

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Gwynfor Jones, a prisoner at HMP Altcourse, on 25 April 2020

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. 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 Gwynfor Jones died in hospital on 25 April 2020, while a prisoner at HMP Altcourse. He was 82 years old. The cause of his death was COVID-19. He also had underlying lung and heart disease. I offer my condolences to Mr Jones' family and friends.
4. The clinical reviewer concluded that the clinical care Mr Jones received at Altcourse was of a reasonable standard and equivalent to that he could have expected to receive in the community. However, she has made two recommendations that were not related to Mr Jones' cause of death, which the Head of Healthcare will need to address.
5. The investigation found that Altcourse promptly followed national guidance on COVID-19 risk management and implemented the procedures advised at the time to help prevent the spread of the infection. While we cannot say for certain when or where Mr Jones contracted the virus, it seems likely that it was at the prison, rather than in hospital. We found no non-clinical issues of concern and make no recommendations.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Jones' clinical care at HMP Altcourse. Her report is attached as Annex 1.
7. The PPO's investigator reviewed Mr Jones' personal records, as well as HMPPS and local policy documents. She investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Jones' location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.
8. As there had been three COVID-19 related deaths of healthcare inpatient residents within a short period at Altcourse, the PPO investigator interviewed the Head of Healthcare to discuss the non-clinical management of the unit and changes to its regime since the start of the pandemic. The note of the interview is attached as Annex 2.
9. One of the PPO's family liaison officers wrote to Mr Jones' next of kin, his son, to explain the investigation. Mr Jones' son did not have any specific questions for us to consider.
10. Mr Jones' son received a copy of our initial report. He made no comments.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). They found a factual inaccuracy, which has been amended.

Previous deaths at HMP Altcourse

12. Mr Jones was the 13th prisoner to die at Altcourse since April 2018. Of the previous deaths, eight were from natural causes (including two prisoners who died with COVID-19), three were self-inflicted and the cause of one death was unknown. There are no similarities between our findings in the investigation into Mr Jones' death and those of the previous deaths. There has since been a further death from natural causes.

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 the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable); and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant; have a severe lung condition; are having certain types of treatment for cancer; or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70; people with a lung condition or a chronic medical condition, such as diabetes, heart, liver, or chronic kidney disease; or those who are very obese (this list is not exhaustive).
15. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23

March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).

16. On 13 March, PHE's National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance set out the importance of effective preventative measures and that methodical cleaning would help prevent infection spread.
17. On 24 March, HMPPS issued an instruction, in line with Government advice, to all prisons to introduce social distancing and to implement a restricted regime and supported enforcement of social distancing of two metres for staff and prisoners wherever possible. The most vulnerable prisoners were identified and put into protective isolation.
18. From 31 March, HMPPS put in place further measures to contain COVID-19, including reducing transfers between prisons and 'compartmentalisation'. These measures were designed to be implemented at local level, depending on the needs of each individual establishment, and included:
 - Protective Isolation Units (PIUs): to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation.
 - Shielding Units (SUs): to protect the most vulnerable identified through collaboration with NHS England, with enhanced levels of bio-security including dedicated staff.
 - Reverse Cohorting Units (RCUs): to accommodate new receptions or transfers in for a period of 14 days to detect any emergent infectious cases before entering general population. These units could also accommodate any one returning from hospital.
19. We note that in his report on short scrutiny visits to local prisons issued in April 2020, HM Chief Inspector of Prisons identified positive practice at Altcourse, including the development of bespoke patient logs which had improved oversight of COVID-19 monitoring.

Key Events

20. Mr Gwynfor Jones was convicted of sexual offences and sentenced to 12 years imprisonment on 28 November 2014. He was taken to HMP Altcourse.
21. During reception health screens, it was recorded that Mr Jones had several medical conditions, including heart disease, chronic obstructive pulmonary disease (COPD) and asthma. He later had several chest infections due to COPD and was diagnosed with heart failure in 2017. From April 2018, Mr Jones' health began to deteriorate and a palliative care plan was created.
22. On 14 February 2020, Mr Jones was admitted to the prison's healthcare inpatient unit, due to a considerable deterioration in his health from multiple chronic health conditions and two transient ischaemic attacks (TIAs - also known as mini-strokes). He discharged himself on 20 February, against medical advice, and refused to return as he had missed friends and the routine of his residential wing.
23. To manage Mr Jones' risk of contracting COVID-19, a multidisciplinary healthcare team completed a risk assessment and review of his medication on 25 March. Staff then spoke to him about readmission to the inpatient unit, but he insisted that he wanted to stay on the wing.
24. On 2 April, a letter was sent to Mr Jones, advising him to shield as he was at very high risk of contracting, or becoming seriously ill with COVID-19. He agreed to shield in his cell and healthcare staff continued to monitor him.
25. On 12 April, Mr Jones was very unwell with symptoms of COVID-19. He had a high temperature and needed additional oxygen to breathe. An ambulance was requested, but Mr Jones refused to go to hospital. He was therefore admitted to the prison's inpatient unit, with an open-door policy. Later that day, staff persuaded Mr Jones to go to hospital, where doctors diagnosed a chest infection and prescribed antibiotics.
26. Early the following morning, Mr Jones was discharged from hospital and returned to the inpatient unit. A prison GP reviewed him and suspected that he had contracted COVID-19, with symptoms of cough, fever, sore throat and breathlessness. Healthcare staff closely monitored Mr Jones and took swabs for COVID-19 screening. On 15 April, the GP noted that he did not need to be isolated, as the results were negative. Mr Jones improved over the next few days. However, on 23 April, he reported continuous coughing.
27. At 10.37pm on 24 April, a nurse found Mr Jones, unresponsive, and he was admitted to hospital, escorted by two prison officers. No restraints were used. A few hours later, he was moved to the ward for end of life care.
28. The prison assigned a family liaison officer, who notified Mr Jones' son of his admission to hospital and that the prognosis was poor. He gave further updates during the day.
29. Mr Jones died at 11.40pm on 25 April. As agreed in the event of Mr Jones' death at night, the family liaison officer informed Mr Jones' son the following morning.

Mr Jones' son declined the offer of a financial contribution to the funeral expenses, as Mr Jones had a prepaid funeral plan.

30. A prison manager debriefed the escort officers and offered support.

Cause of death

31. No post-mortem examination was held, as the coroner accepted the cause of death certified by the hospital. The Coroner's inquest, held on 6 May 2020, concluded that Mr Jones died of COVID-19. He also had underlying COPD and ischaemic heart disease, which did not cause but contributed to his death.

Findings

Clinical Findings

32. The clinical reviewer concluded that Mr Jones' clinical care was of a reasonable standard and equivalent to that he could have expected to receive in the community. However, she found weaknesses in clinical management, unrelated to Mr Jones' death, that the Head of Healthcare will need to address.

Management of Mr Jones' risk of infection from COVID-19

33. As a prisoner at high risk of serious illness from infection, Mr Jones shielded in his cell on a residential wing from 2 April. Each time he showed symptoms of possible infection, staff examined him quickly and sent him to hospital when he needed secondary care.
34. Mr Jones was the third prisoner from Altcourse's inpatient unit to die with COVID-19. We do not know when or where he contracted it. On 12 April, he moved into a cell in the inpatient unit vacated by one of the previous prisoners who had died with COVID-19. However, infection control measures were in place and inpatient cells were deep cleaned between each occupant. Tests were taken on 13 April after a brief overnight hospital admission. The results were negative for COVID-19 and Mr Jones' health seemed to improve over the following 12 days.
35. The Head of Healthcare said that some staff had symptoms around the time of the three deaths, but it had been difficult to determine whether the infection had been passed from staff to prisoner, or vice versa. Those who had died might have had contact with other prisoners but, through their own choice and due to the nature of their medical conditions, most of the men had spent a lot of time in their cells. No prisoners other than patients and the prison orderlies were allowed in the inpatient unit.
36. We are satisfied that Altcourse followed the national guidance on managing the risks associated with COVID-19 and promptly put in place the policies and measures expected. Healthcare staff had access to appropriate personal protective equipment (PPE). To help prevent infection to others after the previous deaths, swabs for testing were used from 6 April. As an outbreak site, Altcourse had weekly telephone conferences with HMPPS, PHE and NHS England from 10 April.
37. We make no recommendations.

Sue McAllister CB
Prisons and Probation Ombudsman

October 2020

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