

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Sharon Swinhoe, a prisoner at HMP New Hall, on 23 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. Ms Sharon Swinhoe died in hospital on 23 February 2021 as a result of COVID-19 while a prisoner at HMP New Hall. She also had asthma and chronic obstructive pulmonary disease (COPD, a lung disease) which contributed to but did not cause her death. She was 52 years old. We offer our condolences to her family and friends.
4. Ms Swinhoe's health conditions meant she was in the category for those at high risk of developing complications from COVID-19 and she was therefore advised to shield. Although she initially agreed, she refused to shield from August 2020 onwards. Healthcare and prison staff tried to persuade her to shield and when she declined, they gave her advice to minimise the risk of contracting COVID-19.
5. On 7 February, Ms Swinhoe felt unwell and tested positive for COVID-19. She was monitored regularly by healthcare staff. On 15 February, an emergency ambulance was called after her condition deteriorated, but Ms Swinhoe refused to go to hospital. She was assessed as having the capacity to make that decision.
6. On the morning of 23 February, Ms Swinhoe appeared to be recovering and spoke to staff. However, shortly afterwards she was found confused and showing signs of having had a stroke. She was taken to hospital but died later that day.
7. It appears that Ms Swinhoe contracted COVID-19 in prison as she had not left New Hall in the 14 days before she tested positive for the virus.
8. The clinical reviewer concluded that the clinical care that Ms Swinhoe received at New Hall was good and equivalent to that which she could have expected to receive in the community.
9. We found that prison staff followed the national guidance on managing the risks associated with COVID-19. We found no non-clinical concerns and we have made no recommendations.

The Investigation Process

10. NHS England commissioned a clinical reviewer to review Ms Swinhoe's clinical care at the prison.
11. The PPO investigator has investigated the non-clinical issues in Ms Swinhoe's care, including her location, the security arrangements for her hospital escorts, liaison with her family and whether compassionate release was considered.
12. The Ombudsman's family liaison officer wrote to Ms Swinhoe's next of kin, her sister, to explain our investigation. She had no specific questions.
13. We shared the initial report with the Prison Service. There was one factual inaccuracy in the initial report and three factual inaccuracies in the clinical review, which have been amended accordingly.
14. We shared the initial report with Ms Swinhoe's sister. She did not respond.

Background

Previous deaths at New Hall

15. There were two deaths from natural causes at HMP New Hall in the two years before Ms Swinhoe's death, one of which was as a result of COVID-19. One prisoner has died at New Hall since Ms Swinhoe's death as a result of COVID-19. There are no significant similarities between our findings in this investigation and those of the other deaths.

Coronavirus (COVID-19)

16. COVID-19 is an infectious disease that affects the lungs and airways. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.
17. 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.)
18. 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

19. In July 2013, Ms Sharon Swinhoe was sentenced to life in prison for murder with a 25-year tariff. On 29 July, she was transferred to HMP New Hall.
20. Ms Swinhoe had COPD, asthma, anaemia and depression.
21. On 6 April 2020, healthcare staff noted that Ms Swinhoe was in the category for those at high risk of developing complications from COVID-19. Healthcare staff sent her a letter in line with guidance from Public Health England advising her to shield, which she did.
22. On 13 August, Ms Swinhoe told a nurse that she had decided that she would no longer shield, and she signed a disclaimer to that effect.
23. On 6 November, healthcare staff sent another letter to Ms Swinhoe advising her to shield again. Ms Swinhoe said that she would not shield and signed another disclaimer to that effect.
24. On 7 January 2021, the Primary Care Lead Nurse and the Head of the Offender Management Unit (OMU) saw Ms Swinhoe and tried to persuade her to shield, but she again refused. Healthcare staff sent a letter to Ms Swinhoe giving her information and advice about the safest course of action to minimise the risk of contracting COVID-19.
25. On 5 February, Ms Swinhoe tested negative for COVID-19 as part of mass COVID-19 testing at the prison. At that time, the wing where Ms Swinhoe lived had an outbreak of COVID-19 cases.
26. On 7 February, a nurse reviewed Ms Swinhoe because she felt unwell. She had a high temperature and the nurse noted that Ms Swinhoe's National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) was 3 which indicated a low clinical risk. Ms Swinhoe tested positive for COVID-19. She was isolated and placed on a twice daily healthcare welfare check.
27. Healthcare staff frequently reviewed Ms Swinhoe over the next few days.
28. On 15 February, a nurse saw Ms Swinhoe and found that she had low blood oxygen saturation. The nurse told her that she needed to go to hospital but, Ms Swinhoe refused. Another nurse asked for an emergency ambulance. Ambulance paramedics saw Ms Swinhoe who refused to go to hospital. The paramedics found that she had the capacity to make that decision.
29. On 16 February, a nurse reviewed Ms Swinhoe, who still refused to go to hospital but agreed to be monitored every two hours. During the following week, Ms Swinhoe's blood oxygen saturation remained low, but she stayed alert and said that she was fine.
30. At 6.30am on 23 February, a nurse saw Ms Swinhoe who was sitting up on her bed. The nurse noted that Ms Swinhoe's blood oxygen saturation was normal

and that she had had a good night's sleep. At 9.00am, Ms Swinhoe told a nurse that she had loose stools and refused to take her medication, but she said that she was taking fluids to avoid dehydration.

31. At about 10.00am, a Custodial Manager (CM) saw Ms Swinhoe to explain to her that she was moving to another wing on a temporary basis because there were no longer any other COVID-19 cases on her wing, and it had been decided to group all the prisoners with COVID-19 in one location. The CM said that Ms Swinhoe was lying on her bed but, she sat up to speak to her. The CM said that she had known Ms Swinhoe for some time and that she was often quiet, sullen and pale, which was how she appeared that morning. She said that Ms Swinhoe said that she would prefer to stay where she was but that she understood and accepted the reason why she had to move to another wing.
32. About 10 minutes later, two officers went to Ms Swinhoe's cell to help her pack her belongings for the move. Ms Swinhoe was sitting on the bed holding a vape. She did not respond to their questions, so the officers entered the cell and saw that Ms Swinhoe was vacant and did not appear to know that they were there. One officer left the cell and asked a nurse, who was nearby, to check Ms Swinhoe's health. The officer also radioed for the duty nurse.
33. The nurse went to Ms Swinhoe's cell and saw that Ms Swinhoe had a left-sided facial droop, a right sided weakness and was not able to hold her body up. She had low blood oxygen saturation, a high respiration rate, a high pulse rate and low blood pressure. Ms Swinhoe was unable to speak in full sentences and was responsive to voice only. The nurse noted that Ms Swinhoe's NEWS score was 12, which indicated a high clinical risk and required an emergency response so asked for an ambulance. She gave Ms Swinhoe oxygen and attached a defibrillator because she thought that she may have had a cardiac arrest or a stroke. At 10.28am, ambulance paramedics were at her side and took Ms Swinhoe to hospital.
34. At 5.05pm that same day, Ms Swinhoe died in hospital.
35. A hospital doctor said that Ms Swinhoe died of multiple system infarction (obstruction of the blood supply to more than one organ caused by blood clots) as a result of COVID-19, with severe hypercoagulopathy. (Hypercoagulopathy is a condition where the blood clots excessively, resulting in blood clots travelling through the body to organs such as the heart, lungs and brain. It is a recognised complication of COVID-19.) Ms Swinhoe also had asthma and COPD, which contributed to but did not cause her death.
36. The Coroner accepted the cause of death provided by the hospital doctor, and there was no post-mortem. An inquest was held on 5 March 2021 and the Coroner returned a conclusion of natural causes.

Findings

Clinical findings

37. The clinical reviewer concluded that the clinical care that Ms Swinhoe received at New Hall was good and equivalent to that which she could have expected to receive in the community. She made no recommendations.

Management of Ms Swinhoe's risk of infection from COVID-19

38. In April 2020, prison managers published a COVID-19 Notice to Staff, which gave comprehensive information to prison staff about isolating symptomatic prisoners, the use of PPE, cleaning routines and the COVID-19 prison regime. The notice to staff was updated in August and November.
39. The Governor has issued more than 150 notices to prisoners to explain the steps being taken to prevent the spread of COVID-19 at the prison.
40. Healthcare staff appropriately identified Ms Swinhoe as being in the category for those at high risk of developing complications from COVID-19 and asked her to shield. Although she initially agreed, she refused to shield from August 2020. We are satisfied that healthcare and prison staff tried to persuade her to shield and, when she refused, gave her advice to minimise the risk of contracting COVID-19. The clinical reviewer is satisfied that Ms Swinhoe had the mental capacity to make the decision not to shield.
41. The clinical reviewer found that healthcare staff responded appropriately and monitored Ms Swinhoe's deteriorating condition from 13 February onwards.
42. Ms Swinhoe did not leave New Hall in the 14 days before she tested positive for COVID-19, and the clinical reviewer therefore concluded that she contracted the virus within the prison. She noted, however, there is evidence in Ms Swinhoe's medical records that healthcare staff complied with national guidance to reduce the risk of her getting COVID-19. Healthcare staff wore appropriate PPE to protect themselves and other prisoners. Our investigation found that the prison had followed the national guidance on managing the risks associated with COVID-19.

Elizabeth Moody
Deputy Prisons and Probation Ombudsman

February 2022

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