

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr George Stanway, a prisoner at HMP Sudbury, on 5 April 2020

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. 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 George Stanway died in hospital on 5 April 2020, while a prisoner at HMP Sudbury. He was 70 years old. The cause of his death was pneumonia arising from COVID-19. He also had underlying chronic obstructive pulmonary disease (COPD) and diabetes. I offer my condolences to Mr Stanway's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Stanway received at Sudbury was equivalent to that he could have expected to receive in the community. However, she identified one concern, about implementing care and treatment plans for prisoners with a chronic health condition, although this did not adversely affect the outcome for Mr Stanway. We slightly recast and repeat her recommendation below. Full details of the findings are in the clinical review report.
5. We found no non-clinical issues of concern.

Recommendation

- The Head of Healthcare should ensure that all prisoners with a chronic health condition have management of care and treatment plans, in line with NICE guidance.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Stanway's clinical care at HMP Sudbury. The clinical reviewer contacted the Head of Healthcare and the Care UK Blood Borne Viruses lead for detailed information about the management of COVID-19.
7. The PPO investigator investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Stanway's location; the security arrangements for his admission to hospital; liaison with his family; and whether early release was considered. The PPO investigator conducted a telephone interview with a prisoner who had been recently released from Sudbury.
8. The PPO family liaison officer wrote to Mr Stanway's next of kin, his daughter, to explain the investigation. Mr Stanway's daughter did not reply.

Previous deaths at HMP Sudbury

9. Mr Stanway was the third prisoner to die at Sudbury since April 2018. Of the two previous deaths, one was from natural causes and the other was due to mixed drug toxicity. There are no similarities between our findings in the investigation into Mr Stanway's death and those of the previous deaths.
10. There have been no other COVID-19 related deaths at Sudbury.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). They found a factual inaccuracy, which has been amended. The HMPPS action plan has been annexed to this report.

COVID-19 (coronavirus)

12. 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.
13. 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).
14. 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).

15. 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.
16. 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 put into protective isolation.
17. From 31 March, HMPPS put in place further measures to contain COVID-19, including reducing transfers between prisons and 'compartmentalisation'. (Mr Stanway went into hospital on 1 April.) 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.
18. We note that in his report on short scrutiny visits to category D open prisons, issued in June 2020, HM Chief Inspector of Prisons found that although there was increased staff supervision at Sudbury, there was no systematic attempt to keep living units apart, except for activities such as gym, meal collection and administration of medication. In addition, there was little enforcement of social distancing among prisoners, except for one or two formal settings such as meal queues and collection of canteen. The Chief Inspector did, however, identify some positive practice at Sudbury, including daily cascaded oral briefings to staff and weekly briefings to prisoners; installation of a question and answer box, circulating the answers to all prisoners; and allowing prisoners to call the family engagement worker directly.

Key Events

19. Mr George Stanway was convicted of murder on 1 December 2006. He was sentenced to life imprisonment, with a minimum period to serve of 15 years.
20. Mr Stanway spent time at several prisons. On 16 January 2019, he was transferred to HMP Sudbury, a rehabilitation and resettlement prison where men can apply for release on temporary licence (ROTL) for work experience in the community and to prepare for release. Mr Stanway successfully applied for ROTL. From October 2019, he started leaving the prison, unaccompanied, to attend hospital appointments and visit his family.
21. Mr Stanway had been diagnosed with type 2 diabetes and had frequent contact with healthcare staff. On 10 February, a doctor recorded that Mr Stanway was short of breath, which was likely to be due to a mild viral infection, or possible heart failure. He did not have a sore throat or fever (which are symptoms of COVID-19).
22. On 15 March, Mr Stanway told a nurse that he had chest pains and cold symptoms that had started after a change of medication two days before. The nurse found no congestion, or other signs of illness and his clinical observations were within the normal range.
23. On 21 March, Mr Stanway reported a dry cough, with phlegm, which he said was normal for him. After examining him, a nurse reassured Mr Stanway that there was no sign of infection.
24. Mr Stanway saw a nurse again on 23 and 25 March. On the latter occasion, he was anxious and concerned that he was shivering for around an hour each night. The nurse found that his clinical observations were within normal range and told him to continue taking paracetamol if his cold symptoms persisted.
25. On 26 March, Mr Stanway told a nurse that he was shivering day and night, had not eaten for two days and had problems with his bowels. The nurse advised him to drink plenty of fluids and eat small amounts of food to ease his symptoms.
26. On 30 March, a nurse and a Custodial Manager (CM) explained the shielding process to Mr Stanway and he was happy to shield. The entry in Mr Stanway's medical record noted nothing about him feeling unwell.
27. Just after 5.00pm on 1 April, a nurse was asked to see Mr Stanway urgently. She requested an ambulance, as he had a high temperature and low oxygen levels. Mr Stanway told the paramedics that he had had a sore throat for several weeks and a dry cough for two weeks. The nurse told the paramedics that he had not mentioned the sore throat before and his cough had been productive. The paramedics suspected that Mr Stanway had COVID-19 and an acute respiratory infection and took him to the Royal Derby Hospital - on ROTL, without escorts or restraints.
28. At midday on 2 April, a CM informed Mr Stanway's daughter that Mr Stanway had been admitted to hospital and that he was not expected to recover. A temporary Supervising Officer (SO) was assigned as Mr Stanway's family liaison

officer (FLO). Shortly afterwards, he followed up the CM's call, explaining his role and the modified procedures in light of COVID-19. Healthcare staff contacted the hospital daily for updates on Mr Stanway's condition.

29. Mr Stanway died in hospital at 10.30pm on 5 April.
30. Mr Stanway's daughter telephoned the prison on 6 April, upset that she had not found out about her father's death through the prison. It was explained that the prison had yet to be notified. Staff then made several telephone calls before they were able to verify Mr Stanway's death.
31. The FLO kept in touch with Mr Stanway's daughter and provided support over the following weeks. Sudbury paid for Mr Stanway's funeral, which was held on 26 May.

Cause of death

32. There was no post-mortem report as the Coroner accepted the cause of death certified by the hospital - pneumonia caused by COVID-19. Mr Stanway also had underlying chronic obstructive pulmonary disease (the name for a group of lung conditions which cause breathing difficulties) and type 2 diabetes mellitus, which did not cause, but contributed to his death.
33. The hospital report noted that Mr Stanway was unsuitable for the intensive care unit and had been treated with antibiotics and the highest level of oxygen that could be offered on the ward. In spite of this, his oxygen level did not improve.

Findings

Clinical Findings

34. The clinical reviewer concluded that Mr Stanway's clinical care was of a good standard and equivalent to that he could have expected to receive in the community. However, she highlighted the need for management of care and treatment plans for prisoners with chronic health conditions. We make the following recommendation:

The Head of Healthcare should ensure that all prisoners with a chronic health condition have management of care and treatment plans, in line with NICE guidance.

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

35. A recently-released prisoner told the investigator that he and other prisoners had been concerned about Mr Stanway's health. The prisoner had been particularly concerned about a missed GP appointment on 26 March. He said that Mr Stanway had attended, but the appointment had been cancelled and he was sent away. The prisoner had submitted an application on 28 March, expressing his concern that Mr Stanway had been ill during the past week and asking for him to be seen.
36. The medical records show that between 15 March, after first reporting symptoms of feeling unwell and 30 March, when healthcare staff discussed shielding, Mr Stanway failed to attend four medical appointments, including an appointment with the GP on 26 March. We were unable to resolve the conflicting information as to why the GP appointment did not take place. However, Mr Stanway did attend five appointments within that period, including one with a nurse on 26 March, when they discussed his symptoms.
37. When assessed, Mr Stanway did not initially have the key symptoms of COVID-19 listed at that time, such as a high temperature. Although he had a cough, he and healthcare staff thought it was usual for him and a possible side effect of one of his medications. As the pandemic developed, further guidance gave additional symptoms of COVID-19. We consider that Mr Stanway had sufficient opportunity to report and explore his symptoms at his medical appointments.
38. We do not know when or where Mr Stanway contracted COVID-19. In March, he attended a hospital appointment by prison van, unescorted on ROTL, so we cannot exclude the possibility that he was exposed to the infection in the community.
39. We are satisfied that Sudbury adhered to national policies and put in place the local measures expected. When clear symptoms became apparent, healthcare staff referred Mr Stanway promptly to secondary care.

Sue McAllister CB
Prisons and Probation Ombudsman

October 2020

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