Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Frederick Colverson, a prisoner at HMP Coldingley, on 21 December 2020

A report by the Prisons and Probation Ombudsman

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

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

T I 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

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. If my office is to best assist HM Prisons and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

3. Mr Frederick Colverson died in hospital on 21 December 2020, while a prisoner at HMP Coldingley. He was 65 years old. The cause of Mr Colverson's death was pneumonia arising from COVID-19. He also had underlying ulcerative colitis and rectal cancer. I offer my condolences to Mr Colverson's family and friends.

4. Mr Colverson had been an inpatient for nearly four months before he was diagnosed with COVID-19, so we presume that he contracted the virus in hospital.

5. The clinical reviewer concluded that, overall, Mr Colverson's clinical care at Coldingley was equivalent to that he could have expected to receive in the community. However, she made several recommendations about his clinical management, which the Head of Healthcare will need to address. These include the need for better support and care planning for prisoners with complex needs, chronic pain and those diagnosed with cancer; ensuring that such prisoners are discussed at a multidisciplinary forum; and ensuring regular communication and information sharing when a prisoner is an inpatient in hospital. Full details of the clinical reviewer's findings are in the clinical review report.

6. We consider that the use of restraints should be reviewed to consider the impact of significant events, such as major surgery, on a prisoner's risk.

Recommendations

- The Head of Healthcare should ensure that prisoners with complex needs who are self-isolating receive welfare checks and that they are recorded.

- The Head of Healthcare should implement a pain assessment scoring tool and ensure that pain management care plans are in place for relevant patients.

- The Head of Healthcare should ensure that robust and holistic care plans are in place to address wide-ranging needs.

- The Head of Healthcare should ensure that prisoners with complex needs are discussed at a multidisciplinary forum.

- The Head of Healthcare should ensure there is an effective process for sharing information with hospitals about prisoners who are inpatients; and recording the details in the prisoners' medical records.

- The Governor should ensure that prison managers review the use of restraints on prisoners in hospital after significant changes or events, such as surgery, in line with Prison Service Instruction 33/2015.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Colverson's clinical care at HMP Coldingley.

8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Colverson'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 Colverson's next of kin, a relative, to explain the investigation. She had no specific questions for the investigation to consider.

10. We sent a copy of our report to Mr Colverson's next of kin. She identified an inaccuracy in the clinical review report and raised issues which have been dealt with in correspondence.

11. The initial report was shared with HM Prison and Probation Service (HMPPS), who reported two factual inaccuracies in the clinical review report. They also suggested recasting of some of the recommendations, and two were revised.

Previous deaths at HMP Coldingley

12. Mr Colverson was the third prisoner at Coldingley to die since December 2018. The two previous deaths were from natural causes. There have been no other COVID-19 related deaths and there were no similarities between the findings in this investigation and those of the previous deaths.

COVID-19 (coronavirus)

13. 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.

14. 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.)

15. 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

16. Mr Frederick Colverson was convicted of supplying a controlled drug on 26 July 2012 and remanded to HMP Norwich. On 7 August, he was sentenced to 25 years imprisonment. After moving between several prisons, Mr Colverson transferred to HMP Coldingley on 21 November 2019.

17. Mr Colverson had several chronic health conditions, including type 2 diabetes, ischaemic heart disease, ulcerative colitis, an enlarged heart, chronic kidney disease and liver cancer. His gall bladder, rectum and colon had been removed and he remained under the care of specialists. Due to his medical conditions, he was allocated a cell on E wing with an integral toilet and shower. (Around two thirds of cells at Coldingley do not have in-cell sanitation. E wing is the only one with such facilities.)

18. Between November 2019 and March 2020, Mr Colverson was admitted to hospital as an inpatient four times (twice in March for rectal bleeding). He also went to hospital fortnightly to receive intravenous medication.

19. On 5 March, staff began an application for early release on compassionate grounds, but this was stopped once it became clear that he did not meet the criteria.

20. Shortly after confirmation of the COVID-19 pandemic, Mr Colverson was identified as clinically extremely vulnerable and at high risk of complications from COVID-19. On 23 March and 3 April, healthcare staff issued letters advising him to shield. He reluctantly agreed to do so.

21. Mr Colverson continued to complain of rectal bleeding in June and July. Blood tests taken on 24 July were returned as abnormal on 25 July and he was admitted to hospital that afternoon. After his discharge from hospital on 8 August, Mr Colverson was placed in isolation, in line with the national policy on reverse cohorting.

22. On 11 August, a colorectal consultant informed the prison that Mr Colverson had a complicated bowel tumour. At a hospital outpatient appointment on 18 August, it was decided that he should be treated with chemoradiation (chemotherapy and radiation at the same time), followed by surgery.

23. On 23 August, wing staff noticed that Mr Colverson seemed unwell, with abdominal pain and signs of confusion. A nurse examined him and arranged for wing staff to conduct hourly monitoring through the evening and night, with advice on adverse signs to be reported.

24. The next day, Mr Colverson's symptoms continued, and he was again sent to hospital. Two prison officers escorted him. (The risk assessment and escort document for the journey were unavailable but, from the bedwatch log it seems that, initially, single handcuffs were used, and then changed to an escort chain when he was admitted as an inpatient.)

25. The prison assigned a family liaison officer, who spoke to one of Mr Colverson's relatives on 27 August and arranged for direct telephone contact with Mr Colverson. The family liaison officer contacted Mr Colverson's family weekly.

26. Healthcare staff obtained regular updates from the hospital and were told that Mr Colverson underwent surgery on 16 September, for an ileostomy (where the small bowel is diverted through an opening in the abdomen to allow waste to pass out of the body).

27. From the end of September, there were tentative discussions about discharging Mr Colverson. He needed specialist care and equipment, but Coldingley did not have 24-hour healthcare facilities.

28. Mr Colverson tested negative for COVID-19 several times while he was in hospital. Despite the test results, he was treated as positive from 19 October, as chest X-rays indicated he had contracted COVID-19. As a result of this information, Mr Colverson's restraints were removed on 23 October and the escort officers were instructed to wear full PPE. (Further tests up to 6 November were negative.)

29. On 17 December, the hospital told Mr Colverson's family that Mr Colverson had symptoms of COVID-19. The next day, a test returned as positive. Mr Colverson's health deteriorated rapidly, and he was placed on end of life care.

30. On 21 December, the hospital withdrew Mr Colverson's treatment, and he died at 5.35pm that day. His family were with him when he died.

31. Mr Colverson's funeral was held on 22 January. In line with national policy, the prison contributed to the funeral expenses.

Post-mortem examination

32. No post-mortem examination was held as HM Coroner accepted clinical certification that Mr Colverson had died from pneumonia caused by COVID-19. He also had underlying ulcerative colitis and rectal adenocarcinoma (cancer) which had contributed to but did not cause his death.

Findings

Clinical Findings

33. The clinical reviewer's findings are set out in detail in the clinical review report. She concluded that Mr Colverson's clinical care at Coldingley was of a good standard, equivalent to that he could have expected to receive in the community. However, she identified weaknesses in some areas of healthcare provision and has made recommendations which the Head of Healthcare will need to address. We summarise below those relevant to Mr Colverson's cause of death and make similar recommendations.

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

34. HM Inspectorate of Prisons conducted a short scrutiny visit to Coldingley on 5 May 2020. Inspectors reported that during the pandemic, Coldingley operated a restricted regime in which prisoners were placed in small cohorts for activities out of their cell. Prisoners at risk of complications from COVID-19 were offered the opportunity to shield. Most refused and only two prisoners were shielding at that time. Inspectors found that social distancing was generally maintained, with some lapses due to the design of the buildings and the size of staff offices.

35. The manager of E wing when Mr Colverson was a resident told the investigator about the regime during the pandemic. The wing was in lockdown with a restricted regime and all the prisoners were required to remain in their cells for most of the day. Only eight men were allowed out at other times to perform cleaning and catering duties.

36. Having been identified as high risk, Mr Colverson was not keen to shield and wanted to work. The wing manager and other operational staff persuaded him that it was vital in his case, due to his serious medical conditions. A discreet sign was placed under the flap of his observation panel so staff knew that he was self-isolating. He was required to stand at the back of the cell while his meals and medication were delivered to a box, just inside the door. Once the door was closed, he was then allowed to pick up the contents.

37. We are satisfied that the prison put in place appropriate measures to minimise the spread of infection and that Mr Colverson was assisted to shield. However, we agree with the clinical reviewer that consistent support for his complex medical needs and clinical welfare checks should have been more evident while he was self-isolating. We recommend:

    The Head of Healthcare should ensure that prisoners with complex needs who are self-isolating receive welfare checks and that they are recorded.

Pain management

38. The clinical reviewer was concerned that Mr Colverson's pain was not always adequately managed. She questioned whether a pain assessment tool was used when Mr Colverson reported a high level of pain in December 2019. Also, when he returned from hospital in August 2020, a decision not to implement the drug dosage

recommended by the hospital was taken without a pain management care plan, assessment, or speaking to Mr Colverson. We recommend:

The Head of Healthcare should implement a pain assessment scoring tool and ensure that pain management care plans are in place for relevant patients.

Support following the diagnosis of Mr Colverson's rectal cancer

39. We share the clinical reviewer's concern that, following the diagnosis of cancer, there is no record that healthcare staff spoke to Mr Colverson to assess his needs and offer support. Additionally, there was no multidisciplinary discussion about his management. We recommend:

The Head of Healthcare should ensure that robust and holistic care plans are in place to address wide-ranging needs.

The Head of Healthcare should ensure that prisoners with complex needs are discussed at a multidisciplinary forum.

Communication with hospital staff

40. Although healthcare staff initially maintained regular contact with the hospital for updates on Mr Colverson's condition, there is no record of any attempts to contact hospital staff between 4 and 19 December. On 23 November, a nurse noted that the Head of Healthcare would deal with the plans to discharge Mr Colverson. There is no evidence that this was followed up, and the subsequent lack of contact meant that prison healthcare staff were unaware that he had deteriorated in hospital. The Head of Healthcare thought that calls had taken place but that they were not documented. We recommend:

The Head of Healthcare should ensure there is an effective process for sharing information with hospitals about prisoners who are inpatients; and recording the details in the prisoners' medical records.

41. We are satisfied that Mr Colverson's risk of infection was managed appropriately while he was in prison. As he was an inpatient continuously for four months, with several negative tests before he was diagnosed with COVID-19, it is clear that he contracted the virus in hospital.

Security risk assessments and the use of restraints

42. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility.

43. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in

the event of an escape) and the prisoner's risk when he has a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change. These requirements are reflected in Prison Service Instruction (PSI) 33/2015 on external prisoner movements.

44. Mr Colverson was a Category C prisoner, on the enhanced level of the incentives scheme, with no adverse security reports and no reported problems during numerous inpatient and outpatient hospital visits. The security risk assessment when he went to hospital for the final time on 24 August concluded that he was low risk on all the individual factors, including risk of escape, risk to the public and likelihood of outside assistance.

45. After the initial assessment, Mr Colverson's security risk was reviewed at least eight times during his stay in hospital. However, we note that following major surgery on 16 September, there was no review until 25 September and the restraints were not removed until the next review on 23 October. When restraints were removed, this was done for the safety of escort staff when Mr Colverson was thought to be COVID-19 positive.

46. For risk assessments to be meaningful, as well as routine reviews, specific reviews should be conducted whenever there is a significant change of circumstances. (This requirement is set out in Prison Service Instruction 33/2015.) We consider that there should have been a review of Mr Colverson's risk after his surgery, to determine both the degree of debility caused by the operation, and whether his risk had reduced sufficiently to merit an adjustment to the level of restraints. We recommend:

The Governor should ensure that prison managers review the use of restraints on prisoners in hospital after significant changes or events, such as surgery, in line with Prison Service Instruction 33/2015.

Inquest

47. The inquest, held on 12 May 2021, concluded that Mr Colverson died from natural causes.

Adrian Usher
Prisons and Probation Ombudsman **July 2023**

Prisons & Probation Ombudsman
Independent Investigations

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

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

T l 020 7633 4100