

**Investigation into the circumstances surrounding the  
death of a man in January 2011  
at hospital, while in the custody of HMP Cardiff**

**Report by the Prisons and Probation Ombudsman  
for England and Wales**

**September 2011**

This is the report of an investigation into the death from natural causes of a man at hospital, while in the custody of HMP Cardiff in January 2011. He was 76 years of age. I extend my condolences to his family and friends, and all those affected by his death.

This investigation was undertaken by one of my senior investigators. I should like to thank the Governor of Cardiff and his staff for their co-operation. A clinical review of the man's care and treatment has been carried out by the Healthcare Inspectorate Wales.

He was released from custody on licence in May 2007. He failed to comply with his licence conditions and was recalled into Cardiff on 17 May 2010. On the morning of 9 January 2011, he complained of flu like symptoms and abdominal pain. Later, a nurse found him in a collapsed state in his wheelchair and asked for an emergency ambulance. He was taken to hospital where he was diagnosed with an aneurysm (ruptured blood vessel) in his stomach and underwent surgery. He remained in a critical condition following the operation and died at 4.15pm.

I agree with the clinical review that the man's death was unforeseeable. Nevertheless, I make two recommendations about the management of disabled prisoners at Cardiff.

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

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**Prisons and Probation Ombudsman**

**September 2011**

## **CONTENTS**

Summary

The investigation process

HMP Cardiff

Key Events

Issues

Conclusion

Recommendations

## SUMMARY

1. The man was released on licence in May 2007. (A licence sets rules and guidance to which a prisoner must adhere to whilst living in the community. The licence is supervised by the Probation Service.) He was then recalled into Cardiff on 17 June 2010, after he failed to comply with his licence conditions. On his arrival at Cardiff, he was seen by healthcare staff and his medical history was recorded. He was suffering from arthritis, diabetes, asthma, lung disease and high cholesterol and was a smoker. He had recently undergone heart surgery.
2. Following his healthcare assessment, he was located in the healthcare unit because he was a wheelchair, there being limited access for them in the prison, and a Rule 45 prisoner. (Rule 45 prisoners are those who choose to separate themselves from the main prison population for their own protection, either because of the nature of their offence or for other vulnerabilities.) He also spent a brief period in the care and separation unit due to a shortage of beds in the healthcare unit. He could move around without his wheelchair on some occasions and looked after himself.
3. Healthcare staff monitored his medical conditions and managed his medication. He had a complex medication regime and monitored his diabetes daily by testing his own blood sugar levels. During his diabetes review, he was advised to test his blood once a week instead of everyday, which he was reluctant to do.
4. He was seen by a nurse at 8.30am on the morning of 9 January 2011. He told the nurse that he had flu like symptoms, abdominal discomfort, had vomited and was unable to eat his breakfast. The nurse told him to rest and said he would keep some food for him to eat when he felt better. He pressed his cell bell half an hour later and the nurse returned to the cell. He saw the man slumped in his wheelchair, unresponsive and clammy. The nurse called for assistance and an emergency ambulance. He was escorted to hospital without restraints.
5. After being diagnosed with an aneurysm in his stomach, he underwent surgery. However, his condition was critical and following the operation he was moved to a high dependency ward. His next of kin were telephoned to be told of his condition. His condition deteriorated and he died later that day.
6. In accordance with their wishes the next of kin were told of his death over the telephone by the family liaison officer. She liaised with the family regarding contributing to the funeral costs and returning his property. His family asked that prison staff not attend his funeral.
7. I make two recommendations to reflect the prison's compliance with the Disability and Equality Act 2010 and the assessment of prisoners with disabilities by specialist professionals.

## **THE INVESTIGATION PROCESS**

8. An investigator was appointed to lead this investigation on my behalf. He visited HMP Cardiff on 19 January 2011 and met the Governor, the Safer Custody Manager and a nurse. He took copies of documentation relating to the man. He returned to Cardiff on 6 April and conducted formal interviews with a number of staff.
9. Notices of the investigation were issued to staff and prisoners, inviting those who wished to provide information regarding the man's death to contact my investigator. No one came forward in response to the notices. My investigator made offered to meet with the Independent Monitoring Board (IMB) and the Prison Officer's Association (POA). (The IMB are volunteers drawn from the community who monitor the day to day life of the prison, staff and prisoners. The POA is the trade union for prison officers.)
10. Healthcare Inspectorate Wales carried out a review of the man's clinical care and treatment whilst at Cardiff. I am grateful for the review. A copy of my report will also be sent to Her Majesty's Coroner for Cardiff and Vale of Glamorgan District.
11. One of my family liaison officers contacted the man's next of kin to explain the nature of this investigation. I trust that this investigation report will answer any questions that the family have about the circumstances surrounding his death.

## HMP CARDIFF

12. HMP Cardiff is a local prison with a maximum population of 784 adult men. It is located very close to the city centre and was originally built in 1827. As a local prison, the majority of the prisoners go to Cardiff after court appearances in South East Wales. The prison has 24 hour nursing cover and 16 inpatient beds.
13. HM Deputy Chief Inspector of Prisons completed an unannounced follow up inspection of Cardiff in June 2010. He reported that due to the fluctuating number of prisoners seeking Rule 45 status prisoners were being housed in the health care centre and the care and separation unit, sometimes on their first night. Activities for prisoners on these wings being limited to mundane tasks, although prisoners said that they were content to engage in such activities, as it meant that they were unlocked throughout the day.
14. The Inspectorate said that the healthcare unit conduct's risk assessments for prisoners with disabilities, to see if it is appropriate for them to be located on normal residential wings. Some prisoners with disabilities are located on normal wings, and minor reasonable adjustments have been made for them, but no formal support is offered to these groups to clean cells or access meals. At the time of the inspection, four prisoners using Wheelchairs were located in the health care centre, as it was the only available accommodation that met their needs. The Chief Inspector recommended, "There should be adapted accommodation available on normal location."
15. He also recommended, "there should be formal support arrangements for prisoners with disabilities who require support." The disability focus groups should be minuted formally and issues raised should generate action points that are followed up at subsequent meetings until completed. A database should be maintained of all prisoners with disabilities, and care plans raised and regularly reviewed for all such prisoners.
16. He concluded that:

"This is a generally positive report which demonstrates that Cardiff has sustained much of the progress that we identified on our last visit, although we identify a number of areas for further improvement.

"The new healthcare centre is a much improved environment ... At the time of inspection, there were nine prisoners on Rule 45, including four with disabilities who were located there only because they could not be located appropriately on residential wings".

As a result of his findings, he recommended that "Prisoners should not be admitted to the inpatient unit unless there is an identified clinical need."

17. The IMB concluded in their annual report for 2008-2009:

“The Independent Monitoring Board finds that overall HMP Cardiff is a well-run establishment with good relationships between staff and prisoners. We are aware that financial constraints have affected the profiling and workloads of both uniformed and administrative staff. Since further savings will be demanded of the prison during the next reporting period, we hope that the effects will not be detrimental to the positive work that is currently being carried out.”

18. There were four deaths at Cardiff in 2010, all investigated by my office and were due to natural causes. I note that the management of disabled prisoners' needs has been raised with Cardiff in a previous report. Whilst I acknowledge the steps taken to solve and address those issues, I have still made two recommendations in this report.

## KEY EVENTS

19. The man was charged with serious offences and sentenced to life imprisonment with a tariff of twelve years in January 1999. He successfully appealed to have his sentence reduced from life to fifteen years with an extended licence. He was released on licence in May 2007, after serving eight years. (Prisoners can be released on licence before the expiry of their sentence. In this situation, they are supervised by the Probation Service. They can be recalled to custody at any point until the expiry of their licence if their behaviour gives grounds for concern.)
20. He breached the terms of his licence conditions, and he was recalled to Cardiff on 17 June 2010, to serve the remainder of his sentence.
21. On arrival at Cardiff, he had a health assessment with Nurse A. He told the nurse that he was a smoker and suffered from arthritis, diabetes, asthma, lung disease and high cholesterol. He said he had previously experienced “a racing heart” and a burning sensation in his stomach. He had undergone an angioplasty procedure three weeks earlier and had felt none of these symptoms since the operation. (An angioplasty is a procedure used to widen narrowed or obstructed blood vessels.)
22. Later, a doctor examined him and noted his recent heart surgery. The doctor asked healthcare staff to contact his community doctor to request a copy of his medical record. The following day, a care plan was written to monitor his diabetes and blood pressure. (A care plan sets out regular medical monitoring instructions for patients with chronic diseases.)
23. He told staff he had mobility problems and was wheelchair dependent. He was admitted to the healthcare unit because, as a Rule 45 prisoner, there was limited accommodation suitable for wheelchair users elsewhere in the prison and he could not be located with the general prison population. However, he was able to walk short distances without the use of his wheelchair. He was able to clean his cell, shower and collect his medications from the treatment hatch without assistance. He often left his cell to socialise with his friends on the healthcare unit and because of his age he was not required to work.
24. While in the healthcare unit, his blood pressure was regularly monitored and it remained stable. Staff noted that he had settled and was in good spirits. On 23 June, he had a routine electrocardiogram (ECG, a test that measures the electrical activity in the heart). The results showed “no acute distress” and that there were no concerns. However, he was warned about the effects of smoking and offered smoking cessation advice, which he declined.
25. The offender manager and her probation colleague visited him on 24 June. They discussed with him the reasons for his recall to prison and his sentence plan. (The aim of a sentence plan is to enable a prisoner to use

their time constructively and to avoid further offending on release.) He told them that he had no issues and that he had settled in the healthcare unit.

26. On 30 June, he was examined by Prison Doctor A as he had been suffering from a dry cough for a week. The doctor recorded that his chest was clear and he was to drink plenty of fluids. He attended another appointment with the doctor on 7 July. He told the doctor that his cough had settled down, but that he was suffering from arthritic pain and taking paracetamol for pain relief. She prescribed him co-codamol (a stronger pain killer) to take for a week. He said he had developed a tremor when picking up objects following the angioplasty procedure. He was unable to show this to her during the appointment, so the doctor noted that it was to be monitored by healthcare staff.
27. On 8 July, he was transferred to the care and separation unit. There was a shortage of beds in the healthcare unit and because he was a Rule 45 prisoner he could not be located with the general prison population due to accessibility issues. Nurse B conducted an segregation safety algorithm, which is completed for all prisoners on this unit. The nurse noted that he should be observed hourly, and was suitable to stay on the unit until 11 July.
28. The nurse held a medical review with him on 12 July. The nurse observed that he was polite to staff and compliant to the unit's rules. There were no mental health concerns and it was recorded that he was being considered for a transfer to another prison, where his needs would be better catered for. However, he would remain in the care and separation unit until the next review, scheduled for 23 July.
29. He attended an appointment with Nurse C on 14 July for a diabetic eye screening test. (This examination helps to reduce the risk of sight loss due to diabetes and identifies changes within the eye.) Nurse D reviewed him in the care and separation unit on 15 July. He noted that he had no medical issues that were causing concern at that time.
30. Probation staff met with him on 22 July. His sentence planning was completed and it was recommended that he undertook work to address his offending behaviour. In order to complete the programmes, he would be required to transfer to another prison because those recommended were not run at Cardiff.
31. His offender manager contacted the healthcare unit on 26 July. She told them that he was able to move around without the use of a wheelchair in the community. When healthcare staff on the healthcare unit spoke to him about this, he said that he had a back and knee support in the community that allowed him to do so. A note was placed on his medical record for the doctor to see him. (There is nothing recorded in his medical notes that a doctor spoke to him about his mobility or support for his limbs to give him greater movement.)

32. There was no record in his medical notes to indicate when he returned to the healthcare unit from the care and separation unit.
33. Prison Doctor B reviewed his diabetes on 25 August, and noted that it was under control. On 12 October, he had another diabetes healthscreen check with a nurse. During his assessment he said that he had eaten good diet while living in the community and was trying to maintain a healthy diet whilst in prison. He said that he could walk, but that it was very limited and he mostly used his wheelchair. It was noted that he was self monitoring his diabetes.
34. He attended a medicine management appointment with pharmacist on 23 December. She gave him advice on self monitoring of his levels of blood sugar. She gave him a leaflet and advised him to test his blood once a week. He told her that he tested his blood twice daily and that he was reluctant to take her advice. He kept a record of his blood sample results, but did not adjust his medication accordingly. She noted that she would refer him to see Nurse C for further discussion.
35. On 5 January 2011, he attended a smoking cessation appointment with Prison Doctor A. He told the doctor that he smoked 20 cigarettes a day and wanted to stop. She prescribed him with nicotine patches. He also said that he wanted to see an optician and she made a note of this in his medical file.

### **9 January 2011**

36. He saw Nurse E at 8:30am on 9 January. He told the nurse that he had flu like symptoms and abdominal pain. He said that he had vomited and not been able to eat his breakfast. The nurse noticed that he looked pale and that he was trying to drink a cup of tea. The nurse told him that he would keep some breakfast back for him to eat later and advised him to stay in his cell and rest.
37. The nurse responded to his cell bell about half an hour later. On arriving at the cell, the nurse found him in a collapsed state in his wheelchair. The nurse said that he was “groaning” to start with, but “he quickly became unconscious”. The nurse said that he immediately returned to the unit’s reception desk, a matter of feet away, to collect the emergency response bag and oxygen. He said whilst doing so he radioed for an ambulance to be called immediately. He said,

“I did this right away because I thought the man ... might have had a stroke or some cardiac event because of the [his] deterioration, the fact that he was cold and clammy, [and] appeared to be unresponsive.”

He said he found it “very difficult” to take his basic observations. He said that he was unable to find a blood pressure for him and that he had a “weak and rapid pulse”. The nurse was later advised by paramedics that the man’s blood pressure was so low it would not have showed on a

normal blood pressure machine. The nurse gave him some oxygen, and mindful that the paramedics would arrive shortly the nurse continued to keep him under observation.

38. About ten to fifteen minutes after the nurse requested an ambulance, a paramedic arrived at the cell. The paramedic attached a monitor to measure the heart rate. His blood pressure was low and his pupils were unequal, which indicated that he was in a critical condition. At 9.30am, he was taken by paramedics to hospital. He was escorted by two officers and without any security restraints.
39. At 1.00pm, one of the officers that had escorted him to hospital reported back to the healthcare unit at Cardiff that he had suffered from a ruptured abdominal aortic aneurysm. The officer reported that the man was in a critical condition and that hospital staff were in the process of trying to contact his daughter, who he had identified as his next of kin when he first arrived in the prison. The bed watch officers rang the healthcare unit at 2.30pm to tell staff that he had undergone surgery to try and repair the aneurysm and that the next 48 hours were crucial to his recovery.
40. On 10 January, healthcare staff were told by the man's offender manager that his daughter had asked the prison to keep her in touch with his condition. By that time he was on the high dependency unit and hospital staff had said that he was unlikely to recover or leave the hospital. No security restraints had been used at any time, during his stay in hospital, due to the critical nature of his condition.
41. At 7.40am, the prison's healthcare manager telephoned the high dependency unit at the hospital and spoke with the nurse in charge. The nurse informed her that his condition was still critical and that he was on a ventilator. She then spoke to the duty governor, who told her that his daughter was aware of the situation.
42. At 8.10am, it was noted in his bed watch log that the escorting officers had withdrawn to a side room in the high dependency unit. He was unconscious and his condition was deteriorating. Prison Doctor A began the procedures for his compassionate release. In the application she wrote that his chances of survival were poor and that he would continue to receive medical care from the hospital if released. At 4.00pm, bed watch officers were told by hospital staff that his death was imminent. He died 15 minutes later at 4:15pm.
43. Officer A informed the residential governor of the man's death. The governor then briefed the safer custody manager and the duty chaplain, who in turn telephoned the man's daughter.
44. A prison chaplain was appointed as the family liaison officer. She spoke with the man's daughter on the telephone on 17 January and passed on condolences on behalf of Cardiff. She informed his daughter of the financial assistance available from the prison towards costs of the funeral.

His daughter said that she was being supported by family and friends. She asked that prison staff not attend her father's funeral. The chaplain also made enquiries with the man's offender manager, at the request of his daughter.

## **ISSUES**

### **Clinical care**

45. A review of the man's healthcare was commissioned with the Healthcare Inspectorate Wales. Evidence for the review was taken from his medical record.

### **Medical history and care**

46. He had a complex medical history. He suffered from high cholesterol, high blood pressure, non insulin dependent diabetes, abdominal problems, lung disease and had undergone heart surgery in 2010, following a heart attack in 2009. He was a smoker. Furthermore, it was noted that he used a wheelchair in prison as he reported he had arthritis and found it difficult to move around without one. According to his medical record, he was receiving seven different prescribed drugs for his illnesses.
47. The clinical review concludes that his various illnesses were treated accordingly. It says that he was regularly seen by healthcare staff, and care plans were made to monitor his high blood pressure and diabetes. The prison contacted his community doctor for his past medical record. During his time at Cardiff he was appropriately treated for minor complaints, of a dry cough, excessive ear wax and a skin rash and he was offered smoking cessation advice and blood tests were taken to assess his diabetic control, renal (kidney) and liver function, and cholesterol. He was able to monitor his own blood sugar levels and was encouraged to take responsibility for adjusting his medication accordingly. As such the care provided to him with regard to these conditions was appropriate and comparable with that in the community.

### **The man's location and management of his disability**

48. On his arrival into Cardiff on 17 June 2010, he was assessed by healthcare staff and taken to the healthcare unit. (At this time the healthcare unit was the only location in Cardiff that could provide suitable accommodation for a wheelchair user.) The clinical reviewer comments:

“There is no evidence of what precipitated his use of a wheelchair or if he was ever assessed for the requirement of one while at HMP Cardiff. There is no evidence to demonstrate that during the regular assessments of his medication and physical health, his doctors ever considered his mobility needs. It would have been appropriate to refer him to an occupational therapist, or physiotherapist, or for healthcare staff to seek specialist advice.”

49. It was also noted that his offender manager had contacted Cardiff on 26 July 2010, and told them that he did not use a wheelchair while living in the community. He explained that he used supports for his knees and back which meant he was not wheelchair dependent. There is no evidence in

his medical record that the doctor followed this up or that he was referred for any specialist help with his mobility. The clinical reviewer comments:

“It does not appear that proactive treatment was ever offered to him in relation to his dependency on a wheelchair, despite the reason for him being provided with one being unclear. It would have been appropriate for this to be reassessed and then if then deemed appropriate, steps taken to improve his mobility.”

50. There is no evidence that he was ever assessed by the disability liaison officer at Cardiff. Whilst he was regularly assessed by healthcare staff and his physical health was monitored there should have been an assessment of his disability needs. I agree with the clinical reviewer that his mobility issues should have been effectively assessed so that he could access the appropriate support for his condition. I therefore endorse the following recommendation:

**The Head of Healthcare must ensure that patients with a condition warranting the use of a wheelchair should be referred to both physiotherapy and occupational therapy for assessment.**

51. I recently investigated the death of a resident of approved premises (formerly known as a bail hostel), who had served part of his sentence at Cardiff. In the report of that investigation, I made the following recommendation to the Head of Healthcare at Cardiff:

“should review the provision of accommodation for prisoners with disabilities and ensure that, wherever possible, suitable accommodation is available on normal location.”

The prison responded to that recommendation as follows,

“Suitable accommodation is available on normal location for prisoners with disabilities. The establishment’s DLO [disability liaison officer] to ensure disabled prisoners are located appropriately.”

52. Her Majesty’s Chief Inspector of Prison’s expectations for health services indicates that healthcare units should not be used, “as a default to accommodate prisoners with disabilities”. He was transferred to the care and separation unit because his cell on the healthcare unit was needed for a prisoner with more urgent healthcare needs. I am disappointed that the healthcare unit and the care and separation unit were used to locate him. His complex medical history should not have prevented him from residing on a wing and fully participating in the prison’s regime. However, I recognise that if there was no suitable accommodation to facilitate a wheelchair user then this was the only alternative.
53. I therefore endorse the clinical reviewer’s following recommendations for the Governor and head of healthcare.

**The Governor must ensure that steps are taken to make sure compliance with relevant legislation including the Disability and Equality Act 2010, in line with the Her Majesty's Chief Inspector of Prison's expectations.**

## CONCLUSION

54. The man was an elderly man with several chronic diseases. His mobility was impaired through arthritis and he used a wheelchair, although he was not entirely wheelchair dependent. On his recall to prison, he was located in the healthcare unit, and for short period of time, in the care and separation unit, because his disability needs could not be accommodated elsewhere.
55. The clinical reviewer notes that there was no evidence that he had undergone a disability assessment, therefore there was no plan to enable him to participate in the prison regime. The use of these units to accommodate disabled prisoners is regarded as inappropriate in accordance with the Her Majesty's Chief Inspector of Prison's expectations. Furthermore, it was noted that he had not been assessed by a physiotherapist or occupational therapist to help him with his mobility. I endorse the two recommendations made to reflect those issues.
56. The clinical reviewer concludes that the circumstances of his death were not foreseeable. He says:
- “None of the complaints presented by him during his time at HMP Cardiff would have given an indication of an underlying aortic aneurysm. When the aneurysm ruptured he presented with abdominal pain and in a collapsed state and he was immediately transferred to hospital where the diagnosis was made and he underwent surgery. Under the circumstances this event was neither foreseeable nor preventable.”
57. The clinical reviewer concludes that his death was unexpected. He says that apart from the management of his disability, his complex medical needs were managed in an appropriate and timely fashion, adding that the response to his collapse and his immediate transfer to hospital was well managed.

## RECOMMENDATIONS

### The Governor

1. The Governor must ensure that steps are taken to make sure compliance with relevant legislation including the Disability and Equality Act 2010, in line with the Her Majesty's Chief Inspector of Prison's expectations.

**Accepted** – The disability liaison officer to ensure that disability assessments are carried out on all disabled prisoners, that they are located on normal location if appropriate and in particular those prisoners in wheelchairs are only located in the HCC when there are medical needs.

### The Head of Healthcare

2. The Head of Healthcare must ensure that patients with a condition warranting the use of a wheelchair should be referred to both physiotherapy and occupational therapy for assessment.

**Accepted** – Prisoners with a condition warranting the use of a wheelchair will be referred to both physiotherapy and occupational therapy for assessment. A NTS will be sent to all staff.