Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Gareth Micallef a prisoner at HMP Parc on 15 July 2018

A report by the Prisons and Probation Ombudsman

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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 Gareth Micallef died in hospital on 15 July 2018 of complications following a stem cell transplant while a prisoner at HMP Parc. He was 32 years old. I offer my condolences to Mr Micallef's family and friends.

Mr Micallef was diagnosed with blood cancer in November 2017. In January 2018, he was told he needed a stem cell transplant but that, first, he needed to have certain treatments for the transplant to have the best chance of success. Unfortunately, he was not always compliant and often refused to go to hospital for treatment or discharged himself once there. The transplant was postponed on more than once because Mr Micallef was not well enough. He had the transplant in June 2018 but his condition deteriorated and he remained in hospital until he died.

The investigation found that healthcare staff at Parc provided Mr Micallef with a good standard of clinical care that was equivalent to that which he could have expected to receive in the community. Staff tried to encourage Mr Micallef to attend hospital for treatment and explained the implications of not doing so. However, the prison did not have a clear protocol for managing prisoners who repeatedly refuse to go to hospital for treatment or self-discharge and I have recommended that a protocol is put in place.

Mr Micallef was restrained when he was taken to hospital. I consider that prison staff failed to take into account his medical condition when assessing his risk and that the use of restraints was disproportionate given his very poor health.

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

Sue McAllister CB
Prisons and Probation Ombudsman **June 2019**

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Summary

Events

1. Mr Gareth Micallef was sent to prison for drug offences in April 2017 and was moved to HMP Parc on 29 June 2017.

2. In November 2017, Mr Micallef was diagnosed with myelodysplasia, a type of blood cancer. In January 2018, he was told he needed a stem cell transplant (where damaged blood cells are replaced with healthy ones) but that he needed some treatments, including blood transfusions and radiotherapy, to improve his health and give the transplant the best chance of success. He did not always comply and frequently refused to be taken to hospital for treatment, or discharged himself once there.

3. On 25 June 2018, Mr Micallef had a stem cell transplant. However, he did not respond well and hospital staff noted Mr Micallef's liver and kidney function were deteriorating.

4. On 15 July, Mr Micallef's condition deteriorated rapidly and he suffered multi-organ failure. He died at 9.45pm. A hospital consultant recorded his cause of death as sepsis (an extreme reaction to infection where the body's immune system attacks the body's own tissues and organs) and veno-occlusive disease (obstructions in the veins in the liver), caused by the stem cell transplant.

Findings

5. The clinical reviewer found that Mr Micallef received a good standard of clinical care at Parc. Healthcare staff put in place appropriate care plans and facilitated visits to hospital. We are satisfied that Mr Micallef's care was equivalent to that which he could have expected to receive in the community.

6. Mr Micallef often refused to go undergo treatment at hospital. Although staff encouraged him to comply and explained the implications of not having treatment, the prison did not have a clear protocol for managing prisoners who regularly refused to go to hospital or self-discharged once there.

7. Mr Micallef was restrained with an escort chain when he was taken to hospital. We consider this was disproportionate given the seriousness of his medical condition and his impaired mobility, particularly during his final admission.

Recommendations

- The Governor should ensure that all staff completing and authorising risk assessments justifying the use of restraints on 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.

- The Head of Healthcare should ensure that there is a protocol in place for those prisoners who repeatedly either refuse to attend hospital, or self-discharge, against medical advice.

The Investigation Process

8. 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.

9. The investigator obtained copies of relevant extracts from Mr Micallef's prison and medical records.

10. NHS England commissioned a clinical reviewer to review Mr Micallef's clinical care at the prison.

11. We informed HM Coroner for Bridgend and Glamorgan of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.

12. The investigator wrote to Mr Micallef's next of kin to explain the investigation and to ask if she had any matters she wanted the investigation to consider. We did not receive a response.

13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Background Information

HMP & YOI 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. G4S Medical Services provide primary physical and mental health care services. There is 24-hour general healthcare and palliative care facilities. A local GP practice provides GP services including a daily clinic and out of hours cover. Three healthcare staff are located in the prison at night.

HM Inspectorate of Prisons

16. The most recent inspection of Parc was in January 2016. Inspectors found that significant chronic recruitment and retention problems affected secondary health screening. In their survey of prisoners, significantly fewer prisoners than in comparator prisons said the quality of health provision was good. Inspectors noted that support for prisoners with complex health needs, including life-long conditions, was generally good.

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 28 February 2018, the IMB reported that the introduction of paramedics had increased the efficiency of the healthcare department and freed up the availability of GP appointments. In addition, improvement to the recruitment process had enabled the re-establishment of chronic disease management clinics. The Board was also pleased to note new initiatives in mental health care at the prison.

Previous deaths at HMP Parc

18. Mr Micallef was the 16th prisoner to die at Parc since July 2015. Of the previous deaths, nine were from natural causes, three were self-inflicted, two were drug-related and one is awaiting classification. There have been three deaths since, all from natural causes. We have made recommendations about the disproportionate use of restraints on two previous occasions.

Key Events

19. On 27 April 2017, Mr Gareth Micallef was remanded into custody for possession of class A drugs and sent to HMP Cardiff. On 9 June, he was sentenced to 5 years 7 months in prison.

20. During his reception health screen on 27 April, a nurse noted Mr Micallef had asthma and used an inhaler. The nurse also noted that he had been diagnosed with bipolar disorder (a disorder that causes periods of depression and abnormally elevated mood) and made a referral to the prison's mental health in-reach team (MHIRT). Healthcare staff obtained Mr Micallef's community medical records the following day.

21. Mr Micallef had been under the care of a hospital after being diagnosed with iron deficiency anaemia and neutropenia (an abnormally low concentration of neutrophils in his white blood cell count, the primary defence against infection). On 3 May, healthcare staff contacted staff at the hospital, who told them that Mr Micallef had two outstanding outpatient appointments, one for an endoscopy (a procedure in which a thin flexible camera is inserted into the body via the mouth or anus) and another for a review by the haematology department. Healthcare staff implemented care plans to manage his conditions and referrals were made to secondary care providers to ensure continuity of care.

22. On 16 May, a blood test showed that Mr Micallef's anaemia had not improved. A nurse referred him to a prison GP for review. However, Mr Micallef decided not to attend. Healthcare staff carried out a further blood test the following day, with no change in the results. The prison GP advised that Mr Micaleff should be reviewed by healthcare staff at HMP Parc following his transfer there.

23. Mr Micallef was moved to Parc on 29 June and during a reception health screen, a nurse noted his existing medical conditions and outstanding hospital appointments. Healthcare staff reviewed and updated his care plans and regularly reviewed him.

24. On 27 July, Mr Micallef was taken to the hospital for a planned endoscopy, which showed grade two haemorrhoids (grade two haemorrhoids usually present with bleeding and dull pain). Following the endoscopy, he was referred for a lower gastrointestinal gastroscopy (similar to an endoscopy, a thin flexible tube is passed through the mouth to examine the oesophagus, stomach and the first part of the small bowel).

25. On 21 August, a nurse reviewed Mr Micallef after he complained of having abdominal pain for three weeks. He told the nurse the pain had been worsening and that he had noticed a trace of blood when he had vomited. He examined Mr Micallef and noted his stomach was swollen. He referred him to a GP for review.

26. Mr Micallef was reviewed by a prison GP on 23 August. She noted that despite Mr Micallef's abdominal pain improving, he was still experiencing a burning sensation. She noted his history of anaemia and that he had been referred for a gastroscopy. She considered that although Mr Micallef had no apparent

circulatory issues, he still required urgent blood tests. However, she did not consider a review by hospital staff was necessary.

27. The blood test results showed Mr Micallef's anaemia had got worse so the prison GP sent them to the haematology department at the hospital. A consultant haematologist reviewed the results, but considered that Mr Micallef did not require admission to hospital. Healthcare staff continued to review Mr Micallef regularly and carried out routine blood tests.

28. On 12 September, the prison GP reviewed Mr Micallef after he reported feeling extremely short of breath. She measured his oxygen saturation levels which were normal. She was concerned about his condition so sent him to the hospital by emergency ambulance. He was accompanied by two prison officers and restrained with 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). Following a review by hospital staff, Mr Micallef was diagnosed with pericardial infusion (an abnormal build-up of fluid in the sac around the heart). He was admitted as an inpatient and treated with intravenous antibiotics.

29. On 18 September, Mr Micallef was transferred to the hospital, Sketty. He remained there as an inpatient until 23 September when he was transferred to another hospital. He underwent a pericardiectomy (a surgical procedure whereby a part of the sac around the heart is removed to allow the heart to beat freely). Following the procedure, he was moved to the cardiac intensive therapy unit (ITU) where he remained as an inpatient. Healthcare staff kept in daily contact with hospital staff for updates.

30. On 28 September, hospital staff carried out a bone marrow aspiration (a surgical procedure which takes a sample of bone marrow to measure the amount of white and red blood cells being produced) which can assist in the diagnosis of a condition and the formulation of treatment plans. Following the procedure, Mr Micallef was subject to barrier nursing (a method of nursing used to provide patient care while minimising the risk of infection).

31. On 3 October, hospital staff raised concerns with the prison officers accompanying Mr Micallef. They felt that the escort chain being used to restrain him could be causing swelling in his wrist. A nurse attended the hospital and checked the escort chain. They satisfied themselves that the restraints were not too tight, and were not the cause of the swelling. They agreed to reassess his restraints if hospital staff raised further concerns.

32. On 1 November, hospital staff informed a nurse that Mr Micallef had been diagnosed with pericardial effusion and myelodysplasia (a cancer that causes a drop in the number of healthy blood cells produced by bone marrow which are used to fight infections in the body, and can develop into acute leukaemia). Hospital staff carried out testing for further blood cancers and considered a stem cell transplant may be necessary. Mr Micallef underwent a second bone marrow aspiration on 16 November.

33. A nurse attended a meeting with hospital staff on 28 November. The purpose of the meeting was to plan for Mr Micallef's eventual discharge from hospital back to Parc. Hospital staff told her he must be kept away from other prisoners who

displayed any signs or symptoms of a cold, cough or infection. They also said he must have use of a shower that only he could access, and a diet consisting of mainly fresh food. They reiterated to the nurse the importance of keeping Mr Micallef free from infection. Arrangements were made to implement all the hospital's requests prior to his discharge back to the prison.

34. Mr Micallef was discharged back to Parc on 4 December. Healthcare staff updated his care plans to include blood tests every two weeks and to have his temperature checked twice daily. Hospital staff advised that Mr Micallef should be sent to hospital immediately if his temperature rose above 38ºC (a sign of possible infection).

35. On 23 January 2018, Mr Micallef attended the hospital for a review by a consultant haematologist. After reviewing Mr Micallef's blood test results, the consultant considered Mr Micallef would benefit from a stem cell transplant (where damaged blood cells are replaced with healthy ones). She told him he would be required to undergo a course of radiotherapy and/or chemotherapy before the transplant was carried out.

36. In a letter subsequently sent to healthcare staff summarising that review, the consultant noted she had had a frank conversation with Mr Micallef about his prognosis without treatment, which she considered would be extremely poor. She noted she had informed him that, before a definitive diagnosis could be given, further investigations would need to be carried out on his spleen, which she noted as being extremely enlarged. She raised a concern that while she felt Mr Micallef understood what he was being told, she felt he was not taking it in due to his underlying condition. As a result, healthcare staff at Parc met with Mr Micallef after each hospital review to ensure he fully understood what hospital staff had told him about his condition and any treatment options available to him.

37. When Mr Micallef returned to Parc, a Supervising Officer (SO) started suicide and self-harm monitoring (known as ACCT). He noted that although Mr Micallef had stated he had no thoughts of self-harm, he appeared low in mood and he felt it would provide him with support. The ACCT required prison staff to observe Mr Micallef twice an hour and to engage in a meaningful conversation with him twice a day. The following day, Mr Micallef was reviewed at a MHIRT meeting. It was considered he would benefit from a review by a consultant psychiatrist.

38. On 24 January, the consultant psychiatrist reviewed Mr Micallef. He noted Mr Micallef said he was having side effects with one of his prescription medications, Risperidone (used to treat bipolar disorder). He suggested he may benefit from a change of prescription from Risperidone to Quetiapine, another drug used to treat bipolar disorder that may produce fewer side effects. The change of prescription appeared to have a positive effect on Mr Micallef.

39. Prison staff continued to review him in line with the ACCT plan. On 2 February, following a case review by a SO, the ACCT was closed. Mr Micallef was told that the ACCT could be reopened at any time if he felt he needed extra support.

40. Mr Micallef was reviewed by hospital staff on numerous occasions over the weeks that followed. He attended hospital for regular blood tests, blood transfusions, reviews with dieticians and general health assessments to prepare

him for a planned stem cell transplant scheduled for 8 March. However, due to concerns with Mr Micallef's health, the date for the procedure was rescheduled to 16 March. It was later rescheduled again to 25 April.

41. On 3 April, a nurse met with Mr Micallef's mother to discuss his condition and the treatment options available to him. Following that meeting, Mr Micallef's mother was regularly involved in discussions about his care and was kept updated on his condition.

42. On 12 April, a prison GP reviewed Mr Micallef after he complained of a sudden onset of severe abdominal pain. She was aware of the issues with his spleen and considered it may have ruptured. She decided to send him to the hospital and telephoned for an emergency ambulance. However, she was told by the Ambulance Service there would be a delay due to pressures on the service at that time. Given his condition, and past medical history, she sent him to hospital by taxi. He was accompanied by two prison officers and restrained using an escort chain. The prison GP contacted Mr Micallef's mother to advise her of the change in his condition.

43. Mr Micallef had a computerised tomography (CT) scan in hospital. The results indicated a clot and a small tear on his spleen. Hospital staff told him he may need surgery to repair the tear to prevent any further rupturing. Prison staff contacted his mother to inform her of his admission to hospital. However, soon after arrival, Mr Micallef decided to discharge himself back to Parc. This was against the advice of hospital staff and the prison staff who were accompanying him.

44. On his return to Parc, a nurse spent time with Mr Micallef explaining the importance of following the advice given to him by hospital staff. She tried to persuade him to return to hospital, explaining he could potentially bleed to death if there was any further rupturing to his spleen. He told her that while he understood, he was adamant that he did not wish to return to hospital. Later that evening, his condition worsened. An emergency ambulance was called but again he refused to attend hospital. Paramedics noted his decision and considered he had the mental capacity to refuse to be taken to hospital.

45. On 13 April, a nurse reviewed Mr Micallef and they discussed his upcoming stem cell transplant. She made it clear that by refusing treatment and discharging himself from hospital, he was risking his wellbeing. She reiterated that should he contract a cold, cough or infection the transplant would be unable to go ahead and that his refusal to be treated at hospital was risking not only his wellbeing, but possibly his life. He agreed to be taken to the hospital by emergency ambulance. As with previous admissions to hospital, he was accompanied by two prison officers and restrained using an escort chain. However, shortly after arrival he again discharged himself against advice.

46. The following day, a nurse telephoned Mr Micallef's mother and told her of recent events. She considered his mother could encourage him to follow the advice being given to him and asked her to speak with him. After speaking with his mother, Mr Micallef agreed to be admitted to the hospital the following day. When he arrived, hospital staff reviewed Mr Micallef and considered he required an urgent blood transfusion. However, despite the best efforts of both hospital

and prison staff, Mr Micallef decided to discharge himself. He told hospital staff he understood the seriousness of his condition.

47. Following his return to Parc, a nurse tried to establish the reason for him repeatedly discharging himself from hospital. He said he chose to return to the prison as he had to wait too long for a bed. She encouraged him to reconsider and to return to hospital. She told him that if he returned to hospital and felt like discharging himself again, he should telephone her to discuss it before taking the decision to leave hospital. He agreed and returned to the hospital where he was admitted as an inpatient.

48. On 16 April, a multidisciplinary team meeting (MDT) was held with representatives from healthcare, the MHIRT and prison staff. The purpose of the meeting was to create an action plan if Mr Micallef decided to discharge himself from hospital again. It was agreed that if he self-discharged, clinical observations would be carried out on an hourly basis, an open-door policy would be instigated to give healthcare staff the ability to access the cell at any time of the day or night without the need for keys, and an ACCT would be opened to give Mr Micallef additional support should he need it. In addition, a nurse would be assigned to him at all times.

49. Mr Micallef stayed in hospital as an inpatient until 19 April, when he again took the decision to discharge himself. He said he was “fed up of having no sleep and having needles in his arms”. As agreed at the MDT meeting, a SO opened an ACCT. As with previous ACCTs, prison staff were required to observe Mr Micallef twice an hour and to engage in a meaningful conversation with him twice a day. Also in accordance with the actions agreed at the MDT meeting, a nurse was assigned to be with Mr Micallef constantly and an open-door policy was put in place.

50. On 21 April, a senior manager carried out a routine review of Mr Micallef’s ACCT document. She noted he had recently been diagnosed as having a clot on his spleen which, if it burst, could result in serious internal bleeding and possibly sepsis (an extreme reaction to infection where the body’s immune system attacks the body’s own tissues and organs). She also noted he was still low in mood. She recommended that continual efforts be made to encourage him to be admitted to hospital and for his ACCT to be reviewed on a daily basis.

51. The following day, a prison GP considered that clinical observations could be reduced from hourly to every two hours. Healthcare staff continued their efforts to encourage Mr Micallef to reconsider his decision not to be readmitted to hospital and to accept any treatment offered to him. Later that evening, he agreed to return to hospital and was admitted to the hospital. He was accompanied by two prison officers and restrained using an escort chain.

52. On 23 April, hospital staff considered Mr Micallef was well enough to be discharged back to Parc. They considered that he did not require a surgical procedure to repair his ruptured spleen, but would be required to attend hospital on a weekly basis for blood tests and possible blood transfusions. He returned to Parc the same day. In a discharge summary given to healthcare staff, hospital staff considered it would be impossible to carry out the stem cell transplant until Mr Micallef’s condition had improved. They also noted that his decision to

repeatedly discharge himself from hospital had had a detrimental effect on his health, which in turn was the reason for the postponement of the planned transplant.

53. During a routine ACCT review on 4 May, Mr Micallef stated that he felt more positive about his situation and did not require the support of an ACCT. As that was the case, a SO closed the ACCT document but reiterated to Mr Micallef that should he feel the need for support it could be reopened at any time. Despite the closure of the ACCT, the open-door policy remained in place and a nurse continued to be assigned to Mr Micallef at all times.

54. On 17 May, following a regular review by hospital staff, a specialist haematology nurse telephoned healthcare staff and expressed concern at Mr Micallef's apparent weight loss. She considered that he would benefit from nasogastric feeding (feeding by means of a thin plastic tube passed through the nostril, down the oesophagus and into the stomach). She asked if Parc could facilitate such nutritional support, but they told her they were unable to. As that was the case, the nurse advised Mr Micallef would benefit from being admitted to hospital to enable the nasogastric feeding to be carried out. She said she would discuss it with him on his next review.

55. The next hospital review was carried out on 23 May. Hospital staff suggested to Mr Micallef that he agree to be admitted to hospital to undergo nasogastric feeding. He refused, insisting he had to return to the prison. Hospital staff explained to him that if he did not agree to be admitted to hospital for nutritional support, it could result in him not being physically fit enough to undergo the planned stem cell transplant.

56. On 24 May, Mr Micallef told a nurse he would agree to be admitted to hospital, but not until the following day. Hospital staff advised it would not be possible for him to be admitted the following day and asked healthcare staff to remind Mr Micallef that his planned stem cell transplant could be cancelled if his physical condition did not improve. Despite strenuous efforts by the nurse, Mr Micallef refused to be taken to hospital.

57. Later that day, he changed his mind and agreed to be taken to the hospital. He was taken by taxi and accompanied by two prison officers and restrained using an escort chain. However, shortly after his arrival he again discharged himself back to Parc.

58. Mr Micallef attended his weekly review at the hospital on 30 May. On that occasion he agreed to be admitted into hospital for nasogastric feeding. While in hospital his haemoglobin levels dropped significantly. Hospital staff suspected he had developed neutropenic sepsis (a severe infection which occurs due to a reduction in the number of white blood cells, and which can prove fatal if untreated). In order to stabilise his condition, he underwent an emergency blood transfusion receiving three pints of blood. The following day, hospital staff carried out a bone marrow aspiration.

59. On 3 June, Mr Micallef took the decision to discharge himself from hospital again and return to Parc. In an attempt to encourage him to reconsider, hospital staff had a frank conversation with him ensuring he understood the seriousness of his

condition and the possible ramifications of the decision he was making. However, he was adamant that he wished to return to Parc. Although hospital staff considered Mr Micallef was not making decisions in his own best interests, they noted he had the mental capacity and understanding to do so.

60. On his return to the prison, a nurse spent time speaking with Mr Micallef. She made strenuous efforts to try and encourage him to return to hospital and accept the treatment offered to him. However, he refused and told her he wished to remain at Parc.

61. The following day, the nurse met with Mr Micallef again. They spent time again discussing the issue of his repeated self-discharges and the reasons why he should accept the advice given to him by hospital staff. Later that afternoon, after reflecting on their conversation, Mr Micallef agreed to be admitted to the hospital. While an inpatient, hospital staff made good efforts to stabilise his condition in readiness for his upcoming stem cell transplant.

62. On 7 June, a nurse attended an MDT meeting at the hospital. The purpose of the meeting was to discuss Mr Micallef's repeated self-discharge and to find ways to encourage him to stay in hospital following admission. During the meeting, hospital staff raised concerns about Mr Micallef being restrained while an inpatient. They questioned if restraints were necessary given his worsening physical condition and reduced mobility. Following the meeting at the hospital, prison staff reviewed Mr Micallef's level of risk and decided that restraints would not be necessary for the remainder of his stay in hospital.

63. During the weeks that followed, Mr Micallef remained in hospital. Healthcare staff kept in regular contact with hospital staff and were fully informed of any changes in his condition.

64. On 21 June, Mr Micallef's condition deteriorated and he developed a high temperature. As a result, a course of radiotherapy hospital staff had planned to carry out prior to his upcoming stem cell transplant was postponed until his condition improved. During this time, Mr Micallef was subject to intensive nursing and medical intervention in an attempt to improve his condition and give the stem cell transplant the best chance of success.

65. By 25 June, his condition had improved sufficiently enough that he was able to undergo the radiotherapy and planned stem cell transplant. Following the procedure, Mr Micallef was moved to a critical care ward to receive an enhanced level of nursing.

66. Soon after his admission to the critical care ward, hospital staff became concerned at a decline in his kidney and liver function and considered he would benefit from having a catheter fitted. However, he refused to allow the procedure to go ahead. Despite hospital staff repeatedly informing him he risked organ failure if he did not have the catheter, he was adamant he would not accept it.

67. In an attempt to get Mr Micallef to accept the advice being given to him, a Healthcare Manager at Parc visited him in hospital on 10 July. She spent time with him discussing his health and the concerns of hospital staff. However, despite her best efforts he continued to refuse the use of a catheter. Hospital

staff told the Healthcare Manager that although it was still early days, they were concerned he was not responding to the stem cell transplant as they had hoped. Mr Micallef's liver and kidney function continued to deteriorate.

68. On 15 July, Mr Micallef's condition deteriorated rapidly and he became unresponsive. Hospital staff considered he was suffering from multi-organ failure and that he was likely to die in the next few hours. His condition continued to deteriorate and at 9.45pm, a hospital doctor pronounced he had died.

Contact with Mr Micallef's Family

69. On 12 April 2018, Mr Micallef was admitted to hospital by emergency ambulance after he complained of severe abdominal pain. The following day, a Complex Case Manager for the healthcare department at Parc telephoned his mother to inform her of his condition and to advise her he was likely to need surgery. Throughout his stay in hospital, healthcare staff remained in contact with Mr Micallef's mother, keeping her informed of his progress.

70. On 16 June, a member of the chaplaincy team at Parc was appointed to act as family liaison officer for the prison. She telephoned Mr Micallef's mother to inform her his condition had deteriorated and that he was considered too unwell to undergo his planned stem cell transplant. The prison family liaison officer then gave his mother the direct telephone number for the ward he was on so she could get clearer information on his condition for herself. She also gave his mother her own contact number should she require any further assistance or support.

71. The prison family liaison officer met with Mr Micallef's mother at University Hospital on 9 July. They spoke with hospital staff who considered there was a possibility Mr Micallef's body was rejecting the donor stem cells. They stated he was extremely ill with no sign of an improvement in his condition. Mr Micallef's mother told her that while she understood the severity of his condition and that his prognosis was not a positive one, she felt better able to cope when she was at the hospital with her son. The prison family liaison officer reiterated that she could contact her whenever she felt the need for support.

72. At 9.30pm on 15 July, the prison family liaison officer was told by the Complex Case Manager that Mr Micallef's condition had deteriorated and hospital staff did not expect him to survive. The prison family liaison officer accompanied by another member of the chaplaincy team at Parc left the prison and went to University Hospital. Following their arrival at the hospital, they met with Mr Micallef's family and offered them support.

73. Mr Micallef's mother thanked them for their support and asked if it was possible that he be given the last rites by a Catholic Priest. The prison family liaison officer arranged for a Catholic member of the hospital Chaplaincy to attend.

74. After Mr Micallef's death, the prison family liaison officer provided on-going support to his mother. In line with national guidance, the prison offered a financial contribution to Mr Micallef's funeral, which was held on 3 August.

Support for prisoners and staff

75. After Mr Micallef's death, a prison manager debriefed the staff who were accompanying Mr Micallef in hospital when he died, to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

76. The prison posted notices informing other prisoners of Mr Micallef's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Micallef's death.

Cause of death

77. A hospital consultant recorded that Mr Micallef died from sepsis and veno-occlusive disease (obstructions in the veins in the liver) following a stem cell transplant, as a result of myelodysplastic/myeloproliferative disorder (a type of blood cancer where the bone marrow makes abnormal blood cells). The coroner accepted the cause of death provided by the hospital consultant and there was no post-mortem examination.

Findings

Clinical care

78. The clinical reviewer considered that healthcare staff at Parc responded appropriately to deteriorations in Mr Micallef's physical health and ensured that he attended all outpatient appointments. They referred him to hospital in a timely manner and sought appropriate advice and support from hospital staff to ensure his healthcare needs were met. It is evident from Mr Micallef's medical records that all actions requested by hospital staff were completed in a timely manner by healthcare staff at Parc.

79. The clinical reviewer concluded that the clinical care Mr Micallef received while at Parc was equivalent to that which he could have expected to receive in the community. We agree.

80. The management of Mr Micallef's condition was complicated by his unwillingness to follow the advice given to him by both hospital and healthcare staff. Entries in his medical records show he took the decision to discharge himself from hospital against advice on nine occasions, four of those within a 48-hour period between 13 and 15 April 2018.

81. There are also numerous entries made by healthcare staff, and in particular a nurse, that evidence the repeated efforts made by staff to encourage Mr Micallef to comply with the advice being given to him by hospital staff. However, he repeatedly chose to ignore that advice, despite knowing the consequences of his actions could lead to a severe deterioration in his health and could even prove to be fatal.

82. It is clear the decisions he made about discharging himself from hospital were detrimental to his health. However, it is also important to note he was assessed to have the mental capacity to make those decisions.

83. We acknowledge that healthcare staff at Parc made strenuous efforts to encourage Mr Micallef to attend for hospital treatment and explained the implications of not doing so. However, Parc did not have a clear protocol for managing prisoners who repeatedly refuse to attend for hospital treatment or discharge themselves once there. A protocol would ensure that formal records are kept of all episodes of refusal to attend/self-discharge and the prison's response. We make the following recommendation:

    The Head of Healthcare should ensure that there is a protocol in place for those prisoners who repeatedly refuse to attend hospital, or self-discharge, against medical advice.

Restraints

84. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. 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 takes into account the

prisoner’s health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner’s risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner’s risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner’s ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

85. When Mr Micallef was taken to hospital, either for an outpatient appointment or as an inpatient, he was accompanied by two prison officers and restrained using an escort chain. The risk assessments judged he was a medium risk of escape, and a medium risk to the public should he do so.

86. Although there were no objections made by medical staff to the use of restraints on the risk assessments, there are many entries in Mr Micallef’s medical records that suggest that he was extremely unwell.

87. On 7 June 2018, during an MDT meeting held at Singleton Hospital, hospital staff raised concerns at the level of restraint Mr Micallef was subjected to while an inpatient. They pointed out his worsening condition and how it affected his level of mobility. Following the meeting, the decision was taken to remove Mr Micallef’s restraints. They were not reapplied.

88. While we acknowledge that Mr Micallef was a prisoner judged to be of medium risk and relatively new into a significant sentence, he had extremely serious health issues which affected his mobility. It is hard to see that the legal requirements justifying the level of restraint used were met prior to his final admission into hospital. Risk assessments did not appropriately consider his health when deciding on the level of restraint required. We therefore make the following recommendation:

The Governor should ensure that all staff completing and authorising risk assessments justifying the use of restraints on 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.

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