

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Francis Willis, a prisoner at HMP Gartree, on 26 December 2021

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T | 020 7633 4100



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 Francis Willis died of respiratory failure caused by COVID-19 pneumonia in Kettering General hospital on 26 December 2021, while a prisoner at HMP Gartree. He also had underlying Parkinson's disease, diabetes mellitus, hypertension, chronic obstructive pulmonary disease (COPD) and asthma. He was 72 years old. I offer my condolences to Mr Willis's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Willis received at Gartree was of a good standard and equivalent to that which he could have expected to receive in the community. The review found that healthcare staff monitored his long-term health conditions based on appropriate care plans. She made no recommendations.
5. Our investigation found that, generally, Gartree followed national guidance on COVID-19 risk management and implemented appropriate procedures for limiting the spread of the infection, in consultation with Public Health England. When Mr Willis developed symptoms of ill health, staff conducted a COVID-19 test in a timely manner and isolated him appropriately.
6. However, we are concerned that a family liaison officer was not allocated when Mr Willis became seriously unwell. Mr Willis's next of kin was not contacted by the prison until after his death and therefore did not have the opportunity to visit. We made a similar recommendation to Gartree following an investigation in June 2020 and it is disappointing that we have to repeat this recommendation here.

Recommendations

- The Governor should ensure that a family liaison officer is allocated and that they notify a prisoner's next of kin as soon as possible when a prisoner becomes seriously ill, in compliance with Prison Rule 22 and Prison Service Instruction (PSI) Managing prisoner safety in custody: 64/2011.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Willis's clinical care at Gartree.
8. The PPO investigator investigated the non-clinical care provided to Mr Willis, including aspects of the prison's response to COVID-19 and shielding prisoners, Mr Willis's location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
9. The PPO family liaison officer wrote to Mr Willis's family to explain the investigation. They did not respond to our letter.

Previous deaths at HMP Gartree

10. In the two years before Mr Willis's death, there were seven deaths from natural causes (three of which were related to COVID-19) and three self-inflicted deaths at Gartree. There has since been one further suspected COVID-19 death.
11. In June 2020, we made a recommendation that the Governor should ensure that staff notify a prisoner's next of kin as soon as possible when they become seriously ill. This was accepted by the Governor in December 2021. However, this investigation shows that these concerns have not been addressed.

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

Key Events

15. On 23 March 2012, Mr Willis was convicted of murder and was sentenced to life imprisonment. Initially, he was sent to HMP Durham. He was transferred to HMP Gartree on 27 July 2012.
16. On arrival at Gartree it was noted that Mr Willis had a range of pre-existing health conditions. These included asthma, chronic obstructive pulmonary disease (COPD, a lung condition that causes breathing difficulties) and obesity. In 2020, Mr Willis was also diagnosed with diabetes, oedema (a build-up of fluid in the body which causes swelling) and essential tremor in his hand (a neurological disorder that causes hands to tremble).
17. Staff identified that Mr Willis was clinically extremely vulnerable in the context of COVID-19. Healthcare staff implemented the appropriate care plan, to reduce the risk of infection. Mr Willis consented to having two COVID-19 vaccinations in February and April 2021, in line with government guidance.
18. Mr Willis was located on the older persons' wing to ensure that his health and social care needs were met. On 13 May, a prison GP referred Mr Willis for a social care assessment. On 10 June, he was given a wheelchair as a result of the assessment.
19. On 1 December, Mr Willis told healthcare staff that he felt unwell with a headache, dry throat and loss of appetite. Mr Willis was tested immediately for COVID-19 and was positive. He agreed to shield in his cell and healthcare staff conducted daily welfare checks, in line with national guidance.
20. On 10 December, Mr Willis reported that his symptoms had worsened. A nurse reviewed his care and recorded that he had a NEWS score of 7 (this score indicates that an emergency assessment by a critical care team is required). She also recorded that his oxygen saturation levels were only 89% (a normal level is above 96%). The nurse radioed for an emergency ambulance and Mr Willis was transferred to Kettering General Hospital.
21. On 14 December, a nurse in the prison healthcare team was told by the critical care nurse at Kettering General Hospital that Mr Willis was dependent on oxygen. The hospital had initiated discussions regarding end-of-life care, in consultation with Mr Willis.
22. On 26 December, at 6.56pm, Mr Willis died in hospital of respiratory failure caused by COVID-19 pneumonia. A healthcare assistant and an officer, who was on bedwatch duty, were with him when he died.
23. Gartree allocated a family liaison officer after Mr Willis had died. Northumbria police supported the prison to find Mr Willis's son's details and visited him to advise of his father's death later that evening.

Post-mortem report

24. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Willis's cause of death as respiratory failure caused by COVID-19 pneumonia. He noted that Mr Wallis also had Parkinson's disease, diabetes, hypertension, COPD and asthma, which did not cause but contributed to his death.

Findings

Family liaison

25. Prison Service Instruction (PSI) 64/2011, *Managing prisoner safety in custody* sets out the processes prisons are required to comply with when a prisoner is identified as at risk of harm or death, or who may be a risk to others (safer custody). The policy includes a requirement for prisons to promptly engage with the prisoner's next of kin when they become seriously ill.
26. In March 2020, HMPPS published special guidance for Family Liaison Officers during the COVID-19 pandemic. This reinforced the existing requirements for contact with prisoners' families and added that contact should be made via telephone due to restrictions. When Mr Willis was taken to hospital on 10 December, he was given oxygen therapy. By 14 December he was in a critical condition and in consultation with Mr Willis, the hospital initiated end of life care. Despite the serious deterioration in his condition, the prison did not appoint a family liaison officer until 26 December, after Mr Willis had died. This created a delay in finding the appropriate contact details for his next of kin. Northumbria Police notified Mr Willis's son of his death. We make the following recommendation:

The Governor should ensure that a family liaison officer is allocated and that they 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.

Management of Mr Willis's risk of infection from COVID-19

27. Mr Willis was identified as a prisoner at high risk of serious illness if he contracted COVID-19. He was subsequently shielded, in line with government guidance. Healthcare staff supported Mr Willis with ongoing care and social needs and implemented a COVID management plan at the earliest opportunity.
28. When Mr Wallis reported potential symptoms of COVID-19, he was tested immediately. The clinical reviewer was satisfied that staff took the appropriate action to isolate Mr Willis and monitor his health.
29. We make no recommendations about these measures.

Tallulah Frankland
Assistant Ombudsman

December 2022

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