Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr William Jewitt, a prisoner at HMP Durham, on 22 February 2021

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 William Jewitt died at HMP Durham on 22 February 2021. He was 80 years old. The cause of Mr Jewitt's death was COVID-19 infection. He also had underlying respiratory, heart and kidney conditions. I offer my condolences to Mr Jewitt's family and friends.

4. The clinical review report gives full details of the clinical findings. The clinical reviewer concluded that Mr Jewitt's clinical care at Durham was equivalent to that he could have expected to receive in the community. However, she found weaknesses that need to be addressed by the Head of Healthcare and we make recommendations on those related to Mr Jewitt's death.

5. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that all new prisoners receive a secondary health screen within seven days of their arrival at Durham, in line with NICE Guideline 57.

- The Head of Healthcare should ensure timely management of chronic health conditions, including:

    - prompt referral of prisoners to long-term conditions clinics after their arrival or diagnosis; and

    - ensuring requests for GP and external appointments are actioned quickly and, if necessary, followed up.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Jewitt's clinical care at HMP Durham.

7. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Jewitt's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.

8. The Ombudsman's family liaison officer wrote to Mr Jewitt's next of kin, a friend, to explain the investigation. She did not receive a reply.

9. 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.

Previous deaths at HMP Durham

10. Mr Jewitt was the 16th prisoner at Durham to die, since February 2019. Of the previous deaths, eight were self-inflicted, two were drug related, and five were from natural causes, including one from COVID-19. There have since been four further deaths; three from natural causes, unrelated to COVID-19, and one where the cause of death is unknown at present. We have previously made recommendations about the lack of secondary health screens.

COVID-19 (coronavirus)

11. 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.

12. 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.)

13. 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-arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

14. Mr William Jewitt was remanded to HMP Durham on 26 July 2019, after breaching a sexual harm prevention order and committing further sexual offences. He was convicted and sentenced to five and a half years on 2 February 2021.

15. At a reception health screen, Mr Jewitt's health conditions were noted as angina, ischaemic heart disease, chronic obstructive pulmonary disease (COPD), asthma, stomach ulcer and hearing problems. There was no secondary health screen.

16. Mr Jewitt lived on F wing, the vulnerable prisoner unit. In March 2020, after confirmation of the COVID-19 pandemic, Durham began enhanced welfare checks for prisoners. Wing staff and the safer custody team regularly discussed Mr Jewitt's needs and gave him updates on the restricted regime.

17. Mr Jewitt was clinically vulnerable and at risk of complications from COVID-19. On 8 April, he was sent a letter advising him to shield. This was followed by a discussion on 16 April, with healthcare and wing staff, about the risks of infection and the offer to shield in a single cell on a different part of the wing, with a modified regime. Mr Jewitt declined to shield and said he preferred to remain in his existing shared cell on the normal regime. The discussion was recorded on a body worn camera and a disclaimer was signed. Wing staff reviewed Mr Jewitt's shielding status at least weekly, on camera, and reminded him that he could begin shielding at any time. He persistently declined.

18. On 9 July, Mr Jewitt reported possible symptoms of COVID-19. He was immediately placed in protective isolation and swabbed, but his test result was negative.

19. Over the next few months, Mr Jewitt had recurrent chest infections. He was prescribed antibiotics and on 29 October, a chest X-ray was taken. On 4 January 2021, Mr Jewitt was diagnosed with acute worsening of COPD. A prison GP requested a further X-ray, but it is unclear whether this was processed.

20. In February, there was an outbreak of COVID-19. F wing was placed in lockdown and there was mass screening of prisoners. A swab taken from Mr Jewitt on 10 February returned as negative on 13 February. However, his cellmate tested positive and began isolation in their cell. In line with government policy, Mr Jewitt was also required to isolate, but he declined the offer to move and asked to remain in his cell.

21. On 18 February, Mr Jewitt felt short of breath. A nurse assessed him and noted that he needed a GP review, but he was not added to the GP's list.

22. Late evening on 21 February, Mr Jewitt again had breathing difficulties and was listed to see the GP. On the morning of 22 February, the GP unsuccessfully tried to contact him on the in-cell telephone. He reviewed Mr Jewitt's medical records and planned to chase the request for the repeat chest X-ray.

23. At around 2.25pm that afternoon, Mr Jewitt's cellmate rang his cell bell as he was concerned about Mr Jewitt. A wing officer contacted healthcare and a nurse went to the cell. While the nurse was examining Mr Jewitt, his condition

worsened and a code blue emergency was called. (A code blue indicates that a prisoner has breathing difficulties or is unconscious.) Mr Jewitt then lost consciousness and staff conducted cardiopulmonary resuscitation (CPR). A defibrillator was applied and found no shockable rhythm.

24. An ambulance was requested immediately after the code blue and the request was upgraded when Mr Jewitt became unconscious. Paramedics arrived at 2.55pm and took over CPR. Mr Jewitt did not regain consciousness and the paramedics confirmed his death at 3.25pm.

25. A debrief was held for the staff involved in the emergency and they were offered support. Notices were issued to other staff and prisoners, informing them of Mr Jewitt's death and reminding them of the support available. Staff checked prisoners considered to be at risk of self-harm.

26. At a check to update his next of kin details, in January 2021, Mr Jewitt said that he had no contact information for his family. After his death, the prison's family liaison officer found the name of a friend among his possessions. The family liaison officer obtained the friend's details from the police and broke the news of Mr Jewitt's death on 25 February. Mr Jewitt's friend agreed to act as next of kin.

27. The prison arranged and paid for Mr Jewitt's funeral, which was held on 23 March.

Post-mortem examination

28. A post-mortem examination on 3 March confirmed that Mr Jewitt had died from COVID-19 infection. He also had underlying chronic obstructive pulmonary disease (COPD), ischaemic heart disease and chronic kidney disease which had contributed to but did not cause his death.

Findings

Clinical Findings

29. The clinical reviewer concluded that Mr Jewitt's clinical care at Durham was of a reasonable standard, equivalent to that he could have expected to receive in the community. However, she made recommendations about aspects of his care that the Head of Healthcare will need to consider. We endorse her recommendations and repeat those linked to Mr Jewitt's cause of death.

Secondary health assessment

30. National Institute for Health and Care Excellence (NICE) Guideline 57, *Physical Health of People in Prison*, states that every prisoner should have a second-stage health assessment within seven days of their arrival. Although Mr Jewitt had an initial health screen on reception at Durham, there is no evidence that he had a secondary assessment. We recommend:

The Head of Healthcare should ensure that all new prisoners receive a secondary health screen within seven days of their arrival at Durham, in line with NICE Guideline 57.

Monitoring Mr Jewitt's long-term conditions

31. Mr Jewitt's health conditions were identified when he arrived at Durham in 2019, but he was not referred to the long-term conditions clinics to manage his COPD or heart disease. We acknowledge that, in spite of this, he was reviewed by prison GPs and advance nurse practitioners and that the clinics were suspended during the pandemic, but such an omission could have serious consequences.

32. The investigation also found that a request for a chest X-ray in January 2021 and a referral to the GP a few days before Mr Jewitt's death were not actioned. We recommend:

The Head of Healthcare should ensure timely management of chronic health conditions, including:

- **prompt referral of prisoners to long-term conditions clinics after their arrival or diagnosis; and**
- **ensuring requests for GP and external appointments are actioned quickly and, if necessary, followed up.**

Management of Mr Jewitt's risk of infection from COVID-19

33. Mr Jewitt knew that he was clinically vulnerable, but repeatedly declined the opportunity to shield. Staff were aware of his ill health, gave him appropriate advice and wore full PPE when they went into in his cell. Mr Jewitt tested negative for COVID-19 nine days before his death but was found to be positive, post-mortem.

34. Mr Jewitt's cellmate remained in their cell when he was identified as COVID-19 positive. The local policy was for COVID-19 prisoners to isolate in their existing

cell. The rationale was that any risk of infection would have already been present before they were swabbed and during the 48-hour wait for the result and there was increased risk of spreading the infection if they were moved. Mr Jewitt chose to remain in the same cell to isolate.

35. As Mr Jewitt had attended court hearings by video link and had not left Durham for any other reason in the months before his death, it is reasonable to conclude that he contracted COVID-19 at the prison.

36. We are satisfied that healthcare and operational staff advised Mr Jewitt of the risks to his health if he failed to follow medical advice and adhered to appropriate infection control measures during their contact with him.

Sue McAllister CB
Prisons and Probation Ombudsman **February 2022**

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