

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Kevin Jones, a prisoner at HMP Swaleside, on 22 March 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. 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 Kevin Jones died from pneumonia caused by COVID-19 on 22 March 2021, while a prisoner at HMP Swaleside. Mr Jones also had several serious chronic health conditions which contributed to but did not cause his death. He was 60 years old. We offer our condolences to Mr Jones' family and friends.
4. It is unclear how Mr Jones' contracted COVID-19. He was shielding, and the clinical reviewer concluded that the prison and healthcare staff took necessary precautions to help prevent the risk of infection.
5. Mr Jones received his first COVID-19 vaccine in February 2021. This was just outside of the government's target for those who were considered clinically extremely vulnerable. The clinical reviewer concluded that this was outside the control of the prison and healthcare providers and found that it would not have been possible for Mr Jones to have been vaccinated any earlier than he was. Nevertheless, she has brought this to the attention of NHS commissioners.
6. The clinical reviewer concluded that the clinical care that Mr Jones received for his physical and mental health at HMP Swaleside was equivalent to that he could have expected to receive in the community. She did not make any recommendations.
7. We did not identify any non-clinical issues of concern.

### Investigation Process

8. NHS England commissioned an independent clinical reviewer to review Mr Jones' clinical care at HMP Swaleside.
9. The PPO investigator has investigated the non-clinical issues in Mr Jones' care, including his location, management of COVID-19, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
10. The PPO family liaison officer wrote to Mr Jones' family to explain our investigation. Mr Jones' next of kin asked a number of healthcare-related questions which are addressed in the clinical review.
11. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies.
12. We sent a copy of our initial report to Mr Jones' next of kin. They did not notify us of any factual inaccuracies.

## Previous deaths at HMP Swaleside

13. Mr Jones was the twelfth person to die at Swaleside since March 2019. Eight of the previous deaths were from natural causes (one from COVID-19) and three were self-inflicted. Since Mr Jones died, there have been three further deaths, two self-inflicted and one from natural causes.

## COVID-19 (coronavirus)

14. 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.
15. 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.)
16. 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

17. On 20 June 2016, Mr Kevin Jones was sentenced to 15 years and six months in prison for sexual offences and was sent to HMP Pentonville.
18. During an initial health screen, Mr Jones disclosed that he had severe depression, Factor V Leiden (a blood disorder that increases the likelihood of blood clots in the legs or lungs) and high blood pressure. He was also a smoker and clinically obese, weighing 29 stone.
19. Mr Jones transferred to HMP Swaleside on 12 January 2017. While in Swaleside, Mr Jones was seen regularly by healthcare staff for cellulitis and leg ulcers. He attended the life-limiting illness clinic after being diagnosed with chronic obstructive pulmonary disease (COPD, a lung condition affecting his breathing) and coronary heart disease in 2018, and aortic stenosis (a heart condition that restricts the blood flow around the heart) in 2019. Healthcare staff developed appropriate care plans to manage his life-long conditions.
20. In September 2019, Mr Jones' medical records show that a healthcare assistant was delivering daily personal care support.

### From March 2020

21. On 31 March 2020, due to the COVID-19 pandemic, a nurse spoke to Mr Jones about his health and explained that he was at high risk if he contracted the virus. He confirmed that he understood and agreed to shield in his cell to reduce his risk of infection. Healthcare staff checked Mr Jones weekly and he continued to receive daily personal care support. His health was regularly reviewed through the life-limiting illness clinic.
22. On 7 April, a nurse spoke to Mr Jones about his wishes if he should reach the end of his life. Mr Jones said that he wanted to be resuscitated if his heart should stop.

### From February 2021

23. Mr Jones complained of diarrhoea on 19 February 2021. He agreed to isolate for 48 hours and took a COVID test, which was negative. Mr Jones had his first COVID-19 (Astra Zeneca) vaccination on 22 February.
24. Mr Jones had a further COVID-19 test on 11 March. It is not clear from his medical or prison records what prompted this test as no symptoms were recorded. On 13 March, Mr Jones reported that he had a sore throat, which affected his breathing. When the nurse examined him, he could breathe unaided and speak in full sentences. On 14 March, Mr Jones' COVID-19 test result came back positive and he was advised to self-isolate for 10 days. Despite a positive result, Mr Jones continued to receive daily healthcare assistance with his personal care needs. Healthcare staff monitored his oxygen levels.
25. On 15 March, a nurse visited Mr Jones in his cell. He was short of breath and had diarrhoea. The nurse was concerned that he had COVID-19 pneumonia and

arranged for him to be taken to Medway Maritime Hospital urgently. Restraints were not used during the escort to hospital.

26. When he got to hospital, Mr Jones was diagnosed with COVID-19 pneumonia and treated with steroids and oxygen therapy. On 19 March, a hospital respiratory consultant explained to Mr Jones' family that although his condition was stable, he would be unlikely to recover if he deteriorated and they did not think resuscitation would be appropriate.
27. On 21 March, Mr Jones was transferred to the critical care unit, where he received palliative care. Mr Jones died at 3.05am on 22 March 2021. A Custodial Manager (CM) telephoned Mr Jones' wife an hour later at 4.20am to break the news of his death. The prison's family liaison officer telephoned Mr Jones' wife again later that morning to offer support. The prison arranged Mr Jones' cremation at his family's request.

### **Post-mortem report**

28. The post-mortem report concluded that Mr Jones died of pneumonia caused by COVID-19. He also had COPD, pemphigus (a potentially life-threatening skin disorder), obstructive sleep apnoea, congestive cardiac failure, diabetes and morbid obesity which did not cause but contributed to his death.

# Findings

## Clinical Findings

29. The clinical reviewer considered that, overall, the care provided to Mr Jones was equivalent to that he could have expected to receive in the community. She noted that there was good continuity of care and she commended the staff who provided care and dignity for Mr Jones and got to know him well over a number of years.
30. A prison officer raised some concerns about the clinical care Mr Jones received in hospital. This falls outside the Ombudsman's remit, but we have forwarded the concerns to NHS commissioners and the coroner for consideration.

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

31. Mr Jones had not left the prison in the period before he tested positive for COVID-19 so he must have contracted the virus in prison, but we have not been able to determine how this happened.
32. Mr Jones was located on a normal wing, but due to COVID-19 there was a restricted regime with minimal contact between prisoners. He was in a high-risk group due to his multiple health conditions and he took the advice from healthcare staff to shield in his cell. Officers on the wing and the healthcare assistant who visited daily wore face coverings. Prison staff were aware of Mr Jones' risk and it is documented in his prison record that a custodial manager authorised him to take his exercise out of his cell alone.
33. Mr Jones was monitored by healthcare staff as soon as he complained of COVID-19 symptoms, and was transferred urgently to hospital when his health deteriorated. The Independent Monitoring Board (volunteers from the local community who help to ensure that prisoners are treated fairly and decently) found that prisoners' healthcare needs at HMP Swaleside were being adequately met during the pandemic, in line with standards in the community. They also found that management and staff handled the COVID-19 situation well.
34. Mr Jones received his first COVID vaccine on 22 February 2021. The government pledged that all those considered clinically extremely vulnerable would be offered the vaccine before 14 February. Mr Jones' vaccine fell just outside of that target.
35. HMP Swaleside received the necessary equipment and vaccinations in February 2021 and delivered vaccinations shortly afterwards. The clinical reviewer concluded that it would not have been possible for the prison's healthcare team to have vaccinated Mr Jones any earlier. The clinical reviewer has raised this matter for the attention of NHS Commissioners and we have alerted the coroner.

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

**December 2021**

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