

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Richard Eason, a prisoner at HMP Isle of Wight, on 22 May 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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 Richard Eason died of prostate cancer at HMP Isle of Wight on 22 May 2015. He was 64 years old. I offer my condolences to Mr Eason's family and friends.

In 2008, Mr Eason was diagnosed with Hodgkin's lymphoma, although the clinical reviewer noted some missed opportunities for earlier diagnosis. He was treated until 2011, after which his condition appeared stable. In 2013, he developed further symptoms and tests showed a widespread recurrence of the cancer. This did not respond to treatment. In September 2013, doctors stopped all active treatment and he received palliative care. The post mortem, received after the initial report was issued, gives the cause of death as prostate cancer. While the initial cause of death was given as Hodgkin's lymphoma, I remain satisfied that Mr Eason received a very good standard of care at the prison.

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

Nigel Newcomen CBE
Prisons and Probation Ombudsman

December 2015

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Summary

Events

1. On 27 February 2007, Mr Richard Eason received an indeterminate prison sentence, with a minimum term to serve of four years. He was sent to HMP Isle of Wight. In July 2007, he began to report symptoms of back pain and blood tests indicated possible signs of infection. Doctors suspected cancer in February 2008 and he was formally diagnosed with Hodgkin's lymphoma in April 2008. Throughout 2008 and 2009, Mr Eason had chemotherapy. In 2010 and 2011, doctors treated Mr Eason with combined chemotherapy and steroid treatment. After this, his cancer appeared to be in remission. However, after a decline in his health in early 2013, tests showed that Mr Eason had a widespread recurrence of the cancer.
2. In April 2013, Mr Eason started further treatment, but the cancer did not respond. In September, hospital doctors stopped active treatment and said only palliative care was possible. Mr Easton chose to remain living on a standard prison wing and prison healthcare staff provided palliative care.
3. Mr Eason's health gradually declined. On 22 May 2015, staff moved him to the prison's inpatient unit, where he died later that day.

Findings

4. The clinical reviewer concluded that prison doctors missed opportunities for an earlier diagnosis of cancer from August 2007. However, Mr Eason responded well to the treatment that he received between March 2011 and August 2011. Also, he was diagnosed in 2008, but did not die until 2015. Therefore we do not think that an earlier diagnosis would have affected the final outcome for him. The clinical reviewer also noted that the extent of the disease when it was diagnosed meant that it was unlikely that this delay would have affected the outcome. For this reason, and because this relates to decisions made by clinicians who worked at the prison some time ago, we do not make a formal recommendation in this report. The clinical reviewer has made recommendations in his clinical review, which the Head of Healthcare will need to address. After his diagnosis, Mr Eason received good care at the prison.
5. Given that the cause of death in the post-mortem was different to the initial cause provided by the coroner, the clinical reviewer provided an addendum to his clinical review. He commented that the widespread re-occurrence in 2010 was confirmed by tests to be Hodgkin's lymphoma. As such his conclusion remained that Mr Eason's care was at least equivalent to that he could have expected to receive in the community. He further commented that had Mr Eason not been in custody, a post-mortem examination would not have been performed and the diagnosis of prostatic cancer would not have been made.

The Investigation Process

6. The investigator issued notices to staff and prisoners at HMP Isle of Wight informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
7. The investigator obtained copies of relevant extracts from Mr Eason's prison and medical records.
8. NHS England commissioned a clinical reviewer to review Mr Eason's clinical care at the prison.
9. We informed HM Coroner for the Isle of Wight of the investigation who gave the initial cause of death. We sent the coroner a copy of this report.
10. After the publication of the initial report, we received the post-mortem examination from the coroner, which revealed that the cause of death was prostatic cancer. As a result, we have made changes to the final report to reflect this.
11. The coroner gave the clinical reviewer the post-mortem examination on 30 November.
12. Mr Eason's family received a copy of the initial report. They did not raise any further issues.
13. The Prison Service has also seen the initial report.
14. The investigation has assessed the main issues involved in Mr Eason's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

Background Information

HMP Isle of Wight

15. HMP Isle of Wight is an amalgamation of two prisons, Parkhurst and Albany and holds approximately 1,100 men, mostly convicted of sex offences. Care UK provides healthcare services at the prison. There is a healthcare inpatient unit at the Albany site, providing 24-hour care for prisoners with a wide range of health needs.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Isle of Wight was in June 2015. The report has not yet been published but inspectors told us that the prison had acted on our previous recommendations about the unjustified use of restraints for prisoners with serious health conditions which affected their risk of escape. They noted that after a death at the prison, the prison held a multidisciplinary review to quickly identify any lessons to be learned.

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 December 2014, the IMB said that the prison provided an effective standard of healthcare. There was good attendance at outpatient appointments. There was a dedicated end of life suite for terminally ill prisoners. The IMB commented that, because of the large number of older prisoners, the prison had a high number of deaths from natural causes.

Previous deaths at HMP Isle of Wight

18. Mr Eason was the tenth prisoner to die of natural causes at HMP Isle of Wight since January 2014. There were no significant similarities with the circumstances of the other recent deaths.

Findings

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

19. On 27 February 2007, Mr Richard Eason was sentenced to an indeterminate prison sentence for public protection, with a minimum period to serve of four years before he could be considered for release. He was sent to HMP Isle of Wight.
20. On 27 July 2007, a prison GP examined Mr Eason who had complained of hip and back pain. The GP diagnosed sciatica (leg pain that starts in the low back), for which he prescribed pain relief. Although blood tests had shown an elevated erythrocyte sedimentation rate (ESR, which can be an indicator of inflammation, infection or malignancy) the GP noted there were no 'red flags' (concerning symptoms that warrant further tests or referral).
21. On 17 August, the GP reviewed Mr Eason and recorded that the sciatica was now affecting both sides of his body. He referred him for physiotherapy. On 24 September, another prison GP examined Mr Eason, who had ongoing back pain and sciatica, pains in his knuckles and wrists and weight loss. He had an elevated ESR. The GP made a standard X-ray referral, but it is not clear whether this was done or what the results were.
22. On 17 October, a GP saw Mr Eason again and noted his ongoing back pain and weight loss. He noted raised ESR and CRP (C - reactive protein – which can indicate inflammation) and possible anaemia so re-ordered blood tests.
23. On 17 January 2008, a GP reviewed Mr Eason and noted an abnormal heart rate and raised ESR. He referred Mr Eason to a cardiac clinic and requested a chest X-ray, the results of which were abnormal. The GP made an urgent referral for suspected lung cancer under the NHS pathway which requires specialists to see patients within two weeks.
24. The clinical reviewer commented that the records were poor and made it difficult to establish exactly when doctors diagnosed Mr Eason with Hodgkin's lymphoma. However, it was suspected in February 2008 and clearly confirmed by histology tests in April 2008. He noted that acute sciatica in someone over 50 is a red flag and the GP's assessment at the end of July 2007, was wrong. The clinical reviewer considered that a raised ESR might have indicated infection, an inflammatory condition or underlying malignancy. A combination of weight loss, raised inflammatory markers and anaemia, in association with back pain in a man over 50, should have resulted in earlier action.
25. The clinical reviewer considered that with an earlier response to Mr Eason's symptoms, it is possible that a diagnosis could have been made in August 2007. However, because of the extent of the disease, he considered that this was unlikely to have affected the eventual outcome. He has made recommendations in his clinical review which the Head of Healthcare will need to address, but because of this and because it was some time ago, we do not include them in this report.

Mr Eason's clinical treatment

26. Mr Eason had six cycles of chemotherapy in 2008 and 2009, and had regular blood transfusions at hospital. In November 2010, Mr Eason had an extensive re-occurrence, which was confirmed by CT scan, bronchoscopy and biopsy and between March and August 2011 Mr Eason had four cycles of combined chemotherapy and steroids. After this, the cancer appeared in remission.
27. In March 2013, Mr Eason became unwell with symptoms of breathlessness and weight loss. A CT scan at hospital on 6 March showed a widespread recurrence of the cancer.
28. On 22 April, Mr Eason saw an oncologist at hospital, who prescribed antibody medication. A repeat CT scan in July 2013 showed the cancer had not responded. The oncology unit continued to monitor Mr Eason and on 18 September, the oncologist told Mr Eason that no further active treatment was possible.
29. On 19 September, a clinical team manager met Mr Eason to discuss an end of life care plan. Mr Eason said that he did not want to be resuscitated if his heart or breathing stopped. He said that he would speak to his solicitor about his funeral arrangements. A prison GP reviewed Mr Eason the same day and prescribed palliative medication.
30. Over the next 20 months healthcare staff saw Mr Eason regularly. Records show his pain was well controlled and there were effective care plans. Over time Mr Eason's condition gradually declined.
31. On 22 May 2015, Mr Eason's health deteriorated suddenly. He died at the prison that afternoon. The coroner gave the indicative cause of death as multi-organ failure with a history of Hodgkin's lymphoma. However the post-mortem examination, provided following the issue of the initial report, gave the cause of death as prostatic cancer
32. We are satisfied that healthcare staff at the prison looked after Mr Eason well after his diagnosis. There were good care plans, which were used appropriately throughout his illness. There was a clear focus on Mr Eason's oral care, skin care, mental health and emotional needs. The clinical reviewer commented in his addendum that given that the widespread re-occurrence in 2010 was confirmed by a bronchoscopy and a biopsy to be Hodgkin's lymphoma, his conclusion is valid in that that the care Mr Eason received was at least equivalent to that he could have expected to receive in the community. The clinical reviewer further commented that had Mr Eason not been in custody, no post-mortem histological examination would have been performed, and the diagnosis of prostatic cancer would not have been made.

Mr Eason's location

33. Mr Eason made it clear to staff that he wanted to remain on his wing with his friends for as long as possible. Healthcare staff provided his nursing care on the wing. On 6 March 2015, Mr Eason fell in his cell. Healthcare staff were concerned for his safety and advised him to move to the prison's inpatient unit, but Mr Eason declined. Healthcare and wing staff spoke to Mr Eason frequently

about the benefits of living in the inpatient unit, but he maintained that he wanted to stay on his wing.

34. Mr Eason had a wheelchair, pressure mattress and a pendant alarm, which allowed him to remain on the wing. Healthcare staff visited him frequently and did not move him to the healthcare inpatient unit until the day he died.
35. We are satisfied that staff fully considered Mr Eason's preferences about his location. They allowed him to remain on his wing with his friends throughout his illness and ensured he received appropriate care.

Restraints, security and escorts

36. When prisoners have to travel outside prison, such as to hospital, a risk assessment is conducted to determine the nature and level of any security arrangements, including any restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. The level of restraints used should be necessary in the circumstances and based on a risk assessment which considers the risk of escape, the risk to the public and which also takes into account the prisoner's health and mobility.
37. Mr Eason went to hospital many times throughout the seven years of his illness. We reviewed the risk assessments for the last three years. The approach to the use of restraints was inconsistent during this time and some managers decided that Mr Eason did not need to be restrained while others authorised the use of 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). We draw this to the Governor's attention but note that at the recent inspection in June 2015, HM Inspectorate of Prisons found that more recently, the prison had acted on our previous recommendations about the use of restraints. We are pleased to note that after August 2013 Mr Eason was not restrained for any further hospital appointments.

Liaison with Mr Eason's family

38. From April 2011, a Supervising Officer acted as the prison's family liaison officer. He contacted Mr Eason's sister, his next of kin, and kept in intermittent contact with Mr Eason's sister throughout his illness.
39. In May 2014, a prison manager took over the role of family liaison officer and contacted Mr Eason's sister, as his health had deteriorated. The manager remained in contact with Mr Eason's sister throughout the remainder of his illness. As agreed with Mr Eason's sister, the manager telephoned to let her know when he died and offered condolences and support.
40. The prison helped arrange Mr Eason's funeral, which was held on 17 June. In line with national policy, the prison paid the costs.
41. We are satisfied that there was appropriate liaison with Mr Eason's sister, who was kept informed and supported before and after his death.

Compassionate release

42. Prisoners can be released 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.
43. Mr Eason made it clear to staff that he did not want to be considered for compassionate release. He put this in writing in February 2014 and said that he wanted to remain in prison where he was familiar with the surroundings and could be cared for by the staff. The Head of Safer Custody spoke to Mr Eason again about his decision on 9 April 2015, and he confirmed that he did not want compassionate release. We consider the prison appropriately considered compassionate release.

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