

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ronald Bartle, a prisoner at HMP Littlehey, on 8 October 2020

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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

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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.

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.

Mr Ronald Bartle died of COVID-19 on 8 October 2020 at HMP Littlehey. He was 79 years old. He also had ischaemic and hypertensive heart disease (caused by high blood pressure) which contributed to but did not cause his death. I offer my condolences to his family and friends.

The clinical reviewer found that the care that Mr Bartle received at Littlehey was responsive and equivalent to that which he could have expected to receive in the community, although she identified that Mr Bartle's high blood pressure had not been managed in a structured way.

I am concerned that prison officers were not wearing appropriate personal protective equipment (PPE) when they first attempted to resuscitate Mr Bartle.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Sue McAllister CB
Prisons and Probation Ombudsman

June 2021

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Summary

Events

1. In February 2017, Mr Ronald Bartle was sentenced to 15 years in prison for sex offences. In April 2018, he was transferred to HMP Littlehey. He had chronic obstructive pulmonary disease (COPD) and a number of other chronic health concerns, including high blood pressure. He had a high risk of developing heart disease.
2. On 23 April 2020, the Head of Healthcare wrote to Mr Bartle to tell him that he was at risk of severe illness if he caught COVID-19 and advise him to shield. Mr Bartle chose to shield and seldom left his cell.
3. On 8 June, Mr Bartle tested negative for COVID-19.
4. On 13 September, a prison officer asked a nurse to see Mr Bartle. He was sent to hospital when the nurse saw that he had severe oedema (a build-up of fluid in the body tissue) and was concerned that he had 'massive' heart failure.
5. On 28 September, Mr Bartle was discharged from hospital and went back to Littlehey, where he self-isolated in his single cell. Hospital staff said that he had severe pneumonia (a serious chest infection), a serious heart valve disorder and severe emphysema. There is no evidence to say whether Mr Bartle was tested for COVID-19 before he returned to prison.
6. On 8 October, an officer unlocked Mr Bartle's cell at 8.15am and saw him sitting on his bed.
7. At 9.15am, a prisoner looked through the cell door observation panel to check on Mr Bartle. He saw that Mr Bartle was lying on his bed, not moving. He called to an officer who opened the cell door and went into the cell.
8. The officer could not get a response from Mr Bartle. Another officer went into the cell, looked to see if Mr Bartle was breathing and shook him by the shoulder but he did not respond. They could not find a pulse. At 9.30am, the officer radioed a medical emergency code blue (which indicates that a prisoner is unconscious or not breathing).
9. Prison and healthcare staff tried to resuscitate Mr Bartle. At 9.46am, paramedics arrived but at 10.15am, they confirmed that Mr Bartle had died.
10. A post-mortem examination established that Mr Bartle died of COVID-19.

Findings

11. The clinical reviewer was satisfied that the overall standard of healthcare that Mr Bartle received at Littlehey was responsive and equivalent to that which he could have expected to receive in the community.

12. However, the clinical reviewer found that Mr Bartle's high blood pressure was not managed in a structured way and made a recommendation about this which the Head of Healthcare will need to address.
13. Mr Bartle shielded and spent most of his time in his single cell at Littlehey. Healthcare staff, social care and wing cleaners wore personal protective equipment (PPE) when they went into his cell and had face-to-face contact with him.
14. Mr Bartle had been a hospital inpatient until 10 days before his death, so we cannot say whether he contracted COVID-19 in hospital or in prison.
15. When Mr Bartle was found unresponsive, an officer promptly radioed a medical emergency code blue and prison staff appropriately tried to resuscitate him.
16. There was no indication that Mr Bartle had COVID-19 and he had not tested positive for the virus. We are concerned that when prison staff started life support, they were not wearing face masks or PPE.

Recommendations

- The Governor should ensure that appropriate PPE is available and used by prison staff who may be required to carry out chest compressions on prisoners.

The Investigation Process

17. The investigator issued notices to staff and prisoners at HMP Littlehey informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
18. The investigator obtained copies of relevant extracts from Mr Bartle's prison and medical records.
19. The investigator interviewed four members of staff by video on 24 November and a prisoner by telephone on 7 December 2020.
20. NHS England commissioned a clinical reviewer to review Mr Bartle's clinical care at the prison. The investigator jointly interviewed two members of staff with the clinical reviewer on 20 November 2020.
21. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
22. The Ombudsman's family liaison officer wrote to Mr Bartle's next of kin to explain our investigation. She did not respond.
23. We shared the initial report with the Prison Service. There were no factual inaccuracies and their action plan has been appended to this report.

Background Information

HMP Littlehey

24. HMP Littlehey is a medium security prison housing approximately 1,200 men. A high proportion of the prison's population are men who have been convicted of sexual offences.
25. Northamptonshire Healthcare NHS Foundation Trust provides healthcare services at the prison. The prison healthcare centre is open on weekdays from 7.30am to 7.30pm, and at weekends from 8.00am to 5.30pm. A local practice provides GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

HM Inspectorate of Prisons

26. The most recent inspection of HMP Littlehey was in August 2019. Inspectors reported that healthcare provided prompt access to a range of primary care clinics, and referrals to secondary care were well managed. They noted that innovative means of increasing secondary care consultation slots, such as Skype, were being introduced, where demand outstripped escort availability. They noted that palliative care, led by a specialist consultant and advanced nurse practitioner, was considered to be highly developed.
27. HMIP also carried out a scrutiny visit of HMP Littlehey in June 2020, focussing on key issues for prisoners during the COVID-19 pandemic. Inspectors reported that Littlehey had been declared an official COVID-19 outbreak site in March 2020 and that the prison, in conjunction with Public Health England (PHE), took swift action to control the spread of the virus. In a relatively short period of time the prison had managed to bring infection rates down to a low and manageable level, which was commendable.
28. Despite the reduction in risk, inspectors found that the prison maintained its very cautious approach. The Littlehey shielding criteria included the extremely vulnerable and all vulnerable categories. Interpretation of the guidance on who to shield was much broader than at other prisons which meant that over half of the prisoners were identified for shielding.
29. Health and safety protocols were in place but despite best efforts, social distancing was difficult to maintain in small offices and corridors at all three prisons. Inspectors found that there had been attempts to supervise distancing in areas such as meal service and domestic visits, but in other settings, prisoners and staff worked and associated in close proximity.

Independent Monitoring Board

30. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report for the year to January 2020, the IMB reported that the majority of prisoners experienced a quality of healthcare comparable to that

which could be expected in the community, and that this was supported by a Care Quality Commission inspection which made no recommendations.

Previous deaths at HMP Littlehey

31. In the two years before Mr Bartle's death, there were twelve deaths from natural causes (three of which were related to COVID-19) and two self-inflicted deaths at Littlehey. There have been thirteen deaths from natural causes at Littlehey since Mr Bartle's death (two of which were related to COVID-19). There are no significant similarities between our findings in this investigation and those of the other deaths.

COVID-19 (coronavirus)

32. 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.
33. 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.)
34. 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

35. In December 2016, Mr Ronald Bartle was convicted of sex offences and remanded to HMP Wandsworth. On 1 February 2017, he was sentenced to 15 years in prison. On 20 April 2018, he was transferred to HMP Littlehey.
36. When he arrived, Mr Bartle told a nurse that he had chronic obstructive pulmonary disease (COPD), poor hearing and poor mobility. He also had long-term oedema in his ankles and left foot, hearing loss, emphysema (a respiratory condition) and shortness of breath, and had previously had pneumonia, hypertension (high blood pressure), thrombocytopenia (a blood condition), dermatitis (a skin condition), fibrosis (scarred lung tissue) and hydronephrosis (swollen kidneys). He was also at high risk of heart disease, was frail and used a wheelchair.
37. On 23 April 2020, the Head of Healthcare, wrote to Mr Bartle to tell him that he was at risk of severe illness if he caught COVID-19 and advised him to shield. Mr Bartle was considered to be clinically vulnerable. (Littlehey exceeded the requirements of Public Health England and advised all prisoners who were clinically vulnerable, as well as those who were clinically extremely vulnerable, to shield.)
38. On 8 June, Mr Bartle tested negative for COVID-19.
39. On 13 September, a prison officer asked a nurse to see Mr Bartle. She saw that Mr Bartle had oedema from his toes to the middle of his face and was concerned that he had 'massive' heart failure. Mr Bartle had normal blood pressure, a raised pulse rate, a normal temperature, a significantly raised respiration rate and significantly low blood oxygen saturation. The nurse noted that Mr Bartle was alert but looked unwell. She noted that his National Early Warning Score (NEWS, a tool to detect and respond to clinical deterioration) was 9 which indicated that he was at high clinical risk. (The NEWS guidelines say that a score above 7 requires an emergency response.) The nurse sent Mr Bartle to hospital, where he was placed in a COVID-19 ward.
40. On 28 September, Mr Bartle was discharged from hospital and went back to Littlehey. Hospital staff said that Mr Bartle had severe pneumonia, tricuspid regurgitation (a serious heart valve condition which can result in heart failure) and severe emphysema. A palliative care consultant, saw Mr Bartle who said that he felt that his breathing was 'okay'. The palliative care consultant noted that Mr Bartle had leg oedema up to his knees but that his chest was clear. She noted that it would be very difficult to talk to Mr Bartle about whether he wanted to be resuscitated if he stopped breathing because he had visual and hearing difficulties. The palliative care consultant planned to check his blood test results and review him in one week.
41. On 6 October, a locum prison GP reviewed Mr Bartle's blood test results. The locum GP noted that Mr Bartle may have thrombocytopenia (a low platelet count, which put him at higher risk of bleeding and infection). Another prison GP, planned to review Mr Bartle on 8 October, and a nurse planned to discuss Mr Bartle's resuscitation preferences at the same time.

Events of 8 October

42. At about 8.15am on 8 October, an officer unlocked Mr Bartle's cell and saw him sitting on his bed. The officer said that Mr Bartle would not normally leave his cell and that he only spoke to a specific prisoner, who was responsible for cleaning his cell.
43. At about 9.15am, the specific prisoner looked through the cell door observation panel and checked on Mr Bartle. He saw that Mr Bartle was lying on his bed, not moving, with his legs over the edge and his hands up towards his chest as if he had been sitting on the bed. The specific prisoner asked another prisoner for a second opinion about Mr Bartle. The specific prisoner then called to another officer who opened the cell door and went into the cell.
44. The officer called to Mr Bartle several times and did not get a response but said that he knew that Mr Bartle was extremely deaf. The officer said that it was quite difficult to see if Mr Bartle was breathing because he was very thin and there was never a lot of movement in his body. Another officer went into the cell and shook Mr Bartle by the shoulder, but he did not respond. An officer could not find a pulse. At 9.30am, an officer radioed a medical emergency code blue.
45. A senior officer (SO) and an officer started chest compressions. A custodial manager (CM) applied a defibrillator which advised one shock but subsequently advised not to shock.
46. Nursing staff and a prison GP went to Mr Bartle's cell and took over life support. Prison and healthcare staff moved Mr Bartle onto the landing and the prison GP inserted a tube into Mr Bartle's airway.
47. At 9.46am, paramedics arrived at the prison and went to Mr Bartle's cell. At 10.15am, they confirmed that Mr Bartle had died.

Contact with Mr Bartle's family

48. On 8 October 2020, the Head of Safer Custody appointed a chaplain as the family liaison officer and a CM as the deputy family liaison officer. The family liaison officers were unable to identify a next of kin for Mr Bartle.
49. On 29 October, a victim liaison officer spoke to Mr Bartle's next of kin who agreed to act as the next of kin. Mr Kinder telephoned her and offered his condolences. Mr Bartle's funeral took place on 9 November. The prison contributed to its cost in line with national instructions.

Support for prisoners and staff

50. After Mr Bartle's death, the Head of Residence debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

51. The prison posted notices informing other prisoners of Mr Bartle's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Bartle's death.

Post-mortem report

52. A post-mortem examination established that Mr Bartle died of COVID-19. He also had ischaemic and hypertensive heart disease which contributed to but did not cause his death.

Findings

Clinical care

53. The clinical reviewer was satisfied that the overall standard of healthcare that Mr Bartle received at Littlehey was responsive and equivalent to that which he could have expected to receive in the community. His COPD was managed and monitored in line with NICE guidelines.
54. We are also satisfied that healthcare staff appropriately planned to discuss whether he wanted to be resuscitated if his breathing or heart stopped.
55. However, given that hypertensive heart disease contributed to Mr Bartle's death, the clinical reviewer was concerned that Mr Bartle's high blood pressure had not been managed in a structured way. She made a recommendation to address this, which the Head of Healthcare will need to address.

Covid-19

56. The Head of Healthcare wrote to Mr Bartle in April, June and July 2020 and advised him to shield as he was clinically vulnerable. Mr Bartle accepted that he should shield and generally refused to come out of his cell. Healthcare staff told the investigator that they wore PPE when they saw Mr Bartle.
57. The clinical reviewer found no evidence that Mr Bartle had COVID-19 symptoms when he went to hospital on 14 September. On 28 September, when Mr Bartle returned to Littlehey, he self-isolated in his cell in line with the reverse cohorting requirements.
58. On 8 October, there was no requirement for prison staff to wear face masks while working on a wing. The local policy has since been updated and, since January 2021, all staff wear face masks while working at Littlehey.
59. Mr Bartle lived in a single cell on a wing for older prisoners which was also a shielding wing. The specific prisoner said that because Mr Bartle was very concerned about contracting COVID-19, he shielded and rarely left his cell.
60. Prisoners were grouped into separate bubbles and rotated coming out of their cells. Prisoners had access to and wore face masks when out of their cells. Wing cleaners wore facemasks and gloves when they carried out their cleaning duties and wiped down door handles, telephones and other surfaces between each bubble having time out of their cells.
61. We do not know how or where Mr Bartle contracted COVID-19. It is possible that he contracted it in hospital (as he died ten days after he was discharged) or in prison.
62. Healthcare staff, social care and wing cleaners wore PPE when they entered his cell and had face-to-face contact with him. We are satisfied that Littlehey took reasonable steps to protect Mr Bartle from COVID-19.

Use of PPE during the emergency response

63. The Prison Service's Standard Operating Procedure (SOP) for managing COVID-19 states that masks, gloves, aprons and eye protection should be available for staff to carry out life support. The SOP states that when a patient is not breathing and there is a raised risk of COVID-19, chest compressions only should be carried out and a cloth or towel should be placed over the patient's mouth and nose.
64. We are concerned that when prison staff started life support, they were not wearing face masks or PPE and it was not until they had started, that an officer collected face masks for them to wear. Neither prison staff nor healthcare staff placed a cloth or towel over Mr Bartle's mouth or nose when they carried out chest compressions. There was no indication at the time that Mr Bartle had COVID-19 and he had not tested positive for the virus. We make the following recommendation:

The Governor should ensure that appropriate PPE is available and used by prison staff who may be required to carry out chest compressions on prisoners.

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