

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Douglas Blastland, a prisoner at HMP Full Sutton, on 7 August 2021**

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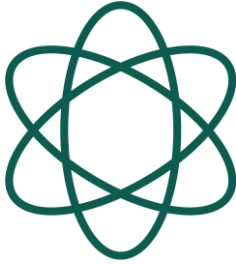
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## Our vision

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. 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 Douglas Blastland died in hospital on 7 August 2021, while a prisoner at HMP Full Sutton. He was 63 years old. Mr Blastland died from multiple organ failure as a result of COVID-19 pneumonitis. He also had type 2 diabetes and high blood pressure. I offer my condolences to his family and friends.
4. Mr Blastland had been identified as at high risk of complications from COVID-19, but he chose not to shield. He appears to have caught the virus at Full Sutton.
5. The clinical reviewer concluded that Mr Blastland's physical care at Full Sutton was managed in line with national guidance and equivalent to that which he could have expected in the community.
6. We are satisfied that Mr Blastland's risk was managed appropriately. We found no non-clinical issues of concern and make no recommendations.

## The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Blastland's clinical care at HMP Full Sutton.
8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Blastland's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
9. The Ombudsman's family liaison officer wrote to Mr Blastland's next of kin, his brother, to explain the investigation and ask if there were any specific matters he wanted to be considered. He did not reply.
10. We shared the initial report with HM Prison and Probation Service. They identified a factual inaccuracy, which has been amended in this report.

## Previous deaths at HMP Full Sutton

11. Mr Blastland was the seventh prisoner at Full Sutton to die since August 2019. Four of the previous deaths were from natural causes (including two linked to COVID-19), one was self-inflicted and one was due to homicide. There has since been another death, unrelated to COVID-19. There are no similarities between our findings in this investigation and those of the previous deaths.

## COVID-19 (coronavirus)

12. 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.
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 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.)
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. (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-arrived prisoners from the

main population. Other measures include social distancing and the use of personal protective equipment (PPE).

## Key Events

15. Mr Douglas Blastland was convicted of murder and sexual offences. On 14 October 1983, he was sentenced to life imprisonment, with a tariff of 22 years (later increased to 25 years). Mr Blastland had been at Full Sutton since 4 March 1996. After temporary transfers, his final admission to the prison was on 5 October 2005.
16. While serving his sentence, Mr Blastland was diagnosed with high blood pressure, type 2 diabetes, high cholesterol and depression.
17. On 26 March 2020, just after confirmation of the COVID-19 pandemic, the healthcare department sent a letter to Mr Blastland, advising him to shield as he was clinically extremely vulnerable and at high risk of complications if he contracted COVID-19. This was also discussed with him. Mr Blastland decided not to shield.
18. Mr Blastland was employed in a workshop four days a week. He also had a voluntary role twice a week, mentoring prisoners with literacy problems. He received regular welfare checks at which staff reminded him of the safety precautions and the support available. Mr Blastland was tested after contact with people known to be COVID-19 positive in November 2020 and January 2021.
19. On 5 January 2021, Mr Blastland's prison key worker formally reminded him of his COVID-19 status and the advice to shield. He signed a disclaimer to confirm that he had chosen not to do so.
20. Mr Blastland received his first and second COVID-19 vaccinations on 19 February and 11 May.

## COVID-19 diagnosis

21. At the beginning of July, there was an outbreak of COVID-19 on Mr Blastland's wing. He tested negative for COVID-19 on 8 July, but a repeat test on 26 July was positive and he immediately began to isolate. Healthcare staff checked him every day and he reported no symptoms.
22. At around 11.55am on 2 August, a wing officer delivering Mr Blastland's lunch saw that he was having difficulty breathing and moving. One of his colleagues radioed a code blue (a medical emergency code to indicate a prisoner has breathing difficulties or is unconscious). An ambulance was called and a nurse went to the cell.
23. The nurse found that Mr Blastland was short of breath, confused, disorientated and his blood oxygen levels were very low at 61%. She gave him oxygen and calculated a National Early Warning Score 2 (NEWS2) of 11. (NEWS2 identifies critical illness and deterioration. A score of 7 or above indicates that an emergency critical care assessment is required.)
24. Paramedics took Mr Blastland to hospital. He was escorted by a supervising officer and two prison officers. Due to his age and poor medical condition, an escort chain was used (double handcuffs would normally be used for Category A prisoners). A few minutes after they arrived, the supervising officer was given permission to

remove the restraints, as Mr Blastland needed intravenous medication. After assessment, he was admitted to the intensive care unit.

25. The person listed as Mr Blastland's next of kin had died, but Mr Blastland agreed that prison staff could contact his nephew instead. The prison appointed a family liaison officer who spoke to Mr Blastland's nephew the same day.
26. Healthcare staff obtained daily updates on Mr Blastland's condition and treatment. On 6 August, they were informed that he was on a ventilator in a medically induced coma. This information was passed to his nephew, who was also told that a family member could visit.
27. On the morning of 7 August, the prison reduced Mr Blastland's security level to temporary category B. Hospital staff began end of life care and withdrew his medication and ventilation. Mr Blastland's death was confirmed at 12.09pm.
28. The prison informed Mr Blastland's nephew within an hour. The family liaison officer spoke to him the next day, explaining the procedures to be followed and offering support. He later received the contact details for Mr Blastland's brother, who then took the lead as next of kin.
29. A custodial manager held a debrief meeting and offered support. As a protective measure, he minimised the number of people attending in person as the escort officers had been located in a COVID-19 ward. Notices were issued to staff and other prisoners, informing them of Mr Blastland's death and reminding them of the support available.
30. Mr Blastland's funeral was held on 15 September. The service was led by a prison chaplain and attended by several prison staff. In line with national policy, Full Sutton contributed to the costs.

## **Cause of death**

31. No post-mortem examination was held as HM Coroner accepted a hospital doctor's certification that the cause of Mr Blastland's death was multiple organ failure as a result of COVID-19 pneumonitis. He also had diabetes and high blood pressure which did not cause, but contributed to his death.

## **Non-Clinical Findings**

### **Clinical care**

32. The clinical reviewer concluded that Mr Blastland's clinical care at Full Sutton was of a good standard, equivalent to that he could have expected to receive in the community. She found that his long-term medical conditions were managed in line with national clinical guidance, appropriate care plans were in place and there were regular reviews. She made no recommendations.

### **Management of Mr Blastland's risk and monitoring his COVID-19 infection**

33. Full Sutton implemented a number of protective measures to help reduce the risk of infection from COVID-19. These included placing prisoners in small cohorts for regime activities such as exercise, showers and collecting medication; social distancing; and mandatory wearing of masks.
34. Mr Blastland had been identified as at high risk of complications from COVID-19. He chose not to follow the advice to shield and continued paid and voluntary work. He received weekly welfare checks and was tested each time he was exposed to a COVID-19 positive person, as well as during mass screening. A prison manager said that the prison workshops were initially closed. However, prison managers carried out a comprehensive risk assessment and reopened the workshop in which Mr Blastland was employed, increasing its space to enable better social distancing.
35. Mr Blastland appears to have contracted COVID-19 at Full Sutton, as he had not left the prison during the pandemic. Although he was initially asymptomatic after testing positive, he was closely monitored and sent to hospital promptly when he developed severe symptoms. We are satisfied that Mr Blastland was given the opportunity to shield, received timely COVID-19 vaccinations and was protected at work.

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

**February 2022**

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