

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Karl Barker a prisoner at HMP Wakefield on 12 April 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.

Mr Karl Barker died on 12 April 2019, of cardiac failure, acute kidney injury, bronchopneumonia and ischaemic heart disease while a prisoner at HMP Wakefield. He was 72 years old. I offer my condolences to Mr Barker's family and friends.

Mr Barker arrived into prison with a history of heart disease. He was cared for by secondary care providers and specialist clinics at the prison.

In March 2019, Mr Barker developed a urine infection. He was admitted to hospital where his condition continued to deteriorate. Shortly after his admission to hospital, he was noted as suffering from multiple organ failure but he chose to refuse all further treatment.

I am satisfied, that overall Mr Barker received a good standard of care at Wakefield which was equivalent to that which he could have expected to receive in the community.

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**

**November 2019**

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# Summary

## Events

1. On 23 April 2015, Mr Karl Barker was charged with sexual offences and sentenced to twenty-two years in prison. He was sent to HMP Lincoln.
2. On his arrival at Lincoln, healthcare staff reviewed Mr Barker and noted he previously had had four heart attacks. As a result, he had been fitted with stents (used to widen the arteries to improve blood flow to the heart) and a pacemaker (used to help regulate the heart beat) and was reviewed regularly by prison healthcare staff and hospital specialists.
3. On 12 August 2016, Mr Barker was transferred to HMP Wakefield. He was reviewed regularly by both healthcare staff and hospital staff.
4. During a routine review on 22 March 2019, a healthcare nurse considered that Mr Barker had developed a urine infection. He was given a course of antibiotics and his condition improved.
5. However, on 25 March, a healthcare nurse noted Mr Barker had decided to stop taking the antibiotics. He told the nurse that they made him feel nauseous.
6. On 27 March, Mr Barker was admitted to the prison's healthcare inpatient unit for observation. Blood and urine tests were carried out and the results showed that he had developed another urine infection. A GP considered he might have developed an acute kidney injury and advised that Mr Barker should be taken to hospital by emergency ambulance for review. Following a review by hospital staff, Mr Barker was admitted as an inpatient.
7. Mr Barker's condition continued to deteriorate and on 10 April, hospital staff considered that he had multiple organ failure. The following day, Mr Barker chose to refuse all further treatment. Hospital staff considered he had the mental capacity to make decisions about his treatment and care.
8. Mr Barker's condition continued to deteriorate and at 1.50am on 12 April, he died. A hospital doctor confirmed his death at 4.25am.
9. The coroner gave Mr Barker's cause of death as cardiac failure, acute kidney injury (kidney failure) bronchopneumonia and ischaemic heart disease.

## Findings

10. The clinical reviewer found that overall, Mr Barker received a good standard of clinical care at Wakefield. Healthcare staff appropriately assessed his clinical needs and sought advice from hospital staff and specialists.
11. We are satisfied that the standard of care Mr Barker received at Wakefield was equivalent to that which he could have expected to receive in the community.
12. We make no recommendations.

## The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Wakefield informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
14. The investigator obtained copies of relevant extracts from Mr Barker's prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Barker's clinical care at the prison.
16. We informed HM Coroner for County of West Yorkshire of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.
17. We wrote to Mr Barker's next of kin to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not respond to our letter.
18. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

# Background Information

## HM Prison Wakefield

18. HMP Wakefield is a high security prison and holds up to 750 men. There are four main residential wings, a healthcare centre, a segregation unit and a close supervision centre (a small unit aiming to provide a supportive, safe, structured and consistent environment for some of the most challenging offenders).
19. Care UK provides the healthcare provision at Wakefield. They provide primary healthcare services during normal working hours, overnight and weekend care in the inpatient unit for prisoners with physical health problems. There is also a dedicated palliative care suite in the healthcare unit.

## HM Inspectorate of Prisons

20. The last inspection at Wakefield was in June 2018. Inspectors noted that health services were good overall, but some parts of the healthcare environment needed improvement. Primary care services were noted as being very good and had an appropriate emphasis on the care of patients with long-term conditions.

## Independent Monitoring Board

21. 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 30 April 2018, the IMB noted the difficulties and challenges presented by the previous change of healthcare provider. However, they also noted there had been noticeable improvements with the new team.
22. The IMB noted the introduction of nurse prescribers, trained to administer intravenous drugs. They also noted that a review would be carried out following every case in which an emergency ambulance was requested. In addition, a nurse practitioner had been appointed to provide clinical cover alongside the prison GPs.
23. The IMB found that the end of life care suite had been updated and that the provision of care given to patients with life limiting conditions was of a high standard.

## Previous deaths at HMP Wakefield

24. Mr Barker was the fourteenth prisoner to die at HMP Wakefield since May 2017. Thirteen of the deaths were from natural causes and one death was self-inflicted. There have been six deaths since Mr Barker's death, three from natural causes, one self-inflicted death and two deaths awaiting classification. There are no similarities with those cases.

## Findings

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

25. On 23 April October 2015, Mr Karl Barker was charged with sexual offences and sentenced to twenty-two years in prison. He was sent to HMP Lincoln.
26. On his arrival at Lincoln, healthcare staff reviewed Mr Barker and noted he previously had had four heart attacks. As a result, he had been fitted with a pacemaker and had had four stents inserted into the arteries that supply blood to the heart to improve the flow of blood.
27. Mr Barker also had low blood pressure and was noted to be a smoker. He was offered smoking cessation advice, which he refused despite repeated attempts by healthcare staff. In line with NICE guidelines (National Institute for Health and Care Excellence), Mr Barker was given an influenza injection which he received annually from that point.
28. While at Lincoln, Mr Barker had little significant contact with healthcare staff. His prescribed medications were reviewed, care plans were created, and he was referred to specialist clinics at the prison. Healthcare staff contacted hospital specialists to update them on Mr Barker's location. They remained in contact with hospital staff, seeking advice on medication and appropriate care.
29. On 12 August 2016, Mr Barker was transferred to HMP Wakefield. Healthcare staff noted his previous medical history. His medications were reviewed, and care plans updated. He was reviewed regularly by, a specialist cardiac nurse at the prison, and was referred to a hospital's cardiology unit to ensure he had continuity of cardiac care.
30. Over the months that followed, Mr Barker continued to be reviewed regularly by healthcare staff and his care was managed by the prison's cardiac clinic.
31. We are satisfied that healthcare staff appropriately managed Mr Barker's symptoms and sought advice from hospital specialists when necessary.

### Mr Barker's clinical care

32. On 13 February 2017, Mr Barker refused to attend a cardiac review at a hospital.
33. Later the same day, a nurse from the prison's cardiac care clinic team, reviewed Mr Barker. She asked him why he had refused to attend his hospital review. He told her that he did not feel unwell, that his pacemaker had been checked six months ago and there were no issues. Mr Barker said that he felt it was a waste of everyone's time to attend the cardiac review. The nurse told him it was important that he attend, and that regular monitoring of his pacemaker would ensure it was working correctly. Mr Barker agreed to attend future hospital reviews.
34. On 3 May, a prison GP reviewed Mr Barker. She noted his previous medical history and reviewed his medications. The prison GP told Mr Barker she would re-refer him to a hospital's cardiac care clinic, due to his recent refusal to attend

- a review. He initially refused, but the prison GP encouraged him to attend, stressing the importance of regular checks by the cardiac team.
35. On 14 June, Mr Barker was reviewed by hospital staff. He told hospital staff that in the previous two days he had experienced chest pain and feeling light headed. Hospital staff carried out an echocardiogram (measures the electrical output of the heart) which showed a deterioration in his left ventricular function of his heart. They referred Mr Barker for a pacemaker check.
  36. On 3 July, Mr Barker attended hospital for a pacemaker review. Tests showed a deterioration in the function of his heart. Hospital staff admitted him as an inpatient to carry out further tests. Following completion of the tests, it was decided that Mr Barker needed a coronary bypass graft (a surgical procedure carried out to improve the blood flow to the heart for those patients diagnosed with severe coronary heart disease). The procedure was carried out on 27 July. Mr Barker stayed in hospital as an inpatient.
  37. On 25 August, Mr Barker was discharged from hospital and was sent back to Wakefield. Following his return to the prison, he was reviewed regularly by the prison's cardiac care clinic and his care plans, including a post-surgery wound care plan were updated in line with NICE guidelines. Healthcare staff again offered Mr Barker smoking cessation advice. He agreed to stop smoking but instead used an electronic cigarette.
  38. On 3 October, Mr Barker attended a routine cardiac review at a hospital. Hospital staff considered that due to the deterioration in the function of his heart, his existing pacemaker needed to be changed for an implantable cardioverter defibrillator (a small device surgically inserted into the chest used to regulate dangerously abnormal heart rhythms).
  39. On 7 November, Mr Barker was taken to hospital and was admitted as an inpatient. The procedure was carried out on 8 November, and he was discharged from hospital and sent back to Wakefield the following day.
  40. Mr Barker attended reviews regularly at the hospital's cardiac clinic. At a review held on 19 February 2018, hospital staff considered Mr Barker's condition had improved and he did not need a further review until February 2019.
  41. Mr Barker remained under the care of the cardiac care clinic at Wakefield where he was reviewed regularly by healthcare staff and his care plans were updated in line with advice from hospital specialists.
  42. Aside from routine reviews and tests, Mr Barker had little significant contact with healthcare staff until 13 March 2019. A prison GP reviewed Mr Barker after he complained of diarrhoea for the previous three days. He had also been experiencing some pain when urinating. She considered he might have developed a urine infection. Blood and urine tests results showed that although he did not have a urine infection, he had developed anaemia (a lack of oxygen in the red blood cells). His medication was reviewed and adjusted to take into account his anaemia.

43. On 20 March, a prison GP reviewed Mr Barker again after he reported continuing discomfort when passing urine. She told Mr Barker that she needed to carry out a rectal examination to assist in diagnosing his condition. Mr Barker said that he would rather have the examination at a later date. He agreed to be examined on 25 March, which was the next available GP appointment. The prison GP considered that Mr Barker had the mental capacity to make decisions about his care and treatment. She repeated his blood and urine tests.
44. On 22 March, a nurse reviewed Mr Barker after he reported feeling unwell. While reviewing him in his cell, she noticed a smell of urine and considered he had developed a urine infection. She took his observations, which showed nothing of concern, but considered he appeared to be very pale and lethargic. She gave Mr Barker a course of antibiotics and paracetamol. She reviewed him again that evening and noted that his condition had improved.
45. On 25 March, a prison GP reviewed Mr Barker. He noted Mr Barker's symptoms appeared to be worsening and that his abdomen had become swollen and hard. He examined Mr Barker's prostate and found it to be enlarged. He also noted that his most recent blood tests results were abnormal. He told Mr Barker that he should be admitted to the prison's inpatient unit for observation. However, despite the prison GP's best efforts, Mr Barker refused. The prison GP considered that Mr Barker had the capacity to make decisions about his care.
46. The prison GP made a two week wait referral (used for those patients suspected of having cancer to ensure a prompt review) to the urology department at the hospital.
47. On 27 March, a nurse reviewed Mr Barker. She noted that he had chosen not to take the antibiotics prescribed for his suspected urine infection. He said that they made him feel nauseous. She attempted to take his observations but despite her best efforts he refused. She advised him that he should move to the inpatient unit for observation. He again refused and said that he preferred to stay on the wing among his friends.
48. A nurse reviewed Mr Barker the following day. She advised him that he would benefit from moving to the prison's inpatient unit for further observation. Mr Barker agreed to move.
49. Upon his arrival into the prison's inpatient unit, Mr Barker's observations were taken along with a urine sample. The results of the urine test showed the presence of blood, protein and leucocytes, all indicators of a urine infection.
50. The blood tests were repeated later that evening. Again, the results were abnormal. A nurse discussed the results with an out of hours GP. He considered that Mr Barker might have developed an acute kidney injury (the sudden loss of kidney function) and needed a review by hospital staff. He was taken to hospital by emergency ambulance. Mr Barker was escorted by two officers and 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).

51. Hospital staff reviewed Mr Barker, they administered a course of intravenous antibiotics and admitted him as an inpatient. Healthcare staff at the prison stayed in contact with hospital staff to keep updated on his condition.
52. Mr Barker's condition continued to deteriorate and on 9 April, the restraints were removed as a result.
53. On 10 April, hospital staff told a nurse from the prison's healthcare unit that Mr Barker was suffering from multiple organ failure. Although he was still receiving active treatment, they considered his prognosis was poor.
54. The following day, a nurse telephoned hospital staff for an update on Mr Barker's condition. A hospital doctor told her that the course of intravenous antibiotics they had given to Mr Barker were not treating his symptoms. He also told her that Mr Barker had decided to refuse all further treatment. That being the case, he was not expected to survive for more than one or two days. He considered that Mr Barker had capacity to make informed decisions about his treatment.
55. At 1.50am on 12 April, Mr Barker died. A hospital doctor confirmed his death at 4.25am.
56. We agree with the clinical reviewer that overall, the standard of clinical care Mr Barker received at Wakefield was equivalent to that which he could have expected to receive in the community.
57. The clinical reviewer found that Mr Barker arrived into prison custody with a number of pre-existing medical conditions, including a diagnosis of heart disease. She considered that healthcare staff appropriately reviewed and assessed his healthcare needs in line with NICE guidelines and sought advice from hospital specialists where appropriate. He also received appropriate screening and was referred to specialist clinics where necessary.

### **Mr Barker's location**

58. Although Mr Barker arrived at Wakefield with a number of pre-existing medical conditions, healthcare staff considered it would be appropriate for him to be located on a standard wing to enable him to live as independently as possible.
59. To assist him with his daily tasks, Mr Barker was helped by a prisoner who volunteered to be his wing based carer (Buddy). In addition, healthcare staff reviewed and monitored Mr Barker's condition regularly.
60. On the occasions that Mr Barker's health deteriorated, healthcare staff appropriately advised him that it would be in his best interests to be moved to the inpatient unit. However, despite their best efforts, he refused their advice, preferring to be among his friends on the wing.
61. We are satisfied that Mr Barker was appropriately located throughout his illness and that his wishes were taken into account. We are also satisfied that he was quickly taken to hospital when his condition deteriorated.

## **Restraints, security and escorts**

62. When prisoners must travel outside the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this must be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk considering factors such as the prisoner's health and mobility.
63. When Mr Barker was taken to hospital for his final admission on 28 March 2019, by emergency ambulance, he was restrained using an escort chain. On 9 April, hospital staff noted a deterioration in Mr Barker's condition. The Head of Operations at Wakefield reviewed the escort risk assessment and authorised the removal of Mr Barker's restraints. He remained unrestrained until his death on 12 April.
64. We are satisfied that staff carried out thorough risk assessments and removed Mr Barker's restraints when his condition began to deteriorate.

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

65. On 29 March 2019, the day after Mr Barker was admitted to hospital, a residential manager at the prison, visited him in hospital. He asked Mr Barker if he would like his family to be informed of his condition. Mr Barker said that he had already told his brother and would keep him updated on his condition.
66. When Mr Barker's condition deteriorated on 10 April, the prison appointed an officer to act as the family liaison officer (FLO). He telephoned Mr Barker's brother to inform him of Mr Barker's condition. The FLO accompanied by another officer, also a FLO at Wakefield, arranged to meet Mr Barker's brother at the hospital to offer him support while he visited his brother.
67. Mr Barker's brother asked to be informed of Mr Barker's death by telephone.
68. After Mr Barker's death on 12 April, the FLO telephoned his brother to inform him of his brother's death. The FLO remained in contact with Mr Barker's brother, offering him support. He also returned Mr Barker's personal belongings to his brother.
69. Mr Barker's funeral was held on 10 May. Mr Barker had previously paid for his funeral in full, but in line with national guidance, the prison offered a financial contribution.

## **Compassionate release**

70. 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.
71. Although Mr Barker was considered to be seriously ill on his last admission to hospital on 28 March 2019, it was not until 10 April that hospital staff indicated that he may not survive more than two or three days.

72. We are satisfied that there was not sufficient time for an application to be made on Mr Barker's behalf.

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