Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Barry Ragg, a prisoner at HMP Isle of Wight, on 29 January 2021

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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 Barry Ragg died in hospital on 29 January 2021, of intra-abdominal sepsis while a prisoner at HMP Isle of Wight. Mr Ragg was 59 years old. I offer my condolences to Mr Ragg's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Ragg received at HMP Isle of Wight was equivalent to that which he could have expected to receive in the community. She made some recommendations about COVID-19 testing, use of out of date medical swabs and escalating high blood pressure results. She also made a recommendation to NHS Commissioners about biopsy report delays.

5. We found the decision not to contact Mr Ragg's next of kin for 14 days after he was taken to hospital was not justified.

Recommendations

- The Head of Healthcare should ensure that testing for COVID-19 should be undertaken as soon as there are concerns about a prisoner's symptoms, in line with the level of consent offered by the prisoner.

- The Governor should ensure that staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill, in line with Prison Rule 22 and PSI 64/2011.

- The Head of Healthcare should ensure that healthcare staff escalate to a GP any prisoner who has a pattern of high blood pressure results; and GPs should medically assess the prisoner.

- NHS Commissioners should raise with the relevant Commissioning Team the issue of delays in receiving biopsy reports from the Hospital Trust, in order to consider if there is a pattern of delays from the Trust.

- The Head of Healthcare should ensure that healthcare staff check the expiry date of swabs prior to undertaking wound swabs and that out of date swabs should be discarded without use.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Ragg's clinical care at HMP Isle of Wight.

7. The PPO investigator has investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for Mr Ragg's hospital escorts, liaison with his family and whether compassionate release was considered.

8. The PPO family liaison officer wrote to Mr Ragg's next of kin, his partner, to explain the investigation. She asked about his health, including care received prior to and post his operation in October 2020, and his medication. She also asked about the time it took the prison to contact them.

9. Mr Ragg's family received a copy of the initial report. They raised several issues and questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

10. The initial report was shared with the Prison Service, the prison healthcare service, and the relevant NHS Commissioners. They did not find any factual inaccuracies.

COVID-19 (Coronavirus)

11. 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.

12. 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.)

13. 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. 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 received or returning prisoners from the main population through 'reverse-cohorting'. Other measures include social distancing and the use of personal protective equipment (PPE).

Previous deaths at HMP Isle of Wight

14. Mr Ragg was the 11th prisoner to die at HMP Isle of Wight since January 2019. Of the previous deaths, five were from natural causes and five were self-inflicted.

15. In a previous investigation into the death of a prisoner in 2019, we found that there were no protocols in place to follow up high blood pressure results. We recommended that protocols should be put in place for this. The prison accepted our recommendations and said that the prison had reviewed and redistributed their protocol for managing hypertension (high blood pressure) to clinical staff.

16. In another investigation in 2019, we raised concerns about the delay in notifying the next of kin when a prisoner was seriously ill. The prison accepted our recommendation and said that the Governor issued a Notice to Staff (NTS) reminding staff of the need to contact the next of kin. We are disappointed that we have to make these recommendations again.

Key Events

17. On 8 July 2019, Mr Barry Ragg was remanded to HMP Birmingham, charged with sexual offences. On 3 September 2019, he was sentenced to an Extended Determinate Sentence (EDS) of 25 years.

18. On 15 September, Mr Ragg transferred to HMP Isle of Wight.

19. On 22 December, a prison officer contacted the healthcare department and told them that Mr Ragg had said he had not had a bowel movement in two weeks. They referred Mr Ragg to the prison GP service.

20. A prison GP saw Mr Ragg on 23 December. He prescribed movicol (a laxative). He referred Mr Ragg to St Mary's Hospital (SMH), Newport, for a colonoscopy.

2020

21. On 16 January 2020, a prison pharmacy technician saw Mr Ragg. He told her that the laxatives were ineffective, and he had not had a bowel movement for six weeks. She referred him to a prison GP.

22. On 22 January, Mr Ragg saw a prison GP. The GP examined Mr Ragg and was concerned that Mr Ragg might have an obstruction higher up in his bowels. He decided that Mr Ragg needed an urgent colonoscopy.

23. On 6 February, the hospital confirmed Mr Ragg's colonoscopy appointment for 19 February. Mr Ragg attended his colonoscopy and was diagnosed with ulcerative colitis (inflammation of the colon). During his hospital appointment, biopsies (the removal of a small piece of tissue for further examination, particularly for cancer) were taken.

24. On 24 February, Mr Ragg was given antibiotics for abdominal pain. Since the colonoscopy, Mr Ragg had been passing blood and mucus in his faeces. The biopsies taken on 19 February were not received in the prison healthcare unit until 2 April.

25. On 6 April, a prison GP saw Mr Ragg. The GP prescribed sulfasalazine to treat Mr Ragg's ulcerative colitis. On 9 April, Mr Ragg started the medication but stopped taking it six days later because it gave him stomach cramps.

26. On 15 April, a prison GP saw Mr Ragg. Mr Ragg had been passing blood, had abdominal pain and loss of appetite. The GP admitted him to the prison's healthcare unit for observation. The GP spoke with a consultant gastroenterologist at SMH, who advised close monitoring and pain medication. The consultant advised that Mr Ragg would need to be admitted to hospital if his condition worsened.

27. On 28 April, Mr Ragg's ulcerative colitis worsened. A prison GP spoke with the consultant. Following their discussion, Mr Ragg was taken to hospital.

28. On 4 May, Mr Ragg was discharged from hospital and returned to HMP Isle of Wight. He was readmitted to hospital on 8 May for observation and discharged again on 11 May. Mr Ragg was subject to 'reverse-cohorting' isolation in line with Public Health England (PHE) and HMPPS guidance.

29. On 29 June, a prison GP assessed that Mr Ragg was at moderate risk (clinically vulnerable) of developing complications from COVID-19. He was not assessed as clinically extremely vulnerable and did not meet the PHE and HMPPS shielding criteria. He did not shield.

30. On 5 August, Mr Ragg had a review of his blood pressure, which was high. On 10 August, Mr Ragg moved back onto the prison's healthcare unit and was reviewed regularly by nursing and medical staff. The same day, a prison GP sent a medical task to nursing staff to check Mr Ragg's blood pressure and to escalate if he had abnormal readings. His blood pressure was taken frequently between 13 and 19 August. There is no evidence that these readings were escalated.

31. On 20 August, a nurse saw Mr Ragg. She was concerned that his blood pressure was high, and that he was slightly out of breath. She referred him to the GP service. A prison GP saw Mr Ragg later that day. He noted that Mr Ragg had put on weight and was worried about his recurrence of his ulcerative colitis. He advised any sign of pain or passing of blood should be urgently escalated.

32. There is no evidence that Mr Ragg's high blood pressure was reviewed, or any action taken. By 25 August, he was deemed well enough to be discharged from the prison's healthcare unit.

33. On 25 September, Mr Ragg was readmitted to the prison's healthcare unit for monitoring. Later that day, he was seen by a prison GP, who sent Mr Ragg to hospital.

34. While in hospital Mr Ragg was treated with intravenous antibiotics and steroids. On 7 October, he was discharged to HMP Isle of Wight. Mr Ragg was subject to 'reverse-cohorting' isolation in line with Public Health England (PHE) and HMPPS guidance.

35. On 13 October, Mr Ragg saw a prison GP. Mr Ragg told him he had pain in his abdomen and blood in his stools. Mr Ragg was concerned about the gradual reduction in his steroid medication. The GP advised Mr Ragg that it was worth persisting with the medication reduction so that the hospital would agree to operate on him. He noted that if Mr Ragg became more unwell and his clinical observation became out of range, then he would need to be admitted to hospital.

36. By 15 October, Mr Ragg was reluctant to take exercise, had gone off his food and felt tired. He reported feeling unwell. A prison GP sent him to hospital. In hospital he was placed on intravenous fluids and other medication for a flare up of his ulcerative colitis. Mr Ragg was also referred to the hospital surgical team.

37. On 22 October, Mr Ragg had an operation at SMH. The operation was the removal of the damaged part of his bowel and the creation of an artificial opening in the abdomen. He remained in hospital. By 1 November, hospital staff diagnosed deep

vein thrombosis (DVT) in Mr Ragg's leg and on 10 November, they were concerned that there was a surgical complication.

38. On 7 December, Mr Ragg was well enough to be discharged from hospital to the prison's healthcare unit. He was subject to 'reverse-cohorting' isolation in line with Public Health England (PHE) and HMPPS guidance.

39. Mr Ragg returned to the prison needing significant clinical care. He had oedema (build-up of fluid) in his left leg. He needed regular dressing changes for his surgical wound and stoma, and pads for his rectal bleeding. Mr Ragg's mobility was reduced, and he needed a wheelchair or a frame to move about. Mr Ragg was seen daily by nursing staff.

40. 25 December, Mr Ragg had a raised temperature. He was offered a COVID-19 test. Mr Ragg declined to have a throat swab taken but agreed to a nasal swab. It appears that no COVID-19 test was completed. The following day, Mr Ragg's temperature was high but he declined a COVID-19 test.

41. On 29 December, Mr Ragg's temperature remained raised and healthcare staff noted that he was coughing. Nursing staff also suspected he had an infected wound. A wound swab was taken along with blood, urine and faeces samples. The results were returned that day. They said that the swab used expired over two months ago and that "enhanced infection control precautions" were needed. A prison GP diagnosed Mr Ragg with pyrexia (fever) "of unknown origin".

42. On 30 December, Mr Ragg agreed to have a nasal swab to test for COVID-19. The results came back the next day and Mr Ragg tested positive.

Events of 1 January 2021

43. At around 9.00am on 1 January 2021, a nurse saw Mr Ragg. He told her he felt low and unwell. She completed a NEWS-2 assessment (NEWS-2 is a tool to measure clinical deterioration in adult patients). Mr Ragg had a score of 3. This meant that nursing staff had to monitor his health regularly.

44. At around 10.30am, a nurse reviewed Mr Ragg. His NEWS-2 score was 5, which required hourly monitoring and escalation to a clinician. She called NHS 111. By 10.45am, his NEWS-2 score had risen to 6 before falling back to 4 at 12.00pm.

45. At around this time, the nurse received a call from an NHS 111 GP. The GP advised that blood tests should be completed, which was done. The healthcare department received the results mid-afternoon and at 3.28pm, they rang NHS 111 for further advice. There was a delay in the NHS 111 response. The nurse made a further call to NHS 111 at 6.12pm and was told there was a high volume of calls.

46. At 7.00pm, an NHS 111 GP rang back and advised that Mr Ragg was at risk of sepsis and should be sent to hospital. The prison rang Isle of Wight Ambulance Service at 7.50pm. Paramedics arrived and advised that Mr Ragg should remain in the prison's healthcare unit and be prescribed antibiotics. The ambulance left the prison at 9.03pm.

47. A nurse contacted NHS 111. The NHS 111 GP disagreed with the paramedics' assessment. He said he would not prescribe antibiotics as he did not know the cause of the infection. He advised that Mr Ragg should be transferred to the COVID-19 ward at SMH. The prison rang Isle of Wight Ambulance Service again and another ambulance arrived at 10.31pm. At 11.10pm Mr Ragg was taken by ambulance to SMH. He was escorted by two prison officers and was not restrained, given his poor health. They arrived at the hospital at 11.15pm.

48. On 2 January, Mr Ragg was diagnosed with a COVID-19 chest infection and was located on the COVID-19 ward at SMH. He received intravenous antibiotics.

49. By 10 January, prison healthcare staff were told that Mr Ragg was suffering from rectal bleeding. He was also, at times, refusing to eat and to take his medication.

50. On 13 January, Mr Ragg suffered from further rectal bleeding and began receiving blood transfusions. The next day, Mr Ragg was upgraded to high risk of developing complications from COVID-19. His condition was described by a prison GP, as "critical". That lunchtime, the prison appointed a family liaison officer (FLO), who rang Mr Ragg's partner.

51. On 18 January, the FLO noted that Mr Ragg's partner had paid for him to have a hospital telephone. On 21 January, the FLO noted that Mr Ragg's money had been taken to the hospital. However, it appears it took time to get Mr Ragg a hospital telephone.

52. On 23 January, staff recorded in the bed watch log that Mr Ragg had been offered a prison mobile phone to contact his family which was not allowed. It also noted that he should not use staff phones but that the hospital would provide a handset.

53. On 28 January, Mr Ragg suffered another rectal bleed in hospital and received a blood transfusion. He had another COVID-19 test, which came back negative. That night, prison healthcare staff were told Mr Ragg's health was deteriorating.

54. At 6.00am on 29 January, Mr Ragg died at St Mary's Hospital.

55. At 6.30am, the FLO rang Mr Ragg's partner to tell her he had died and offered her condolences.

Post-mortem report

56. The pathologist gave Mr Ragg's cause of death as intra-abdominal sepsis (an inflammation of the peritoneum), caused by a pancreatic abscess (pus in the pancreas) and pancreatitis (inflammation of the pancreas). He also had chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), COVID-19 and ulcerative colitis (inflammation of the colon) which did not cause but contributed to his death.

Clinical Findings

57. The clinical reviewer concluded that the care Mr Ragg received at HMP Isle of Wight was equivalent to that which he could have expected to receive in the community.

58. She did, however, find some areas of concern about COVID-19 testing, use of out of date medical swabs and escalating high blood pressure results.

Management of Mr Ragg's risk of infection from COVID-19 and risk to others

59. The clinical reviewer did not specifically comment on where Mr Ragg contracted COVID-19. However, we found that it was most likely that Mr Ragg contracted COVID-19 at HMP Isle of Wight as his positive test was confirmed on 31 December 2020, although symptoms appear to have started several days earlier. Mr Ragg had been at HMP Isle of Wight since his return from St Mary's Hospital on 7 December. In the days prior to Mr Ragg's positive COVID-19 test, one other prisoner had tested positive for COVID-19. However, this prisoner was located in a different part of the healthcare unit.

60. In line with prison policy, Mr Ragg was consistently subject to COVID-19 reverse-cohorting when he returned from in-patient stays in hospital.

61. At the start of the COVID-19 pandemic, Mr Ragg was assessed as moderate risk (clinically vulnerable) of developing complications from COVID-19, in line with the PHE assessment criteria. He did not meet the shielding criteria and did not shield. In January 2021, when he was in outside hospital, his risk was upgraded to high risk (clinically extremely vulnerable). This meant that on return to prison, he would have shielded.

62. The clinical reviewer found that Mr Ragg was not COVID-19 tested on 25 December, despite displaying symptoms suggestive of COVID-19 and that Mr Ragg had given consent for a nasal swab. Mr Ragg was not tested for COVID-19 until 30 December, five days later. While the prison correctly implemented COVID-19 isolation procedures to mitigate against Mr Ragg potentially spreading COVID-19 to others, they should have completed a test in line with his consent. We recommend:

    The Head of Healthcare should ensure that testing for COVID-19 should be undertaken as soon as there are concerns about a prisoner's symptoms, in line with the level of consent offered by the prisoner.

Escalating high blood pressure results

63. On 10 August 2020, a prison GP sent a medical task to nursing staff to check Mr Ragg's blood pressure and to escalate if he had abnormal readings. Eleven readings were abnormal, and one was malignant, but there is no evidence that these readings were escalated. It was not until 20 August that Mr Ragg's high blood pressure was escalated to a GP. However, there was no information

available to the clinical reviewer about any action being taken in relation to Mr Ragg's high blood pressure. We recommend:

The Head of Healthcare should ensure that healthcare staff escalate to a GP any prisoner who has a pattern of high blood pressure results; and GPs should medically assess the prisoner.

Use of out of date medical swabs

64. On 29 December 2020, healthcare staff were concerned that Mr Ragg had an infected wound. They took a swab and sent it for laboratory testing. That evening the laboratory results came back. In the analysis healthcare staff were told that the swab had expired in October 2020. They advised that the healthcare should take "enhanced infection control precautions". We recommend:

The Head of Healthcare should ensure that healthcare staff check the expiry date of swabs prior to undertaking wound swabs and that out of date swabs should be discarded without use.

Biopsy delays

65. On 19 February 2020, Mr Ragg had a set of biopsies taken in hospital. The results of the biopsies were not available to the prison healthcare until 2 April, a delay of almost six weeks. These delays were the responsibility of the hospital.

66. The clinical reviewer noted in the Head of Healthcare's review of Mr Ragg's care that, "technically the treatment for ulcerative colitis would generally be initiated by secondary care". Due to the delay in receiving biopsy results, caused by staffing issues at the hospital, the prison GP made the decision to commence treatment immediately to minimise further deterioration that would have been caused by further delays. We recommend:

NHS Commissioners should raise with the relevant Commissioning Team the issue of delays in receiving biopsy reports from the Hospital Trust, in order to consider if there is a pattern of delays from the Trust.

Non-Clinical Findings

Liaison with Mr Ragg's family

67. Prison Rule 22 says that prisons should inform the next of kin immediately if a prisoner becomes seriously ill. Prison Service Instruction (PSI) 64/2011, about safer custody, says that if a prisoner suffers an unpredicted or rapid deterioration in their physical health, an appropriate member of prison staff should engage with their next of kin to provide information and support.

68. In March 2020, this obligation was reinforced in national Prison Service guidance on family liaison and communicating with prisoners' families during the pandemic. This also said that if a prisoner is diagnosed with COVID-19, they should be asked if they want to inform anyone.

69. Mr Ragg tested positive for COVID-19 on 31 December 2020 and was sent to hospital on 1 January 2021, but the prison did not tell his family until 14 January. Mr Ragg's health was already such that he was an inpatient in the prison's healthcare unit, following an operation with surgical complications.

70. We acknowledge, that once appointed, the FLO provided information, advice and support to Mr Ragg's family prior to and after his death. However, the delay in telling them was contrary to policy and not justified. We recommend:

    The Governor should ensure that staff notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill, in line with Prison Rule 22 and PSI 64/2011.

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Prisons and Probation Ombudsman **June 2022**

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