Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Martin Sixsmith, a prisoner at HMP Hull, on 19 January 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. My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

3. Mr Martin Sixsmith died in hospital from multi-organ failure caused by COVID-19 pneumonia on 19 January 2021, whilst a prisoner at HMP Hull. He was 63 years old. I offer my condolences to Mr Sixsmith's family and friends.

4. Mr Sixsmith had heart disease, high blood pressure and was obese, all risk factors for becoming seriously ill from COVID-19. On 29 December 2020, Mr Sixsmith became unwell and on 1 January 2021, it was confirmed that he had tested positive for COVID-19. On 4 January, he was taken to hospital, where he died two weeks later.

5. The clinical reviewer concluded that in most instances, the clinical care Mr Sixsmith received at Hull was equivalent to that which he could have expected to receive in the community. However, she found that no one had created care plans for his heart disease and high blood pressure (which were listed as underlying conditions that contributed to but did not cause his death). She also found no evidence in Mr Sixsmith's medical record that he was offered the opportunity to shield, despite his underlying medical conditions.

6. We found no non-clinical issues of concern.

7. 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 all prisoners with long-term health conditions have appropriate care plans and are reviewed regularly, at least annually.

- The Head of Healthcare should ensure that all prisoners with conditions identified by the Government as increasing their risk of serious illness as a result of contracting COVID-19 are informed of this and their options regarding shielding, and that this is evidenced in their medical record.

The Investigation Process

8. NHS England commissioned an independent clinical reviewer to review Mr Sixsmith's clinical care at the prison.

9. The PPO’s investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Sixsmith’s hospital escorts, liaison with his next of kin and whether compassionate release was considered.

10. The Ombudsman’s family liaison officer contacted Mr Sixsmith’s partner to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not reply to our letter.

11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS requested some alterations to a few job titles in the clinical review.

Background Information

HMP Hull

12. HMP Hull is a local prison that holds up to 1,056 men in ten wings. City Healthcare Partnership (CHCP) provides health services at the prison. GP surgeries are held four days a week, with an out of hours service at other times.

Previous deaths at HMP Hull

13. Mr Sixsmith was the 13th prisoner at Hull to die since January 2019. Of the previous deaths, six were from natural causes (including two from COVID-19), five were self-inflicted, and one was drug-related. There have been no further deaths from COVID-19 at Hull. There were no significant similarities between the findings in our investigation into Mr Sixsmith's death and our findings from the investigations into the previous deaths.

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, 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.

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 to 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, in a prison 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 received prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

17. On 3 May 2016, Mr Martin Sixsmith was convicted of sex offences, and sent to HMP Hull. On 5 May, he was sentenced to 16 years imprisonment.

18. Mr Sixsmith had a history of heart disease and heart attacks before going to prison. He also had high blood pressure and was obese.

19. On 3 January 2020, Mr Sixsmith saw the prison GP and told her about an occasional bumping sensation in his chest accompanied by pain and shortness of breath. He said that before coming to prison, he had seen a cardiologist (heart specialist) who said he needed an angioplasty (a procedure to widen blocked or narrowed coronary arteries – the blood vessels supplying the heart). The GP referred him to a hospital rapid access chest pain clinic (but it was several months before he got an appointment because of the COVID-19 pandemic).

20. In August, Mr Sixsmith said that he felt his condition had deteriorated and he was given an electrocardiogram (ECG - a machine that checks the rhythm and electrical activity of the heart). Mr Sixsmith's medical record says that the ECG results were reviewed by a GP, but details of the results are not recorded. From then on, healthcare staff regularly monitored him and his blood pressure.

21. Mr Sixsmith was offered a hospital appointment for 17 October but as this was a weekend appointment, the prison said they could not facilitate it. The appointment was rescheduled to 12 November, which Mr Sixsmith attended. There is only a very brief entry in Mr Sixsmith's medical record which says he was awaiting stents. (A stent is a device inserted into an artery to widen it and enable blood to flow through more easily.)

22. On 29 December, Mr Sixsmith said that he had a cough and headache and felt lethargic. He was tested for COVID-19 and on 1 January 2021, the result came back positive.

23. On 4 January, Mr Sixsmith's condition deteriorated. He rang his cell bell about 10.30am and said he had chest pains. When a nurse saw him, he told her that he did not have chest pains but did have a sore throat. He had a temperature, but his other observations were within normal ranges. The nurse decided to check on his condition again in the afternoon.

24. Later in the afternoon, Mr Sixsmith said that he felt fine. His temperature had come down, but his blood oxygen level had fallen to 84% (a normal range is 95-100%), and his rate of breathing had gone up. The nurse decided to send Mr Sixsmith to hospital and staff called for an ambulance.

25. The ambulance service assessed the call as non-urgent and said that there would be a four-hour wait. However, after Mr Sixsmith's temperature rose and his blood oxygen levels decreased further (73% at 7.30pm), the ambulance was upgraded to an emergency. Mr Sixsmith was taken to hospital just after 9.00pm.

26. On 6 January, Mr Sixsmith was sedated and put on a ventilator. He did not respond to treatment and died on 19 January at 8.05pm.

27. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Sixsmith’s cause of death as multi-organ failure caused by COVID-19 pneumonia, and listed ischaemic heart disease (a restriction in the blood supply to the heart due to blockages in the arteries) and hypertension (high blood pressure) as underlying conditions that contributed to but did not cause his death.

Findings

Clinical Findings

28. The clinical reviewer considered that in most instances, the standard of care Mr Sixsmith received at Hull was equivalent to that which he could have expected to receive in the community.

29. The clinical reviewer noted that despite Mr Sixsmith saying at his reception health screens that he had heart disease and had experienced heart attacks, staff did not explore this further or obtain information about hospital appointments. Had this been done, Mr Sixsmith would have been seen by a cardiologist more promptly. However, as so much time had elapsed between the reception screens and Mr Sixsmith's death, the clinical reviewer did not make a recommendation.

30. The clinical reviewer noted that there were delays in monitoring Mr Sixsmith's underlying conditions (heart disease and high blood pressure) and was concerned that no care plans were created. We recommend:

    The Head of Healthcare should ensure that all prisoners with long-term health conditions have appropriate care plans and are reviewed regularly, at least annually.

Management of Mr Sixsmith's risk of catching COVID-19

31. Mr Sixsmith had not left the prison in the six weeks before he became ill and it appears therefore, that he caught COVID-19 in prison. We have therefore looked at whether the prison took adequate steps to protect him.

32. In reply to a question from the investigator on a previous COVID-19 case, the Head of Healthcare at Hull said that measures in place at the prison included shielding, reverse cohorting (a period of isolation for new prisoners), prison track and trace, and temperature checks on arriving prisoners and prior to moves. In addition, direct contact between prisoners and healthcare staff was limited to strict clinical need. The areas of the healthcare centre were risk assessed and the numbers of people present were limited to facilitate social distancing and prisoners only attended and left with escorting officers. Clinics were planned by wing to prevent cross wing mixing.

33. We were also told that following the national lockdown announced on 21 March 2020, Hull introduced a restricted regime in line with national guidance, including advice to the extremely vulnerable to shield.

34. However, although Hull's own review of Mr Sixsmith's death referred to "underlying medical conditions", we were provided with no evidence that his risk of catching COVID had been assessed or that any shielding advice had been given to him. This was despite his obesity and heart conditions and age (at 63 years old he was in an age-related risk group, although not in one of the most vulnerable age categories).

35. The clinical reviewer was satisfied that Mr Sixsmith had the mental capacity to make decisions. However, it is a concern that we found no evidence that he had

received the information necessary to enable him to understand his risk in relation to COVID-19 and to decide whether he should shield or not. We recommend:

The Head of Healthcare should ensure that all prisoners with conditions identified by the government as increasing their risk of serious illness as a result of contracting COVID-19 are informed of this and their options regarding shielding, and that this is evidenced in their medical record.

Sue McAllister CB
Prisons and Probation Ombudsman **July 2021**

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