

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Timothy Ford, a prisoner at HMP Peterborough, on 27 August 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 Timothy Ford died in hospital on 27 August 2021, while in the custody of HMP Peterborough. He was 61 years old. The cause of Mr Ford's death was lung damage due to COVID-19. He also had several underlying health conditions. I offer my condolences to his family and friends.
4. Mr Ford was taken to hospital around 12 hours after arriving at Peterborough and tested positive for COVID-19 20 days later.
5. The clinical reviewer was satisfied that Mr Ford received a good standard of care at Peterborough, equivalent to that he could have expected in the community. However, she was concerned that the prison's healthcare department did not obtain regular updates on his condition from the hospital.
6. Mr Ford was a paraplegic, and no restraints were used when he went to hospital. However, we are concerned that the medical section of the security risk assessment wrongly described him as not having impaired mobility and therefore did not accurately reflect his risk.
7. We also found that prison staff did not adhere to the Prison Rules and national policy on contacting the families of seriously ill and COVID-19 positive prisoners.

Recommendation

- The Head of Healthcare should ensure that there is an effective process for sharing information with hospitals when prisoners are admitted as inpatients. Problems with maintaining contact should be consistently recorded.
- The Head of Healthcare should ensure that healthcare contributions to escort risk assessments accurately reflect the prisoner's mobility, current clinical condition and impact on their ability to escape unaided.
- The Director should ensure that if a prisoner is suspected of contracting, or tests positive for COVID-19, he is given the opportunity for someone to be notified.
- The Director should ensure, in line with Prison Rule 22 and PSI 64/2011, that a prisoner's next of kin is informed promptly if he becomes seriously ill and that staff comply with Prison Service guidance about engaging with prisoners' families.

The Investigation Process

8. NHS England commissioned an independent clinical reviewer to review Mr Ford's clinical care.
9. The PPO investigator investigated the non-clinical issues, including Mr Ford's location; whether he was separated from other prisoners on arrival; the security arrangements for his journey and admission to hospital; and liaison with his family.
10. The Ombudsman's family liaison officer wrote to Mr Ford's nominated next of kin, his niece, to explain the investigation. She had no specific matters for the investigation to consider. Mr Ford's sister later contacted the family liaison officer and asked the following questions:
 - Was Mr Ford's treatment at Peterborough correct and timely?
 - Did Mr Ford receive his medication?
 - When did Mr Ford test positive for COVID-19?
 - Why was Mr Ford's family not notified sooner that he was seriously ill?
 - Why was information about Mr Ford withheld from her?
11. Mr Ford's niece and sister received copies of our initial report. His sister made some observations that do not impact on the factual accuracy of this report and have been addressed in separate correspondence.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy, which has been amended in this report. They accepted our recommendations.

Previous deaths at HMP Peterborough

13. Mr Ford was the fifth prisoner at HMP Peterborough to die since August 2019. Two of the previous deaths were from natural causes (including one related to COVID-19), one was self-inflicted, and one was drug-related. There are no similarities between our findings in this investigation and those of previous deaths at Peterborough.

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, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 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.)

Key Events

16. Mr Timothy Ford was remanded to prison on 31 May 2012. He was later convicted of sexual offences and sentenced to eight years and six months imprisonment, with an extended licence period of six years and six months. He was released on licence on 21 October 2020.
17. Mr Ford was recalled to prison and taken to HMP Peterborough during the evening of 23 July 2021.
18. A nurse completed an initial health screen. Mr Ford's physical health conditions included type 1 diabetes, diabetic ulcers on both legs, chronic kidney disease, a previous kidney transplant and atrial fibrillation (irregular heartbeat). His lower body and legs were paralysed as a result of a spinal cord injury and he used a wheelchair. During a previous period in custody, Mr Ford had been identified as at high risk of complications from COVID-19, due to his underlying medical conditions. He told the nurse that he had received the first and second COVID-19 vaccinations.
19. The nurse listed Mr Ford's prescribed medications and dispensed the night doses. He also referred him to the prison GP (who reviewed and re-prescribed his medication the next morning). Due to his clinical needs, Mr Ford was admitted to the healthcare centre's inpatient unit. In line with the national COVID-19 policy, he was subject to reverse-cohorting, to ensure that he was separated from the main population.

Admission to hospital

20. On 24 July, a prison manager asked healthcare staff for information about Mr Ford's care needs. A nurse spoke to Mr Ford, who stated that he had two carers twice a day, for personal care, as well as a nurse to manage a long-term central catheter in his arm. The nurse, prison GP and two prison managers discussed the requirements and agreed that the prison could not meet his healthcare needs. The GP contacted the medical admissions unit of Peterborough City Hospital, who agreed to assess Mr Ford. He was taken to hospital that morning, escorted by two prison officers and no restraints were used. A nurse manager took his medication to the hospital shortly after he left the prison as it had been forgotten.
21. Mr Ford was admitted to the short stay ward. He was due to be discharged on 27 July, but this was postponed as the prison had neither the facilities, nor appropriately trained staff to provide daily bowel continence care and the local social care team could not provide the service at that time. Mr Ford also needed daily intravenous medication, as well as specialist equipment to help with his care.
22. Mr Ford was tested for COVID-19 every three days. After several negative tests, his result was positive on 13 August. Although initially stable, his condition deteriorated, and he developed COVID-19 pneumonia. On 23 August, Mr Ford was noted to be receiving intravenous antibiotics and his blood oxygen saturation was low.
23. On 24 August, the hospital began end of life care. Mr Ford asked to discuss his resuscitation status with his niece, but the prison's family liaison officer was unable

to get through to her on the telephone numbers provided. The next day, Mr Ford's niece contacted the hospital and the escort staff passed on the correct number. The family liaison officer told her that Mr Ford was seriously ill and offered support. Mr Ford's niece informed other relatives.

24. On 26 August, Mr Ford's sister telephoned Peterborough, but was told the prison could not provide any information as she was not Mr Ford's next of kin.
25. Mr Ford moved to the intensive care unit on 27 August. The hospital initially continued active treatment, as a 'do not attempt resuscitation' order was not in place. Mr Ford continued to deteriorate, and his treatment was withdrawn that evening. Members of his family were at the hospital when he died at 9.53pm.
26. The family liaison officer debriefed the escort officers before they left the hospital. She also telephoned Mr Ford's niece to offer condolences and later provided information about the processes to be followed. Mr Ford had a funeral plan to cover his funeral costs.

Post-mortem report

27. The post-mortem report concluded that Mr Ford's death was caused by diffuse alveolar damage (an acute lung condition) arising from COVID-19. He also had underlying immunosuppression following a kidney transplant, osteomyelitis due to spinal injury and type 1 diabetes, which did not cause but contributed to his death.

Findings

Clinical Findings

Clinical care and management of COVID-19 risk

28. Mr Ford spent around 12 hours at Peterborough after his recall to prison. Therefore, the clinical review focussed on the reception procedures; the decision to send him to hospital; and contact between the healthcare and hospital team.
29. The clinical reviewer concluded that Mr Ford's care at Peterborough was of a good standard, equivalent to that he could have expected to receive in the community. He received his prescribed medications and healthcare staff acted promptly when it became clear they were unable to meet his other immediate health needs. The clinical reviewer identified a concern about information sharing, which we reflect below.
30. We are satisfied that healthcare and operational staff at Peterborough managed Mr Ford in line with the Prison Service COVID-19 cohorting policy. As a newly-arrived prisoner, he was isolated from other residents. He appears to have contracted COVID-19 in hospital, testing positive 20 days after his admission.

Communication with hospital staff

31. The investigation found that information sharing was inconsistent while Mr Ford was in hospital. Notably, between 30 July and 17 August, there was only one substantive contact between healthcare and hospital staff. The Head of Healthcare explained that as Mr Ford had moved wards several times, there had been difficulties in contacting clinical staff and some of them had been reluctant to disclose information. Many of the unsuccessful attempts at contact had not been recorded.
32. We consider that regular communication with hospital staff is important to inform discharge decisions and plans and recommend:

The Head of Healthcare should ensure that there is an effective process for sharing information with hospitals when prisoners are admitted as inpatients. Problems with maintaining contact should be consistently recorded.

Restraints, security and escorts

33. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility.
34. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the

prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

35. When assessing Mr Ford's risk, the authorising manager took account of his paraplegia and medical conditions in deciding not to use restraints for his admission to hospital. However, there were significant inaccuracies in the medical section of the security risk assessment form.
36. The form was ticked to indicate that Mr Ford did not have impaired mobility; his physical condition did not restrict his ability to escape unaided; and there was no medical objection to the use of restraints. The inaccuracies and judgements in this section cast doubt on whether healthcare staff fully understand their responsibilities in completing such assessments and a reminder might be beneficial. We recommend:

The Head of Healthcare should ensure that healthcare contributions to escort risk assessments accurately reflect the prisoner's mobility, current clinical condition and impact on their ability to escape unaided.

Notifying Mr Ford's family of his illness

37. Prison Rule 22 requires prisons to inform a prisoner's next of kin immediately if he becomes seriously ill.
38. Further guidance in Prison Service Instruction (PSI) 64/2011, about safer custody, says that if a prisoner suffers an unpredicted or rapid deterioration in their physical health, they must be encouraged to engage with their family and an appropriate member of prison staff should provide information and support. The policy allows contact with more than one member of the family, where necessary.
39. In March 2020, these policies were reinforced in national Prison Service guidance on family liaison and communicating with prisoners' families during the pandemic. It states that prisoners either diagnosed with or suspected of having COVID-19 should be asked if they want someone to be informed and the prison should facilitate this.
40. It is understandable that Mr Ford's next of kin was not initially informed of his admission to hospital, as it was expected to be a short stay to assess his care needs, not because he was seriously ill. It was initially prolonged to allow proper arrangements to be made for his discharge.
41. As contact with the hospital was sporadic, we do not know exactly when Mr Ford began to deteriorate, but we are concerned that it was over a month before his next of kin was informed that he was unwell, when end of life care had already started. We are also concerned that he was not given the opportunity for his family to be informed that he had tested positive for COVID-19. This was particularly pertinent given his high risk of complications from contracting the virus.
42. Mr Ford's sister asked why the prison would not give her information directly. Family liaison records show that the prison told her they could only communicate with the next of kin. When consulted about this, Mr Ford did not want to change his nominated next of kin, but there was no evidence that he was given the option for information to be shared with an additional relative.

43. We consider that there was undue delay in contacting Mr Ford's next of kin and family liaison officers should be made aware that, subject to the prisoner's agreement, it is open to them to communicate with more than one family member. We recommend:

The Director should ensure that if a prisoner is suspected of contracting, or tests positive for COVID-19, he is given the opportunity for someone to be notified.

The Director should ensure, in line with Prison Rule 22 and PSI 64/2011, that a prisoner's next of kin is informed promptly if he becomes seriously ill and that staff comply with Prison Service guidance about engaging with prisoners' families.

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