

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Ronald Hudson, a prisoner at HMP Humber, on 28 March 2021**

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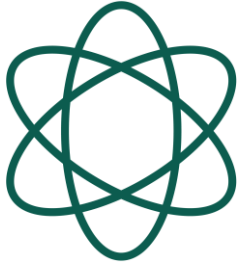
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## Our vision

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

**OGI**

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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 Ronald Hudson died in hospital from acute pancreatitis on 28 March 2021, while a prisoner at HMP Humber. He was 65 years old. I offer my condolences to Mr Hudson's family and friends.
4. On 5 March 2021, following mass COVID-19 testing at Humber, Mr Hudson received a positive result. He subsequently became unwell and was taken to hospital on 13 March. Although Mr Hudson was admitted to hospital for COVID-19, he developed acute pancreatitis while there and died from the condition on 28 March.
5. The clinical reviewer concluded that Mr Hudson's clinical care at Humber was equivalent to that which he could have expected to receive in the community. However, she found that healthcare staff failed to identify that Mr Hudson, who was obese and also had type 2 diabetes and chronic kidney disease, was clinically vulnerable to COVID-19.
6. We found no non-clinical issues of concern.

## Recommendations

- The Head of Healthcare should ensure that all prisoners with an elevated BMI are identified and recorded in medical records as clinically vulnerable and at increased risk of developing serious complications from COVID-19, in line with Public Health England (PHE) Guidance: *Excess weight and COVID-19: insights from new evidence* (July 2020).
- The Head of Healthcare should ensure that record keeping is in accordance with the Nursing Midwifery Council (NMC) Code 2018, which says that records should always be clear and accurate; and that this should include adequately detailed information on a significant event.
- The Head of Healthcare should ensure that when a prisoner is in hospital, healthcare staff maintain daily contact with the hospital for updates on the prisoner's condition; and if contact is not possible, the reasons for this should be recorded in the prisoner's medical record.

## The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Hudson's clinical care at Humber.
8. The PPO investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for Mr Hudson's hospital escort, and liaison with his next of kin.
9. We informed HM Coroner for East Riding and Kingston Upon Hull of the investigation. The Coroner provided the cause of death. We have sent the Coroner a copy of this report.
10. The Ombudsman's family liaison officer contacted Mr Hudson's next of kin, his daughters, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They raised some issues that were outside the remit of this investigation, which have been addressed in separate correspondence.
11. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.
12. We sent a copy of our initial report to one of Mr Hudson's daughters (his other daughter decided she did not want a copy). She did not notify us of any factual inaccuracies.

## Background Information

### HMP Humber

13. HMP Humber is a medium security prison in Yorkshire that holds approximately 1,000 men. City Health Care Partnership provides healthcare services from 7.00am until 8.30pm.

### HM Inspectorate of Prisons

14. HM Inspectorate of Prisons (HMIP) carried out a Scrutiny Visit at HMP Humber in October/November 2020. They reported that the prison held slightly fewer prisoners than before the pandemic, which helped to control the spread of the virus as fewer prisoners were sharing cells. They considered that the senior management team had reacted quickly to minimise the spread of the virus following the announcement of the restrictions in prisons at the end of March 2020. There had been an outbreak among staff in May 2020, but this had been handled well. Many prisoners inspectors spoke to were positive about the steps taken during the previous seven months to keep them safe, and at the time of HMIP's visit, few staff had tested positive and no prisoners were currently positive.
15. However, inspectors reported that, despite a clear desire and regular reminders to maintain social distancing, this was very difficult to achieve in some parts of the prison where corridors and landings were very narrow. Arrangements to keep new prisoners separate from others on the two reverse cohort units were proportionate and sensible, but the use of a shared exercise yard with prisoners from other wings presented an avoidable risk of the virus being transmitted.

### Previous deaths at HMP Humber

16. Mr Hudson was the seventh prisoner at Humber to die since March 2019. Of the previous deaths, one was drug-related, two were self-inflicted and three were from natural causes (all from COVID-19).
17. In one of our previous investigations into a death from COVID-19, we also found that healthcare staff had failed to identify that the prisoner, who was obese, was clinically vulnerable to COVID-19.

### COVID-19 (coronavirus)

18. 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.
19. 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.)

20. 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

21. In December 2005, Mr Ronald Hudson was sentenced to life imprisonment for murder. On 29 January 2020, he was moved to HMP Humber.
22. Mr Hudson had several health conditions including type two diabetes, chronic kidney disease and high blood pressure. He also had a Body Mass Index (BMI) of 31.49, so was classified as obese.
23. Despite these health conditions, Mr Hudson was not identified as someone that was at risk of becoming seriously ill if he were to catch COVID-19 (clinically vulnerable) and was not advised by healthcare staff to shield.
24. In mid-February 2021, Humber had a significant outbreak of COVID-19 infections, which escalated quickly. In response, and in accordance with national guidelines, the prison wings went into lockdown, prisoners were isolated in their cells and a mass COVID-19 testing programme was started.
25. Mr Hudson was tested as part of the mass testing and on 5 March, he received a positive COVID-19 test result.
26. On 12 March, Mr Hudson's wing was visited with the intention of offering him a COVID-19 vaccination. However, he was unable to be vaccinated as he was COVID-19 positive at the time.
27. On the evening of 13 March, a nurse was asked to review Mr Hudson. The nurse found Mr Hudson had a blood oxygen saturation level of 71% (a normal level is between 95-100%) and a pulse rate of 110 beats per minute (a normal pulse rate is between 60-100 beats per minute). The nurse recorded a National Early Warning Score (NEWS2 - a tool used to assess clinical deterioration in adult patients) of 8, which meant he required an emergency response. The nurse administered oxygen and staff called an ambulance. Mr Hudson was taken to hospital, where he was admitted.
28. Mr Hudson was treated in hospital for COVID-19 pneumonia. Initially he was reported as being conscious and mobile, but very unwell. Although Mr Hudson was admitted for COVID-19, he gradually recovered from this infection. However, he developed severe acute pancreatitis and died in hospital on 28 March.

## Post-mortem report

29. The post-mortem report concluded that Mr Hudson died from severe acute pancreatitis. Chronic kidney disease and diabetes were listed as contributory factors.

# Findings

## Clinical Findings

30. The clinical reviewer considered that the care Mr Hudson received at Humber was equivalent to that which he could have expected to receive in the community. However, she identified some concerns as set out below.

### Management of Mr Hudson's risk of infection from COVID-19 at Humber

31. Mr Hudson had not left Humber in the weeks before he tested positive for COVID-19, and it appears therefore that he caught COVID-19 in prison. We have therefore looked at whether the prison took adequate steps to protect him.
32. Mr Hudson was obese and also had type two diabetes and chronic kidney disease. The clinical reviewer said because of his elevated BMI and in line with Public Health England (PHE) guidance: *Excess weight and Covid-19: insights from new evidence* (July 2020), Mr Hudson should have been identified as clinically vulnerable and at increased risk of developing serious complications from COVID-19, when he arrived at Humber. She said that this detail should have been included in his medical records. We recommend:

**The Head of Healthcare should ensure that all prisoners with an elevated BMI are identified and recorded in medical records as clinically vulnerable and at increased risk of developing serious complications from COVID-19, in line with Public Health England (PHE) Guidance: *Excess weight and COVID-19: insights from new evidence* (July 2020).**

### Monitoring Mr Hudson after he contracted COVID-19

33. Following Mr Hudson's positive COVID-19 result on 5 March, he was not reviewed by healthcare until becoming very unwell on 13 March; and following this positive result, Mr Hudson's clinical vulnerability was not identified. However, the clinical reviewer was satisfied that these errors were identified and addressed in the healthcare provider's own 72-hour report, where healthcare staff said that lessons had been learned from these mistakes. In light of this, the clinical reviewer made no recommendation.

### Clinical record keeping

34. The clinical reviewer was concerned that there was insufficient information in Mr Hudson's medical record about the emergency response on 13 March. There was no record of when the ambulance arrived, the ambulance crew's assessment of Mr Hudson or about his transfer to hospital. We recommend:

**The Head of Healthcare should ensure that record keeping is in accordance with the Nursing Midwifery Council (NMC) Code 2018, which says that records should always be clear and accurate; and that this should include adequately detailed information on a significant event.**

35. Mr Hudson's prison record shows that prison managers made regular contact with prison staff at the hospital and made detailed notes on Mr Hudson's condition.
36. However, the clinical reviewer was concerned about the lack of contact between prison healthcare staff and the hospital. She noted that between 13 March and 28 March, there were gaps in Mr Hudson's medical record. She found that the entries were inconsistent and lacked depth. We recommend:

**The Head of Healthcare should ensure that when a prisoner is in hospital, healthcare staff maintain daily contact with the hospital for updates on the prisoner's condition; and if contact is not possible, the reasons for this should be recorded in the prisoner's medical record.**

**Elizabeth Moody**

**Deputy Prisons and Probation Ombudsman**

**January 2022**

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