Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Kevin Giles, a prisoner at HMP Hollesley Bay, on 13 January 2024

A report by the Prisons and Probation Ombudsman

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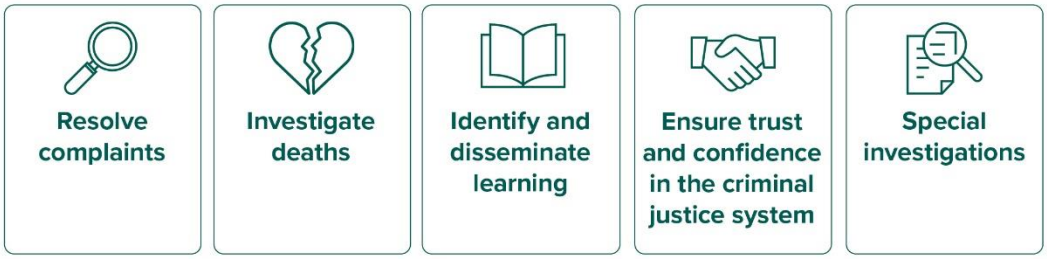
OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE

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. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

3. On 24 July 2008, Mr Kevin Giles was given a sentence of imprisonment for public protection for malicious wounding.

4. On 13 January 2024, Mr Giles died from cardiomegaly (an abnormal enlargement of the heart), caused by hypertensive heart disease, while a prisoner at HMP Hollesley Bay. Mr Giles was 56 years old. We offer our condolences to his family and friends.

5. The Ombudsman's office wrote to Mr Giles' next of kin to explain the investigation and to ask if they had any matters they wanted us to consider. They had no questions but asked for a copy of our report.

6. NHS England commissioned an independent clinical reviewer to review Mr Giles clinical care at Hollesley Bay.

7. As part of our investigation, the previous investigator and clinical reviewer conducted interviews with prison and healthcare staff.

8. The clinical reviewer concluded that the clinical care Mr Giles received at Hollesley Bay up until 13 January was of a good standard and was at least equivalent to that which he could have expected to receive in the community.

9. However, she concluded that the clinical care Mr Giles received on the morning of 13 January when he became unwell was inadequate and was not equivalent to that which he could have expected to receive in the community. She was concerned that when Mr Giles complained of feeling unwell when he visited the healthcare unit, healthcare staff did not complete a full set of physical and clinical observations as they should have done. We make the following recommendation:

   The Head of Healthcare should ensure that all patients who report that they feel clinically unwell, have a full set of clinical observations undertaken. They should also ensure that all staff are trained and competent in the use of the NEWS2 scoring system and that all staff document a NEWS2 score with every full set of physical observations to give a clear indication of the deteriorating patient.

   The clinical reviewer made three further recommendations which were not related to Mr Giles' death but which Hollesley Bay will want to address.

10. The PPO investigator investigated the non-clinical issues relating to Mr Giles' care. We did not identify any significant non-clinical learning.

11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

12. Mr Giles' family received a copy of the draft report. They did not make any comments.

13. At an inquest held on 16 December 2024, the Coroner concluded that Mr Giles died of natural causes.

Adrian Usher
Prisons and Probation Ombudsman **February 2025**

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