

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Clifford Mussard a prisoner at HMP Parc on 1 January 2019

**A report by the Prisons and Probation Ombudsman**

## 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 Clifford Mussard died in hospital on 1 January 2019 from chronic kidney disease while a prisoner at HMP Parc. He was 88 years old. I offer my condolences to Mr Mussard's family and friends.

Mr Mussard had already been diagnosed with kidney disease, along with a range of other conditions, when he arrived at Parc on 18 October 2017. His condition deteriorated over time and on 9 December 2018, he was taken to hospital where he died three weeks later.

I am not satisfied that the care Mr Mussard received at Parc was equivalent to that he could have expected to receive in the community. He was not seen by a prison doctor for three months after he arrived despite his range of medical conditions; he did not have a kidney care plan for over a year; and he did not have regular blood tests to monitor his kidney function.

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

**August 2019**

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# Summary

## Events

1. On 18 October 2017, Mr Clifford Mussard was convicted of sexual offences and sent to HMP Parc. He had several long-term health conditions including kidney disease, heart disease, diabetes and anaemia.
2. Mr Mussard attended a hospital appointment in November 2017 to investigate his anaemia. The hospital consultant advised that Mr Mussard's chronic kidney disease was partly responsible.
3. Mr Mussard's kidney function deteriorated over the next year. On 11 September 2018, a hospital consultant considered there was little chance of any improvement so referred him to the dialysis education nurses and prescribed him with erythropoietin (a drug used to control red blood cell production).
4. On 9 December, Mr Mussard refused to take his medication and said that he felt unwell. He was not eating or drinking and was wearing soiled clothing that smelt strongly of urine. He was seen by a nurse, who said that he needed to go to hospital to be assessed further and requested a non-emergency ambulance. Mr Mussard was treated in hospital for three weeks but his condition deteriorated and on 1 January 2019, he died.
5. The hospital gave the cause of death as chronic kidney disease, with anaemia, heart disease and diabetes as contributing factors.

## Findings

6. The clinical reviewer found that the care Mr Mussard received at Parc was not equivalent to that he could have expected to receive in the community. We made a similar finding in an investigation into the death of a prisoner at Parc in October 2018.
7. Mr Mussard had numerous medical conditions when he arrived at Parc and yet he did not see a doctor until 24 January 2018, three months after he arrived, and although he already had kidney disease, prison healthcare staff did not put a kidney care plan in place until 23 November 2018, over one year later.
8. A blood test to measure kidney function was requested on 26 February 2018, but was not completed until 23 August 2018, almost six months later. Also, on the day that Mr Mussard went to hospital, healthcare staff did not take a NEWS score, nor did they monitor Mr Mussard's condition while they were waiting for the ambulance.

## Recommendations

- The Head of Healthcare should ensure that all prisoners with long-term conditions have clear, personalised care plans, with stated aims, planned interventions and regular monitoring. Care plans should be created when a condition first becomes apparent or on admission to prison if present then.

- The Head of Healthcare should ensure that there is a policy and process in place to make sure that all blood tests are actioned by clinical staff in a timely manner.
- The Head of Healthcare should ensure that clinical staff consistently use assessment tools, in particular the National Early Warning Score (NEWS) to ensure the appropriate and timely escalation of unwell patients.
- The Head of Healthcare should ensure that when an ambulance is called for an unwell prisoner, the prisoner has regular physical monitoring until the paramedics arrive.

## The Investigation Process

9. 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. No one responded
10. NHS England commissioned a clinical reviewer to review Mr Mussard's clinical care at the prison.
11. We informed HM Coroner for South Wales of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Mussard's son, to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not raise any issues.
13. Mr Mussard's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.
14. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies and their action plan is annexed to this report.

# Background Information

## HMP Parc

15. 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.
16. 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

17. 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

18. 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

19. Mr Mussard was the 11th prisoner to die at Parc since January 2017. Of the previous deaths, four were self-inflicted and six were from natural causes. In our investigation into a death from natural causes in October 2018, we found that healthcare fell far below the standard the prisoner could have expected in the community: blood tests were not managed well, abnormal blood tests were not followed up, and a lack of proper monitoring meant that the prisoner's condition deteriorated significantly, leading to him being admitted to hospital as an emergency.

## Key Events

20. On 18 October 2017, Mr Clifford Mussard was convicted of sexual offences and sent to HMP Parc. On 20 October, he was sentenced to 20 years in prison.
21. Mr Mussard was aged 87 when he was sent to prison and had several long-term health conditions including kidney disease, heart disease, diet controlled diabetes and anaemia. Doctors prescribed appropriate medication, including simvastatin (used to reduce cholesterol), aspirin (to prevent heart attacks and strokes) and folic acid (to treat anaemia).
22. On 30 November 2017, Mr Mussard attended a hospital appointment to investigate his anaemia. The hospital consultant noted that Mr Mussard's chronic kidney disease was partly responsible for his anaemia but organised further tests to rule out additional causes. Mr Mussard failed to attend a further appointment on 11 January 2018, and was discharged from the clinic.
23. On 26 February, a nurse took blood tests from Mr Mussard. However, coagulation screening (a test to measure the blood's ability to clot) was not completed because no bottle was available. The nurse requested a U&E test (urea and electrolytes test, which measures kidney function) but this was not completed and when the blood test results were reviewed later that day by a prison GP, she did not notice that the U&E test was missing.
24. Over the next six months, healthcare staff monitored and reviewed Mr Mussard frequently and discussed his care needs during multidisciplinary meetings.
25. On 9 August, a prison GP saw Mr Mussard and told him that because of his anaemia he would need a blood transfusion. He was taken to hospital for the procedure the following day.
26. On 15 August, a healthcare manager noted in Mr Mussard's medical record that a hospital consultant had advised that Mr Mussard should have a catheter fitted and have an ultrasound scan of his kidneys because he was in chronic kidney failure.
27. On 16 August, Mr Mussard refused to have a catheter fitted. Prison healthcare staff contacted the hospital consultant to explain that Mr Mussard had refused to have a catheter fitted. The consultant said that Mr Mussard would need urgent blood tests taken and an ultrasound scan because if there was obstruction his kidneys would fail. An urgent referral was made the following day.
28. On 17 August, a healthcare assistant was called to Mr Mussard's cell as he was unwell. He was lying in bed shaking and complaining of a severe pain in his back. The healthcare assistant took his clinical observations and blood tests including a U&E blood test. She noted Mr Mussard's pulse was raised at 133bpm (a normal resting heart rate for adult's ranges from 60 to 100 beats per minute) and his oxygen saturation level was low at 88% (a normal range is 95 to 100%). She recorded a National Early Warning System (NEWS) score of 9. (NEWS is a tool used to assess clinical deterioration in adult patients – a score of 9 indicates high clinical risk.) A urine dip test showed signs of infection. The healthcare assistant decided that Mr Mussard would need to go to hospital and

- requested an ambulance. Two prison officers escorted him to hospital. No restraints were used.
29. On 21 August, Mr Mussard returned from hospital after being treated for a urine infection.
  30. On 22 August, a prison GP had a discussion with Mr Mussard about his renal function test. The GP said he could not compare them with previous results as a renal function test had not previously been done at Parc. Mr Mussard said he was happy for this to be monitored in future. A repeat test was arranged for ten days' time. There is no evidence this test was repeated.
  31. On 10 September, a prison GP noted that Mr Mussard had not had a repeat U&E blood test as previously requested. The GP referred Mr Mussard to the nephrology department (the hospital department that manages kidney disease).
  32. On 11 September, the hospital consultant said that Mr Mussard's renal function had declined over the last two years. He considered there was little chance of improvement so referred him to the dialysis education nurses and prescribed him with erythropoietin (a drug used to control red blood cell production).
  33. On 16 November, Mr Mussard attended the Princess of Wales Hospital for an appointment with a kidney specialist. The consultant requested a further review in six to eight weeks.
  34. On 23 November, prison healthcare staff created a chronic kidney disease care plan. This appears to be the first care plan that had been created, even though Mr Mussard had had kidney failure for some time.
  35. On 3 December, a prison GP reviewed Mr Mussard. He noted that Mr Mussard had been feeling anorexic for a few months and most days felt nauseous. He used a wheelchair and weighed 58kg. The GP documented that his symptoms were due to chronic renal failure and he would need repeat blood tests in the New Year. He prescribed fortisip, a high energy food supplement drink.
  36. On 6 December, a nurse saw Mr Mussard and noted that he had not eaten that day and had lost weight. He had a NEWS score of 0. Mr Mussard was given an electrocardiogram (ECG – to monitor the electrical rhythms of the heart) and blood tests were taken. An urgent GP review was requested for the next day.
  37. On 7 December, a prison GP saw Mr Mussard and noted that he was frail, not eating and had passed some blood in his urine. The GP diagnosed a severe kidney infection and prescribed antibiotics. He took no physical observations.
  38. On 8 December, a nurse went to see Mr Mussard in his cell because he had refused his medication and said he felt unwell. The nurse took his observations and recorded a NEWS score of 0. He was not eating or drinking and was wearing soiled clothing that smelt strongly of urine. The nurse created an older person care plan and asked wing officers to encourage him to accept help with his personal hygiene needs.
  39. On 9 December, a nurse went to see Mr Mussard in his cell, because he was refusing to take antibiotics that he had been prescribed for a urine infection.

Given his frailty, age and chronic medical history, the nurse decided that he needed to go to hospital to be assessed. She asked for a non-emergency ambulance. No NEWS score was recorded and no further clinical observations were taken while Mr Mussard was waiting for the ambulance. Two prison officers escorted Mr Mussard to hospital, where he was admitted. No restraints were used.

40. On 11 December, after a discussion with the doctor, Mr Mussard said that he did not wish to receive any further treatment. His family were present and agreed. That evening his treatment was stopped. Mr Mussard died in hospital on 1 January 2019.

### **Contact with Mr Mussard's family**

41. On 9 December, a prison chaplain was appointed as the prison family liaison officer (FLO). She telephoned Mr Mussard's daughter in law and told her that Mr Mussard had been admitted to hospital.
42. Following Mr Mussard's death, the FLO telephoned Mr Mussard's daughter in law the next morning to offer support and to discuss the funeral arrangements.
43. The FLO provided ongoing support to Mr Mussard's family. The funeral took place on 21 January. No representative from the prison attended as requested by Mr Mussard's family. The prison paid for the funeral, in line with national instructions.

### **Support for prisoners and staff**

44. After Mr Mussard's death, a prison manager debriefed the staff involved in Mr Mussard's care to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
45. The prison posted notices informing other prisoners of Mr Mussard's death, and offered support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Mussard's death.

### **Cause of death**

46. The coroner accepted the cause of death provided by the hospital and no post-mortem examination was conducted. The hospital recorded Mr Mussard's cause of death as chronic kidney disease. It also listed anaemia, heart disease and diabetes as contributory factors.

# Findings

## Clinical care

47. The clinical reviewer found that the care Mr Mussard received at Parc was not equivalent to that he could have expected to receive in the community.
48. The clinical reviewer noted that when Mr Mussard arrived at Parc, he had numerous medical conditions and was awaiting a hospital appointment to investigate his anaemia, and yet he did not see a doctor for over three months. The clinical reviewer considered he should have been seen earlier. He also noted that Mr Mussard should have had a kidney care plan put in place when he arrived, but this was not done until 23 November 2018, over a year later.
49. Mr Mussard should have had regular and specific blood tests to monitor his kidney disease. Despite a U&E blood test (used to measure kidney function) being requested on 26 February 2018, it was not done and this was not picked up by the GP who reviewed the blood test results. As a result, the U&E test was not completed until 17 August, almost six months later. This meant that the prison GP who saw Mr Mussard on 22 August could not assess if Mr Mussard's condition had deteriorated.
50. The clinical reviewer also found that on the day that Mr Mussard was taken to hospital, the nurse did not take a NEWS score, and did not do any further observations. This meant that the urgency of the ambulance might not have been determined accurately.
51. We make the following recommendations:

**The Head of Healthcare should ensure that all prisoners with long-term conditions have clear, personalised care plans, with stated aims, planned interventions and regular monitoring. Care plans should be created when a condition first becomes apparent or on admission to prison if present then.**

**The Head of Healthcare should ensure that there is a policy and process in place to make sure that all blood tests are actioned by clinical staff in a timely manner.**

**The Head of Healthcare should ensure that clinical staff consistently use assessment tools, in particular the National Early Warning Score (NEWS) to ensure the appropriate and timely escalation of unwell patients.**

**The Head of Healthcare should ensure that when an ambulance is called for an unwell prisoner, the prisoner has regular physical monitoring until the paramedics arrive.**

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