Prisons & Probation
Ombudsman
Independent Investigations

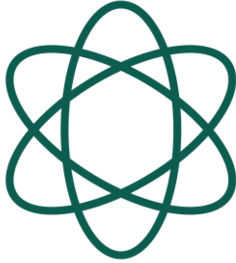
Independent investigation into the death of Mr Thomas Jenkins, a prisoner at HMP Parc, on 26 December 2020

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU
Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk
T I 020 7633 4100

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 Thomas Jenkins died in hospital on 26 December 2020, while a prisoner at HMP Parc. He was 76 years old. He died from multi-organ failure, due to sepsis caused by COVID-19 infection. I offer my condolences to Mr Jenkins' family and friends.

4. The clinical reviewer concluded that Mr Jenkins' clinical care at Parc was not equivalent to that he could have expected to receive in the community. While acknowledging the considerable pressures faced by the healthcare department during the COVID-19 pandemic, he was concerned that staff had not followed the expected clinical assessment and escalation procedures. He considered that earlier detection of a pulmonary embolism and signs of sepsis might have led to a different outcome for Mr Jenkins. Full details of his findings are in the clinical review report.

5. We endorse the clinical reviewer's concerns about the need for healthcare staff to manage chronic conditions through documented care plans; consistently use the National Early Warning Score (NEWS) 2 for acutely unwell prisoners; receive training on the clinical presentations and management of COVID-19; and raise concerns about healthcare provision within the prison governance structure and to relevant external stakeholder. We have made similar recommendations.

6. Mr Jenkins appears to have contracted the virus at Parc, as he had not left the prison within the usual incubation period for COVID-19. We are satisfied that the prison implemented the relevant infection control measures and that Mr Jenkins was appropriately shielded. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that all prisoners with chronic health conditions have care and treatment plans, which are reviewed and documented at least annually.

- The Head of Healthcare should ensure that clinical staff consistently use the National Early Warning Score (NEWS) 2, to ensure appropriate and timely escalation of acutely unwell patients.

- The Head of Healthcare should ensure that staff receive training in the clinical presentations and management of COVID-19 infection, including:

  - raising awareness that COVID-19 can be a multi-system disorder, not just a respiratory disease;

    - creating a clear management plan for monitoring and escalating COVID-19 positive patients with low blood oxygen saturation levels; and
    - taking and documenting clinical observations, including a National Early Warning Score (NEWS) 2, when a COVID-19 positive patient presents with acute confusion; as well as discussing the findings with a medical professional to detect early signs of sepsis.

- The Director and Head of Healthcare should ensure that concerns about providing safe and timely care of prisoners are formally communicated as part of the prison governance structure and to relevant external stakeholders.

The Investigation Process

7. Health Inspectorate Wales commissioned an independent clinical reviewer to review Mr Jenkins' clinical care at HMP Parc.

8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Jenkins' location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.

9. The PPO investigator and clinical reviewer interviewed the Head of Healthcare on 25 February and obtained additional information by email. The PPO investigator also interviewed the operational manager and safeguard lead for Mr Jenkins' houseblock on the same day. The interviews were conducted by telephone due to the restrictions in place during the COVID-19 pandemic.

10. The Ombudsman's family liaison officer wrote to Mr Jenkins' next of kin, his wife, to explain the investigation. Mr Jenkins' wife did not have any specific questions for us to consider.

11. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.

12. We sent a copy of our initial report to Mr Jenkins' wife. She did not notify us of any factual inaccuracies.

Previous deaths at HMP Parc

13. Mr Jenkins was the 13th prisoner at Parc to die, since December 2018. Nine deaths were from natural causes, two were self-inflicted and one was due to drug misuse. There have since been two further deaths from natural causes (of which one appears to be due to COVID-19). We have made previous recommendations about chronic disease management.

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-arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

17. Mr Thomas Jenkins was convicted of a sexual offence on 11 November 2018 and sent to HMP Parc. He was later sentenced to five years imprisonment.

18. Mr Jenkins had been diagnosed with diabetes and asthma in the community. He wore hearing aids in both ears and had reduced mobility due to a double hip replacement. Due to his infirmity, he was allocated a ground floor cell.

19. Mr Jenkins was diagnosed with an aggressive form of prostate cancer in March 2019. He was sometimes a challenging patient and refused to attend several appointments. In the same year, he achieved category D status, but was unable to move to an open prison due to ill health.

20. On 20 March 2020, Mr Jenkins reported a cough. He was placed in isolation and a swab was taken to test for COVID-19. The result was negative and he was removed from isolation on 23 March.

21. A nurse discussed COVID-19 with Mr Jenkins on 3 April and he accepted her advice to continue shielding, due to his age and risk factors. Mr Jenkins chose to stop shielding in August and was made aware of the risks. He resumed shielding in October due to an increase in COVID-19 cases.

22. On 11 November, a swab was taken to test for COVID-19. The outcome was not recorded in Mr Jenkins' medical record.

23. On 21 November, a prison paramedic reviewed Mr Jenkins as he felt unwell. It was noted that he was awaiting COVID-19 tests results. On 23 November, he reported a cough and difficulty breathing. A further swab was taken (which returned as positive the next day). Nurses checked Mr Jenkins daily and telephoned four times a day to encourage food and fluid intake. His blood oxygen saturation levels fluctuated. He was encouraged to use his inhalers and advised to tell staff through the intercom if he became short of breath. On 4 December, Mr Jenkins was noted to be symptom-free and he was removed from isolation.

24. On 9 December, wing staff found Mr Jenkins lying on his floor, dizzy and vomiting. He said he had not felt well since the end of his period of isolation. He was sent to hospital, where he received treatment for a pulmonary embolism arising from COVID-19. Mr Jenkins returned to Parc on 18 December. He remained unwell, he became incontinent of urine, increasingly confused and was found on the floor several times.

25. On 24 December, Mr Jenkins was found to be very confused, with low oxygen saturation levels. A nurse spoke to an on-call doctor, who advised that he should be readmitted to hospital as an emergency. The doctor said that he might benefit from further active treatment as his condition was possibly reversible. Paramedics took Mr Jenkins to hospital at around 9.00pm. He was escorted by two prison officers and no restraints were used.

26. On 25 December, a prison chaplain contacted the escort officers who said that Mr Jenkins did not want his wife to be told that he was in hospital.

27. Mr Jenkins died on 26 December. The prison assigned a chaplain as family liaison officer. When he telephoned Mr Jenkins' wife to break the news, she said that she had already been informed by the hospital. The family liaison officer offered support and kept in touch over the following weeks.

28. A prison manager debriefed the escort officers. Notices were issued to staff and prisoners, informing them of Mr Jenkins' death and offering support.

29. Mr Jenkins' funeral was held on 1 February 2021. In line with national policy, the prison contributed to the funeral expenses.

Cause of death

30. No post-mortem examination was held as the coroner accepted clinical certification that Mr Jenkins had died from multi-organ failure and sepsis caused by COVID-19.

Findings

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

31. 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.

32. Due to the vulnerability of the residents on the ground floor of Mr Jenkins' houseblock, the regime was completely changed to protect them. The men were placed in isolation all day, with a physical staff welfare check in the morning and another by telephone from a prison Listener in the afternoon. They were able to make calls from their in-cell phone and meals and medication were delivered to their cell door. Mr Jenkins generally chose not to go out for exercise. Staff were required to wear full PPE if they went into cells and all staff and prisoners used face masks in communal areas. They tried to maintain social distancing, but this was not always possible with the number of men.

33. We are satisfied that Parc took appropriate steps to minimise the spread of the virus and the risk of infection, in line with government advice and national Prison Service policy. Mr Jenkins was appropriately shielded and each time he reported possible symptoms of COVID-19, he was promptly isolated and tested. Unfortunately, despite the preventative measures, Mr Jenkins seems to have contracted COVID-19 within Parc, as he had not left the prison within the standard incubation period for the infection.

Clinical Findings

Management of chronic diseases and monitoring of COVID-19 infection

34. Although the clinical reviewer identified some positive aspects of Mr Jenkins' care, he concluded that, overall, the standard was variable and was not equivalent to that which he could have expected to receive in the community.

35. Key weaknesses highlighted in the clinical review were inconsistent management of Mr Jenkins' diabetes and asthma; the delay in recognising and referring him to hospital for a pulmonary embolism, a recognised complication of COVID-19 infection; and the failure to recognise early signs of sepsis. The clinical reviewer acknowledged the high level of COVID-19 deaths among patients with complications. However, he considered that earlier recognition of the pulmonary embolism and sepsis might have led to more effective treatment and possibly a different outcome.

36. The clinical reviewer considered the context, difficulties and pressures staff faced in delivering health services during the pandemic provided mitigation for some of the shortcomings in Mr Jenkins' care. He also felt that understaffing might have played a part. Nevertheless, he considers that the pandemic "does not entirely excuse sub-optimal care nor negate the lessons that should be learned from it".

37. While we sympathise with the difficulties faced by staff at Parc during the pandemic, we endorse the clinical reviewer's findings and recommendations. We make similar recommendations on the issues relevant to Mr Jenkins' death:

The Head of Healthcare should ensure that all prisoners with chronic health conditions have care and treatment plans, which are reviewed and documented at least annually.

The Head of Healthcare should ensure that clinical staff consistently use the National Early Warning Score (NEWS) 2, to ensure appropriate and timely escalation of acutely unwell patients.

The Head of Healthcare should ensure that staff receive training in the clinical presentations and management of COVID-19 infection, including:

- **raising awareness that COVID-19 can be a multi-system disorder, not just a respiratory disease;**
- **creating a clear management plan for monitoring and escalating COVID-19 positive patients with low blood oxygen saturation levels; and**
- **taking and documenting clinical observations, including a National Early Warning Score (NEWS) 2, when a COVID-19 positive patient presents with acute confusion; as well as discussing the findings with a medical professional to detect early signs of sepsis.**

The Director and Head of Healthcare should ensure that concerns about providing safe and timely care of prisoners are formally communicated as part of the prison governance structure and to relevant external stakeholders.

Sue McAllister CB
Prisons and Probation Ombudsman **July 2021**

Inquest conclusion

38. The inquest, heard on 9 February 2023, concluded that Mr Jenkins died from natural causes.

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