

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Kevin Williams, a prisoner at HMP Wayland, on 7 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 Williams died of COVID-19 pneumonitis while a prisoner at HMP Wayland. He was 62 years old. I offer our condolences to Mr Williams' family and friends.
4. The clinical reviewer concluded that the healthcare Mr Williams received at HMP Wayland was of a reasonable standard and at least equivalent to that which he could have expected to receive in the community. She made several recommendations about aspects of Mr Williams' care in relation to his first and secondary health screenings, and referrals to mental health, substance misuse services and GP services. We repeat those recommendations that relate directly to Mr Williams' death below.
5. We did not find any non-clinical issues of concern.

## Recommendations

- The Head of Healthcare should ensure that referrals are made at reception screening to the long-term conditions clinic for the onward monitoring of pre-existing health conditions.
- The Head of Healthcare should:
  - ensure that record keeping is in accordance with the NMC Code (2018) which stipulates that records should be always clear and accurate; and
  - ensure that the information recorded is adequately detailed to capture a significant event that has occurred, including the emergency response and subsequent admission to hospital.
- The Head of Healthcare should share this report with all the staff named in it.

## Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Williams' clinical care at HMP Wayland.
7. The PPO investigator has investigated non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Williams' location, the security arrangements for his hospital escorts and liaison with his family.
8. Mr William's next of kin, his son, received a copy of the initial report. He did not raise any further issues, or comment on the factual accuracy of the report.

9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

### **Previous deaths at Wayland**

10. Mr Williams was the fourth prisoner to die at Wayland since March 2019. Of the previous deaths, two were from natural causes and one was self-inflicted. There have been two further deaths since Mr Williams' death, one from natural causes and the second death is awaiting classification. There have been no other deaths related to COVID-19.

### **COVID-19 (coronavirus)**

11. 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.
12. 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.)
13. 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

14. On 4 December 2018, Mr Kevin Williams was remanded into custody charged with robbery, aggravated vehicle taking, property damage and false imprisonment. On 12 December, Mr Williams was sentenced to 13 years and six months imprisonment.
15. Mr Williams had a number of pre-existing medical conditions. He had had a heart attack in 2011, and as a result he had a stent fitted to improve the blood flow to his heart and a procedure in 2013 to improve the blood flow to his legs. Mr Williams had a long history of substance misuse.
16. On 13 February 2020, Mr Williams transferred to HMP Wayland from HMP Swaleside.
17. A nurse carried out an initial health screen and noted Mr Williams' substance misuse history. She took a note of his observations and noted that his blood pressure was raised and that his pulse was low. However, very little information about his pre-existing medical conditions was recorded in his medical records and there is no recorded evidence that he was referred to the prison's substance misuse team, mental health team or to a prison GP for review.
18. A pharmacist reviewed Mr Williams' prescribed medications the same day and noted he had arrived without any of his current prescribed medications. She telephoned Swaleside and insisted they send his medications to Wayland by taxi the same day, which they did.
19. On 10 March, a prison GP saw Mr Williams. She noted his pre-existing medical conditions and that he had received treatment while in custody for angina. She carried out an electrocardiogram (ECG), and the results showed that the damage to his heart caused by his previous heart attack had not worsened. An angina care plan was created, and his prescribed medications reviewed. Mr Williams had regular ECG and blood pressure checks.
20. On 12 April, Mr Williams' cellmate displayed symptoms of COVID-19. They were both advised to self-isolate for 14 days. Mr Williams had a COVID-19 test. The result was negative.
21. On 15 July, it was recorded in SystemOne (the electronic medical record) that Mr Williams was assessed as being at low risk of developing complications from the COVID-19 virus. He was advised of his risk status.
22. On 14 January 2021, Mr Williams took a COVID-19 test after coming into contact with a prisoner who was COVID-19 positive. The result was negative.
23. On 4 February, Mr Williams was displaying COVID-19 symptoms and he was tested for COVID-19. A prison GP recorded in SystemOne that he had clinical symptoms present but did not record what these were. The result of the test came back positive on 8 February.
24. On 10 February, Mr Williams told staff that he was feeling unwell. Prison staff called for healthcare to come and see him. It was at this point Mr Williams was

told that he was COVID-19 positive, two days after the positive result had been received.

25. A nurse saw Mr Williams. He complained of having a rash over his entire body, diarrhoea and chest pain. The nurse took his observations and noted his oxygen saturation level was 88% (a normal oxygen saturation level is 95-100%). There is no evidence in his medical records that she gave him oxygen. Mr Williams was taken to Norfolk and Norwich University Hospital, by emergency ambulance. He was accompanied by two escort officers and was not restrained.
26. Mr Williams was admitted to hospital as an inpatient and treated with oxygen therapy. His condition continued to deteriorate in hospital. He was sedated and placed on a ventilator to assist him to breathe.
27. At 6.00am on 7 March, it was confirmed that Mr Williams had died in hospital.

#### **Cause of death**

28. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Williams' cause of death as COVID-19 pneumonitis. Mr Williams also had ischaemic heart disease, emphysema and hypertension which did not cause but contributed to his death.

# Findings

## Management of Mr Williams' risk of infection from COVID-19 and risk to others

29. In July 2020, Mr Williams had been advised that he was at low risk of complications if he developed COVID-19. As he was not in the clinically extremely vulnerable group, he was not advised to shield.
30. Mr Williams was tested for COVID-19 on a regular basis in line with PHE advice. He tested negative on all occasions until he received a positive result on 8 February 2021. It is likely that Mr Williams caught COVID-19 at Wayland as he had not left the prison in the weeks before he tested positive for COVID-19.
31. The clinical reviewer is satisfied that the healthcare Mr Williams received at Wayland was of a reasonable standard and was at least equivalent to that which he could have expected to receive in the community.
32. The clinical reviewer did, however, have a concern about the monitoring of Mr Williams' long-term conditions. There was no evidence in his clinical records that he had been referred to a GP for review or that he had regular ongoing observations to monitor his long-term conditions. We recommend:

**The Head of Healthcare at HMP should ensure that referrals are made at reception screening to the long-term conditions clinic for the onward monitoring of pre-existing health conditions.**

33. The clinical reviewer was also concerned about record keeping. She noted that no information was recorded in SystmOne about the emergency response on 10 February. Specifically, there was no information recorded about the request for an emergency ambulance, details of when the ambulance crew arrived at the prison, or about the events, clinical observations, timings or assessments which led to Mr Williams' admission to hospital. This is not in line with the national guidance. The clinical reviewer considered that a more detailed recording of events, observations and timings would have been appropriate. We recommend:

**The Head of Healthcare should:**

- **ensure that record keeping is in accordance with the NMC Code (2018) which stipulates that records should be always clear and accurate; and**
  - **ensure that the information recorded is adequately detailed to capture a significant event that has occurred, including the emergency response and subsequent admission to hospital.**
34. The clinical reviewer identified a number of other concerns about Mr Williams' care in relation to the transfer of his medication from HMP Swaleside, secondary health screens, referrals to mental health and substance misuse although these did not directly impact on Mr Williams' death. We do not repeat the recommendations in this report but the Heads of Healthcare at HMP Swaleside and HMP Wayland will need to address them.

## Learning lessons

35. We consider it essential that staff learn from our investigations. We therefore recommend:

**The Head of Healthcare should share this report with all the staff named in it.**

**Sue McAllister CB  
Prisons and Probation Ombudsman**

**January 2022**

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