

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Investigation into the death of Mr Arfon Owen, a prisoner at HMP & YOI Parc on 30 April 2015

**A report by the Prisons and Probation Ombudsman  
Nigel Newcomen CBE**

## Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

## Our Values

**We are:**

**Impartial:** *we do not take sides*

**Respectful:** *we are considerate and courteous*

**Inclusive:** *we value diversity*

**Dedicated:** *we are determined and focused*

**Fair:** *we are honest and act with integrity*



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The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

This is the investigation report into the death of Mr Arfon Owen from pneumonia and leukaemia, on 30 April 2015, while a prisoner at HMP Parc. Mr Owen was 73 years old. I offer my condolences to Mr Owen's family and friends.

Mr Owen had been sentenced to prison in 2014, when he was already in poor health and had been suffering from leukaemia for a number of years. I am satisfied that Mr Owen received a good standard of care at Parc and there was nothing staff at the prison could have done to prevent his death.

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

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

**November 2015**

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# Summary

## Events

1. Mr Arfon Owen was remanded to HMP Parc on 30 July 2014 and, in September, was sentenced to 20 years in prison. In 2000, he had been diagnosed with leukaemia. He had a long history of heart disease and suffered from gout and shoulder pain. He had also been diagnosed with chronic obstructive pulmonary disease and used a portable oxygen tank when he was short of breath.
2. Healthcare staff saw Mr Owen daily to review and treat his leukaemia and other conditions. He attended hospital frequently as part of his ongoing treatment for leukaemia. In March 2015, his health deteriorated significantly and, on 20 March, he was admitted to hospital. The hospital discharged him on 23 April, but he was readmitted two days later. His health declined further and he died in hospital on 30 April.

## Findings

3. We are satisfied that Mr Owen received a good standard of care at Parc, at least equivalent to that he could have expected to receive in the community. We make no recommendations.

## The Investigation Process

4. The investigator issued notices to staff and prisoners at HMP Parc informing them of the investigation and asking anyone with relevant information to contact her. One prisoner responded.
5. The investigator obtained copies of relevant extracts from Mr Owen's prison and medical records.
6. Health Inspectorate Wales (HIW) reviewed Mr Owen's clinical care at the prison. In the clinical review HIW made some recommendations about healthcare issues not directly related to the circumstances of Mr Owen's death, which the healthcare manager at Parc will need to address.
7. We informed HM Coroner for Bridgend and Glamorgan Valleys of the investigation, who gave us the cause of death. We have sent the coroner a copy of this report.
8. One of the Ombudsman's family liaison officers contacted Mr Owen's partner, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She was concerned that the hospital had discharged Mr Owen on 23 April, when he was so unwell and wanted to know what had happened. The actions of the hospital are outside the remit of this investigation but we have explained the sequence of events in the report.
9. The investigation has assessed the main issues involved in Mr Owen's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.
10. Mr Owen's family received a copy of the initial report. They did not make any comments.

# Background Information

## HM Parc

11. HMP Parc is a medium security private prison and young offender institution run by G4S, which holds more than 1,300 convicted men and young adults on remand or convicted. The prison has an assisted living unit for older prisoners with increased health needs and prisoners with disabilities. There is 24-hour general healthcare services and GP cover.

## HM Inspectorate of Prisons

12. The most recent inspection of HMP Parc was in July 2013. Inspectors found that the prison was safe and, overall, the standard of health services was good, with an impressive new healthcare unit. Prisoners had access to mobility and health aids and there was very good care for prisoners with palliative and end of life needs.

## Independent Monitoring Board

13. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to February 2014, the IMB reported that Health Inspectorate Wales was positive about the quality of end of life care at the prison. They noted that waiting times for healthcare appointments and the number of missed appointments had reduced.

## Previous deaths at HMP Parc

14. Mr Owen was the fifth prisoner to die at Parc since the beginning of 2014. There were no significant similarities with the circumstances of previous cases.

## Findings

### The diagnosis of Mr Owen's terminal illness and informing him of his condition

15. Mr Arfon Owen was remanded to HMP Parc on 30 July 2014, and was sentenced to 20 years imprisonment in September. Mr Owen had been diagnosed with leukaemia in 2000, which had been treated with chemotherapy, and medication. He had immunoglobulin replacement therapy (to help protect against infections) every six weeks in hospital. Mr Owen also had long standing heart disease and had suffered five heart attacks and had had heart surgery. He had asthma, gout, shoulder pain and chronic obstructive pulmonary disease (COPD – the name for a collection of lung diseases including chronic bronchitis and emphysema) and used a portable oxygen tank when he felt short of breath.
16. A nurse carried out Mr Owen's initial health screen. She recorded his leukaemia and treatment. She noted that he also had angina, reduced mobility, difficulty hearing, and diabetes.
17. We are satisfied that the prison appropriately recorded Mr Owen's diagnosis and ongoing treatment when he arrived at Parc.

### Mr Owen's medical treatment

18. Nurses and doctors discussed Mr Owen's treatment with him and drew up a supported living plan. This included access to an electric scooter for longed distances in the prison and help to clean his cell. Doctors prescribed a number of medications to treat his conditions and their side effects.
19. Healthcare staff saw Mr Owen each day to give him medication, including a pain relief patch. For continuity of care, he continued to attend a hospital in Aberystwyth (some distance from Parc) for ongoing planned treatment for leukaemia. In September 2014, a hospital consultant suggested transferring his care to a hospital in Bridgend, near to Parc, and this was done by December 2014.
20. Mr Owen had blood tests every two weeks to monitor his condition. He suffered from colds and prison doctors monitored him closely and prescribed antibiotics. He continued to attend frequent hospital appointments, but missed one appointment on 3 February 2015, when he said he was too ill. A prison GP explained the impact on his health if he did not attend appointments. He agreed to attend all future appointments but asked not to be rushed, because this made him short of breath. Later that day, the GP sent him to hospital with a high temperature.
21. Mr Owen returned to the prison the next day with a prescription for antibiotics. Nurses continued to monitor his condition. On 11 February, Mr Owen did not collect his medication so the nurse went to see him. She noted that he had a cough, was short of breath and his lower legs were swollen. His blood pressure and oxygen levels were within normal range. Mr Owen said he did not always take the furosemide he was prescribed to treat fluid build up, but said he had taken it for the previous five days. The nurse booked a GP appointment and the GP saw him on 21 February to review his medication.

22. Over the next month, healthcare staff continued to see Mr Owen daily and treated him for several infections including impetigo (a skin infection). He attended several hospital appointments. On 20 March, the GP sent Mr Owen to hospital as an emergency because blood test results showed his leukaemia and impetigo were deteriorating.
23. Hospital doctors treated Mr Owen with intravenous antibiotics and carried out a bone marrow biopsy (to monitor the progress of leukaemia). The results were concerning and doctors planned a biopsy of the lymph nodes for suspected lymphoma, but Mr Owen was too unwell. On 23 April, the hospital discharged Mr Owen and healthcare staff at Parc admitted him to the prison's inpatient unit. A nurse reviewed him and noted that he was able to walk a few steps and move from the bed to a chair. He had an abscess on his nose, lumps in his groin and under both arms, and a pressure sore, as well as a chest infection. The GP prescribed pain relief for the night, and additional medication the next day.
24. On 25 April, a nurse reviewed Mr Owen who said he felt unwell. The nurse noted his blood pressure was within normal range but his oxygen levels were low. After consulting the GP, she sent Mr Owen back to hospital as a 'failed discharge' because he was still unwell. (A failed discharge is when a patient needs to return to hospital within three days of being discharged.) Hospital doctors treated him with intravenous antibiotics, fluid and medication to help him breathe, and referred him to the palliative care team. Mr Owen's health declined and he died at 9.20pm on 30 April.
25. Healthcare Inspectorate Wales (HIW) found that the care Mr Owen received in prison was at least equivalent to that he could have expected to receive in the community. We are satisfied that staff at Parc provided good and compassionate care and there was nothing they could have done to prevent Mr Owen's death.

### **Mr Owen's location**

26. Mr Owen spent most of his time at Parc on a wing, which was close to the prison's healthcare centre. He attended the healthcare centre for appointments and treatment, but when he was too unwell healthcare staff went to see him in his cell. The doctor had discussed with hospital consultants whether Mr Owen should stay in hospital or have day appointments for his ongoing leukaemia treatment. Consultants told the doctor that it was appropriate for Mr Owen to attend day appointments from the prison. When necessary, Mr Owen was admitted to hospital. When he returned from hospital on 22 April, he was admitted to the prison's inpatient unit, but just two days later returned to hospital where he died.
27. We are satisfied that Mr Owen was appropriately located during his illness.

### **Restraints, security and escorts**

28. When prisoners have to travel outside of the prison to a hospital or hospice, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints.
29. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity and maintain their dignity.

The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes account of factors such as the prisoner's health and mobility.

30. Mr Owen went to hospital for treatment many times and each time the risk assessment included input from healthcare staff about his health condition and poor mobility. Despite his poor mobility the risk assessments indicated he was a medium risk in all areas and there were some inconsistencies in the use of restraints. We consider it is unlikely that restraints were needed and draw this to the Director's attention, but note that most times Mr Owen was not restrained. We are pleased to note that restraints were not used for any hospital appointment or hospital admission after March.

### **Liaison with Mr Owen's family**

31. A chaplain at Parc and a family liaison officer had frequent contact with Mr Owen while he was in hospital. His partner was aware of Mr Owen's hospital admission in April but the chaplain did not speak to her until 27 April, because Mr Owen did not want anyone to contact her before then. The chaplain arranged for Mr Owen's partner to visit him in hospital.
32. The hospital informed Mr Owen's partner that he had died and the chaplain offered condolences and support. The prison contributed towards the costs of his funeral in line with national policy.
33. We are satisfied that family liaison was appropriate.

### **Compassionate release**

34. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months. On 27 April, prison managers began to discuss the possibility of applying for release on compassionate grounds but the application was not completed before Mr Owen died. We are satisfied that this was considered but note it is unlikely that Mr Owen would have been released early as he had recently been sentenced to 20 years in prison and the sentencing judge was aware of his serious health condition at the time.

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