

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Peter McGow, a prisoner at HMP Wymott, on 20 December 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 Peter McGow died from a chest infection / COVID-19 pneumonia in hospital on 20 December 2021 while a prisoner at HMP Wymott. He was 72 years old. We offer our condolences to his family and friends.
4. The clinical reviewer concluded that the clinical care that Mr McGow received at Wymott was of a good standard and was equivalent to that which he could have expected to receive in the community. Healthcare staff identified early that Mr McGow's health was deteriorating and appropriately sent him to hospital.
5. The clinical reviewer has made two recommendations which are not directly related to Mr McGow's death, but which the Head of Healthcare will need to address.
6. We found no non-clinical issues of concern, and we make no recommendations.

The Investigation Process

7. NHS England commissioned a clinical reviewer to review Mr McGow's clinical care at Wymott.
8. The PPO investigator has investigated the non-clinical issues, including Mr McGow's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
9. The Ombudsman's family liaison officer wrote to Mr McGow's sister to explain our investigation. She did not respond.
10. We shared the initial report with the Prison Service. There were no factual inaccuracies.
11. This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Previous deaths at HMP Wymott

12. In the two years before Mr McGow's death, there were 16 deaths from natural causes, five of which were related to COVID-19. There are no significant similarities between our findings in this investigation and those of the other deaths.

Coronavirus (COVID-19)

13. 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.
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 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.)
15. On 17 September 2021, the Government advised that it was no longer necessary for the clinically vulnerable to shield. This was on the basis that vaccination had reduced the risk to them.
16. In response to the pandemic, 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. On 4 August 2017, Mr Peter McGow was sentenced to ten years in prison for sex offences. On 7 November 2019, he was transferred to HMP Wymott.
18. Mr McGow had epilepsy, heart failure, high blood pressure, asthma, Type 2 diabetes and a deficiency in vitamin D. Healthcare staff classified him as clinically vulnerable, and he lived on a wing designated for prisoners who were shielding.
19. On 1 February 2021, Mr McGow received his first dose of the COVID-19 vaccine and, on 15 April, he received his second dose.
20. On 23 October, after a prisoner on his wing tested positive for COVID-19, healthcare staff tested all the other prisoners on the wing. Mr McGow tested positive. A nurse created a COVID-19 care plan and healthcare staff saw Mr McGow daily to review his condition.
21. On 25 October, Wymott was declared a COVID-19 outbreak site.
22. At 10.30am on 27 October, a nurse monitored Mr McGow. He had low blood oxygen saturation, a high temperature, a high respiratory rate and low blood pressure. She noted that his National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) was 10 which indicated that an emergency response was needed. A prison GP saw Mr McGow, and sent him to hospital by ambulance, where he was treated for COVID-19 pneumonitis.
23. By 11 November, 80 prisoners and members of staff had tested positive for COVID-19 across the prison.
24. On 27 November, Mr McGow returned to Wymott.
25. At 10.55am on 28 November, a nurse saw Mr McGow because he had been vomiting. The nurse was unable to record a blood pressure reading and noted that Mr McGow was confused, that his limbs were cold and that he was drifting in and out of consciousness. He gave him oxygen as his blood oxygen saturation level was low, and sent him back to hospital, where he died on 20 December.

Post-mortem report

26. A digital post-mortem examination established that Mr McGow died from a chest infection / COVID-19 pneumonia (a lung infection).

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