

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

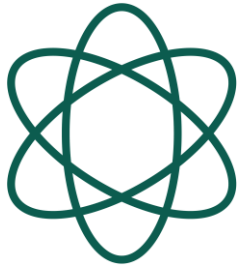
# **Independent investigation into the death of Mr David Brant, a prisoner at HMP/YOI Parc, on 16 September 2021**

**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

**OGL**

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## Summary

1. 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.
2. Our office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr David Brant died in hospital from COVID-19 pneumonitis on 16 September 2021, while a prisoner at HMP Parc. He was 73 years old. I offer my condolences to Mr Brant's family and friends.
4. Mr Brant had a serious lung condition which made him clinically extremely vulnerable to becoming seriously ill from COVID-19. His age and other health conditions, including heart disease, were additional risk factors.
5. On 26 August 2021, Mr Brant became unwell and was struggling to breathe. That evening, staff called an ambulance and Mr Brant was taken to hospital in the early hours of 27 August, where he tested positive for COVID-19. He died there on 16 September.
6. The clinical reviewer concluded that Mr Brant's clinical care was good and equivalent to that which he could have expected to receive in the community.
7. We found no non-clinical issues of concern. We make no recommendations.

## The Investigation Process

8. Health Inspectorate Wales (HIW) commissioned an independent clinical reviewer to review Mr Brant's clinical care at the prison.
9. The PPO's investigator investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Brant's hospital escorts, liaison with his next of kin and whether compassionate release was considered.
10. The Ombudsman's family liaison officer contacted Mr Brant's son to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not reply to our letter.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies.

# Background Information

## HMP Parc

12. HMP Parc is a medium security prison run by G4S. It holds around 1,600 prisoners and young adults who are either on remand or convicted. It also has a unit for up to 60 young people under 18. 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.

## Previous deaths at HMP Parc

13. Mr Brant was the 14th prisoner at Parc to die since September 2019. Of the previous deaths, eight were from natural causes (including one from COVID-19), two were self-inflicted, and three were drug-related. There are no similarities between our findings from our investigation into the death of Mr Brant and previous findings.

## COVID-19 (coronavirus)

14. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, or sneezes. The first reported case of COVID-19 in the UK was in February 2020. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
15. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)
16. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try to contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, in a prison who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly received prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).
17. On 1 April 2021, the Government of Wales ended the period of shielding for the population as a whole but said that extremely vulnerable people might want to consider taking extra precautions.

## Key Events

18. On 20 September 2018, Mr David Brant was sent to HMP Parc, following his conviction for sexual offences. On 29 March 2019, he was sentenced to 14 years imprisonment.
19. Mr Brant had chronic obstructive pulmonary disease (COPD - the term for a group of serious lung diseases) which became progressively more severe during his time at Parc. He also had circulation problems, including ischaemic heart disease (a restriction in the blood supply to the heart due to blockages in the arteries), and peripheral vascular disease (restriction of blood flow to the legs due to blockages in the arteries). Mr Brant had restricted mobility and used a walking frame or a wheelchair to get around.
20. Mr Brant had several falls while he was at Parc. After one of these falls on 19 August 2019, he was taken to hospital. Doctors diagnosed a fractured hip and carried out a hip replacement operation on 21 August.
21. Over the following months, Mr Brant was admitted to hospital on four occasions as a result of mobility issues, breathing problems and a urinary tract infection (UTI). The last of these was in May 2020 when he was suspected of having contracted COVID-19. However, he tested negative for the virus and was diagnosed with an exacerbation of his COPD.
22. After May 2020, Mr Brant had a period of relative stability and had no further admissions to hospital prior to his final one in August 2021. However, he had several outpatient visits to hospital for investigations into his peripheral vascular disease and for possible prostate cancer. Because of his limited mobility and breathing difficulties, staff put in place a Supported Living Plan for Mr Brant after his hip operation, and he received support from wing buddies, and visits from social care staff several times a day for the rest of his time at Parc.
23. In the weeks before Mr Brant was admitted to hospital with COVID-19 he was receiving three visits a day from care staff and had regular engagement with healthcare staff for wound dressing of his leg ulcers caused by his peripheral vascular disease, as well as for other matters. Neither wing staff nor anyone delivering his care noted anything out of the ordinary. On 21 August, a nurse noted that Mr Brant was becoming increasingly breathless and booked a review with a GP. On 24 August, a prison GP tested for a UTI and prescribed an antibiotic. (Mr Brant had a history of breathlessness from his longstanding COPD as well as previous UTIs. There was nothing exceptional about his presentation.)
24. On 26 August, Mr Brant's condition deteriorated and during the course of the day he became increasingly breathless and confused at times. Staff thought his condition was due to his COPD, but he also had a slightly rising temperature, so they also considered the possibility of COVID-19. At 7.10pm, staff asked for an ambulance, but as the service was experiencing high demand and Mr Brant was not in the most urgent category, the ambulance service said there would be a four to five hour wait.

25. Mr Brant arrived at hospital at 3.25am on 27 August, and the same day he tested positive for COVID-19. He did not respond to treatment and died in hospital on 16 September.
26. The prison assigned a prison chaplain as family liaison officer on 29 August. She kept in regular contact with Mr Brant's son and continued to offer support following his death and explained the prison's contribution to the funeral costs.
27. A Senior Operational Manager spoke to the escort officers at the hospital and offered support. Notices were issued to staff and prisoners, informing them of Mr Brant's death and offering support.

## **Post-mortem report**

28. The Coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor recorded Mr Brant's cause of death as COVID-19 pneumonitis. They listed COPD, ischaemic heart disease and prostate malignancy (cancer of the prostate) as underlying conditions that contributed to but did not cause Mr Brant's death.

## **Findings**

### **Clinical Findings**

29. The clinical reviewer considered the standard of care Mr Brant received at Parc was good and equivalent to that which he could have expected to receive in the community.

### **Management of Mr Brant's risk of catching COVID-19**

30. Prison managers developed local protocols for infection control, based on national guidance. Newsletters were sent to staff and prisoners, highlighting prison-specific information from the government and changes to advice.
31. Mr Brant was identified as extremely vulnerable if he caught COVID-19 and from 1 April 2020, he is recorded as being in isolation for his protection. Staff wore full PPE when they had to go into his cell. Mr Brant had limited mobility and spent most of his time in his cell before the COVID-19 pandemic. On 14 August, he said that he would like to continue isolating when the restrictions came to an end as he was happy with the way things were. He kept in close touch with family members with his in-cell telephone.
32. In May and July, Mr Brant was tested for COVID-19 and on both occasions was found not to have the virus. In January 2021, Mr Brant said that he wished to continue to shield. In February, he had his first COVID vaccination, followed by the second in March.
33. On 1 April, the Welsh Government ended the period of shielding for the general population, including for people in Mr Brant's category of vulnerability, but advised that they might wish to take extra precautions. Healthcare staff sent Mr Brant a letter on 7 April advising him of the changes.

34. Mr Brant appears to have decided on a less isolated life but because of his limited mobility he still spent most of his time in his cell. In June, he said that he appreciated the changes as people now came to the door of his cell to speak to him and in July, he said he was looking forward to participating in arts and crafts activities when they returned to the wing. He made occasional trips out of his cell with the help of his wing buddy pushing his wheelchair. Mr Brant contracted COVID-19 in the prison as the last time he left was 5 July, when he attended a hospital appointment.
35. The clinical reviewer had no concerns about the protection available to Mr Brant. We are satisfied that Parc took appropriate steps to minimise the spread of the virus and the risk of infection, in line with government advice and national Prison Service policy. The staff delivering his daily social care wore the appropriate PPE. Parc advised Mr Brant to shield and he chose to do so for most of the time after the pandemic began. Although the risk of catching COVID-19 had receded in August, it had not been eliminated and despite having received two vaccinations, he contracted the virus.

**Elizabeth Moody**

**Deputy Prisons and Probation Ombudsman**

**January 2022**

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