

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

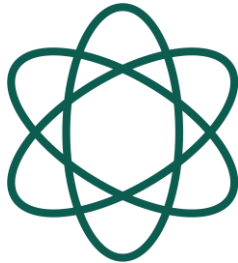
# **Independent investigation into the death of Mr Michael Horne, a prisoner at HMP Winchester, on 21 December 2021**

**A report by the Prisons and Probation Ombudsman**



## 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. 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.
3. Mr Michael Horne died in hospital from pneumonia on 21 December 2021, while a prisoner at HMP Winchester. He was 58 years old. I offer my condolences to Mr Horne's family and friends.
4. Mr Horne's health conditions made him clinically vulnerable to COVID-19. However, he declined to be vaccinated, and when he caught COVID-19 at the end of November, he was very ill and had to spend time in hospital. He was still recovering from the virus when he became ill again with a respiratory infection which led to his death.
5. The clinical reviewer concluded that Mr Horne's care was at least equivalent to that which he could have expected to receive in the community.
6. We found no non-clinical issues of concern. We make no recommendations.

## The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Horne's clinical care at the prison.
8. The PPO's investigator investigated non-clinical issues, including the prison's response to COVID-19 and shielding prisoners, the security arrangements for Mr Horne's hospital escorts, liaison with his next of kin and whether compassionate release was considered.
9. The Ombudsman's family liaison officer contacted Mr Horne's sister to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not reply to our letter.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies.

## Background Information

### HMP Winchester

11. HMP Winchester is a local prison that holds up to 690 men. Practice Plus Group Health and Rehabilitation Services Limited has provided health services at the prison since July 2020.

### Previous deaths at HMP Winchester

12. Mr Horne was the 11th prisoner at Winchester to die since December 2019. Of the previous deaths, eight were from natural causes and two were self-inflicted. Three of the previous deaths were related to COVID-19.

### 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, 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.
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 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).

16. On 17 September 2021, the Government advised that it was no longer necessary for the clinically vulnerable to shield. This was on the basis that vaccination had reduced the risk to them.

## Key Events

17. On 20 January 2021, Mr Michael Horne was remanded in prison custody, charged with burglary, and sent to HMP Winchester.
18. Mr Horne was tested for COVID-19 twice in January and twice in February. He was negative each time.
19. On 17 March, healthcare staff sent Mr Horne a letter advising him to shield because of his health conditions. He had badly controlled asthma and chronic obstructive pulmonary disease (COPD - the term for a group of serious lung diseases), which would make him vulnerable to falling seriously ill if he caught COVID-19. Mr Horne said he wanted to shield (effectively he was already doing so as he remained in his cell most of the time).
20. On 31 March, a prison GP saw Mr Horne to discuss his health, and he refused an offer of COVID-19 and flu vaccinations. Mr Horne did not give his reasons.
21. Mr Horne remained anxious about COVID-19 and continued to self-isolate. Although he said initially it was because he was afraid of other people on the wing, he later said that he was isolating to prevent himself catching COVID-19. At the beginning of June, Mr Horne submitted a health application, asking if it would be possible for him to be tested to see if he had caught COVID-19 before he came to prison as he said that he was regularly short of breath and was struggling for air with minimal activity. Healthcare staff told him it was not possible to do antibody tests to see if he had previously contracted COVID-19, but that he could be vaccinated if he was concerned. Mr Horne did not take up the offer.
22. Mr Horne tested negative for COVID-19 on 16 June.
23. On 9 September, Mr Horne wrote to a prison GP asking for him to endorse his request to stay in a single cell because he was afraid of catching COVID-19. The GP supported this request, and Winchester recognised that Mr Horne was at high risk if he caught COVID-19.
24. On 20 September, Mr Horne told a hospital consultant at an asthma clinic that he was worried about catching COVID-19. The consultant advised him to get vaccinated. Once again, Mr Horne did not take up the offer.
25. On 21 November, Mr Horne told a nurse that he had been feeling short of breath for three days and she asked a doctor to see him. The next day he tested positive for the virus.
26. Mr Horne was given an oximeter (a medical device that measures blood oxygen levels) so he could check his oxygen levels himself, and healthcare staff kept him under observation. Initially his observations were no cause for concern, but on 23 November, his heart rate and temperature were both high and his oxygen levels had dropped. Staff requested an ambulance and Mr Horne was taken to hospital.
27. Mr Horne stayed in hospital until 4 December, by which time he was no longer positive for COVID-19 but was still unwell. He had an upcoming trial, and he was keen not to miss it. During phone calls to family members, he said he pretended to be better than he was so that hospital doctors would let him return to prison.

28. As Mr Horne was still unwell, healthcare staff wanted to be able to keep him under observation on the healthcare wing and away from other prisoners to minimise the risk of further infection. Mr Horne wanted to return to his own cell and refused to move to the healthcare cell which he said was not in a fit state to live in. The Head of Safety and Equalities told the investigator that the cell was clean but had paint scraped off the walls and was waiting to be redecorated, so although it did not look nice, it was serviceable. Use of force was required to get Mr Horne to go into the cell. Mr Horne had no injuries from this incident but was very unhappy and refused to take his medications until the following day.
29. On 5 December, Mr Horne was still unwell, and staff advised him that in the interests of his health he should not return to his cell on the prison wing. However, on 6 December, due to Mr Horne's level of anxiety, they allowed Mr Horne to return to his cell on a standard wing, and he signed a disclaimer saying that he was doing so against healthcare advice.
30. On 7 December, Mr Horne's blood oxygen levels had dropped significantly, and his heart rate was raised. A nurse asked a prison GP to see him. The GP said that Mr Horne needed to go back to hospital and was not fit enough to attend court on 8 December. Mr Horne was very angry and said that they were deliberately preventing him from going to trial (but in his phone calls to family members he conceded that the GP was right).
31. Mr Horne went to hospital but returned to prison the same day. However, on 8 December, the prison GP was still very concerned about Mr Horne's health and wanted him to go back to hospital. Mr Horne refused to go and did so again on 9 December.
32. Mr Horne was still unwell on 10 December, and the prison GP was concerned about the risk of thrombosis (a blood clot in a vein or artery) or secondary bacterial infection. Mr Horne finally agreed to go to hospital.
33. Although Mr Horne was no longer infectious with COVID-19 a hospital doctor said on 17 December that his lungs had been damaged by it. Initially, he was able to breathe without assistance, but over the next few days he deteriorated. On 20 December, Mr Horne required high flow supplemental oxygen and he died the following day.

## **Cause of death**

34. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. They recorded the cause of death as pneumococcal pneumonia (pneumonia caused by a bacterial infection), and listed COPD, COVID-19 pneumonitis and pulmonary fibrosis (damage or scarring to the lungs) as underlying conditions that contributed to but did not cause Mr Horne's death.

# Findings

## Clinical Findings

35. The clinical reviewer considered the standard of care Mr Horne received at Winchester was at least equivalent to that which he could have expected to receive in the community. He said that Mr Horne was a challenging patient, and the healthcare staff were supportive and responsive to his needs, and that the lengths they went to in their liaisons with hospitals to ensure continuity of care was exemplary.

### ***Management of Mr Horne's risk of catching COVID-19***

36. Prison managers developed local protocols for infection control, based on national guidance. Newsletters were sent to staff and prisoners, highlighting prison-specific information from the government and changes to advice. We are satisfied that Winchester had protocols in place to minimise and contain the risks from COVID-19.
37. The process of testing new prisoners for COVID-19 on arrival and before releasing them into the general prisoner population was followed by Winchester in the case of Mr Horne.
38. Mr Horne chose to isolate for most of the time he was at Winchester and rarely came out of his cell. It is not possible to say how or where Mr Horne contracted the virus, and there is no evidence that it was due to shortcomings from the prison. Even with the measures in place at Winchester, it would not be possible to eliminate all risk.
39. Mr Horne was in the group identified by the government as clinically vulnerable if they caught COVID-19. However, Mr Horne repeatedly refused to be vaccinated against COVID-19. There was no suggestion at any point that Mr Horne did not have the capacity to make this decision.
40. Mr Horne often disagreed with his clinical treatment and submitted many complaints about this and other aspects of prison life. He was extremely anxious about many things, and especially catching COVID-19. But even though prison healthcare and hospital staff, and members of his own family, suggested he protect himself by getting vaccinated, he chose not to do so. The NHS say that vaccination is the best protection against COVID-19 and Mr Horne's refusal to be vaccinated and then to return to hospital when he was still recovering from the virus, are likely to be the most significant factors leading to his death.

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

**August 2022**

## **Inquest**

41. The inquest held on 3 July 2023, concluded that Mr Horne died from natural causes.

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