Investigation into the circumstances surrounding the death of a man at HMP & YOI Parc on 31 December 2008

Report by the Prisons and Probation Ombudsman for England and Wales

June 2009

This is a report into the death of a man at HMP & YOI Parc in December 2008. The post mortem showed that the man died of a heart attack. He had been in custody since July 2007. The man was 56 years old.

I offer my sincere condolences to the man's family for their loss. One of my Family Liaison Officers liaised with the man's family during the investigation process.

The investigation was led by my one of my investigators. I must thank the Healthcare Inspectorate Wales for the clinical reviewer. I am also grateful to the Director and staff of HMP & YOI Parc, especially the liaison officer, whose assistance was greatly appreciated.

As with all deaths from natural causes, the findings of the clinical review play a critical part in my report. The reviewer judged that the man received good care whilst at Parc.

In addition to a recommendation derived from the clinical review, I make two recommendations concerning the standard of record keeping and the protocol for prisoners attending court in person rather than by video link. I also recognise the swift emergency response by uniformed and healthcare staff.

This version of my report, published on the website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Stephen Shaw CBE
Prisons and Probation Ombudsman **June 2009**

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SUMMARY

The man was charged with sex offences and remanded into custody at HMP Cardiff by the Crown Court in July 2007. He was taking prescribed medication for high blood pressure, angina, asthma and chronic obstructive pulmonary disease.

Due to the nature of his offences, the man was concerned for his own safety on arrival at prison and, as a result, he was located in the segregation unit. He remained in the segregation unit as he was waiting place to become available at HMP & YOI Parc. After a brief spell in HMP Swansea, the man was transferred to HMP & YOI Parc in August. He was assessed as unfit for work and gym, and recommended for a ground floor cell to save him using the stairs.

The prison doctor requested and obtained clinical details from his community doctor at the doctors Surgery. The records confirmed the man's medication. They also provided information that a diagnosis had been made that he had ischaemic heart disease (reduced blood supply to the heart muscle).

The man had disability assessments reviews conducted by healthcare staff whilst at Parc. These showed that he was only able to walk short distances and needed to use a wheelchair for greater distances. He was able to wash and dress on his own and made use of a shower chair.

Between March 2008 and October 2008, he had 14 separate court appearances. On each occasion he was assessed as fit to attend. I October, he was sentenced to 16 years in custody.

In December 2008, the cell intercom for cell 12 sounded at 1.04pm. An officer answered the call and spoke to the cellmate of the man. The cellmate asked for someone to come as the man was not moving and he thought he was not breathing. The officer responded straightaway and went into the cell. He found the man lying on his bed, He was the first officer on the scene. He called to him but did not get a response. The first officer on the scene made a Code Red call over the radio and an emergency ambulance was called.

At 1.05pm, two nurses, the first to aid Red Alert, arrived at the cell. They recorded that the man was mottled in appearance, there was no pulse, he was not breathing and there was clear signs of cyanosis (bluish coloration of the skin). They commenced cardiopulmonary resuscitation (CPR) with the aid of an automated external defibrillator (AED) (a device to diagnose heart rhythm and the application of electrical therapy allowing the heart to re-establish an effective rhythm.). No output was identified by the AED so the nurses continued CPR until the paramedics arrived.

The paramedics arrived at 1.15pm and took over CPR. However, their assessment was that life was extinct and there was no need for him to have continued life support. The examining doctor attended the prison and pronounced the man dead at 2.20pm. A hot debrief was held later in the afternoon for staff involved. Support from the care team was offered.

The prison's Family Liaison Officer visited the address of the man's younger sons in December 2008 and in January 2009. The man's eldest children had to be contacted by the Probation Service, due to the nature of his offences, and they were given the contact details of the Family Liaison Officer. They have chosen to make no contact.

There are three issues arising out of this investigation. They concern the routine review of prescription medicines, the standard of medical record keeping, and the protocol for sending prisoners with known mobility and health problems to court appearances. I also recognise the swift response to the emergency incident by both uniformed and nursing staff.

THE INVESTIGATION PROCESS

1. My investigator requested all the relevant prison documentation including the man's medical and core prison records. My investigator also visited Parc to interview staff and prisoners who had dealings with the prisoner. My investigator also saw inside his cell. Notices to staff and prisoners were sent to the prison to be displayed. These invited anybody with information to talk to my investigator, but no one came forward as a result.

2. A clinical review into his clinical care in prison was commissioned and carried out for the Healthcare Inspectorate Not for the first time, I am most grateful to the clinical reviewer for undertaking this review. My investigator discussed aspects of the man's treatment with both healthcare staff at Parc and with the clinical reviewer.

3. My investigator contacted HM Coroner for Glamorgan Valleys, to inform him of the nature and scope of my investigation and to request a copy of the Post Mortem report. Upon completion, my report will be sent to HM Coroner to assist in his enquiries into the man's death.

4. One of my Family Liaison Officers, has been in contact with the mans family to offer them the opportunity to be involved in this investigation and to raise any concerns if necessary. the man's family has not raised any specific queries for my investigation.

HMP & YOI PARC

5. Parc opened in 1997 and is a category B male prison, situated in Bridgend, and managed by Group 4 Securicor (G4S). It is a modern building built to an American design. Parc holds up to 1,126 remand and convicted juveniles and young offenders and sentenced adult males. It includes a unit for vulnerable adult prisoners.

6. Healthcare services in Parc are provided under contract by Primecare Forensic Medical Services (Primecare). There is 24 hour primary care and an in-patient facility with 24 spaces. The clinical care is provided by doctors, registered general nurses and registered mental health nurses employed by Primecare. Additionally, there are links with the local NHS Trust and other medical staff visit the prison to provide services (for example, a psychiatrist, dentist and optician). There is also a mental health in-reach team.

7. The last full inspection by HM Chief Inspector of Prisons was in January 2006. Although the Chief Inspector found it to be a disappointing inspection in many respects, she noted that the prison was moving forward under a new Director and a clear management strategy.

8. Since my office took over responsibility for investigating all deaths in prison custody in April 2004, there have been 13 deaths at Parc. There were nine deaths due to natural causes and two apparently self-inflicted prior to the man's death, and there has been one apparent natural cause death since.

9. The prison's Independent Monitoring Board in its annual report, published in August 2008, made the following comments:

   > "During the current reporting period, HMP & YOI Parc again made conspicuous ongoing efforts to ensure that all prisoners felt safe and were treated humanely and with dignity and fairness by all those charged with their care."
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   > "The Healthcare Unit offers outpatient clinics over a wide range of need such as Asthma, Detox, Hepatitis, heart disease and Genitourinary triage, as well as chronic diseases such as diabetes and epilepsy. One of the strengths of the Healthcare Unit at HMP &YOI Parc is its ability to carry out minor operations and suturing, reducing the need for prisoners to be sent to local hospitals."

KEY FINDINGS

10. The man was born in South Wales in 1952. He had a daughter and son from his first marriage, and two sons from a second relationship.

11. The man was charged with sex offences and remanded into custody at HMP Cardiff by Newport Crown Court in 2007. On arrival at the prison a First Health Screen assessment was conducted. This confirmed that he had received recent treatment from his own doctor.

12. He said that he had prescribed medication of Furosemide (used to treat congestive heart failure and accumulation of fluid under the skin), Lisinopril (used to treat high blood pressure and angina), Beclometasone aerosol (used to treat asthma and sinusitis), Omeprazole (used in treatment of digestion difficulties), Salbutamol inhaler (used to provide relief of asthma and chronic obstructive pulmonary disease), co-codamol (combined medication of codeine and paracetamol) and aspirin.

13. It was recorded that his blood pressure was 140/85 and pulse 80, and his weight was 89kg. (The normal range for blood pressure is 100/70 to 140/90, varying through the day depending on the individual's activities. A blood pressure reading of greater than 140/90 is classed as high and a reading of 90/60 or below is classed as low.) The man confirmed that he had been a smoker for some 40 years and was an ex-miner. He told the nurse that he had problems with asthma, angina, peripheral vascular disease (obstruction of the large arteries in the legs and arms), bowel problems, breathing difficulties and had suffered minor cerebrovascular accidents (commonly known as strokes) in the past. He said that he had been in prison before some ten years previously. Due to the nature of his offences he was concerned for his own safety on arrival in prison, and as a result he was located in the segregation unit.

14. The man remained in the segregation unit as he was waiting a place to become available at Parc. Whilst in the segregation unit, daily reviews were completed to check on his health and well being. He was seen by the prison doctor in 2007 who confirmed that he was taking the correct medication.

15. In July, he was transferred to HMP Swansea. On arrival an initial health assessment was completed. It confirmed the details of his medication and medical history. The man was again concerned for his own safety and was therefore located in the segregation unit. Seven days later, he was seen by the prison doctor who repeated his medication.

16. The man was transferred to HMP & YOI Parc in August. A Reception Health Screen assessment was completed by a Nurse. The man's medical problems and medication were fully discussed and recorded. He told the nurse that he had no mental health problems and no thoughts of self harm. The reception health screen assessment nurse assessed the man as unfit for work and gym, and recommended that he be allocated a ground floor cell. The nurse arranged for the man to spend his first night in the healthcare centre.

17. The following day, he was seen by the prison doctor and had a full review of his medication. The doctor wanted the man to remain in healthcare for a period of observation, but he refused. The doctor therefore requested that the man be located on normal location but in a ground floor cell. The doctor also sought clinical details from the man's community doctor. The details were faxed to the prison later that afternoon. They confirmed the man's medication. In addition, the notes contained information that a diagnosis had been made that he had ischaemic heart disease (reduced blood supply to the heart muscle).

18. Three days later, he had a disability assessment. It showed that he was only able to walk a short way and needed to use a wheelchair for greater distances. He was able to wash and dress on his own and made use of a shower chair. It was recorded that he had problems with his short term memory.

19. In August, the man appeared at the Crown Court. He was assessed as fit to attend by a nurse. The Crown Court further remanded him into custody and he returned to prison.

20. A nurse conducted a second disability assessment in September. The nurse recorded that the man still could not walk far and needed to use a wheelchair for longer distances. However, he was able to deal with his personal hygiene without assistance.

21. In October, the man saw a nurse in healthcare as he was experiencing back pain. The nurse referred him for a doctor’s appointment. He was seen by the prison doctor the following day and was prescribed Diclofenac (a non-steroidal anti-inflammatory drug used to reduce acute pain and inflammation).

22. The man next saw a nurse in healthcare in November, as he was experiencing a tingling sensation in his hands and feet. The nurse referred him for a doctor’s appointment. He was seen by a doctor the following day. He told the doctor that he had recently had nose bleeds. The doctor recorded his blood pressure as 140/100, with a pulse of 80. The doctor asked for blood tests to be completed and intended to review the man when the results were received.

23. Three days later, the man was required to attend court. He was assessed fit to attend, and healthcare gave him a letter to give the court saying he suffered from asthma and angina. Following the court hearing, the man remained on remand and was taken back to Parc. Four days later, the nurse that took the disability assessment took blood samples from the man in accordance with the doctors’ request. The results of the blood tests were received by the prison in November and reviewed by the doctor.

24. The man next appeared in the Crown Court in December. He was assessed as fit to attend, and again healthcare gave him a letter for the court regarding his health conditions. Following the court hearing, he was again remanded into custody and returned to prison.

25. In January 2008, one of the nurses that were the first to the Red Alert saw the man in his cell as he was concerned he was having a stroke. The nurse did not

think he was experiencing a stroke. He had full normal range of movement to both arms but was anxious about the heaviness of his left arm. The nurse recorded his blood pressure as 140/90 and his pulse as 110. The man told the nurse that he was anxious about his solicitor visiting the next day. The nurse stayed and talked to the man for some time before taking his blood pressure again (it was recorded as 120/90, with a pulse of 86). The nurse requested that the man be reviewed later that day.

26. At 4.30pm, the nurse that took the disability assessment went to the man. He said that his arms felt the same as when he had had a mini stroke some years ago. The nurse conducted a strength test in his arms which showed there was no difference. The nurse reviewed the man again at 6.00pm. His blood pressure was recorded as 140/95, with a pulse of 98. An electrocardiogram (ECG) (to measure and diagnose abnormal rhythms of the heart) was also completed. In light of the results of the ECG, the nurse spoke to the doctor on the telephone at 6.20pm and faxed the ECG results to him.

27. The doctor rang back ten minutes later and advised that the man was to be sent to the emergency department at the Princess of Wales Hospital, Bridgend. An ambulance was called straightaway, and a letter of referral, with a copy of the ECG, was sent with the escorting officers. At 9.15pm, the man returned to prison from hospital and was seen by a second disability assessment nurse. The hospital had made the diagnosis that the man had a chest infection and had been given advice to stop smoking. The nurse referred the man to see the prison doctor the next day.

28. The following day, the man did not attend the doctor's appointment, nor did he attend the asthma clinic appointment the next day (15 January). There are no records of these two appointments being followed up. The man was assessed as fit to attend court on 16 January, and again he was remanded in custody and returned to prison.

29. The second disability assessment nurse conducted a further disability assessment on 5 February. The nurse recorded that the man could still only walk short distances unaided and needed the use of a wheelchair. He remained able to deal with his personal hygiene without assistance.

30. In February 2008, the man had an appointment with a Consultant Urologist (specialist in urinary tract, kidneys and bladder). The man told the Consultant Urologist that he refused to accept any proposed treatment. (There are no copies of any referral letter or formal response from the Consultant Urologist, just a handwritten note by a member of healthcare administration team.)

31. From the beginning of March to the end of May, the man had five separate court appearances. On each occasion, he was assessed as fit to attend and the court remanded him into custody and he was returned to prison.

32. The man had an asthma clinic assessment in July. As noted earlier, the man was a former miner and had been diagnosed as having pneumoconiosis (occupational disease caused by inhaling dust). He told asthma clinic

assessment nurse that he had been a smoker for 40 years and had no intention of giving up. The nurse recorded that he was not using his inhalers as prescribed and advised him to do so.

33. Between September and October, the man had a further nine appearances in court. On each occasion he was assessed as being fit to attend. In October 2008, he was sentenced to 16 years in custody. On arrival back at prison, he was located in healthcare for observation due to the potential stress he might have been feeling at the length of his sentence. The following day, he was seen by a review nurse. The nurse recorded that the man was in a good mood and appeared to accept his sentence. He said that he had already been in prison over a year whilst on remand. The man said that he wished to go back to D block to get support from his peers. He was moved to D block later the same afternoon.

34. The man saw the prison doctor as he had a cough and pain in his legs on 11 November. The doctor recorded that he had a cough that produced yellow phlegm and he was in pain in both his back and legs. The doctor prescribed Amoxicillin (antibiotic) and ibuprofen (pain relief).

35. In December 2008, the first officer on the scene was in the wing office when the cell intercom for cell 12 sounded at 1.04pm. The officer answered the call and spoke to his cellmate who asked for someone to come as the man was not moving. The cellmate also thought that the man was not breathing. (I understand it was normal for the man and the cellmate to remain in their beds until lunch time.)

36. The first officer on the scene went into the cell and found the man lying on his bed. The officer called to the man but, not obtaining a response, made a Code Red call (call for emergency assistance, person not breathing) over the radio. An emergency ambulance was called.

37. At 1.05pm, two nurses, the first to aid the Red Alert, arrived at the cell. They noted that the man was lying on his left side. It was recorded that he was mottled in appearance, there was no pulse, he was not breathing and there was clear signs of cyanosis (a blue colour to the skin caused by insufficient oxygen in the blood). The two nurses started cardiopulmonary resuscitation (CPR) with the aid of an automated external defibrillator (AED) (a device to diagnose heart rhythm and the application of electrical therapy allowing the heart to re-establish an effective rhythm.). No output was identified by the AED so CPR continued. Two further nurses arrived at the cell and took over CPR. Again no output was identified by the AED and CPR continued, whilst the staff waited for the paramedics.

38. The paramedics arrived at 1.15pm and took over CPR. However, once they judged that the man had died they stopped their efforts. The examining doctor attended the prison and pronounced the man dead at 2.20pm.

39. A hot debrief was held later in the afternoon for staff involved in finding and attempting to save the man. Care team support was offered and made available.

40. The prison's Family Liaison Officer visited the address of the man's two younger sons on 31 December 2008 and 1 January 2009. The prison offered financial assistance towards the cost of the man's funeral.

ISSUES

Prescription medicines

41. The clinical review highlights the following issue regarding prescription medicines:

"… blood was taken on the 20th November and the results were reviewed on the 23rd, which showed slightly raised cholesterol at 3.19mmol/L [normal is less than 3]. When the man entered prison life, he was taking Simvastatin to reduce his cholesterol, but this reviewer could not find any reference to this in the prescriptions he was given at HMP Parc, although it is mentioned in the Transfer in Check List. Simvastatin is recommended to be given to prevent cardiovascular events in patients with atherosclerotic cardiovascular disease (from which the man suffered). Additionally, the man was taking aspirin to prevent another stroke and ibuprofen occasionally, but these drugs should be given under caution to people with asthma, as they could initiate an asthma attack (from which the man also suffered)."

42. I therefore endorse the recommendation made in the clinical review:

Head of Healthcare should ensure medical staff routinely review the medications of prisoners on poly-pharmacy for interactions, contra-indications and omissions.

Record keeping

43. The findings of the clinical review are that the standard of healthcare given to the man by staff was good. However, although the medical records were in order, some of the entries were illegible (including the signatures). There are specific guidelines for doctors and nurses on the completion of medical records. It is essential that all contact is recorded accurately and chronologically to ensure there is a continuous history of a patient's needs and treatments.

The Head of Healthcare should ensure all healthcare staff are trained and kept updated in the requirements of accurate and contemporaneous record keeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.

Use of court video link

44. Whilst at Parc, the man had numerous court appearances at Newport Crown Court. On each occasion he had been deemed fit to attend.

45. Given that the disability assessments that had been undertaken for the man confirmed he had limited mobility, as well as suffering from COPD, it seems reasonable that consideration should have been given to using the video link as this was available for all South Wales courts. I do of course appreciate that several factors may determine whether prisoners attend court in person, even though a video link is available. Indeed, this can be driven by the defending

solicitor or the prisoner himself. Nevertheless, I think the following recommendation may be helpful:

The Director should review the process for utilising the court video link to ensure its appropriate use for those prisoners with specific health and disability needs.

Emergency response.

46. The staff who responded to the man's need for emergency assistance on 31 December 2008 acted with great speed and professionalism. The clinical reviewer highlights how swiftly and correctly the staff responded in the attempt to resuscitate the man. This was very good practice.

The Director should recognise the professionalism displayed by the staff who were directly involved in the swift emergency assistance provided to the man.

RECOMMENDATIONS

1. Head of Healthcare should ensure medical staff routinely review the medications of prisoners on poly-pharmacy for interactions, contra-indications and omissions.

   Accepted. Current processes ensure that medical staff/pharmacist routinely reviews the medications: The pharmacist routinely reviews medication charts for interactions, contra-indications and omissions. For patients requiring I.P. medications, the patient is risk assessed pre-dispensing and then risk assessed every 6 months with a medication review. All medication is prescribed for a defined period of time, (maximum 28 days); therefore ensuring that medication is regularly reviewed. Regular medication review clinics occur. This has been actioned

2. The Head of Healthcare should ensure all healthcare staff are trained and kept updated in the requirements of accurate and contemporaneous record keeping in accordance with the required standards of the General Medical Council and the Nursing and Midwifery Council.

   Accepted. There are currently some processes in place to ensure that clinicians are kept updated in the requirements of accurate record keeping; however, the regular monitoring of record keeping performance is necessary to ensure adherence to GMC/NMC standards. Regular weekly staff meetings are held to highlight and discuss issues around clinical practice including any documentation issues. To be completed by 30 June 2009.

3. The Director should review the process for utilising the court video link to ensure its appropriate use for those prisoners with specific health and disability needs.

   Accepted. Deputy Director and Healthcare Manager to review protocol for ensuring court video links are used where appropriate for prisoners with specific health and disability needs. To be completed by 31 July 2009.

4. The Director should recognise the professionalism displayed by the staff who were directly involved in the swift emergency assistance provided to the man.

   Accepted. All staff have been commended by the Director for their actions.