

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Investigation into the death of Mr Lawrence Pritchard a prisoner at HMP Parc on 12 September 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.

Mr Lawrence Pritchard died of pneumonia in hospital on 12 September 2015 while a prisoner at HMP Parc. He was 82 years old. I offer my condolences to Mr Pritchard's family and friends.

Mr Pritchard was diagnosed with renal failure and myeloma (cancer of the bone marrow) in October 2014, shortly after he was sentenced to prison. The investigation found that prison healthcare staff closely monitored Mr Pritchard's health conditions and there was good liaison and communication with hospital staff throughout his illness. I am satisfied that Mr Pritchard received a very good standard of care at Parc, including a humane approach to security.

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

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

**February 2016**

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# Summary

## Events

1. Mr Lawrence Pritchard was sentenced to 16 years in prison on 19 September 2014. He was 81 at the time and in poor health. He had been at HMP Parc since 29 September 2014. In October 2014, an abnormal blood test indicated deteriorating kidney function. He was admitted to hospital and diagnosed with kidney failure and myeloma (a cancer that affects cells in the bone marrow). He had two rounds of chemotherapy for the cancer and began regular kidney dialysis. He refused further treatment for the myeloma.
2. Over the next year, Mr Pritchard continued to have dialysis treatment, but maintained his decision not to have treatment for myeloma. Doctors were satisfied that he had the mental capacity to take decision about his treatment.
3. In February 2015, as his condition declined, Mr Pritchard was referred to a hospital palliative care team. Prison healthcare staff reviewed Mr Pritchard daily. They implemented good care plans and held regular multidisciplinary meetings to discuss his ongoing care. Staff fully explained his condition to him.
4. Mr Pritchard's health declined over time and he was admitted to hospital on 10 September 2015. Doctors diagnosed pneumonia and Mr Pritchard died in hospital in the early morning of 12 September.

## Findings

5. Throughout his time in prison, prison clinicians and hospital consultants closely monitored Mr Pritchard's health. There was effective communication between the prison and hospitals, which ensured consistent good care. The prison properly assessed Mr Pritchard's security risk and prison never used restraints for any of his numerous hospital appointments. We are satisfied that the standard of care Mr Pritchard received at Parc was at least equivalent to that he could have expected to receive in the community. We make no recommendations.

## The Investigation Process

6. The investigator issued notices to staff and prisoners at HMP Parc informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
7. The investigator obtained copies of relevant extracts from Mr Pritchard's prison and medical records.
8. Healthcare Inspectorate Wales (HIW) commissioned a review of Mr Pritchard's clinical care at the prison. HIW interviewed the Head of Healthcare by telephone.
9. We informed HM Coroner for Swansea of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
10. One of the Ombudsman's family liaison officers contacted Mr Pritchard's wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. We did not receive a response.
11. The investigation has assessed the main issues involved in Mr Pritchard's care, including his diagnosis and treatment, whether appropriate care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.
12. The initial report was shared with the Prison Service. There were two factual inaccuracies and the report has been amended accordingly.
13. Mr Pritchard's wife received a copy of the initial report. She did not make any comments.

# Background Information

## HMP Parc

14. HMP Parc is a medium security private prison run by G4S, which holds around 1,600 convicted men and young adults on remand or convicted. It also has a unit for around 60 young people under 18.
15. The prison now has a palliative care suite and adapted cells to fit hospital beds. The unit employs staff with additional training to support the prisoners' needs. There is 24-hour general healthcare, palliative care facilities and a local GP practice provides GP services, including out of hours cover.

## HM Inspectorate of Prisons

16. 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

17. 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 2015, the IMB reported that there was a new accommodation block for vulnerable prisoners, including a palliative care suite, with facilities for family members to stay to give dying prisoners support and comfort.

## Previous deaths at HMP Parc

18. Mr Pritchard's was the seventh natural causes death at Parc since the beginning of 2014. Generally, our investigations have found that the prison provides a good standard of palliative care.

## Findings

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

19. On 19 September 2014, Mr Lawrence Pritchard was sentenced to 16 years in prison and sent to HMP Cardiff. He was 81 and in very poor health. He transferred to HMP Parc on 29 September.
20. Mr Pritchard had ischaemic heart disease, a cardiac pacemaker, arthritis and type 2 diabetes. Just before his sentence, his community GP had referred him to a specialist for suspected kidney disease. Mr Pritchard used a wheelchair.
21. On 14 October, a blood test confirmed he had kidney problems and the next day he was admitted to hospital. Hospital specialists diagnosed severe kidney failure and myeloma (a cancer that affects cells in the bone marrow). Mr Pritchard had two immediate cycles of chemotherapy and then transferred to the renal unit at hospital for dialysis. Hospital staff informed Mr Pritchard of his conditions.
22. We are satisfied that Mr Pritchard was appropriately referred to hospital where hospital staff diagnosed and informed him that he had renal failure and cancer.

### Mr Pritchard's medical treatment

23. After he returned to the prison on 15 December, Mr Pritchard refused any further chemotherapy treatment. Doctors were satisfied he had mental capacity to make decisions about his care. Healthcare staff encouraged him to attend an appointment with a hospital consultant but he still refused any further cancer treatment. Healthcare staff began care plans to ensure Mr Pritchard's clinical and social needs were met. He had a prisoner carer to help with daily living tasks.
24. Mr Pritchard had dialysis treatment three times a week. At a dialysis appointment on 6 January 2015, hospital staff reported that he appeared unwell. The next day he was admitted to hospital, where doctors diagnosed and treated him for pneumonia. On 22 January, the hospital discharged him.
25. Mr Pritchard continued to refuse any treatment for myeloma, and his condition declined. On 17 February 2015, doctors referred Mr Pritchard to the hospital palliative care team. On 2 March, a prison GP discussed Mr Pritchard with a palliative care specialist. The specialist wrote to Mr Pritchard's renal consultant and the GP with advice about how to help ensure that they gave Mr Pritchard information in a way that he was able to make informed decisions about his care.
26. On 11 April, a prison GP noted that, in addition to refusing any further chemotherapy, Mr Pritchard had talked about the possibility of stopping dialysis. On 10 May, a further mental capacity assessment established that Mr Pritchard still had capacity to understand and make decisions about his care.
27. Over the next four months, prison healthcare staff and members of the hospital and palliative care team met frequently to discuss Mr Pritchard's care. Doctors reviewed his medication and updated his care plans. Mr Pritchard continued with

dialysis but still refused cancer treatment. Staff carefully explained the consequences of refusing treatment.

28. On the evening of 10 September, Mr Pritchard was unwell and was admitted to hospital. Doctors initially diagnosed a chest or urinary infection. The next day, he transferred to another hospital where doctors diagnosed pneumonia. Mr Pritchard remained in hospital and his condition declined. He died in hospital at 7.50am on 12 September. The coroner gave the cause of death as pneumonia, end stage renal failure and multiple myeloma.
29. We are satisfied that Mr Pritchard was very well cared for in prison. Staff ensured that he took his medication and did not miss hospital appointments. He attended hospital for renal dialysis three times every week. Healthcare staff made good care plans and saw him daily. When his condition deteriorated, he was quickly admitted to hospital. We are satisfied that the care Mr Pritchard received in prison was at least equivalent to that he could have expected to receive in the community.

### **Mr Pritchard's location**

30. Mr Pritchard lived in the supported living unit at Parc and was admitted to hospital several times. Between January and April 2015, Mr Pritchard lived in the palliative care suite at Parc. On 6 April 2015, doctors moved him to another ground floor cell with a hospital bed. He remained there until his final hospital admission in September.
31. We are satisfied that Mr Pritchard had appropriate accommodation, which met his needs throughout his time in prison.

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

32. When prisoners travel outside prison, such as to a hospital, a risk assessment determines the level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced by a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in the circumstances and based on a risk assessment, which takes into account factors such as the prisoner's health and mobility.
33. Managers at Parc assessed that Mr Pritchard was not a risk of escape and he was never restrained during his appointments and his admissions to hospital. We are satisfied that this was appropriate and humane.

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

34. On 15 October 2014, the prison appointed a prison chaplain as the family liaison officer when Mr Pritchard was admitted to hospital. He and another chaplain kept in contact with Mr Pritchard's wife throughout his illness. The prison arranged frequent visits.
35. When Mr Pritchard died, the family liaison officer and a prison manager visited Mr Pritchard's wife, informed her of his death and offered condolences. They stayed with her until a close friend arrived to support her. The family liaison officer remained in contact with Mr Pritchard's wife.

36. Mr Pritchard was cremated on 28 September 2015. The prison contributed to the costs in line with national instructions.

### **Compassionate release**

37. Prisoners can be released 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. Early release on compassionate grounds is not normally allowed if it is based on facts of which the sentencing court was aware
38. Despite his serious health conditions and declining health, doctors were unable to predict how long Mr Pritchard had to live. Without a clear life expectancy, the prison was unable to make an application for early release. We understand that the sentencing court was fully aware that Mr Pritchard had very poor health when he was sentenced to 16 years in prison the year before. It is therefore unlikely that release would have been granted.

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