Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Michael Paule, a prisoner at HMP Pentonville, on 21 March 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*

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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 Michael Paule died in hospital on 21 March 2021, while a prisoner at HMP Pentonville. He was 69 years old. The cause of Mr Paule's death was COVID-19. He also had underlying diabetes, high blood pressure and heart disease. I offer my condolences to Mr Paule's family and friends.

4. Mr Paule was initially identified as at high risk of complications if he contracted COVID-19. Due to a change in criteria, this was later revised to moderate risk. It seems likely that he contracted COVID-19 at the prison.

5. The clinical reviewer concluded that Mr Paule's clinical care at Pentonville was equivalent to that he could have expected to receive in the community. However, she felt that Mr Paule might have benefitted from the use of formal risk assessment tools for cardiovascular conditions and acutely ill patients. She was also concerned that an agency nurse did not pass on a request for Mr Paule to be monitored; and that healthcare staff did not obtain regular updates while he was in hospital.

6. We are concerned that although Mr Paule received a letter about COVID-19, there were no documented conversations to explain his risks, the possibility of shielding, and key COVID-19 protective measures. This was particularly pertinent for Mr Paule, as he could not read. We also found that the prison did not inform Mr Paule's wife that he had been admitted to hospital and was COVID-19 positive, until she telephoned with concerns about his welfare as she had not heard from him.

Recommendations

- The Head of Healthcare should ensure that healthcare staff use the QRISK assessment tool, in line with National Institute for Health and Care Excellence (NICE) Quality Standards for cardiovascular management.

- The Governor and Head of Healthcare should ensure that prisoners assessed as at high risk of developing complications from COVID-19 are given the opportunity to discuss their risks; and that decisions about shielding are recorded in their medical and personal records.

- The Governor should ensure that staff speak to prisoners with literacy problems about COVID-19 policies and procedures relevant to their circumstances, to ensure they are understood. Key points and issues raised should be documented in prisoners' personal records.

- The Head of Healthcare should ensure that requests for prisoners to be monitored are actioned; and all clinicians, including agency and temporary staff, know how to use the task function in the electronic medical records.
- The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 to assess acutely unwell prisoners and record the score.
- The Head of Healthcare should ensure that if a prisoner is admitted to hospital, there is an effective process for information to be shared between healthcare and hospital staff.
- The Governor should ensure that if a prisoner is suspected to be, or confirmed as COVID-19 positive, he is given the opportunity for someone to be notified.
- The Governor should ensure, in line with Prison Rule 22, that a prisoner's next of kin is informed without delay if they are admitted to hospital.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Paule's clinical care at HMP Pentonville.

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

9. The Ombudsman's family liaison officer wrote to Mr Paule's next of kin, his wife, to explain the investigation. Mr Paule's wife did not have any specific matters for the investigation to consider.

10. We sent a copy of our initial report to Mr Paule's wife. She did not notify us of any factual inaccuracies.

11. We shared the report with HM Prison and Probation Service. They found no factual inaccuracies and accepted our recommendations.

Previous deaths at HMP Pentonville

12. Mr Paule was the tenth prisoner at Pentonville to die since March 2019. Two of the previous deaths were from natural causes (including one from COVID-19), six were self-inflicted and one was drug-related. There have since been three deaths, one from natural causes (unrelated to COVID-19), one self-inflicted and the other is yet to be classified. There were no similarities between our findings in this investigation and those of previous deaths at Pentonville.

COVID-19 (coronavirus)

13. 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.

14. 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.)

15. 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

16. Mr Michael Paule was convicted of sexual offences. On 15 February 2019, he was sentenced to 10 years imprisonment, with an extended licence period of one year, and sent to HMP Pentonville.

17. At his initial health screen, a nurse recorded that Mr Paule's existing health conditions included type 2 diabetes, high blood pressure, ischaemic heart disease and depression. Care plans were created to manage his heart disease and diabetes. Due to reduced mobility, Mr Paule used walking aids and a wheelchair. Another prisoner was later employed to help with collecting meals and cleaning his cell.

18. A learning disability questionnaire and a mental health wellbeing screen on 18 February and 1 March, respectively, noted that Mr Paule was unable to read or write due to dyslexia. In later discussions with his prison key worker, Mr Paule felt he was too old to learn these skills.

19. On 21 April 2020, Mr Paule was identified as at high risk of developing complications if he contracted COVID-19. The healthcare department sent Mr Paule a letter advising him to shield, but there was no evidence of any discussion with staff. Entries in Mr Paule's medical record on 28 and 29 May, noted that his risk had been revised to moderate.

Deterioration in Mr Paule's health from January 2021

20. At the beginning of January 2021, there was an outbreak of COVID-19 on Mr Paule's wing, and several prisoners tested positive for the virus.

21. On 5 January, Mr Paule fell and hit his head. A nurse and a prison GP checked him the next day. Although there was some physical discomfort, Mr Paule was not short of breath and had no chest pains.

22. At health checks on 7 January, Mr Paule's clinical observations were generally within normal range. A duty GP instructed nurses to miss a dose of his blood pressure medication and keep him under review, as his blood pressure was a little low. An entry in the medical records on 8 January, noted that Mr Paule had no symptoms of COVID-19.

23. Mr Paule continued to feel weak and lethargic, despite eating and drinking well and taking his prescribed medication. On 9 January, a test showed ketones in his urine, which can be an indication of complications of diabetes. A prison GP told a nurse that Mr Paule should be checked overnight by the night nurse and during the following days. There is no evidence that these checks took place that night or on 10 January.

24. Mr Paule's condition deteriorated. On 11 January, he was slightly breathless, sweaty and could not sit up unaided. The prison GP sent him to hospital, and his illness was thought to be linked to his diabetes. Mr Paule was escorted by two prison officers and no restraints were used, due to his poor health and mobility.

25. Shortly after Mr Paule arrived at the hospital, he tested positive for COVID-19. He was placed on a breathing support machine (CPAP) and given oxygen.

26. On 14 January 2021, Mr Paule’s wife telephoned the prison’s safer custody team, as she had not heard from Mr Paule for two weeks. A family liaison officer was assigned the same day. She informed Mr Paule’s wife of her husband’s condition and provided her own contact details and that of the senior ward nurse. Mr Paule’s wife received daily updates directly from hospital staff. The family liaison officer also contacted her regularly over the following weeks.

27. On 20 January, Mr Paule was sedated and placed on a ventilator, due to severe breathing difficulties.

28. On 8 February, a hospital doctor telephoned a prison GP to find out why healthcare staff had not sought an update since 2 February. The doctor agreed to ring again the next day to provide a substantive update on Mr Paule’s condition, but there is no record that this happened. On 8 March, healthcare set up password access to obtain information from the hospital.

29. The hospital removed Mr Paule’s ventilation on 21 March and several family members were with him when he died later that day.

30. Prison managers debriefed the escort officers and offered support.

31. The family liaison officer spoke to Mr Paule’s wife the next day to provide information and offer support. In line with national policy, the prison contributed to Mr Paule’s funeral, which was held on 4 May.

Cause of death

32. No post-mortem examination was held as HM Coroner accepted the hospital’s clinical certification that Mr Paule’s cause of death was COVID-19. He also had underlying diabetes mellitus, essential hypertension and ischaemic heart disease, which did not cause, but contributed to his death.

Findings

Clinical Findings

33. The clinical reviewer concluded that Mr Paule's clinical care at Pentonville was of a reasonable standard and equivalent to that he could have expected to receive in the community. However, she identified weaknesses, which are set out in detail in the clinical review report. We summarise the issues and reflect the recommendations linked to the factors which contributed to Mr Paule's death.

34. The clinical reviewer also made recommendations about obtaining GP records and managing the risk of falls, which the Head of Healthcare will need to address.

Management of Mr Paule's heart disease

35. A care plan was in place to manage Mr Paule's heart disease and he had been prescribed medication for high blood pressure and high cholesterol. Although there were formal reviews of his medical conditions, the clinical reviewer considered he might have benefitted from a cardiovascular risk assessment, known as QRISK, which calculates the risk of a heart attack or stroke within ten years. We recommend:

    The Head of Healthcare should ensure that healthcare staff use the QRISK assessment tool, in line with National Institute for Health and Care Excellence (NICE) Quality Standards for cardiovascular management.

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

36. In line with national HMPPS policy, Pentonville operated a restricted regime and offered shielding to prisoners at high risk of complications from COVID-19.

37. A prison manager told the investigator that in addition to notification in writing, healthcare staff had face to face conversations with prisoners advised to shield and general information about protective measures and hygiene awareness was regularly broadcast on the prison's television channel. Most eligible prisoners had declined to shield and the decisions, together with any signed disclaimers, were documented in their medical records. An alert was entered in the NOMIS records of those who chose to shield. (National policy required prisons to record all shielding decisions in prisoners' personal records.)

38. Mr Paule was initially considered high risk (later revised to moderate) at the start of the pandemic. Although he was notified by letter, there was no evidence of any discussion. A conversation about his risks would have been particularly important as Mr Paule could not read. Therefore, he might not have been fully aware of the rationale for shielding, or the Prison Service policy to facilitate it, on request, for those who were not in the highest risk category. There was no alert to confirm Mr Paule's decision about shielding and no disclaimer recorded.

39. We acknowledge that providing information on the television channel increased accessibility for all prisoners. Although wing staff and key workers might have discussed COVID-19 with Mr Paule, with no records of this we cannot be sure that it happened, or that he fully understood the implications for his health and

how best to protect himself. We consider that there should be structured support to communicate essential information to prisoners with literacy problems. We recommend:

The Governor and Head of Healthcare should ensure that prisoners assessed as at high risk of developing complications from COVID-19 are given the opportunity to discuss their risks; and that decisions about shielding are recorded in their medical and personal records.

The Governor should ensure that staff speak to prisoners with literacy problems about COVID-19 policies and procedures relevant to their circumstances, to ensure they are understood. Key points and issues raised should be documented in prisoners' personal records.

40. As Mr Paule was diagnosed with COVID-19 on his arrival at hospital and had not left Pentonville for any reason in the previous weeks, it is likely that he contracted the infection in the prison.

Monitoring Mr Paule on 9 and 10 January

41. A prison GP asked for Mr Paule to be monitored overnight on 9 January and during the following days. This instruction was not passed to the relevant healthcare staff, as an agency nurse did not create the task in Mr Paule's electronic medical records. It is imperative that agency and short-term staff know how to use the task function. We recommend:

The Head of Healthcare should ensure that requests for prisoners to be monitored are actioned; and all clinicians, including agency and temporary staff, know how to use the task function in the electronic medical records.

42. The clinical reviewer noted little evidence of use of the National Early Warning Score 2 (NEWS2) when completing clinical observations. (NEWS2 is a tool to identify and assess acute illness.) She considered that use of NEWS2 would have helped staff to better assess Mr Paule's clinical presentation. We agree and recommend:

The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 to assess acutely unwell prisoners and record the score.

Communication with hospital staff

43. Contact between the prison and the hospital was initially sporadic. Due to difficulties in getting through to clinicians on the ward, healthcare staff routinely obtained updates from the escort officers. They eventually arranged password access around a month after Mr Paule's admission.

44. The clinical reviewer acknowledged that communication during the pandemic might have been challenging but considered it inappropriate for escort staff to be responsible for providing medical updates. We agree and recommend:

The Head of Healthcare should ensure that if a prisoner is admitted to hospital, there is an effective process for information to be shared between healthcare and hospital staff.

Contacting Mr Paule's next of kin

45. Prison Rule 22 states that prisons should inform the next of kin immediately if a prisoner becomes seriously ill.

46. In March 2020, this obligation was reinforced in national Prison Service guidance on family liaison and communicating with prisoners' families during the pandemic. It states that if a prisoner is suspected of contracting COVID-19, they should be asked if they want to inform someone, and the prison should facilitate this.

47. There is no evidence that the prison considered the need to inform Mr Paule's family urgently that he had been admitted to hospital and diagnosed with COVID-19. His wife was told after she contacted the prison with concerns about his welfare. We recommend:

The Governor should ensure that if a prisoner is suspected to be, or confirmed as COVID-19 positive, he is given the opportunity for someone to be notified.

The Governor should ensure, in line with Prison Rule 22, that a prisoner's next of kin is informed without delay if they are admitted to hospital.

48. We are satisfied that the family liaison officer provided a good standard of support after she made contact with Mr Paule's wife.

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

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