

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mark Hanson, a prisoner at HMP Rye Hill, on 22 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. 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 Mark Hanson died from COVID-19 pneumonia in hospital on 22 February 2021 while a prisoner at HMP Rye Hill. He also had hypertension (high blood pressure) and lymphoedema (a long-term chronic condition that causes swelling in the body's tissues) which contributed to but did not cause his death. He was 63 years old. We offer our condolences to his family and friends.
4. The clinical reviewer concluded that the clinical care that Mr Hanson received at Rye Hill was not equivalent to that which he could have expected to receive in the community.
5. The clinical reviewer found that Mr Hanson's hypertension prescriptions appeared inconsistent and disconnected as different prison GPs had assessed him each time. The clinical reviewer also found no evidence of a care plan to manage Mr Hanson's skin condition.
6. The clinical reviewer was also concerned that Mr Hanson's deteriorating condition after he tested positive for COVID-19, was not monitored more closely when his temperature was rising, and his blood oxygen saturation levels were decreasing.
7. The clinical reviewer also made a number of recommendations which are not directly related to Mr Hanson's death, but which the Head of Healthcare will need to address.
8. We found no non-clinical issues of concern.
9. 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 prison GPs ensure consistency when prescribing medication to prisoners with long-term health conditions.
- The Head of Healthcare should ensure that care management plans are in place for all prisoners with long-term health conditions.
- The Head of Healthcare should ensure that healthcare staff understand how to monitor and treat prisoners who have tested positive for COVID-19.
- The Head of Healthcare should share this report with Nurse A and discuss the Ombudsman's findings with him.

The Investigation Process

10. NHS England commissioned a clinical reviewer to review Mr Hanson's clinical care at the prison.
11. The PPO investigator has investigated the non-clinical issues in Mr Hanson's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
12. The Ombudsman's family liaison officer wrote to Mr Hanson's next of kin to explain our investigation. Mr Hanson's next of kin asked if prison staff had classified Mr Hanson as at high risk of complications from COVID-19. They also asked if the footwear and clothing they provided would have helped with his swollen feet and legs. We have addressed these questions in our report and the clinical review.
13. We shared the initial report with the Prison Service. There were two factual inaccuracies in the clinical review which has been amended accordingly.
14. Mr Hanson's next of kin received a copy of the initial report. They found that there were four factual inaccuracies in the clinical review, which have been amended accordingly. They raised a number of questions that do not impact on the factual inaccuracy of the report which have been addressed by separate correspondence.

Previous deaths at Rye Hill

15. There were twelve deaths from natural causes at HMP Rye Hill in the two years before Mr Hanson died, including two as a result of COVID-19. Since Mr Hanson's death, another prisoner has died at Rye Hill as a result of COVID-19.
16. In our investigation report into a death at Rye Hill in January 2021, we found that the medication changes that prison GPs made contributed to the poor control of a prisoner's blood pressure and that prisoners with long-term conditions were not sufficiently monitored because of a lack of specialist nurses. In June 2021, we asked the Executive Director for Custodial Contracts to write to the Ombudsman to set out what he has done to satisfy himself that healthcare services at Rye Hill, including the contract for GP services, meet the needs of the prison's population. We await his reply.

Coronavirus (COVID-19)

17. 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.
18. 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

years, people under 70 years with an underlying health condition such as diabetes, chronic respiratory, heart, liver or kidney disease, those with a weakened immune system or who are very overweight. (These lists are not exhaustive.)

19. 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).
20. In June 2020, HM Inspectorate of Prisons (HMIP) carried out a short scrutiny visit of Rye Hill, focussing on key issues for prisoners during the COVID-19 pandemic. Inspectors found that Rye Hill had adopted clear plans to manage the pandemic at the start of the lockdown, identifying those who were most vulnerable so they could protect them and limit the spread of the virus. Information about COVID-19 and its impact on the regime was well communicated, and the governor recorded a video message each day which was shown on in-cell televisions. Health and safety protocols were in place. With a few exceptions, communal cleaning was good, and prisoners were able to keep their cells clean. Most healthcare clinics had been suspended but managers had implemented a triage system to ensure that urgent cases were dealt with appropriately.
21. Inspectors reported that a very restricted regime had been put in place, but the vast majority of prisoners could shower every day and most prisoners had daily access to telephones and exercise. One of the most reassuring protective factors within the restricted regime was the positive relationships between staff and prisoners.

Key Events

22. In July 2007, Mr Mark Hanson was sentenced to life in prison for sex offences. On 29 August 2017, he was transferred to HMP Rye Hill.
23. Mr Hanson had hypertension, lymphoedema and was obese. Healthcare staff created a hypertension care plan.
24. On 24 December 2018, after Mr Hanson developed cellulitis (a potentially serious infection in the deeper layers of the skin), a prison GP prescribed a diuretic to help reduce the swelling in his legs.
25. On 22 March 2019, Mr Hanson told a prison GP that he had stopped taking his blood pressure medication because 'it did not suit him'. She offered him exercise as an alternative to changing his medication. Mr Hanson agreed to start exercising the following month once he had his new trainers, but there is no record that Mr Hanson ever went to the prison sport centre.
26. On 29 April, a prison GP noted that Mr Hanson's legs were sore and red and that he was unable to wear shoes. There are no records to establish what footwear Mr Hanson was wearing at that time or if a referral was made for specialist shoe assessment and fitting.
27. On 29 May, an officer noted that Mr Hanson was much happier, as he had received new trainers.
28. Mr Hanson frequently saw prison GPs who reviewed his blood pressure and hypertension medication. From December 2019 to May 2020, Mr Hanson stopped taking his medication and gave different accounts to a number of prison healthcare staff, including prison GPs, about why. These varied from believing that someone was trying to kill him, to work issues, and saying that they left a bad taste in his mouth.
29. On 1 June, a prison GP saw Mr Hanson and prescribed a beta blocker (to slow the heart rate). He noted that Mr Hanson's blood pressure was still high. The GP noted that he was unsure why certain medications had been stopped and felt that too many GPs were involved in Mr Hanson's care for a plan to be followed through. He sent a message to two other prison GPs and suggested that one GP should decide the next steps in Mr Hanson's care.
30. On 17 June, a nurse carried out a full health assessment for Mr Hanson and noted that he appeared to have lymphoedema in both legs. There are no records to establish whether he was given specialist clothing or footwear for swollen legs, or whether he was referred to weight gain or exercise programmes during the assessment. The Head of Healthcare told the clinical reviewer that there was no record that healthcare staff supported Mr Hanson in accessing larger-sized clothing.
31. On 16 July, a prison GP reviewed Mr Hanson and changed his blood pressure medication. He noted, however, that he was unclear why Mr Hanson's medication had been altered so much.

32. On 17 December, a prison GP referred Mr Hanson for assessment by a hospital lymphoedema care nurse because the swelling in his legs was not improving. There is no record that this appointment was made.
33. There is no evidence that Mr Hanson had a nursing care plan to manage his lymphoedema.
34. On 31 January 2021, Mr Hanson tested negative for COVID-19 as part of a mass prison test.
35. On 5 February, a nurse saw Mr Hanson in his cell because he had a continuous cough. She tested him for COVID-19. She noted that his temperature and blood oxygen saturation levels were normal. She gave him a pulse oximeter and instructions on how to record his blood oxygen saturation levels. She also added him to the cell isolation tracker and completed a COVID-19 incident form.
36. On 9 February, Mr Hanson's COVID-19 test result returned as positive. That day, 29 prisoners at Rye Hill tested positive for COVID-19 and two prisoners were in hospital with COVID-19.
37. On 11 February, Mr Hanson told a nurse that he felt cold. She noted that he was only wearing shorts and told him to turn off his fan, have a hot drink and take paracetamol if he felt that he was shivering.
38. On 13 February, a nurse assessed Mr Hanson and noted that he had a high temperature, a low blood oxygen saturation level, and that he was struggling to breathe and was short of breath. She noted that his National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) was 3. (The NEWS guidelines say that a score above 7 requires an emergency response.) She telephoned the on-call prison GP, who advised her to give Mr Hanson his salbutamol inhaler. The GP also told her to escalate to a GP if Mr Hanson's blood oxygen saturation levels continued to decrease and to send him to hospital if they dropped below 90%.
39. On 14 February, Nurse A saw Mr Hanson through the cell door observation panel and noted no concerns. He did not enter the cell and did not record Mr Hanson's temperature or blood oxygen saturation level.
40. At 9.35am on 15 February, a nurse carried out a COVID-19 round on the unit where Mr Hanson lived. She saw Mr Hanson and noted that he was short of breath, had a high pulse rate, high blood pressure and low blood oxygen saturation and that his National Early Warning Score was 9. There is no record that she gave him oxygen. She radioed a medical emergency code blue (which indicates that a prisoner is unconscious or having difficulty breathing). At 9.42am, ambulance paramedics were at his side and transferred him to hospital.
41. On 22 February, Mr Hanson died in hospital.
42. There was no post-mortem examination. A hospital doctor certified that Mr Hanson died from COVID-19 pneumonia. He also had hypertension and lymphoedema which contributed to but did not cause his death.

Findings

Clinical findings

43. The clinical reviewer concluded that the clinical care that Mr Hanson received at Rye Hill was not equivalent to that which he could have expected to receive in the community.

Hypertension

44. The clinical reviewer found that the care that Mr Hanson received for his long-term conditions at Rye Hill was not of a good standard.
45. Mr Hanson had an up-to-date care plan for hypertension and GPs appropriately advised him of the risks of not taking his medication when he stopped for a period of four months. However, the clinical reviewer found that his prescriptions for high blood pressure medication were inconsistent and disconnected as different prison GPs had assessed him each time. She noted that this was not in line with National Institute for Health and Care Excellence (NICE) guidance. This was recognised by one prison GP, who messaged the other prison GPs to ask for one GP to lead on managing Mr Hanson's care.
46. We identified this concern in a previous investigation into the death of a prisoner at Rye Hill in January 2021. We escalated our concerns to the Executive Director for Custodial Contracts in June 2021, and we await his response. In the meantime, we make the following recommendation:

The Head of Healthcare should ensure that prison GPs ensure consistency when prescribing medication to prisoners with long-term health conditions.

Care plans

Lymphoedema and obesity

The clinical reviewer found no evidence of care plans to manage Mr Hanson's lymphoedema and obesity. He was not referred for a specialist assessment or treatment for lymphoedema until December 2020, and this may have limited his care and treatment options. Although he was offered exercise in the gym as an alternative to medication changes, he did not attend any sessions. We make the following recommendation:

The Head of Healthcare should ensure that prisoners with chronic disease have effective care management plans in place in line with NICE guidance.

Clothing and footwear to help with symptoms of lymphoedema

47. Rye Hill's local policy on personal clothing allows prisoners to receive clothing on a rotational monthly basis according to their wing. There are eight wings at Rye Hill, so prisoners can only receive personal clothing once every eight months. When there is a request for clothing to be given to a prisoner outside of his wing's timeframe, the security department will ask healthcare staff to confirm if there is a medical requirement for the clothing.

48. Mr Hanson's sister told the investigator that she provided Mr Hanson with footwear in February or March 2019 due to the swelling of his legs and feet. She said that Mr Hanson only received his shoes months later in May 2019 because of restrictions in place on prisoners receiving clothing. Prison records support that this was the case. Although Mr Hanson had lymphoedema, there is no clinical record that he required the footwear which his sister sent.
49. Mr Hanson's sister also bought him specialist trousers in September 2020, as she said that his trousers were extremely tight. She was again told that Mr Hanson could not receive the trousers until his wing's next 'clothing parcel window'. We found no evidence to establish whether or when Mr Hanson received the trousers.
50. The clinical reviewer found no evidence in Mr Hanson's medical records that healthcare staff considered that Mr Hanson had a medical requirement for special clothes or that Mr Hanson asked healthcare for support in obtaining special clothes. The Head of Healthcare said that no referral was made for specialist footwear for Mr Hanson and there is no record that he spoke to healthcare staff about appropriate clothing to accommodate his swollen legs.
51. We consider therefore that Rye Hill acted in line with their local policy on clothing as there was no requirement for him to receive the footwear outside of the clothing window for his wing.

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

52. Mr Hanson had not left Rye Hill in the months before he contracted COVID-19 and we therefore have to assume that he contracted the virus at the prison.
53. HM Inspectorate of Prisons found that the prison was following national guidelines when they visited in June 2020, and we have no reason to believe that they were not doing their best to do so when Mr Hanson became ill. Mr Hanson was recorded as being at moderate risk from complications if he contracted COVID-19 and was not, therefore, in the group who were offered the opportunity to shield.
54. The clinical reviewer found that when Mr Hanson was diagnosed with COVID-19, he was appropriately isolated. He was given a pulse oximeter to monitor his own blood oxygen saturation levels which is an example of good practice.
55. However, the clinical reviewer was concerned that Mr Hanson's deteriorating condition was not monitored more closely when his temperature was rising, and his blood oxygen saturation level was decreasing.
56. A GP advised on 13 February that Mr Hanson should be sent to hospital if his oxygen saturation level dropped below 90%. The clinical reviewer was, therefore, concerned that on 14 February, Nurse A only viewed Mr Hanson through the cell door observation panel and did not record his temperature and blood oxygen saturation level. He said that he did not enter the cell because of the risk of infection, but that he had carried out a welfare check and that Mr Hanson had told him that he felt much better. However, the Head of Healthcare told us that personal protective equipment was available to staff.

57. The clinical reviewer was also concerned that another nurse did not give Mr Hanson oxygen when his blood oxygen levels were low on 15 February.
58. We make the following recommendations:

The Head of Healthcare should ensure that healthcare understand how to monitor and treat prisoners who have tested positive for COVID-19.

The Head of Healthcare should share this report with Nurse A and discuss the Ombudsman's findings with him.

**Sue McAllister CB
Prisons and Probation Ombudsman**

October 2021

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