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 on 30 June 2014 at 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 investigation report into the death of a man, who died as a result of a heart attack, on 30 June 2014 at HMP Parc. He was 49 years old. I offer my condolences to the man's family and friends.

Health Inspectorate Wales (HIW) reviewed the clinical care the man received at Parc. The prison cooperated fully with the investigation.

The man was sentenced to 15 years imprisonment in 2012 and was sent to HMP Parc. His health was poor and he had diabetes, cataracts, epilepsy and a history of a heart attack and mini-strokes. He received medication and treatment for these conditions.

The man's eye sight and general health deteriorated in 2013. His kidneys began to fail in late 2013 and he spent time in hospital. In February 2014, the man spent more time in hospital, where it was discovered he had suffered a heart attack. He returned to prison in early March. He received treatment for kidney failure but, in May, his health deteriorated significantly. He began kidney dialysis in June and was admitted to hospital the day after. His health continued to get worse and he died in hospital on 30 June.

HIW has identified some areas for improvement in diabetic care at Parc, which the prison will need to address, but HIW was satisfied, and I agree, that overall the man received a good standard of care at Parc.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman **January 2015**

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SUMMARY

1. The man arrived at HMP Parc on 10 October 2012. He was sentenced to 15 years imprisonment on 26 October and staff monitored him under suicide and self-harm prevention procedures, because they were concerned about his reaction to the length of his sentence. He suffered from diabetes, cataracts and epilepsy. He had suffered five mini-strokes and a heart attack not long before he arrived at the prison.

2. On 15 January 2013, a nurse wrote a diabetic care plan for the man. His eyesight began to deteriorate from February and he moved to a supportive wing attached to the prison's healthcare centre, on 5 March. Staff stopped monitoring him under suicide and self-harm prevention procedures on 14 March.

3. The man had a full diabetic review in the prison on 28 May. In August, he started to experience sight problems and had emergency surgery on 25 August. The operation was unsuccessful and he lost his sight. He returned to prison but found it difficult to leave his cell. There is no evidence that he had an occupational therapist assessment.

4. Prison healthcare staff continued to monitor the man and, in November, he went to hospital because tests showed his kidney function had suddenly deteriorated. On 20 November, he had a fit in hospital and was very ill. A prison family liaison officer contacted his partner, who visited him. Doctors diagnosed the man with kidney failure and that he would need dialysis treatment. He went back to the prison in early December, but was admitted to hospital again shortly afterwards and stayed there until mid-January. He spent a further three weeks in hospital from 17 February, after he had a heart attack.

5. The hospital began dialysis treatment on 16 June. The next day, the man was ill and admitted to hospital where he continued dialysis. He collapsed in the early hours of 20 June. He seemed to improve, but on the evening of 29 June, after feeling unwell all day, he stopped breathing around 7.20pm. Hospital staff resuscitated him and a prison family liaison officer informed his partner that he was seriously ill. The man did not regain consciousness and died at 2.06pm on 30 June. His partner was with him at the time.

6. HIW has identified some areas for improving diabetic care for prisoners, which the Head of Healthcare at Parc will need to address. However, overall the man's chronic conditions were well managed at Parc and we are satisfied that he received a good standard of care at the prison.

THE INVESTIGATION PROCESS

7. The investigator issued notices to staff and prisoners at HMP Parc informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.

8. The investigator obtained copies of the man's prison medical records and relevant extracts from his prison records. She interviewed two members of staff by phone.

9. Health Inspectorate Wales (HIW) reviewed the man's clinical care at the prison.

10. We informed HM Coroner for Bridgend and Glamorgan Valleys District of the investigation, who gave us the post-mortem report. We have sent the Coroner a copy of this investigation report.

11. One of the Ombudsman's family liaison officers contacted the man's partner, his nominated next of kin, to explain the investigation. His partner said she knew that he was not a well man and that his health had deteriorated after being transferred to and from the hospital. His partner said she had not been exactly sure about the man's medical condition, in the period shortly before he died, and hoped to get some clarification.

12. The family liaison officer wrote to the man's family to inform them about the investigation. His family had not responded at the time of issuing this report.

HMP & YOI PARC

13. HMP & YOI Parc, which opened in 1997, is run by G4S. It holds more than 1,400 convicted men and young adults on remand or convicted. It also has a unit for around 60 young people under 18. There is a 14 bed unit (the assisted living wing) for older prisoners with increased health needs.

14. 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

15. The most recent inspection of HMP Parc was in July 2013. Inspectors found that the prison was safe and, overall, prisoners received good care. Inspectors found the standard of health services good, with an impressive new healthcare unit. Prisoners had good access to mobility and health aids but inspectors had some concerns about waiting times for hospital appointments.

Independent Monitoring Board

16. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community, who help ensure that prisoners are treated fairly and decently. In its most recently published annual report for the year to May 2013, the IMB commented that the prison was to be complimented for the way it cared for prisoners with complex health and mental health problems and their families.

Previous deaths at HMP Parc

17. The man was the ninth prisoner to die from natural causes at Parc since the beginning of 2013. There are no significant similarities with the other cases.

KEY EVENTS

18. The man was convicted of sexual offences on 10 October. He arrived at HMP Parc that day and was housed on a main prison house block. An officer noted in the man's prison record that he was concerned that the man was not on one of the prison's specialist supportive units for prisoners with significant health problems. At an initial health screen, a nurse noted that the man had been diabetic for nine years for which he used insulin. He said he managed his diet well. The nurse also noted he used a wheelchair because he had a foot injury. He was waiting for a cataract appointment, had epilepsy and had recently suffered five mini-strokes and a suspected heart attack.

19. On 11 October, the man did not attend for a secondary health screen appointment with a doctor. (Healthcare staff often noted in the man's medical record that he did not attend prison health appointments.) The doctor noted the man's medications, requested his community GP records and referred him to a hospital diabetes clinic. On 26 October, he was sentenced to 15 years in prison and staff began to monitor him under suicide and self-harm prevention procedures because he was shocked at the length of his sentence.

20. Healthcare staff dressed the man's foot wound weekly and he attended a number of clinics for his conditions. A healthcare assistant suggested to the man that he would benefit from a shower chair and other aids in his cell. She informed a prison manager, but there is no record that this was done. However, the prison informed us that a shower chair was available for him to use.

21. On 19 November, the man refused to take his insulin because he was not allowed his medication in possession (this was because he had been assessed as at risk of suicide and self-harm). Nurses could not persuade him to take it, even though they explained the consequences. He began to take his insulin again after three days. There were many other occasions when he refused his medication. Each time staff explained the consequences for his health.

22. On 15 January 2013, a nurse created a diabetic care plan. It noted the man's poor eyesight, a plan to record his blood sugar levels as required and also to examine his feet, test his urine and record his blood pressure and weight. He needed to visit the diabetic clinic every four months. Two days later, a nurse noted that the man needed a disability needs assessment and a follow up appointment for cataracts. Although there is no evidence of a specific disability needs assessment, disability nurses saw him and he had a supported living plan. This included locating the man on the ground floor and for officers to help him get to the medication hatch and prison healthcare appointments. Staff reviewed the plan during his time at the prison.

23. From February, the man's eyesight deteriorated and he had medication and day surgery on his eyes to lower the pressure behind them and to improve his sight. However, the treatment was unsuccessful and his eyesight continued to deteriorate. On 8 February, there is a note in the minutes of the weekly healthcare meeting, that the man needed to move to U or X block (which are supportive wings attached to the healthcare centre) when space became available.

24. On 17 and 19 February, the man had two hypoglycaemic episodes (incidents of low blood sugar which can have severe effects and possibly cause death), when he seemed confused and unwell. Each time, nurses responded quickly and gave him a sugary liquid to raise his blood sugar levels. After the second incident, on 19 February, healthcare staff called an ambulance and he was assessed and treated in hospital. He returned to prison the same day. Healthcare staff monitored his blood sugar levels every four hours, for two days. On 20 February, a doctor reviewed the man and advised him to eat regular meals and take his insulin at the same time, to avoid another episode. The doctor noted that the hospital discharge letter suggested further investigation of the man's anaemia and kidney damage, and he requested urgent blood tests. The doctor arranged a further GP review for the next week.

25. On 25 February, a doctor noted that the man's blood sugars often dropped unexpectedly, which appeared to be a chronic problem, rather than unusual for him. The man moved to X block on 5 March. On 14 March, staff ended suicide and self-harm monitoring as he said he felt safer in his new environment. He still had to collect his insulin daily as his eye sight was too poor to allow him to safely administer the correct units.

26. On 27 March, the hospital diabetic clinic reviewed the man. He reported his episodes of low blood sugar and nurses advised him to take insulin before his meals rather then after, and to reduce the amount of insulin he used. On 28 May, he had a full diabetic review in the clinic, which considered the complications of diabetes and tested his feet and retinas. On 3 June, a doctor told the man that he was not taking his diabetes seriously, despite being told his sugar intake and current diet would impact badly on his eyesight. On 25 June, the doctor reviewed the man; he had changed his diet and was doing a lot better.

27. On 5 July, the man had cataract surgery on one eye, which was reported as successful. A nurse checked that he understood his eye care regime when he returned from hospital. Healthcare staff continued to monitor him.

28. On 15 August, the man went to hospital for an eye appointment and was admitted for emergency eye surgery. He returned to Parc on 23 August, diagnosed with loss of eyesight because of a temporary lack of blood flow to the retina. After he came back from hospital, he left his cell only to collect medication. Staff took his food to him but he did not always eat it. On 6 September, healthcare staff discussed his medical conditions in their weekly medical review meeting, and referred him to the mental health nurse, and planned to speak to the occupational therapist for any aids that might help the man. He saw a mental health nurse, but there is no record of an occupational therapist assessment.

29. The man told staff he felt better as he got used to the loss of his sight. He started to feel more confident and leave his cell. On 15 November, he was admitted to hospital after some routine blood results showed a sudden deterioration of his kidney function. Two officers escorted him and did not use restraints. (The man was never restrained for any future hospital visits and stays.) On 20 November, he collapsed and had an epileptic fit on the ward.

His condition deteriorated rapidly. A prison family liaison officer contacted the man's partner, who visited him in hospital. The man's condition stabilised and the hospital diagnosed him with kidney failure and referred him to the dialysis team. On 25 November, he returned to Parc. Healthcare staff noted that he needed careful monitoring and kidney dialysis in the coming months. The next day, a prison doctor was concerned that the man appeared unwell. Although he had had pneumonia in hospital, he had not been prescribed antibiotics when he was discharged. The doctor sent him back to hospital.

30. The man came back to prison on 3 December, after treatment for clostridium difficile (a bacterial infection which affects the digestive system). However, on 7 December, the hospital admitted him again for assessment when he appeared unwell. He stayed in hospital until18 January 2014, because he was so unwell.

31. The man had a bone marrow biopsy and oxygen therapy in hospital. When he returned to Parc, he continued oxygen therapy in his cell until 5 February. On 14 February, he complained of left-sided chest pain and staff monitored him. He had a Troponin T blood test (to measure damage to the heart muscle) and an electrocardiogram (ECG – to test the electrical activity of the heart). On 17 February, the hospital admitted him because the results of the Troponin T blood test were abnormal and suggested he had had a heart attack, which the hospital confirmed. The man could not have an angiogram to check his arteries, as doctors considered the procedure too dangerous, because of his kidney failure.

32. A doctor reviewed the man on 5 March, the day after he returned from hospital. There was no discharge letter and the doctor had not expected the man to return to prison so soon. The man told the doctor that he had had a heart attack but now felt normal again. Healthcare staff continued to monitor him.

33. Before dialysis, the man needed a fistula operation in his arm (a process to join an artery and a vein to make a stronger and larger blood vessel, usually done six weeks before dialysis begins). The hospital cancelled an appointment for this on 19 March because there was no bed space and cancelled a further two appointments. A doctor contacted the hospital to say that he was concerned that the hospital was not meeting its duty of care towards the man. The hospital admitted him for the operation between 22-24 April. He spent a further six days in hospital from 29 May to 3 June because he was unwell.

34. On 6 June, prison healthcare staff reviewed the man's condition and were concerned that he had not yet begun dialysis. They asked the occupational therapist to escalate his referral. A hospital letter dated 9 June indicated that dialysis would be scheduled within the next two weeks. Dialysis began on 16 June, to take place regularly at the Morriston Hospital.

35. The man felt unwell on 18 June, and a nurse went to see him in his cell. He was lethargic, had a swollen abdomen and had vomited. His blood sugar was 6.9 (within normal range), oxygen 93-96% (slightly low) and temperature 35.9 (slightly low). The nurse spoke to the on call doctor and sent the man to the

Princess of Wales Hospital because rapid deterioration of his health was a risk. He subsequently transferred to the Morriston Hospital for dialysis.

36. The man's health became worse and, at about 1.20am on 20 June, hospital staff resuscitated him after he collapsed. An update from the hospital stated this was caused by the slowing of his heart disrupting the blood supply to his brain. A case administrator in the prison's offender management unit, noted that his prognosis was not good and he was expected to die soon. However, by 7.30am the same day, the escort officers noted that he was mobile, talking to them and that the hospital said his observations were now fine. Prison healthcare staff discussed him at their weekly meeting that day and noted that they would consider applying for the man's release on temporary licence, if his health deteriorated further.

37. The prison phoned the hospital for daily updates and the man's condition continued to be stable. His partner visited him during the week. On 29 June, the man's health deteriorated. He complained of feeling unwell and shaky and kept asking to see the doctor. A doctor saw him at 4.00pm and gave the man medication, but he continued to feel unwell and was sick. At 7.00pm, he went to sleep. A nurse checked him at 7.20pm and found that he had stopped breathing. Hospital staff resuscitated him but he never regained consciousness.

38. A prison chaplain and family liaison officer, contacted the man's partner. Another prison chaplain went to the hospital to see the man's partner. The man had had a heart attack, which caused brain damage. He did not wake up and, on 30 June at 2.06pm, he died. His partner was with him at the time. The cause of death was given as brain damage after a heart attack, inflammation of the gall bladder, kidney failure linked to diabetes and hardened arteries.

39. The prison chaplains visited the man's partner at her home the next day. The prison offered to pay funeral expenses, in line with national guidelines.

ISSUES

Clinical care

40. Healthcare Inspectorate Wales (HIW) found that the care the man received at Parc was equivalent to that he could have expected to receive in the community. The man's healthcare record showed that he often did not attend healthcare appointments but have no reasons. Prison staff told HIW that he saw healthcare staff daily when they took him in his wheelchair to collect his medication. Because he saw nurses every day, he did not always want to go to appointments. We are satisfied that the missed appointments in prison did not affect the man's care, as healthcare staff monitored him closely.

41. The man suffered from chronic diseases linked to diabetes, including poor eye sight, kidney failure, and epilepsy. HIW found that he received appropriate treatment for his conditions but noted that staff did not complete a diabetic care plan until 15 January and that it is not clear that he had an occupational therapy assessment. HIW make recommendations about these matters which the Head of Healthcare will need to address. As these issues did not impact directly on the man's death, we do not repeat them here. We are satisfied that, overall, he received a good standard of clinical care at Parc.