.
11. 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.

12. We sent a copy of our report to Mr Allen's next of kin. She found no factual inaccuracies.

# Background Information

## HMP Wakefield

13. 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

14. Mr Allen was the 26th prisoner at Wakefield to die since March 2019. Of the previous deaths, two were self-inflicted and all the rest were from natural causes. Mr Allen's death was the fifth from COVID-19 at Wakefield, and there has been one death from COVID-19 since. We have previously made a recommendation to Wakefield about the use of the NEWS2 tool.

## COVID-19 (coronavirus)

15. 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.
16. 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.)
17. 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

18. In December 2015, Mr Steven Allen was sentenced to 14 years in prison for sexual offences. On 20 June 2016, he was moved to HMP Wakefield.
19. Mr Allen had several health conditions, including high blood pressure, chronic obstructive pulmonary disease (COPD – the term for a group of serious lung diseases) and asthma. Mr Allen had a Body Mass Index (BMI) of 33 and so was clinically obese.
20. On 21 April 2020, healthcare staff at Wakefield assessed that Mr Allen was clinically vulnerable to COVID-19 (at moderate risk of complications if he contracted COVID-19). They advised him to shield and placed him on a 'shielding regime'. On 12 November, Mr Allen was again reminded by staff to shield. Throughout the COVID-19 pandemic, Mr Allen followed the advice from staff to shield.
21. On 13 November, and in line with Public Health England guidelines, Mr Allen was appropriately isolated from other prisoners for 14 days, after coming into contact with someone who had tested positive for COVID-19.
22. On 13 February 2021, despite consistently shielding, Mr Allen presented with COVID-19 symptoms. On 14 February, he tested positive for COVID-19.
23. On the afternoon of 16 February, a nurse found that Mr Allen's blood oxygen saturation level had dropped to 88% (a normal level is 95-100%) and his pulse rate had increased to 117 beats per minute (a normal pulse rate is 60-100 beats per minute). The nurse gave Mr Allen oxygen and called an ambulance. Ambulance paramedics considered that in view of Mr Allen's COPD diagnosis, a blood oxygen saturation level of 88% was acceptable, even though the prison nurse told them that this level of saturation was not normal for Mr Allen. The paramedics advised that Mr Allen should stay at Wakefield and be monitored.
24. On 18 February, a nurse found that Mr Allen's blood oxygen saturation level had fallen to 71% and he had a National Early Warning Score (NEWS-2) score of nine. (NEWS2 is a tool to measure clinical deterioration in adult patients. A score of nine indicates that an urgent or emergency response is needed.) The nurse gave oxygen to Mr Allen and called a medical emergency code blue (used when a prisoner is unconscious or having breathing difficulties that alerts healthcare staff and prompts the control room to call an ambulance). Mr Allen was taken to Pinderfields General Hospital in Wakefield.
25. While at hospital Mr Allen was treated for COVID-19 and on 23 February, he was in a stable condition. On 26 February, Mr Allen's condition began to deteriorate. He was placed on a ventilator on 2 March, but his condition continued to deteriorate. He died in hospital on 9 March.
26. Wakefield's family liaison officer (FLO) made contact with Mr Allen's ex-wife on 27 February 2021, after Mr Allen's condition deteriorated. The FLO then made regular contact with the hospital, prison staff and Mr Allen's ex-wife, providing support and information to all parties.

27. Mr Allen's funeral was held on 15 April 2021 at Wakefield. In line with national policy, the prison contributed to the funeral expenses.

**Cause of death**

28. There was no post-mortem and the Coroner accepted the cause of death given by a hospital doctor. The doctor gave the cause of death as COVID-19 pneumonitis, with hypertension and asthma as contributory factors.

# Findings

## Clinical Findings

29. The clinical reviewer considered that the care Mr Allen received at Wakefield was of a good standard and was equivalent to that which he could have expected to receive in the community.

### *Management of Mr Allen's risk of infection from COVID-19*

30. Mr Allen had not left Wakefield in the weeks before he tested positive for COVID-19, and it appears therefore that he caught COVID-19 in prison. We have therefore looked at whether the prison took adequate steps to protect him.
31. During the first phase of the COVID-19 pandemic at the beginning of 2020, Wakefield set up a system for quarantining new prisoners, and those returning to prison from hospital, in line with national Prison Service guidance. Under this system, known as reverse cohorting, prisoners are isolated for 14 days to minimise the chances of the coronavirus being brought into the prison from outside and spread among the prisoners.
32. As the pandemic persisted through the course of the year, prison and healthcare staff 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. We were told that the healthcare provider, Practice Plus Group, have a regional data performance lead who regularly reviews the collation of lists of vulnerable prisoners to ensure that they are offered advice on shielding.
34. In April 2020, Mr Allen was identified by healthcare staff as being clinically vulnerable to COVID-19 (at moderate risk of complications if he contracted COVID-19) and staff advised him to shield. In November 2020, staff reminded Mr Allen that he needed to shield. Mr Allen complied with staff's advice.
35. In November 2020, Mr Allen came into contact with someone who had tested positive for COVID-19 and was appropriately placed in isolation for 14 days. On 13 February 2021, Mr Allen was tested for COVID-19 as he was showing symptoms. Mr Allen was then isolated from other prisoners. Mr Allen's result came back on 14 February, which confirmed that he had tested positive for COVID-19.
36. Although Mr Allen contracted COVID-19 at Wakefield, we are satisfied the prison had appropriate policies and procedures in place and had taken reasonable steps to manage the risk to prisoners, including Mr Allen, of being infected by COVID-19.

### *Monitoring Mr Allen after he contracted COVID-19*

37. The clinical reviewer noted that after testing positive for COVID-19, Mr Allen was appropriately reviewed regularly by healthcare staff to monitor his physical health and allow for early identification of physical deterioration. However, when conducting Mr Allen's observations, healthcare staff did not always complete and

record NEWS2 scores. Although this did not affect the care given to Mr Allen, or impact on the frequency of clinical reviews provided to him, good practice would have been for the NEWS2 tool to be used consistently within the medical records.

38. We recommend:

**The Head of Healthcare should ensure that staff consistently use the NEWS2 tool and record the results in the prisoner's medical record.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**October 2021**

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