

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Clive Francis, a prisoner at HMP Stoke Heath, on 20 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 Clive Francis, who was 53 years old, died in hospital on 20 February 2021 of COVID-19 pneumonitis while a prisoner at HMP Stoke Heath. We offer our condolences to Mr Francis's family and friends.
4. The clinical reviewer concluded that the healthcare Mr Francis received for his arthritis, cellulitis and dental needs was equivalent to that which he could have expected to receive in the community.
5. However, she identified some serious shortcomings in Mr Francis's care. The most important of these was the lack of discussion with Mr Francis about shielding (given the risk factors that made him clinically vulnerable if he contracted COVID-19). The clinical reviewer concluded that this aspect of Mr Francis's care was not equivalent to that which he could have expected to receive in the community.
6. She also noted that the severity of Mr Francis's condition on that day he was sent to hospital, suggested he may have been unwell for some days before that. However, there was no evidence that he had been seen by healthcare or that any steps had been taken to isolate him if he was displaying symptoms of COVID-19.
7. The clinical reviewer also made a recommendation about secondary health screens which the Head of Healthcare will need to address.
8. We did not find any non-clinical issues of concern.

## Recommendations

- The Head of Healthcare should ensure that staff document conversations with all vulnerable prisoners about COVID-19 management and risks to the prisoner, such as shielding and testing.
- The Head of Healthcare should ensure that the reason for a COVID-19 test is recorded in the medical notes. In addition, if the result is positive, any actions taken should also be recorded.

## Investigation Process

9. NHS England commissioned an independent clinical reviewer to review Mr Francis's clinical care at HMP Stoke Heath.

10. The PPO investigator has investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners, Mr Francis's location, the security arrangements for his hospital escorts and liaison with his family.
11. One of the PPO's family liaison officers telephoned Mr Francis's next of kin, his former partner, to explain the investigation. She did not respond.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

### **Previous deaths at Stoke Heath**

13. Mr Francis was the third prisoner to die at Stoke Heath since September 2020. Both the previous deaths were from natural causes and the most recent death (in January 2021) was also from COVID-19.

### **COVID-19 (coronavirus)**

14. 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.
15. 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.)
16. 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

17. In March 2017, Mr Clive Francis was convicted of drugs offences and failing to surrender to police following a breach of his licence. He remained unlawfully at large.
18. On 26 March 2019, Mr Francis was remanded to HMP Hewell for driving offences. He was later sentenced to a total of four years in prison for this and his previous offences.
19. On 16 July, Mr Francis transferred to HMP Stoke Heath.
20. Over the next 18 months, Mr Francis received dental treatment and saw prison healthcare staff from time to time about arthritis in his wrist and cellulitis (an infection in the deeper layers of the skin) in his legs.
21. On 13 August 2020, a prison GP told Mr Francis that he was at additional risk of becoming seriously ill if he contracted COVID-19 because of his sickle cell trait, his ethnicity, and being overweight. (Sickle cell disease is a serious, life-long condition that affects the red blood cells. People with sickle cell trait have inherited the sickle cell gene from one of their parents. They do not normally have any of the symptoms of sickle cell disease and live a normal life.) The GP advised Mr Francis to embrace a healthy lifestyle and take a flu jab. Mr Francis declined the offer of a flu jab. The GP recorded that no additional precautions were needed. There is no evidence that Mr Francis was advised to shield.
22. On 19 January 2021, there was an outbreak of COVID-19 at the prison. Mr Francis was routinely tested for COVID-19, and the result was negative.
23. On 4 February, Mr Francis saw the prison GP after he reported experiencing breathlessness and that his lungs felt that they were already full. The GP noted that Mr Francis was very short of breath and appeared to be generally unwell. He tested him for COVID-19 and the result was positive. All Mr Francis's clinical observations were above normal levels. The GP sent Mr Francis to hospital by emergency ambulance. He was escorted by two prison officers who were wearing appropriate personal protective equipment (PPE). He was not restrained.
24. Mr Francis's condition deteriorated in hospital and on 19 February, hospital staff told the prison staff accompanying Mr Francis there was no active treatment option left open to him, and that he was receiving end of life care. A hospital doctor signed a do not attempt cardiopulmonary resuscitation (DNACPR) order to that effect.
25. At 4.15pm on 20 February, hospital staff told the prison escort staff that they were going to switch off the ventilator. They agreed to wait until Mr Francis's family arrived at the hospital to be at his bedside. The ventilator was eventually switched off at 6.10pm. At 6.12pm a hospital doctor confirmed that Mr Francis had died.

## Cause of death

26. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Francis's cause of death as COVID-19 pneumonitis.

# Findings

## Clinical Findings

27. The clinical reviewer concluded that the healthcare Mr Francis received at Stoke Heath for his arthritis, cellulitis and dental needs was equivalent to that which he could have expected to receive in the community. She also found he was quickly sent to hospital for intensive care when he became unwell on 4 February 2021.
28. However, the clinical reviewer identified some serious shortcomings in Mr Francis's care. She was concerned that, although Mr Francis had the sickle cell trait and other risk factors, there is no evidence that healthcare staff discussed shielding with Mr Francis, or that if they did, he refused to shield. If Mr Francis had refused to shield, he would have been expected to sign a disclaimer letter to that effect, but there is no evidence of this in his medical records. The clinical reviewer concluded that this aspect of his care was not equivalent to that which he could have expected to receive in the community. We recommend:

**The Head of Healthcare should ensure that staff document conversations with all vulnerable prisoners about COVID-19 management and risks to the prisoner, such as shielding and testing.**

29. The clinical reviewer also considered that the severity of Mr Francis's condition when he was taken to hospital on 4 February, suggests that he may have been feeling unwell for a few days. She said there is no evidence that this was brought to the attention of prison or healthcare staff, but, if it was, it is possible he could have been treated sooner and had a different outcome.
30. The clinical reviewer also noted that Mr Francis was tested for COVID-19 in January 2021 because of an outbreak of the virus in the prison, but that there is no record to explain why he was tested for COVID-19 on 4 February (when he tested positive). There is no evidence that healthcare staff were asked to see Mr Francis before 4 February, when he was taken to hospital as an emergency. The clinical reviewer said that if he was displaying COVID-19 symptoms before that date, isolation measures should have been put in place to protect staff and prisoners. We recommend:

**The Head of Healthcare should ensure that the reason for a COVID-19 test is recorded in the medical notes. In addition, if a test is positive, any actions taken should also be recorded.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**April 2022**

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