PRISONS AND PROBATION
OMBUDSMAN
for England and Wales
Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man at the Princess of Wales Hospital, Bridgend, in April 2013 while in the custody of HMP Parc

Our Vision

*'To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision'*

This is the report of the investigation into the death of a man on 1 April 2013, while a prisoner at HMP Parc. The man died from bronchopneumonia and secondary heart problems at the Princess of Wales Hospital, Bridgend. He was 55 years old. I offer my condolences to the man's family and friends.

An investigator carried out the investigation. Healthcare Inspectorate Wales (HIW) conducted a review of the man's clinical care in custody.

The man was in poor health when he first arrived at Parc in October 2011and had a number of chronic conditions. During his time at the prison, the man had three amputations because of complications arising from diabetes. The post-mortem report identified that the man had also suffered an undiagnosed heart attack in the weeks before he died.

The investigation has identified some areas for improvement in healthcare at Parc, as well as the need to expedite compassionate release applications. However, HIW conclude that the man's care was equivalent to that which he could have expected to receive in the community. HIW also note some deficiencies in communication and support from the local hospital which is outside the remit of this investigation, but which I hope that HIW will take forward. I consider that, overall, the man received a satisfactory standard of care at the prison and that there was nothing the prison could have done to prevent his death.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **January 2014**

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SUMMARY

1. On 24 October 2011, the man was sentenced to ten years imprisonment for sexual offences. He went to HMP Parc and an initial health screen identified that he had a range of health problems including diabetes, epilepsy and circulatory problems. He had sores on his legs that required frequent changes of dressings. Despite the range of his health conditions his GP records were not requested.

2. In November 2011, an X-ray showed he had osteomylitis (a bacterial infection in the bone). On 14 December, the man was taken to the Princess of Wales Hospital as an emergency because of the deteriorating condition of his left toe. He had it amputated on 23 December and returned to Parc on 24 December. He was admitted to hospital again between 3 January and 12 January 2012 for treatment of an infection that had spread from his foot to the rest of his body.

3. The wound on his foot did not heal well and he was taken to hospital many more times because of infections. The man did not always comply with appointments or follow advice about how to care for himself. In June, the possibility of a further amputation was considered. On 31 August, the man was admitted to hospital and had an amputation below his left knee on 14 September.

4. The man saw a physiotherapist regularly and was assessed by a mental health nurse. On 28 January 2013, he was taken as an emergency to the Princess of Wales Hospital because his left leg had got worse. On 29 January, he had an above the left knee amputation. He was discharged back to Parc on 11 February, but admitted to hospital again the next day because his condition was very poor. He remained in hospital until he died of bronchopneumonia on 1 April.

5. HIW concludes that the man's care was equivalent to that which he would have expected to receive in the community but that his diabetic monitoring could have been better and his treatment more proactive. There were some other areas of learning from the investigation, including the need to obtain community medical records, recording reasons for missed healthcare appointments, ensuring that infirm prisoners have appropriate adaptations to meet their needs and an effective process for applications for early release on compassionate grounds.

THE INVESTIGATION PROCESS

6. The investigator issued notices informing staff and prisoners of the investigation and asking them to contact him with any relevant information. No one responded.

7. The Health Inspectorate Wales (HIW) conducted a review of the man's clinical care and had copies of the man's records. A representative from HIW interviewed a number of healthcare staff at the prison.

8. HM Coroner for Bridgend and Glamorgan Valleys was informed of the investigation and provided a copy of the post-mortem report. A copy of this investigation report has been sent to the Coroner.

9. One of the Ombudsman's family liaison officers, contacted the man's sister to explain the purpose of the investigation. The man's sister did not have any specific issues for the investigation to consider.

10. The man's family were informed the draft report was available, but did not wish to receive a copy or make any comment.

HMP PARC

11. HMP & YOI Parc, which opened in 1997, is run by G4S. It holds more than 1,400 convicted male adult prisoners and young adults on remand or sentenced. It also has a unit for around 60 young people under 18.

12. G4S provides 24 hour primary general and mental healthcare services at Parc and St John's Medical Practice provides 24 hour GP cover.

HM Inspectorate of Prisons

13. HM Inspectorate of Prisons (HMIP) last inspected Parc in July 2013. The prison was found to be safe and prisoners were well cared for overall. The standard of health services was judged to be good and the new health care unit was described as impressive. There were some concerns about access to hospital health appointments as there were no systems to monitor waiting times.

Independent Monitoring Board

14. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who oversee day-to-day life in the prison to help ensure that prisoners are treated fairly and decently. In its most recently published report, the IMB noted that the prison was well-run and safe, although they identified some problems with prisoners being made aware of medical appointments.

Previous deaths at HMP Parc

15. The man was the tenth prisoner to die at Parc since the beginning of 2012. We have previously commented on the importance of accurate record keeping, and requesting medical records from the community.

KEY EVENTS

16. The man was sentenced to ten years imprisonment at Cardiff Crown Court on 24 October 2011 and taken to HMP Parc. He was 54 years old and had not been to prison before.

17. At his initial health screen, the nurse manager noted he was registered disabled, walked with a stick and had arthritis in his spine. The man had circulation problems and his legs were inflamed and bandaged. He suffered from asthma, hypertension, epilepsy and type 2 diabetes, which was treated with oral medication and insulin injections. He had previously had a stroke. It was noted that the man had outstanding appointments at the vascular department for his legs. Despite the extent of his health problems, his community medical records were not requested.

18. The next day a doctor took the man's medical history, reviewed the medication he had with him and continued his prescriptions. The doctor referred him to the nurse to review the dressings on his legs. On 26 October, the doctor referred the man to the Princess of Wales Hospital, Bridgend, for an X-ray and prescribed antibiotics. On 27 October, a prison nurse wrote a care plan to change the man's dressings daily.

19. On 14 November, the man's X-ray results showed he had osteomylitis (a bone infection caused by bacteria). The next day, a doctor reviewed the man and prescribed new antibiotics for a minimum of six weeks, and referred him for another X-ray in four weeks. Because of the chronic effect of diabetes on the man's limbs, a doctor referred him to the orthopaedic department of the Princess of Wales Hospital for further investigation.

20. The man did not attend a medical appointment with the prison healthcare staff on 21 November, the first of many occasions when he did not turn up for appointments during his time at Parc. A nurse recorded his non-attendance, but there is no indication this was followed up to find out the reason.

21. On 14 December, two nurses and a doctor assessed the man, and recorded that his toe was darker in colour, offensive smelling and very painful while being dressed. The man went to hospital as an emergency, where he remained for over a week. Prison healthcare staff chased up the orthopaedic referral with the Princess of Wales Hospital and were told to refer the man urgently for a diabetic appointment as nothing had been done about the original referral.

22. On 23 December, the man's left big toe was amputated, and he was discharged from hospital the next day. On 3 January 2012, he was admitted to hospital again as he was confused and unwell. The man remained in hospital until 12 January and was treated for an infection that had spread from his foot to the rest of his body.

23. From the end of January and throughout February, the man's wound deteriorated and he was treated by nurses and GPs at the prison. On 8

February, a physical disability assessment was completed and a diabetic care plan drawn up. On 23 February, a doctor sent the man to the Princess of Wales Hospital as an emergency as his second and third toes were discoloured. He returned to the prison later that day. What happened at the hospital is not clear from his records.

24. The man signed a disclaimer on 1 March, after he refused to go to a hospital appointment. It is not clear what the appointment was for or why he decided not to go. A doctor saw him that day and prescribed various medications. On 17 March, the man's wound appeared to be getting worse. A nurse wrote in his medical record that day that it was foul smelling and gangrenous. The nurse reviewed the wound two days later and recorded that the smell had gone.

25. On 21 March, a doctor referred the man for an X-ray at the Princess of Wales Hospital because of his foot infection. This was booked for 27 March, but the man refused to attend. The nurse noted this but gave no explanation and the man did not sign a disclaimer form. The X-ray was rebooked for the end of April. The man attended that appointment and a doctor noted that the results showed little change since February.

26. The man continued to be treated by GPs and nurses for his foot. At the end of May, he moved to a single cell in U block, an assisted living unit. On 29 May, he went to the Princess of Wales Hospital because his wound smelled and the bone was exposed. He was discharged the next day but the wound from his toe amputation did not heal. On 20 June, the man was admitted for the day to the Princess of Wales Hospital for a surgical opinion about further possible amputation.

27. On 5 July, both the man's legs were very swollen and painful and a doctor diagnosed a build up of fluid. Two doctors reviewed him the next day, and took blood samples which appeared abnormal. A doctor examined the man on 7 July and suggested he should continue to be monitored. Healthcare staff examined the man every day.

28. On 21 July, a doctor noted the wound contained a large area of dead body tissue, which was spreading up his foot. The doctor spoke to a consultant vascular surgeon who advised that the man should be taken to hospital immediately for a scan and surgery to restore the blood flow to his legs. The scan showed that surgery to restore blood flow was not possible and amputation was advised. The man chose to return to Parc on 23 July, before he had the operation. The hospital sent a letter on 2 August, confirming an amputation was necessary and, on 16 August, informed the prison that the operation had been arranged for 3 September.

29. On 14 August, the man refused to attend an X-ray. He signed a disclaimer form but there is no record to explain why he would not go. Around this time, staff spoke to the man about his personal hygiene and tried to encourage him to wash more regularly.

30. On 30 August, the man did not go to the nurse clinic to have his dressing changed, and officers asked for someone to come to his cell. The doctor found the man unresponsive on his bed. When he became conscious his speech was slurred. The doctor diagnosed a suspected stroke and the man was taken to hospital but discharged himself the same day. The doctor saw the man several times over the next 24 hours and asked nurses to observe him as he was still drowsy. On 31 August, he fell in his cell. Against the doctor's advice, the man at first refused to go to hospital and did not sign a disclaimer form. He was later taken to hospital by ambulance and stayed in hospital until 15 October.

31. On 14 September, during his stay in hospital, the man's left leg was amputated below the knee which made him much less mobile. On 19 September, the man became doubly incontinent and was dependent on 24 hour nursing care. The hospital did not complete a physiotherapy or occupational therapy assessment before he was discharged back to Parc on 15 October. After he returned, he fell a few times but without causing himself an injury. It was noted that if the falls continued he might need to be transferred to a more appropriate facility.

32. On 17 October, healthcare staff at Parc held a case conference with occupational health staff from the Princess of Wales Hospital to clarify the man's care plan. Wound management, preparation for limb replacement and the man's falls were discussed. The hospital agreed to specialist visits, and organised a physiotherapist. A physical disability care plan was drawn up, which included a risk assessment for pressure sores. A daily support plan was also implemented. A doctor made a note in the record that consideration should be given to adapting the man's cell to better suit his needs.

33. The physiotherapist assessed the man on 18 October, and instructed him on how to transfer safely from the bed. The physiotherapist also suggested cell modifications as a high priority and agreed that an occupational therapy referral should be made. Neither the modifications nor the referral were ever done. Staff helped the man clean his cell and a week later, a prisoner helper was appointed to assist the man with his hygiene and exercises.

34. On 29 October, the man stayed overnight at the Princess of Wales Hospital after a fall. At the beginning of November, he was observed hourly after he had fallen and injured his head. Although he continued to have more falls, the man signed a responsibility agreement on 9 November to say he would care for himself as he did not want to share a cell. Healthcare staff continued to treat the man's leg.

35. The man's wound became worse during December, although swab results came back normal. On 7 January 2013, the man was referred to a tissue viability nurse. The referral was chased up more than once, until a member of healthcare staff spoke to the nurse on 11 January. The nurse then advised a referral to vascular surgeons, which was done.

36. Towards the end of January, the man's pain relief was increased. The wound was not healing and, on 28 January, he was taken to Morriston Hospital,

Swansea. On 29 January, he had an above the knee amputation and remained in hospital until 11 February.

37. On 12 February, two nurses recorded that the man was confused. A mental health nurse noted the left side of his face was drooping slightly and he seemed incoherent. A prison doctor examined him and diagnosed possible septicaemia. The man was admitted to the Princess of Wales Hospital, where he stayed until he died.

38. Healthcare staff from the prison regularly contacted the hospital for updates. The hospital planned to discharge the man in March but, after a full case review on 4 March, it was agreed that Parc would not be able to accommodate the man unless his physical capabilities improved significantly. His health continued to deteriorate and he remained in hospital.

39. On 27 February, a risk assessment for release on compassionate grounds was started. The man's offender manager concluded that he was unable to support release because of the man's risk. One month later, on 28 March, a doctor completed the medical section of the application for release on compassionate grounds. The doctor reported that the man was terminally ill as he was suffering from severe peripheral vascular disease (when arteries supplying blood to the internal organs become blocked) and complicated diabetes. He noted that the man remained an in-patient at the Princess of Wales Hospital and an end of life care pathway had begun from 27 March. The Director supported the man's release on compassionate grounds in light of his medical condition, and the application was submitted to the Public Protection Casework Section of the National Offender Management Service. The application was not considered before the man died but, from 27 March, the prison released the man on temporary licence.

40. The man died in hospital at 4.00pm on 1 April. Because of his poor state of health, a prison family liaison officer had been in contact with the man's sister since July 2012. She had asked the prison to contact her by phone in the event of his death. At 4.15pm, a prison chaplain phoned the man's sister to break the news of his death. The prison offered funeral expenses in line with national guidance.

41. The post-mortem report concluded that the man died of respiratory distress and bronchopneumonia, myocardial infarction and coronary atheroma.

ISSUES

The man's medical records

42. Prison Service Order 3050 - Continuity of Healthcare requires:

    > "Efforts should be made to retrieve any information required from the prisoner's GP or other relevant service"

    When the man arrived at HMP Parc it was evident that he had a range of healthcare conditions including an open sore on his toe, linked to his diabetes. He had received regular dressings in the community, and had outstanding hospital appointments. There is no record that his medical records were requested or his treatment before he came to prison was checked with his community GP. HIW consider this is a matter of concern, especially given the complexity of the man's medical conditions and we agree. We make the following recommendation:

    The Head of Healthcare should ensure that healthcare staff request GP records within 24 hours of a prisoner's arrival to ensure appropriate continuity of care.

Chronic disease management

43. The man had diabetes, hypertension, asthma, epilepsy and ulcers when he first arrived at Parc. Care plans were in place for his diabetes and epilepsy, but were reviewed only once. There was no care plan for his asthma. HIW considers that although his diabetes was generally well controlled it could have been more effectively managed. HIW consider that the tissue viability nurse should have been contacted earlier to discuss the man's wound as it had deteriorated significantly before he was referred. Although the man's hypertension was well controlled, there were no care plans and his medication was not reviewed as it should have been.

44. We agree with HIW that healthcare staff should be trained to monitor and treat chronic diseases in line with National Institute for Health and Care Excellence (NICE) guidelines and we make the following recommendation:

    The Head of Healthcare should ensure that prisoners with chronic diseases are effectively managed and monitored in line with NICE guidelines.

Communication between prison and hospital

45. HIW commented that if the man had been in the community, there would have been home assessments to ensure he could cope at home alone, before he was discharged from hospital after he had amputations in September 2012 and January 2013, this should have been the same for a discharge to prison but it

was not done. In October 2012, the man had a high risk of falling which was a problem when he returned to prison.

46. This matter is essentially one for the hospital and HIW, as treatment in hospital is outside the remit of this investigation. HIW recognise that the prison struggled hard to cope with the man's care and made great efforts despite all the problems. HIW considers that contact between the prison and the hospital was poor. Not all correspondence from the hospital was scanned into the prison records, but the hospital provided no discharge letters, which made treatment at Parc more difficult. It was only at the prison's insistence in March 2013, that an occupational therapy session was held and at which it was agreed HMP Parc was not a suitable location. The difficulty in obtaining discharge information from hospital is a matter we have commented on before during investigations into deaths of prisoners at Parc. We understand that HIW will be taking this forward with the hospital.

Medical Appointments

47. On three occasions, the man apparently refused to attend appointments at hospital for an X-Ray, twice in March 2012 and on 14 August 2012. He signed a disclaimer to indicate he understood the implications and accepted responsibility for non-attendance for two of these but not for the second missed appointment in March. There is no evidence that healthcare staff recorded the reasons he would not go to hospital, or followed this up with him afterwards.

48. The man also often did not attend healthcare appointments in the prison. Again his medical records do not give any reason and healthcare staff at Parc could not be specific about the reasons. In prison, healthcare appointments can be missed for a number of reasons, not just because a prisoner decides not to attend. Sometimes there is a failure to communicate appointments and sometimes staff do not ensure that the prisoner is able to get to them. We consider it is important that the reasons for such missed appointments are recorded so that action can be taken if a specific problem causing non-attendance is identified. At the time of the man's death, there were no agreed arrangements to follow up missed appointments. We understand that procedures have now been introduced to rectify this.

Wound care

49. The man had his dressings changed frequently, although not always every day in line with his care plan. The man's personal hygiene was poor and, eventually, he also became incontinent which made the care of the dressing more difficult. HIW are satisfied that the man's dressings were changed diligently and sufficiently frequently.

The man's location

50. After the man returned to Parc on 15 October 2012, the doctor noted that some consideration needed to be given to adapting the man's cell to meet his needs. A physiotherapist assessed the man's living arrangements on 18 October and found that the man had the correct equipment to manoeuvre around his cell, but that modifications were needed to the cell as a matter of priority. These modifications were not undertaken. It was also noted in his healthcare records that the man might need to transfer to a more appropriate facility if he continued to have falls. There is no evidence that this suggestion was followed up. Eventually, at the beginning of March 2013, it was agreed that the man's needs could not be met at Parc, yet there was no evidence of any efforts to find a more appropriate facility. In the event, the man's condition continued to deteriorate and he remained in hospital until he died. We make the following recommendation:

    The Director and Head of Healthcare should ensure that necessary modifications and specialist equipment for elderly and infirm prisoners are provided promptly and that the most appropriate location for elderly and infirm prisoners is considered at the earliest opportunity.

Compassionate release

51. Early release on compassionate grounds (ERCG) is a means by which prisoners who are seriously ill can be permanently released from custody before their sentence has expired. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000 and prisoners are usually expected to have less than three months to live. The criteria include that the risk of re-offending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS).

52. On 27 February 2013, an application for release on compassionate grounds was started by the man's offender manager. It was not completed until the end of March. The man was diagnosed as terminally ill and did not have long left to live, although at that stage there was no clear prognosis. The man's offender manager considered that he posed too high a risk for release but the medical opinion suggested that his risk was significantly reduced by his physical condition, but this was some weeks after the offender manager's assessment. The Director supported the application in light of the doctor's comments. However, the application took a month to reach her, arriving just five days before the man died. The application was not considered before the man's death.

53. By their nature there is often a need for applications for early release on compassionate ground to be considered quickly as they can involve prisoners

who are terminally ill with just a short time left to live. We understand the need to collate accurate reports about the prisoner's condition but there is also a need for these to be compiled quickly if terminally ill prisoners are to have any opportunity of compassionate release before their death. We make the following recommendation:

The Director should ensure that there is a clear and effective process for managing applications for compassionate release promptly when a prisoner is terminally ill.

RECOMMENDATIONS

1. The Head of Healthcare should ensure that healthcare staff request GP records within 24 hours of a prisoner's arrival to ensure appropriate continuity of care.

2. The Head of Healthcare should ensure that prisoners with chronic diseases are effectively managed and monitored in line with NICE guidelines.

3. The Director and Head of Healthcare should ensure that necessary modifications and specialist equipment for elderly and infirm prisoners are provided promptly and that the most appropriate location for elderly and infirm prisoners is considered at the earliest opportunity.

4. The Director should ensure that there is a clear and effective process for managing applications for compassionate release promptly when a prisoner is terminally ill.

ACTION PLAN

No	Recommendation	Accepted/ Not accepted	Response	Target date for completion and function responsible	Progress (to be updated after 6 months)
1	**The Head of Healthcare should ensure that healthcare staff request GP records within 24 hours of a prisoner's arrival to ensure appropriate continuity of care.**	Accepted	A new system was introduced in May 2013 and all medical records are now routinely requested for all new admissions and transfers in.	Completed and ongoing Head Of Healthcare	
2	**The Head of Healthcare should ensure that prisoners with chronic diseases are effectively managed and monitored in line with NICE guidelines.**	Accepted	All patients with chronic diseases are now managed in line with NICE guidance. All patients with chronic diseases have care plans in place which are reviewed in line with NICE recommendations. Quarterly clinical audits are carried out by the Clinical Performance Manager. These include ensuring that all appropriate care plans are in place for patients on the chronic disease register.	Completed and ongoing Head Of Healthcare	
3	**The Director and Head of Healthcare should ensure that necessary modifications and specialist equipment for elderly and infirm prisoners are provided promptly and that the most appropriate location for elderly and infirm prisoners is considered at the earliest**	Accepted	All new admissions are assessed by a qualified nurse and anyone identified with additional needs or clinical vulnerability will be referred directly to the clinically vulnerable weekly meeting. Specialist equipment is now available on a needs basis and will be available for any new prisoner whose needs require additional assistance. An Older Prisoners Unit and an Assisted Living Unit are available for those who are identified as needing this support. An	Completed and ongoing Head Of Healthcare and Director	

	opportunity.		Occupational Therapist will be brought in as and when required. Efforts will be made to move prisoners whose needs cannot be met at Parc to more appropriate establishments where possible.		
4	**The Director should ensure that there is a clear and effective process for managing applications for compassionate release promptly when a prisoner is terminally ill.**	Accepted	Compassionate release applications will always be submitted in a timely manner. This is a standing agenda item at weekly clinically vulnerable prisoner meetings.	Completed and ongoing Director	