Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ronald Parker, a prisoner at HMP Lewes, on 12 February 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

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 Ronald Parker died from COVID-19 pneumonia in hospital on 12 February 2021 while a prisoner at HMP Lewes. He also had heart failure which contributed to but did not cause his death. He was 82 years old. We offer our condolences to those who knew him.

4. The clinical reviewer concluded that the clinical care that Mr Parker received at Lewes was of a reasonable standard and was equivalent to that which he could have expected to receive in the community.

5. Mr Parker received his first COVID-19 vaccination after a nurse had noted in his medical records that he had symptoms of COVID-19. This is contrary to Government guidance which states that in these circumstances, vaccination should be delayed. We are satisfied that since this incident, healthcare staff at Lewes have taken appropriate steps to prevent this from happening again.

6. We make no recommendations

The Investigation Process

7. NHS England commissioned a clinical reviewer to review Mr Parker's clinical care at the prison.

8. The PPO investigator has investigated the non-clinical issues in Mr Parker's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.

9. We shared the initial report with the Prison Service. There were no factual inaccuracies.

10. 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 Lewes

11. There were three deaths from natural causes at HMP Lewes in the two years before Mr Parker's death, one of which was also from COVID-19. Two prisoners have died from natural causes at Lewes since Mr Parker's death. There are no significant similarities between our findings in this investigation and those of the other deaths.

COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. On 11 March 2020, the World Health Organisation (WHO) declared it a worldwide pandemic.

13. 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 have 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.)

14. 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. 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 prison population.

15. The Ministry of Justice and Public Health England later issued joint guidance, *Preventing and controlling outbreaks of COVID-19 in prisons and places of detention*. It provides operational recommendations for custodial and healthcare staff on preventing and managing outbreaks of COVID-19, including specific advice on population management, social distancing, actions to take if a prisoner, or staff member develops symptoms, and the use of personal protective equipment (PPE).

(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.)

16. After a period of complete lockdown, the Ministry of Justice and HM Prison and Probation Service produced *COVID-19: National Framework for Prison Regimes and Services.* This outlines strategies for easing restrictions and modifying regimes, where severe constraints are disproportionate, or unsustainable. Prisons are expected to devise local policies within the parameters set in the framework.

Key Events

17. On 7 December 2020, Mr Ronald Parker was sentenced to eighteen years in prison for sex offences and was sent to HMP Lewes, where he lived in the Vulnerable Prisoners' Unit.

18. Mr Parker had many pre-existing health conditions including coronary artery disease. At his initial health screen, a nurse noted that Mr Parker was frail and weak and used a walking stick for support.

19. On 18 December, Mr Parker had a social care assessment and was assessed as needing support for his personal care.

20. On 19 December, a nurse noted that Mr Parker was at high risk of severe illness and developing complications from COVID-19. Healthcare staff wrote to him to advise him to shield as he was at risk of severe illness if he contracted COVID-19. Mr Parker chose to shield.

21. On 24 December, Mr Parker started receiving social care for 30 minutes each morning.

22. On 31 January, a nurse saw Mr Parker in his cell. She noted that he had COVID-19 symptoms (he had a cough and he felt unwell) but was alert and had a normal temperature and normal blood oxygen saturation levels. She noted that there was an outbreak of COVID-19 on Mr Parker's wing. She planned to contact Public Health England for a swab and told Mr Parker to self-isolate and to contact healthcare staff if he had any concerns.

23. On 1 February, a nurse gave Mr Parker his first dose of the COVID-19 vaccine.

24. On 3 February, Mr Parker tested positive for COVID-19. Forty-four prisoners on his wing also tested positive.

25. At 9.50am on 5 February, an officer went into Mr Parker's cell to give him his medication. The officer saw Mr Parker lying in bed and saw that he was struggling for breath but was able to hold a basic conversation. Mr Parker told the officer that his chest felt tight. The officer was concerned and radioed for healthcare staff. He told them that it was for 'shortness of breath'.

26. Two nurses went to Mr Parker's cell. One nurse saw him lying on his side on his bed. He was unable to speak in a full sentence and she saw him use his chest and neck muscles to breathe. She gave him oxygen as he had low blood oxygen saturation. She noted that he had a National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) of 8, which indicated that he posed a high clinical risk, requiring an emergency response.

27. At 10.00am, prison staff requested an ambulance which arrived at the prison at 10.19am. At 11.16am, ambulance paramedics took Mr Parker to hospital, where he died on 12 February.

28. A consultant anaesthetist concluded that Mr Parker died from COVID-19 pneumonia. He also had congestive cardiac failure which contributed to but did not cause his death.

29. On 4 May, Public Health England declared that the COVID-19 outbreak at Lewes was over as there had not been a case for 28 days.

Findings

Clinical care

30. The clinical reviewer concluded that the care that Mr Parker received at Lewes was of a reasonable standard and was equivalent to that which he could have expected to receive in the community. The clinical reviewer found that Mr Parker's pre-existing health conditions were promptly identified, and his usual medication was prescribed. We found that Lewes followed the national guidance on managing the risks associated with COVID-19.

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

31. On 31 January, Mr Parker developed COVID-19 symptoms, seventeen days after he came back from hospital. The clinical reviewer concluded that he therefore contracted COVID-19 at Lewes. The day that Mr Parker tested positive for COVID-19, 44 prisoners tested positive on his wing.

COVID-19 vaccination

32. A nurse said that this was the first COVID-19 vaccination clinic that he had run. Because Mr Parker's wing had an outbreak of COVID-19, prisoners there were unable to go to the healthcare unit for their vaccination and due to mobility issues, Mr Parker had his vaccination in his cell. He said that he therefore did not have access to Mr Parker's medical records. Mr Parker answered negatively to the eight pre-vaccination screening questions, so he gave him the vaccination. He said that it was not until he was recording the vaccination in his records that he became aware that Mr Parker had reported COVID-19 symptoms.

33. The clinical reviewer concluded that the vaccine was given in good faith and that the patient group direction at the time for the Astra Zeneca vaccine (which Mr Parker received) listed a caution but did not advise against giving the vaccine to someone who may have COVID-19 and no symptoms. The nurse said that the process had changed since this incident. The revised vaccination process now involved healthcare staff identifying eligible prisoners, checking their medical records and then asking the eight screening questions. We are satisfied that healthcare staff at Lewes have taken appropriate steps to prevent this from happening again.

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

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