

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

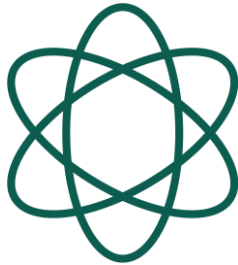
# **Independent investigation into the death of Mr Derrick Sheppard, a prisoner at HMP/YOI Exeter, on 26 December 2020**

**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. 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 Derrick Sheppard died in the palliative care unit at HMP Exeter from a COVID-19 infection on 26 December 2020. He was 82 years old. I offer my condolences to Mr Sheppard's family and friends.
4. Mr Sheppard's medical conditions, age and obesity put him at high risk of becoming seriously ill if he contracted COVID-19. Despite this, he refused the advice to shield.
5. In early November, following a fall in his cell at HMP Channings Wood, he was taken to hospital where he was swabbed on arrival. He tested positive for COVID-19. Mr Sheppard remained in hospital for over a month during which time his health deteriorated. On 16 December, he was transferred to Exeter, which had the 24-hour healthcare facilities that he needed. He died in Exeter's palliative care unit ten days later.
6. The clinical reviewer concluded that the clinical care Mr Sheppard received at Channings Wood and Exeter was equivalent to that which he could have expected to receive in the community. He made two recommendations which do not relate to Mr Sheppard's death and so they are not repeated here.
7. We found no non-clinical issues of concern. We make no recommendations.
8. This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

## The Investigation Process

9. NHS England commissioned an independent clinical reviewer to review Mr Sheppard's clinical care at the prison.
10. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Sheppard's hospital escorts, liaison with his next of kin and whether compassionate release was considered.
11. We informed HM Coroner for Exeter and Greater Devon of the investigation. They gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
12. The Ombudsman's family liaison officer contacted Mr Sheppard's next of kin, his son, to explain the investigation and to ask if he had any matters he wanted the investigation to consider. Mr Sheppard's son did not reply.
13. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.

## Background Information

### HMP Exeter

14. HMP Exeter is a Category B prison which covers the courts of Devon, Cornwall and Somerset. It holds up to 561 adult men and young offenders. Practice Plus also provide health services at this prison. There is 24-hour healthcare provision and an in-patient unit.

### HMP Channings Wood

15. HMP Channings Wood is a category C prison about 20 miles from Exeter. It holds up to 724 men. Practice Plus provides health services at the prison. There is healthcare provision during the daytime and there is an out of hours GP service.

### Previous deaths at Exeter and Channings Wood

16. Mr Sheppard was the 15th prisoner to die at Exeter since December 2018. Of the previous deaths, four were self-inflicted, one was drug-related, and the remainder were from natural causes. During the same period at Channings Wood, there were six deaths. Two were self-inflicted, one was drug-related and three were from natural causes (two of which were from COVID-19 during the first wave of the pandemic).

### COVID-19 (coronavirus)

17. 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.
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; 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.)
19. 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

20. On 19 December 2011, Mr Derrick Sheppard was sentenced to 12 years in prison for sex offences (later increased on appeal to 16 years). On 23 July, he was sent to HMP Channings Wood.
21. Mr Sheppard had several serious health conditions, including diabetes, kidney failure, chronic obstructive pulmonary disease (COPD, the term for a group of serious lung diseases), and heart failure (the heart's failure to pump blood around the body properly). Despite his health conditions, Mr Sheppard had a very stable year prior to becoming ill in November 2020.
22. Mr Sheppard's underlying health problems, in combination with his age and obesity, made him more vulnerable to serious illness if he caught COVID-19. Healthcare staff identified his vulnerability and on 6 April 2020, issued him with a letter advising him to shield. Staff noted in his medical record that he had refused to do so.
23. On 30 June, staff issued a further letter to Mr Sheppard, warning him that he was in a high-risk group and that it would be advisable to shield. They gave him another letter on 18 August but recorded in his medical notes that he had repeatedly refused to shield.
24. On 8 October, Mr Sheppard attended a dermatology appointment at hospital. On 14 October his health was discussed at a multi-disciplinary team meeting including the possibility that Mr Sheppard had skin cancer. Mr Sheppard refused to go to an appointment for a biopsy on 21 October. A GP discussed his refusal with him the following week, and Mr Sheppard said he had misunderstood the reason for his appointment and agreed for it to be rebooked. A new appointment was made for 10 November.
25. On 5 November, Mr Sheppard said he felt a little unwell. A nurse took his blood pressure which was slightly down. Staff swabbed him for COVID-19 and put him into isolation in preparation for his hospital visit.
26. On 7 November, Mr Sheppard said that he felt unwell again. A nurse took his observations and recorded that his blood oxygen saturation and his blood pressure was slightly low, but his readings were otherwise normal. However, overnight Mr Sheppard had a fall in his cell and staff sent him to A&E in the early morning, where he was swabbed again for COVID-19. The test was positive.
27. Mr Sheppard became frail from lack of mobilisation in hospital, but his condition had improved enough for him to be transferred from Torbay Hospital to Totnes Community Hospital on 29 November, in the expectation that he would return to Channings Wood from there in due course. However, Mr Sheppard deteriorated quickly after this and, on 1 December, Totnes Community Hospital said that he was not fit for transfer to Channings Wood.
28. On 5 December, Mr Sheppard had a high temperature and was returned to Torbay Hospital. By 8 December, the doctors said that there was no further treatment available to help him and that palliative care (care with the focus on optimising the quality of life and reducing suffering) was the only remaining option. He remained in hospital until arrangements could be made for him to be transferred to HMP Exeter, where 24-hour healthcare would be available, unlike at Channings Wood.

29. Mr Sheppard arrived at Exeter on 16 December, where he was cared for until his death on 26 December.

### **Post-mortem report**

30. The post-mortem report concluded that Mr Sheppard died from COVID-19 infection. It listed COPD and chronic kidney disease as contributory factors.

# Findings

## Clinical Findings

31. The clinical reviewer considered that the standard of care Mr Sheppard received at Exeter and Channings Wood was equivalent to that which he could have expected to receive in the community.

### ***Management of Mr Sheppard's risk of infection from COVID-19***

32. A month before Mr Sheppard tested positive for COVID-19, he had been out to hospital, but the likelihood is that he caught the infection in prison.
33. Channings Wood's healthcare department followed NHS guidance on offering the opportunity to shield to vulnerable prisoners. In the week beginning 6 April, staff handed letters to all prisoners who were being asked to shield and explained the situation to them.
34. Mr Sheppard had several vulnerabilities which put him at high risk of complications if he caught COVID-19. The prison recommended to him that he should shield several times, but he refused on each occasion.
35. The clinical reviewer was satisfied that Channings Wood had followed Government guidance. There was no suggestion in Mr Sheppard's medical records that he did not have the mental capacity to make this decision. Just over a week before Mr Sheppard tested positive for COVID-19, a prison GP spoke to Mr Sheppard about his refusal to attend hospital for his biopsy. She wrote in his notes that he was "clearly with capacity". We are satisfied that the prison took appropriate steps to manage the risk of prisoners contracting COVID-19 and that Mr Sheppard would have been aware of the risks of not shielding, and freely chose not to.

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

**May 2021**

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