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 Mr Gerald Jones at HMP Cardiff on 5 February 2014

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 Mr Gerald Jones, who died of a heart attack on 5 February 2014 at HMP Cardiff. He was 66 years old. I offer my condolences to Mr Jones' family and friends.

The investigation was carried out by Ms Sonja Marsh. Healthcare Inspectorate Wales reviewed the clinical care Mr Jones received at Cardiff. The prison cooperated fully with the investigation.

Mr Jones had been at HMP Cardiff since September 2013. Before he was sentenced to prison he had been diagnosed with a number of chronic conditions, including angina, heart disease and heart failure. Because of his poor health, Mr Jones spent all his time at the prison living in the prison's health centre. Healthcare staff attended to him daily, and he went to hospital outpatient appointments to manage his conditions.

On 4 January 2014, Mr Jones was taken to hospital suffering from chest pain. Tests showed he had suffered a heart attack. He declined further investigations and he returned to Cardiff the next day. On 30 January, Mr Jones was taken to hospital again with further chest pain and was found to have suffered another heart attack. He was discharged to the prison on 1 February. At 4.15am on 5 February, a member of staff found Mr Jones unresponsive in his cell. A nurse gave Mr Jones oxygen and applied a defibrillator which found no heart rhythm. She considered that Mr Jones had died. Paramedics arrived and confirmed Mr Jones' death.

I agree with the findings of the clinical review that Mr Jones received an excellent standard of health care at Cardiff. However, I am concerned that the night patrol officer who found Mr Jones unresponsive did not use an emergency code to ensure an ambulance was called immediately. Although this would not have affected the outcome for Mr Jones, in other circumstances it could be crucial. I am also not satisfied that use of restraints when Mr Jones was taken to hospital was justified by fully considered risk assessments which took into account his medical condition. These are both matters I have raised with Cardiff before.

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

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SUMMARY

1. On 20 September 2013, Mr Gerald Jones was sentenced to 21 months in prison for fraud. He arrived at HMP Cardiff the same day and a healthcare reception screen identified that he had a number of chronic medical conditions including angina, heart disease, heart failure, diabetes, asthma, kidney failure and osteoarthritis. He was obese and used a wheelchair. Because of his ill health, Mr Jones was located in the prison healthcare unit.

2. Healthcare staff saw Mr Jones frequently to monitor and manage his health conditions. He also attended a number of hospital outpatient appointments.

3. On 28 December, Mr Jones was admitted to hospital with a low pulse rate. He was discharged the next day after being diagnosed with bradycardia (slow heart beat). Prison healthcare staff reviewed Mr Jones every day after his discharge from hospital.

4. On 4 January 2014, Mr Jones was admitted to hospital with chest pain and shortness of breath. Blood tests indicated he had suffered a heart attack and the hospital wanted to carry out further investigations. However, against medical advice, Mr Jones declined further tests and discharged himself the next day.

5. On 30 January, Mr Jones went to hospital for an X-ray after complaining of chest pain. He was discharged later that day with no follow up required. However, his chest pain returned that evening and he was re-admitted to hospital. Tests showed he had suffered another heart attack. After remaining symptom free for 24 hours, Mr Jones returned to the prison on 1 February.

6. At 4.15am on 5 February, a night patrol officer checked Mr Jones and found him in his wheelchair with his head back and eyes open. He could not get a response and called for assistance, but did not use an emergency code. A custodial manager went into the cell and found Mr Jones unresponsive, pale and cold to the touch. A nurse administered oxygen and attached a defibrillator which found no heart rhythm. She believed that Mr Jones was dead. Paramedics arrived at 4.25am and confirmed Mr Jones's death.

7. The clinical reviewer concluded that Mr Jones had excellent nursing and medical care at HMP Cardiff. Although it would not have affected the outcome in this case, we are concerned that a standard emergency code was not called when Mr Jones was initially found unresponsive and that, despite his reduced mobility and evident low risk to the public, Mr Jones was restrained for escorts to hospital without fully informed risk assessments to justify this. We make two recommendations.

THE INVESTIGATION PROCESS

8. The investigator, Ms Sonja Marsh, issued notices to staff and prisoners at HMP Cardiff informing them of the investigation and inviting anyone with relevant information to contact her. No one responded.

9. Healthcare Inspectorate Wales reviewed Mr Jones' clinical care at the prison.

10. Ms Marsh obtained copies of Mr Jones' prison medical records and relevant extracts from his prison record. She interviewed three members of staff at HMP Cardiff on 18 February 2014. Ms Marsh wrote to the Governor with initial feedback on the preliminary findings of the investigation.

11. We informed HM Coroner for Wales of the investigation, who provided a copy of the post-mortem report. We have sent the Coroner a copy of this investigation report.

12. One of the Ombudsman's family liaison officers, Mr Narinder Dale, contacted Mr Jones' son, his nominated next of kin, to explain the investigation process. Mr Jones son said that the communication from the prison after his father's death had been excellent, but he wanted to know more about the care his father received after his health began to deteriorate.

13. Mr Jones' family were informed the draft report was available, but did not wish to receive a copy or make any comment.

14. The prison has also submitted an action plan detailing what they have done to address the issues we raised and this is included at the end of the report.

HMP CARDIFF

15. HMP Cardiff is a city centre prison holding around 800 men mostly from South East Wales. Cardiff and Vale University Health Board is responsible for delivering primary physical and mental health services in the prison.

Her Majesty's Inspectorate of Prisons

16. The most recent inspection of HMP Cardiff was in March 2013. Inspectors found that Cardiff was busy and overcrowded and noted that the population was very transient with many prisoners serving only short sentences. The Inspectorate found waiting times for a GP appointment had improved and were generally less than seven days. Pharmacy services were satisfactory. A wide range of mental health services was provided.

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Independent Monitoring Board

17. Each prison in England and Wales has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help ensure prisoners are treated fairly and decently. In its most recently published report for the year to August 2012, the IMB noted that the prison had addressed low staffing levels and had recruited a number of nurses which would help improve services to prisoners. There were two GPs on rota and adjustments in their schedules had improved waiting times to see them.

Previous deaths at HMP Cardiff

18. Mr Jones was the third prisoner to die from natural causes at Cardiff since 2012. We have raised the issue of inappropriate use of restraints for hospital escorts and the use of emergency codes before.

KEY EVENTS

19. On 20 September 2013, Mr Gerald Jones was found guilty of fraud and sentenced to 21 months in prison. He went to HMP Cardiff and, during his initial healthscreen, staff noted he had a history of cardiac problems, including ischaemic heart disease, heart failure and angina. He also suffered from diabetes, diabetic retinopathy with bilateral cataracts (a common complication of diabetes which causes damage to the back of the eye), asthma, hypertension (raised blood pressure), chronic kidney failure, obesity, osteoarthritis and diverticular disease (a digestive condition). Mr Jones used a wheelchair to get about.

20. Mr Jones was accommodated in the prison's healthcare centre which has 24 hour nursing care. Due to Mr Jones' existing medical conditions, an extensive nursing plan was drawn up. Records show healthcare staff regularly reviewed the nursing plan according to Mr Jones' needs. Staff frequently checked his blood sugar levels and reviewed him in relation to his health conditions. Mr Jones received his prescribed medication and attended frequent hospital outpatient appointments.

21. On 12 October, a prison GP, Dr Rita Darby, examined Mr Jones and noted he had oedema (swelling to the lower legs). This condition is often associated with heart failure. She prescribed medication to reduce water retention and swelling.

22. On 21 October, Mr Jones had pains in his chest and had an electrocardiogram (ECG) test. The GP told the clinical reviewer that he had asked for the test to be repeated the next day, but there is no record that this was done. Mr Jones had blood tests on 23 October and the results showed abnormal kidney function.

23. Dr Darby saw Mr Jones on 30 October, because of his ongoing oedema and abnormal kidney function tests. Mr Jones said that he would not attend any further hospital outpatient appointments as he did not want to go in handcuffs. Dr Darby wrote to the cardiology and nephrology (renal) departments at University Hospital Wales (UHW) for treatment advice and to refer Mr Jones.

24. Doctors and nurses saw Mr Jones a number of times during November after he complained of breathlessness and because of his ongoing oedema. Doctors adjusted his medication and prescribed a nebuliser to help him breathe.

25. On 1 December, a prison GP, Dr Julie Scholey, requested that Mr Jones should be referred urgently to the renal and cardiac clinics again because he had increased shortness of breath and end stage renal failure. Mr Jones was referred to the heart failure nurse and to a heart specialist at County Hospital, Cardiff on 2 December. An appointment with the heart failure nurse was made for 13 December and one with the renal clinic for 21 January 2014. Due to staffing issues at the prison, Mr Jones missed the 13 December appointment and went on 20 December instead.

26. On 28 December, Dr Darby saw Mr Jones who was short of breath. She noted his pulse was low, at 34 bpm, and an ECG showed his pulse rate was fluctuating. Dr Darby arranged for Mr Jones to be admitted to University Hospital Wales for further medical investigations. He was discharged the next day after being diagnosed with bradycardia (a slow heartbeat, usually under 60 beats per minute in adults) and his medication was adjusted.

27. Healthcare staff reviewed Mr Jones every day after he returned to the prison. On 31 December, Nurse Jim Morris noted Mr Jones was finding it difficult to mobilise, but this appeared to improve over the following days. Records show that Mr Jones appeared to settle with no shortness of breath.

28. At 8.45pm on 4 January 2014, Nurse Howard Poland saw Mr Jones who was distressed and short of breath and had chest pain and pain radiating down his right arm. He gave Mr Jones oxygen and aspirin. Mr Jones was taken to Llandough Hospital, Penarth as an emergency where tests showed that Mr Jones had suffered a heart attack. The hospital wanted to admit Mr Jones for further investigations, but he discharged himself the following day, despite advice that he risked further cardiac damage, heart rhythm abnormalities (arrhythmias) and possibly death.

29. Nurse Morris contacted the hospital on 6 January for advice on follow up treatment. Mr Jones needed a further blood test to monitor his heart but he refused this. The hospital placed Mr Jones on a waiting list to see a cardiology consultant.

30. On 7 January, Mr Jones told Nurse Angela Leyshon that he had discharged himself from hospital because he felt uncomfortable about being restrained. On 8 January, he told Dr Darby that he was treated differently at the hospital when he was restrained and he refused to go back. However, Mr Jones attended the hospital renal clinic on 21 January. There was no change in his treatment.

31. On 27 January, the cardiologist at University Hospital Wales examined Mr Jones. The results of an ECG showed damage to the left side of his heart (left ventricular dysfunction).

32. On 30 January, Mr Jones reported having pain in his back. At 10.24am, Dr Darby arranged for him to be admitted to University Hospital Wales for a chest X-ray and treatment. The results of an X-ray and ECG were normal and Mr Jones returned to the prison at 4.14pm. At 8.57pm, Mr Jones complained of chest pain. He said he had used his GTN spray twelve times (GTN - glyceryl trinitrate is used to ease angina pain). The prison called an ambulance and paramedics administered aspirin before taking him back to hospital. The hospital confirmed that Mr Jones had suffered another heart attack. On 1 February, after remaining symptom free for twenty four hours, Mr Jones went back to the prison.

33. Nurses monitored Mr Jones throughout the night. He was short of breath and used his nebuliser frequently. He was unable to sleep lying down and spent most of the night in his chair. Healthcare staff continued to monitor Mr Jones every day and over the next few days he became more settled and his mobility improved.

Events on 5 February

34. At 3.20am on 5 February, Nurse Madeline Williams was on her way to see a patient, when she passed Mr Jones' cell. She asked if he was okay and he said he was and planned to watch some television.

35. At 4.13am, an operational support grade, Mr Brian Williams, carrying out a night patrol, checked the patients in the healthcare unit. Mr Williams looked through the observation hatch of Mr Jones' cell and saw him sitting in his wheelchair; his head was back and his eyes were open. Mr Williams called out to Mr Jones twice, but got no response. He did not call an emergency code, but ran to the treatment room to get help.

36. Mr Williams and a custodial manager, Mr Dave Juckiewicz, went into Mr Jones' cell. Mr Juckiewicz could not get a response from Mr Jones, who was pale and cold to touch. He noted that there was hypostasis (pooling of blood) to his hands. Nurse Williams arrived and noted that Mr Jones had fixed dilated pupils and remained unresponsive. She administered oxygen through a face mask, but it was not possible to attempt cardiopulmonary resuscitation as they could not move Mr Jones out of his wheelchair. The nurse attached a defibrillator which did not detect any heart rhythm.

37. Nurse Williams told Mr Juckiewicz that she believed Mr Jones had died. After this, at 4.20am, Mr Juckiewicz contacted the control room and requested an emergency ambulance. Paramedics arrived at 4.37am and declared Mr Jones dead at 5.03am.

Support for prisoners and staff

38. Notices were issued to prisoners and staff informing them of Mr Jones' death and offering support to those who might have been affected. A hot-debrief meeting was held for the staff involved to provide support and reassurance. A memorial service was held in the prison chapel on 17 March.

Notifying Mr Jones' next of kin

39. An operational manager, Mr Steve Beck, and the prison family liaison officer, Mr Brad Newton, went to two addresses listed for Mr Jones' son in the prison records, but were unable to contact him. They asked the police for help and the police broke the news to his son. Mr Newton met Mr Jones' son the next day to offer condolences and support. In line with national guidance, the prison contributed to the funeral costs.

Cause of death

40. A post-mortem examination concluded that Mr Jones died of acute myocardial infarction (when a coronary artery or one of its smaller branches is suddenly blocked) coronary artery disease, coronary artery atherosclerosis (thickening of artery wall), type 2 diabetes and cardiomegaly (enlarged heart).

ISSUES

Clinical Care

41. Healthcare Inspectorate Wales (HIW), concluded that Mr Jones received excellent care at HMP Cardiff. He was located in the healthcare centre from when he first arrived at the prison and a variety of nurses saw him daily. A GP saw him and reviewed him at least once a week. HIW point out that this constant care would not have been available in the community. Mr Jones was reviewed regularly in hospital renal and heart failure clinics and received appropriate medical treatment for his many chronic conditions.

42. Mr Jones had an extensive nursing care plan from when he first arrived at HMP Cardiff. There were regular nursing entries in his medical records which indicate that the plan was reviewed frequently in line with Mr Jones' needs. HIW concluded that the nurses' entries in the medical records were excellent and gave a clear view of the care Mr Jones received.

43. HIW identified some areas for improvement in aspects of healthcare procedures which are identified in the review annexed to this report and which the head of healthcare will need to address. As they are not directly related to Mr Jones' death, we do not repeat them in this report.

Emergency response

44. Mr Williams saw that Mr Jones was unresponsive in his cell at around 4.15am, but did not call an emergency code. A code blue (indicating a prisoner is not breathing or unresponsive) should have been called at this time. The prison did not call an ambulance until 4.20am, after Nurse Williams informed Mr Juckiewicz that she believed Mr Jones was dead.

45. Mr Williams told the investigator that he did not use an emergency code because it was quicker to run to alert officers and healthcare staff, than it would have been to use his radio. However the purpose of using an emergency code in an apparent life threatening situation is also to communicate efficiently the nature of the emergency to help healthcare staff bring the correct equipment and to ensure that the control room calls an ambulance immediately. .

46. As Mr Jones was located in healthcare, clinical staff were on hand to give immediate assistance, but there was a delay in calling an ambulance. This did not affect the outcome for Mr Jones, but in other circumstances such a delay could be crucial.

47. Prison Service Instruction (PSI) 03/2013 which was issued at the beginning of February 2013 required governors to have a medical emergency response code protocol based on the instruction. This should instruct staff how to communicate the nature of a medical emergency using agreed emergency codes and ensure that the control room calls an ambulance automatically as soon as an emergency code is called. We are satisfied that the prison had an appropriate protocol, but it does not appear that all staff understand the importance of following it. We make the following recommendation:

The Governor should ensure that all prison staff follow the prison's protocol for medical emergencies and use an appropriate emergency code so that an ambulance is called without delay in a life-threatening situation.

Restraints, security and escorts

48. The Prison Service has a duty to protect the public when escorting prisoners to hospital, and a responsibility to balance this by treating prisoners with humanity and maintaining their dignity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account factors such as the prisoner's health and mobility. A judgement in the High Court in 2007 made it clear that a distinction needs to be made between the risk of escape (and the risk to the public in the event of an escape) posed by a prisoner when fit and those risks posed by the same prisoner when suffering from a serious medical condition. The judgement indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process. It also deemed that restraining by handcuffs of a prisoner receiving chemotherapy (and by implication, other life saving treatment) was degrading and that such restraint would be likely also to be regarded as inhumane unless justified by other relevant considerations.

49. Mr Jones was taken to hospital on a number of occasions for hospital appointments and each time he was restrained using an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer).

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50. When Mr Jones was taken to University Hospital Wales on 28 December he was breathless and had a very low pulse rate. His risk was assessed as medium and he was restrained with an escort chain. He was taken to hospital again on 4 January with the symptoms of a heart attack. This time his overall risk was assessed as low but he was still restrained by an escort chain. On 30 January, Mr Jones was taken to UHW with chest pain. Again his overall risk was assessed risk as low, yet an escort chain was used. When he was taken back to hospital that evening no restraints were used. The risk assessment stated that this was due to his condition at the time.

51. The healthcare section on every risk assessment, for hospital appointments and for emergency admissions, objected to the use of restraints, stating Mr Jones was a wheelchair user. However, the assessments contained little information about Mr Jones' medical conditions at the time and how his condition impacted on his risk of escape, although the fact that he used a wheelchair should have been an indicator.

52. A custodial manager, Mr David Jones, told us that each risk assessment and level of restraint is considered on an individual basis. However, we can find little evidence of this in Mr Jones' case. Mr Jones was seriously ill with many chronic conditions, limited mobility and was clinically obese. There is no evidence that he had the ability to escape and his offence would not suggest that he was a risk to the public.

53. Public protection is fundamental, but security measures must be proportionate to a prisoner's individual circumstances which must be fully considered, taken into account and balanced against the security risks. We are concerned that despite Mr Jones' very poor health and healthcare staff's objections to the use of restraints, there is little evidence that his medical condition and mobility was appropriately considered, particularly in relation to the impact his condition had on his risk of escape. We are not satisfied that the decisions taken were justified by fully considered risk assessments that complied with the 2007 High Court Judgement, a matter we have raised with Cardiff before. We make the following recommendation:

The Governor should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

RECOMMENDATIONS

1. The Governor should ensure that all prison staff follow the prison's protocol for medical emergencies and use an appropriate emergency code so that an ambulance is called without delay in a life-threatening situation.

2. The Governor should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

ACTION PLAN: Mr Gerald Jones – HMP Cardiff

No	Recommendation	Accepted/Not accepted	Response	Target date for completion and function responsible
1	The Governor should ensure that all prison staff follow the prison's protocol for medical emergencies and use an appropriate emergency code so that an ambulance is called without delay in a life-threatening situation.	Accepted	The attached Governor's Order was updated and reissued on 5 June 2014. This reinforces to staff the importance of calling an ambulance at the earliest opportunity if there are grave concerns for a prisoner's health.	Completed Safer Custody and Operations
2	The Governor should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.	Accepted	Risk assessments for prisoners taken to hospital are based on a consideration of the individual's circumstances and the actual risk they present at the time. Assessments are dynamic and the use of restraints is reviewed, as necessary, to take into account any significant changes in circumstances.	Completed Head of Residence & Safety