

**Prisons &
Probation**

Ombudsman
Independent Investigations

**Independent investigation into
the death of Mr Christopher
Stocks, a prisoner at HMP
Winchester, on 10 March 2021**

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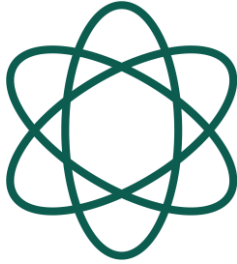
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Our vision

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

OGL

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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 Christopher Stocks died in hospital from multi-organ failure caused by COVID-19 pneumonia on 10 March 2021, while a prisoner at HMP Winchester. He was 54 years old. I offer my condolences to Mr Stocks' family and friends.
4. Mr Stocks was placed into isolation on 5 February 2021, after showing COVID-19 symptoms. He was sent to hospital on 12 February and remained there until he died. It is unclear where Mr Stocks contracted the virus as he had arrived at Winchester from HMP Lewes on 1 February and then attended court over the next three days.
5. The clinical reviewer concluded that the care Mr Stocks received at Winchester was not equivalent to that he could have expected to receive in the community. She considered that staff should have sent Mr Stocks to hospital earlier when he became unwell with COVID-19.
6. The clinical reviewer was also concerned about the procedures for assessing prisoners' fitness to attend court. In the early hours of 5 February, a nurse recorded that she had assessed Mr Stocks as fit to attend court, even though later that day while waiting in reception, Mr Stocks was seen coughing and he said he had been up all night with a cough and also had a headache and sore throat, all COVID-19 symptoms.

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 staff:
 - make full and accurate entries in the prisoner's medical record, including actual times the prisoner was seen and full details of the clinical observations taken; and
 - consistently use the National Early Warning Score (NEWS2) tool, to ensure the appropriate and timely escalation of unwell patients.
- The Head of Healthcare should review the processes for assessing medical fitness to travel out of the prison and ensure this happens face to face where possible during the pandemic.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer, to review Mr Stocks' clinical care at the prison.
8. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Stocks' hospital escorts, liaison with his next of kin and whether compassionate release was considered.
9. The Ombudsman's family liaison officer contacted Mr Stocks' next of kin, a friend, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not reply.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies. Their action plan is annexed to this final report.

HMP Winchester

11. HMP Winchester is a local prison that holds up to 690 men. Practice Plus Group Health and Rehabilitation Services Limited have provided health services at the prison since July 2020.

Previous deaths at HMP Winchester

12. Mr Stocks was the 12th prisoner at Winchester to die since March 2019. Of the previous deaths, nine were from natural causes and two were self-inflicted. Mr Stocks was the third prisoner at Winchester to die from COVID-19.
13. We have previously made recommendations to Winchester about consistent use of the NEWS tool to assess clinical deterioration and recording clinical observations in medical records.

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 13 August 2020, Mr Christopher Stocks was remanded in prison custody, charged with murder, and sent to HMP Lewes. On 1 February 2021, he went to court and then on to HMP Winchester as his trial was to continue in a nearby court that week.
18. Mr Stocks was an alcoholic prior to coming to prison and had alcoholic cirrhosis of the liver. He also had some blood circulation problems and high blood pressure and obesity. Although he was not in the most clinically vulnerable category for being at high risk of becoming seriously ill if he contracted COVID-19, he had increased vulnerability because of his health conditions. Adjusting for his health conditions, Winchester calculated his COVID-19 age as 86 (meaning that he was judged to have the vulnerabilities to the virus of an 86 year old, rather than of a 54 year old which was his actual age).
19. On 2 February, Mr Stocks was taken to court but sent back to prison by the judge, as he had not been given his medications before he left. He had a COVID-19 test the same day and the results came back as negative on 4 February.
20. Mr Stocks went to court on 3 and 4 February. On 5 February, while Mr Stocks was waiting in the prison reception before being taken to court, staff noticed that he was coughing and he said he had a headache and sore throat. He was placed in isolation and tested again for COVID-19.
21. On 7 February, a nurse took Mr Stocks' clinical observations. They did not show any cause for immediate concern, although his heart rate was slightly raised at 94 beats per minute. The same day, his COVID-19 test result came back positive. Mr Stocks was advised to tell staff if there were any changes in his condition.
22. On 8 February, Mr Stocks was checked twice. His heart rate continued to rise, first to 102 and then to 109. Other measurements were within normal ranges.
23. On the morning of 9 February, Mr Stocks heart rate dropped down to 88 before rising again to 102 in the afternoon. His other observations remained within normal ranges.
24. On the morning of 10 February, Mr Stocks heart rate had increased to 107, and his blood oxygen levels had dropped to 94% (normal range is 95-100%). In the afternoon the respective figures were 109 and 92%. An agency nurse asked the prison paramedic to review Mr Stocks.
25. The paramedic reviewed Mr Stocks on 11 February. She made a record of the visit in Mr Stocks' electronic medical record at 5.50pm. There is no indication that the visit had taken place much earlier in the day, but Winchester's account of the events say that the paramedic saw Mr Stocks in the morning. She recorded that initially his blood oxygen level seemed very low, but improved when he warmed up, and the observations were an improvement on the previous afternoon. The paramedic asked for observations to increase to four times a day.
26. Only one further set of observations was recorded that day. This was in the early evening and showed a heart rate of 99, blood oxygen at 95% and a breath rate of

31, which is extremely high. Between 11.00pm and 7.15am the following morning, three welfare checks were carried out, noting that Mr Stocks was asleep.

27. On 12 February, when Mr Stocks' measurements were taken, his heart rate and breath rate were very similar to the previous measurements, but his blood oxygen levels had fallen to 80% which is extremely low. His clinical records were updated at 1.26pm, but do not record when his observations were taken. However, Winchester's control room records show an ambulance was called at 10.55am, and Mr Stocks arrived at hospital shortly before midday.
28. Mr Stocks' health continued to deteriorate in hospital, and he was put on a ventilator on 13 February. He did not recover over the following weeks and died on 10 March at 8.00pm.

Cause of death

29. There was no post-mortem examination as the coroner accepted the cause of death provided by the hospital, which was multi-organ failure caused by COVID-19 pneumonia.

Findings

Clinical Findings

30. The clinical reviewer concluded that the care Mr Stocks received at Winchester was not equivalent to that he could have expected to receive in the community. She considered that if Mr Stocks had been in the community and had been seen by a healthcare agency on the evening of 11 February, the seriousness of his clinical presentation would have prompted immediate admission to hospital.

Management of Mr Stocks' risk of catching COVID-19

31. When he arrived at Winchester, Mr Stocks was kept separate from other prisoners in line with national practice (known as reverse cohorting) as part of the measures to limit the risk of spreading the COVID-19 virus. Mr Stocks did not share a cell with anyone else and was due to remain separate from other prisoners for two weeks.
32. On 2 February, the day after he arrived at Winchester, Mr Stocks was tested for COVID-19, and the test was negative. On 5 February, he displayed symptoms of the virus and was tested again. This time the result was positive.
33. On the basis of the tests, it is likely that Mr Stocks contracted COVID-19 after he had left Lewes. In the four days before his positive test, Mr Stocks had travelled to a new prison and to court four times. In a short period his potential exposure to COVID-19 was multiplied several times. It was also a period when Winchester was experiencing a severe outbreak of the virus among prisoners and staff.
34. However, Mr Stocks was separated from other prisoners, and Winchester say that appropriate PPE was used in interactions with Mr Stocks. When travelling to court, the escort staff limited their contact with Mr Stocks and he was not searched by them as would have happened prior to COVID-19 precautions.
35. It is not possible to say how or where Mr Stocks contracted the virus, and there is no evidence that it was due to shortcomings from the prison.

COVID-19 monitoring

36. Mr Stocks was placed in isolation on 5 February, after showing COVID-19 symptoms. However, no observations of his clinical condition were recorded until 7 February, when he received a positive COVID-19 test result. From then, his clinical observations did not always include all the standardised set of observations and none were converted into a National Early Warning Score (NEWS2 – a tool used to assess clinical deterioration). Also, staff did not always record when the observations were taken. This meant that the deterioration in Mr Stocks' health was less apparent to someone looking at his clinical records than would have been the case otherwise.
37. Practice Plus Group have already identified learning points from Mr Stocks' death regarding record keeping and NEWS recording. We have found similar issues in other recent cases. We recommend:

The Head of Healthcare should ensure that staff:

- **make full and accurate entries in the prisoner’s medical record, including actual times the prisoner was seen and full details of the clinical observations taken; and**
- **consistently use the National Early Warning Score (NEWS2) tool, to ensure the appropriate and timely escalation of unwell patients.**

Fitness to attend court

38. On 5 February, a nurse made an entry in Mr Stocks’ clinical record at 1.44am saying that he was fit to attend court. When he was later brought to reception to be taken to court, he was displaying symptoms of COVID-19 and was returned to the wing. There is also an entry in Mr Stocks’ clinical record on 8 February saying that he was fit for court. Clearly face to face assessments were not being made, or any checks on the clinical notes which would have shown Mr Stocks was not fit for court. We recommend:

The Head of Healthcare should review the processes for assessing medical fitness to travel out of the prison and ensure this happens face to face where possible during the pandemic.

**Sue McAllister CB
Prisons and Probation Ombudsman**

January 2022

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