

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Jones, a prisoner at HMP Parc, on 17 November 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 Christopher Jones died in hospital from COVID-19 pneumonitis on 17 November 2021, while a prisoner at HMP Parc. He was 59 years old. I offer my condolences to Mr Jones' family and friends.
4. Mr Jones did not fall into the government category of people likely to be vulnerable to the effects of COVID-19 if they caught the virus. However, he declined to be vaccinated, and when he caught COVID-19 he became very ill.
5. On 2 November, he was taken to hospital with breathing difficulties, and spent most of his time there heavily sedated until his death on 17 November.
6. The clinical reviewer concluded that overall Mr Jones' care was equivalent to that which he could have expected to receive in the community. However, he made two recommendations.
7. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should review the recent measures to ensure that all prisoners with chronic health conditions have care and treatment plans and provide assurance that these are operating effectively.
- The Head of Healthcare should ensure that staff follow up inconclusive laboratory tests.

The Investigation Process

8. Health Inspectorate Wales (HIW) commissioned an independent clinical reviewer to review Mr Jones' clinical care at the prison.
9. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Jones' hospital escorts, liaison with his next of kin and whether compassionate release was considered.
10. The Ombudsman's family liaison officer contacted Mr Jones' mother 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.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies.

Background Information

HMP Parc

12. HMP Parc is a medium security private prison run by G4S. It holds around 1,600 prisoners and young adults who are either on remand or convicted. It also has a unit for up to 60 young people under 18. G4S Medical Services provide primary physical and mental health care services. There is 24-hour general healthcare and palliative care facilities. A local GP practice provides GP services, including a daily clinic and out of hours cover. Three healthcare staff are located in the prison at night.

Previous deaths at HMP Parc

13. Mr Jones was the 13th prisoner at Parc to die since November 2019. Of the previous deaths, eight were from natural causes (including two from COVID-19), two were self-inflicted, and two were drug-related. We have previously made recommendations about the management of long-term conditions.

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, 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.
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 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).
17. On 1 April 2021, the Government of Wales ended the period of shielding for the population as a whole but said that extremely vulnerable people might want to consider taking extra precautions.

Key Events

18. On 20 September 2021, Mr Christopher Jones was sentenced to three years imprisonment for driving offences and was sent to HMP Cardiff. While there, he completed an alcohol detoxification programme.
19. On 21 and 27 September, Mr Jones was tested for COVID-19, and was negative on both occasions. On 28 September, he was offered a COVID-19 vaccination, but he declined it.
20. On 6 October, Mr Jones was sent to HMP Parc and was tested for COVID-19 on the same day. He was once again negative. He was tested again on 11 October, but the sample was not suitable for analysis.
21. On 22 October, Mr Jones' wing was locked down due to COVID-19 infection in some prisoners there.
22. On 2 November, an officer who took food to Mr Jones in his cell, noticed he was coughing, and around midday asked healthcare staff to test him for COVID-19. He and his cellmate were put into isolation and scheduled for a COVID-19 test later in the day. Before that was done, Mr Jones had trouble with his breathing and called for help. When he was seen by a nurse shortly after 6.00pm, he was very unwell. His blood oxygen levels were low, his heart and breathing rate were high, his pulse was irregular, and he was unable to support his own weight. He told the nurse that he had felt unwell for a few days. She called an ambulance.
23. While waiting for the ambulance, Mr Jones' temperature rose quickly, and he became a little confused. The ambulance arrived at the prison shortly before 8.00pm and took Mr Jones to hospital just over an hour later. The hospital confirmed that he was positive for COVID-19.
24. Mr Jones' condition initially improved slightly at hospital when he was given mechanical assistance with his breathing. However, bedwatch officers reported on 7 November, that he was very ill and had been sedated. Mr Jones did not recover and died on 17 November.
25. 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 COVID-19 pneumonia, and listed hypertension (high blood pressure) as an underlying condition that contributed to but did not cause Mr Jones' death.

Findings

Clinical Findings

26. The clinical reviewer considered the standard of care Mr Jones received at Parc was equivalent to that which he could have expected to receive in the community.
27. However, Mr Jones had hypertension and although blood tests were requested to review the medication he was receiving for his hypertension, there was no long-term care plan created to monitor his condition. Following recent cases at Parc where long term health condition care plans had not been created, the Head of Healthcare said that there was a new template for all admissions, which would identify prisoners with long term conditions which would alert staff to create a care plan. This clearly had not been implemented in time for staff to create a care plan for Mr Jones' hypertension. We recommend:

The Head of Healthcare should review the recent measures to ensure that all prisoners with chronic health conditions have care and treatment plans and provide assurance that these are operating effectively.

Management of Mr Jones' risk of catching COVID-19

28. 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. In general, we are satisfied that Parc had protocols in place to minimise and contain the risks from COVID-19.
29. Mr Jones was not in the group identified by the government as clinically vulnerable if they caught the coronavirus. However, he refused all offers of vaccinations in prison, including vaccination for COVID-19. The clinical reviewer was satisfied that Mr Jones had the capacity to make this decision.
30. The process of testing new prisoners for COVID-19 on arrival and before releasing them into the general prisoner population, was followed at both Cardiff and Parc for Mr Jones. He tested negative in the first three of these tests, but there was no result recorded in his prison or clinical records for his fourth test, which would have been the one prior to his move to standard location in Parc. When the clinical reviewer queried this, he was told by Parc that the test had been determined as unsuitable for analysis. There was no follow up test.
31. Mr Jones' inconclusive coronavirus test was on 11 October, and he was confirmed as having the virus on 2 November. Given the timing, the inconclusive result and lack of a retest, seem unlikely to be a factor in Mr Jones' illness. There was a COVID-19 outbreak on his wing later in October, and it is likely that it was this and Mr Jones' decision not to be vaccinated against the virus, that led to his infection and subsequent death.
32. However, we are concerned that there was a failure to follow up the inadequate sample from Mr Jones with further testing, as would be expected to minimise the spread of the virus and the risk of infection within the prison. We recommend:

The Head of Healthcare should ensure that staff follow up inconclusive laboratory tests.

**Sue McAllister CB
Prisons and Probation Ombudsman**

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