

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Stubbings a prisoner at HMP Littlehey on 23 July 2017

A report by the Prisons and Probation Ombudsman

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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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Christopher Stubbings died of pneumonia, caused by oesophageal cancer, on 23 July 2017, while a prisoner at HMP Littlehey. He was 64 years old. We offer our condolences to Mr Stubbings' family and friends.

We are satisfied that the healthcare Mr Stubbings received at Littlehey was good and equivalent to that which he could have expected to receive in the community. He was appropriately referred to the hospital under the two-week NHS referral process, which led to a prompt diagnosis. The healthcare team worked with a palliative care consultant to support him and respected his wishes about how he wanted his illness to be managed.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman

January 2018

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Summary

Events

1. Mr Christopher Stubbings was serving 12 years and six months in prison for facilitating child prostitution and having indecent images of children. He had been at HMP Littlehey since 18 September 2014.
2. At his initial health screen, a prison GP saw Mr Stubbings who had a skin lesion on his left upper back. He said it could be a melanoma (skin cancer) and referred him urgently to the dermatology department at a hospital, under the NHS, suspected cancer pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks. Mr Stubbings went to the hospital on 22 January 2015, where hospital staff removed the lesion.
3. On 14 July 2015, a prison GP saw Mr Stubbings because he said he had lumps in the left side of his neck. The GP referred him urgently to the ear, nose and throat department at a hospital, under the NHS, suspected cancer pathway. On 27 July, he went to the hospital, where a consultant also referred him to the dermatology department under the two-week suspected cancer pathway due to his multiple skin lesions. A hospital consultant told a prison GP on 2 September, that Mr Stubbings might have skin cancer.
4. On 10 December, Mr Stubbings went to hospital, where staff told him he had a primary tumour at the base of his oesophagus and secondary cancer in the lymph nodes at the side of his neck. They offered him palliative chemotherapy, which he later declined.
5. He remained on a standard prison wing and continued to go to work. He told healthcare staff that he wanted to stay at the prison and work for as long as possible.
6. On 27 November 2016, Mr Stubbings saw a nurse and said he had problems when drinking fluids. On 21 March 2017, he went to hospital where doctors fitted an oesophageal stent (a small plastic tube inserted in his food pipe to allow food and drink to pass from his mouth to his stomach).
7. Healthcare staff regularly reviewed Mr Stubbings and he remained under the care of a palliative care consultant. They reviewed his medication and from April, he began to take stronger pain relief.
8. On 27 June, Mr Stubbings went to a hospice, where he died on 23 July. A post-mortem examination established the cause of his death as pneumonia, caused by cancer of the oesophagus.

Findings

9. The clinical care Mr Stubbings received was equivalent to that which he could have expected to receive in the community. Prison GPs referred him under the two-week suspected cancer pathway in accordance with NICE guidelines, which allowed Mr Stubbings to receive a diagnosis promptly.

10. A palliative care nurse and a palliative care consultant, supported by the healthcare team of nurses and GPs, worked together to support Mr Stubbings and respect his wishes about how he wanted his illness to be managed. The clinical reviewer said that from the point of diagnosis, the healthcare team worked well with Mr Stubbings to meet his needs and requests. The healthcare team supported him throughout to manage his pain.
11. Mr Stubbings remained at Littlehey for as long as possible. He continued to work in the electronics workshop. He remained independent, which included having the responsibility to store and administer his own medication. When it was necessary, Mr Stubbings agreed to go to a hospice.
12. Prison staff completed a compassionate release application for Mr Stubbings but a senior manager reasonably refused it because he was still at risk of reoffending.

The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Littlehey 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 Stubbings' prison and medical records.
15. NHS England commissioned a clinical reviewer to review Mr Stubbings' clinical care at the prison.
16. We informed HM Coroner for Cambridgeshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
17. The investigator wrote to Mr Stubbings' son 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. During the investigation, we assessed the main issues involved in Mr Stubbings' 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.
19. We shared the initial report with the Prison Service. There were four factual inaccuracies and this report has been amended accordingly.

Background Information

HMP Littlehey

20. HMP Littlehey in Cambridgeshire is a medium security prison holding approximately 1,200 men. A large proportion of the prison's population have been convicted of sexual offences.
21. Northamptonshire Healthcare NHS Foundation Trust commissions healthcare services at Littlehey. Before April 2015, Cambridgeshire and Peterborough NHS Trust provided healthcare services. The prison healthcare centre is open from 7.30am to 7.00pm, Monday to Friday, and from 8.00am to 5.30pm at weekends. A local practice provides GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

HM Inspectorate of Prisons

22. The most recent inspection of HMP Littlehey was in March 2015. Inspectors reported that a small group of GPs who regularly attended the prison had significantly improved patient care. Lifelong conditions were effectively identified and there was an appropriate range of clinics, led by specialist nurses. Inspectors found that hospital appointments for prisoners were rarely cancelled but that risk assessments for keeping medications in-possession were not always reviewed and recorded correctly

Independent Monitoring Board

23. 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 January 2017, the IMB reported that the prison's working agreement with the local hospice to provide decent and dignified end of life care was recognised in the local hospital's Care Quality Commission report as an outstanding initiative. The IMB noted that end of life and audiology clinics had been introduced at Littlehey. They reported that the End of Life suite, completed in 2013, continued to be unused due to a lack of funding.

Previous deaths at HMP Littlehey

24. Mr Stubbings was the seventh prisoner to die of natural causes at HMP Littlehey since July 2016. There were no significant similarities between the deaths.

Findings

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

25. On 28 November 2008, Mr Christopher Stubbings was sentenced to 12 years and six months in prison for facilitating child prostitution and having indecent images of children. He had been at HMP Littlehey since 18 September 2014.
26. At his initial health screen, a nurse noted that Mr Stubbings had no history of poor health. A prison GP, saw Mr Stubbings who had a skin lesion on his left upper back. He said it could be a melanoma (skin cancer) and referred him urgently to the dermatology department at a hospital under the NHS, suspected cancer pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks.
27. Mr Stubbings went to the hospital on 22 January 2015, where hospital staff removed the lesion. At Littlehey, healthcare staff dressed the wound until it healed.
28. On 14 July 2015, a prison GP saw Mr Stubbings who said that he had lumps in the left side of his neck. He referred him urgently under the two-week suspected cancer pathway to the ear, nose and throat department at a hospital.
29. On 27 July, Mr Stubbings went to the hospital. The consultant asked for an ultrasound scan and referred him to the dermatology department under the two-week suspected cancer pathway due to skin lesions and the previous removal of an old skin cancer from his forehead in 1999.
30. On 6 August, a prison GP reviewed Mr Stubbings. She noted a history of skin cancers. She saw many growths. One on Mr Stubbings' chest and another on the right side of his forehead concerned her so she referred him under the two-week suspected cancer pathway to the dermatology department at a hospital. Contrary to this, the hospital told her it was a routine referral and not urgent.
31. A prison GP spoke to a hospital consultant, on 2 September. He said that Mr Stubbings might have skin cancer (squamous cell carcinoma - the second most common form of skin cancer) and had to have a biopsy to confirm this.
32. On 8 November, Mr Stubbings went to hospital for the ultrasound scan and a biopsy. At a multidisciplinary team review at a hospital on 18 November, a hospital consultant, said that the results of the previous tests showed that a skin lesion was metastatic adenoma of the lymph glands (cancer cells that have broken away from the primary tumour and moved to the lymph glands).
33. On 23 November, a nurse saw Mr Stubbings. He said hospital staff told him of the cancer in the lymph glands in his neck. She said the main location was likely to be in the upper intestine (upper gastrointestinal or Hepato-Pancreato-Biliary). She told him about the prison support team.
34. On 4 December, a consultant gastroenterologist at a hospital, said that Mr Stubbings had a junctional tumour (cancer of the oesophagus).

35. On 10 December, Mr Stubbings went to hospital, where staff told him that he had a primary cancer at the base of his oesophagus at the gastro-oesophageal junction and secondary cancer in the lymph nodes at the side of his neck. They offered him palliative chemotherapy. He said he would discuss this with his family and a nurse. On 31 December, he told a nurse that he did not want to have chemotherapy.
36. We are satisfied that Mr Stubbings was appropriately referred to hospital under the suspected cancer pathway, which allowed him to receive a diagnosis promptly.

Mr Stubbings' clinical care

37. On 15 December, a nurse saw Mr Stubbings and made a palliative care and end of life plan.
38. On 7 January 2016, Mr Stubbings saw a prison GP and said he did not want anyone to resuscitate him if his heart or breathing stopped. He signed an order to that effect. A nurse saw Mr Stubbings on 24 January, when he completed an advanced directive (a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness).
39. On 4 February, a nurse saw Mr Stubbings for a palliative care review. He said he had no symptoms but was hungry so she ordered an extra carton of milk daily.
40. A consultant in palliative care at a hospital, saw Mr Stubbings on 24 March, and discussed his end of life wishes. She said he should change his medication to lansoprazole from omeprazole for indigestion because he was experiencing headaches.
41. On 20 May, a nurse completed a palliative review and noted that Mr Stubbings had gained weight.
42. On 12 August, a prison GP saw Mr Stubbings who told her that he was still working. He said he was not taking his indigestion medication and was able to eat and drink normally. He had a blood test, which was normal.
43. On 22 September, a prison GP saw Mr Stubbings who said he had pain in his abdomen and back at night. She saw that he had a swollen abdomen and crackling on the left side of his chest. She gave him amoxicillin (an antibiotic) and referred him under the two-week suspected cancer pathway to the upper gastroenterology department at a hospital.
44. A nurse saw Mr Stubbings on 28 September, and saw that he had a swollen abdomen. She booked an assessment and an appointment at a hospice. The next day, a prison GP saw Mr Stubbings at Littlehey and arranged to see him at the hospice for an ultrasound scan and to drain the fluid from his abdomen. On 4 October, a nurse noted that the ultrasound showed a liver growth and not fluid in his abdomen.
45. On 27 November, Mr Stubbings saw a nurse. He said that after drinking, he wanted to burp but was unable to. His symptoms became worse and he saw, a

prison GP and a consultant in palliative care from the hospital in December. They adjusted his medication but the symptoms remained. On 7 February 2017, the consultant from palliative care said they should fit a stent and on 21 March, he went to hospital, where doctors fitted a stent in his food pipe.

46. On 1 April, Mr Stubbings saw a nurse. He told her that he had pain around the area of the stent. She told him that he should start taking oramorph (a morphine-based painkiller). He had his medication in-possession and on 6 April a prison GP prescribed buprenorphine patches (an opioid painkiller) and oramorph and metoclopramide for heartburn. Later in the week, the consultant from palliative care saw Mr Stubbings. He said his soft diet was going well. They discussed his medication.
47. On 5 May, the consultant from palliative care reviewed Mr Stubbings. She noted a slow deterioration in his condition; he was losing energy and his appetite was decreasing, but he looked after himself on the wing. Later in the month, he saw a nurse and told her he was tired and listless. She gave him the Macmillan cancer support booklet on coping with fatigue.
48. In June, Mr Stubbings told healthcare staff that he was tired, had no appetite, had vomited after some meals, and was aware his health was becoming worse. He discussed hospice care with a nurse.
49. It is clear that a nurse worked with the consultant from palliative care and the healthcare team to support Mr Stubbings and that they appropriately respected his wishes about how he wanted his illness to be managed.

Mr Stubbings' location

50. Mr Stubbings lived in a single cell on H wing, which is a small, quiet wing. He wanted to stay there until he had to go to the hospice and was going to have a hospital bed in his cell, if he required it. His peers supported him and he had access to prison buddies (a prisoner who assists another prisoner in their daily life) and Listeners (prisoners trained by the Samaritans to support other prisoners). He had an electric fan supplied. Prison staff employed him in the electronics workshop. He worked there until 22 June 2017.
51. On 27 June, Mr Stubbings went to a hospice. The hospice has 15 beds and cares for people approaching the end of their lives with progressive conditions.
52. Mr Stubbings died on 23 July. A post-mortem examination established the cause of his death as pneumonia, caused by cancer of the oesophagus.
53. We are satisfied that Mr Stubbings remained in the best location to suit his needs. He remained independent throughout and moved to the hospice when his health deteriorated.

Restraints, security and escorts

54. When prisoners have to travel outside of 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 has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should

be necessary and decisions should be based on the prisoner's security risk, taking into account factors such as the prisoner's health and mobility.

55. On 27 June 2017, Mr Stubbings went to a hospice. A nurse completed the healthcare section of his escort risk assessment. She said that he was terminally ill, used a wheelchair and was very frail. An officer said that two officers should escort him without restraints and the deputy governor authorised that he should not be restrained. Mr Stubbings' risk did not change and officers did not use restraints while he was at the hospice.

Liaison with Mr Stubbings' family

56. On 3 October 2016, Littlehey appointed an officer as the family liaison officer (FLO) and another officer as the deputy family liaison officer. Mr Stubbings did not want anyone to be told of his illness.
57. On 28 June 2017, Mr Stubbings told the FLO that he wanted to see his two sons, one of whom was his next of kin. She spoke to Mr Stubbings' son and arranged a visit with Mr Stubbings' other son. On 1 July, Mr Stubbings' two sons visited him at the hospice. Another officer was present and offered her support.
58. During the next weeks, Mr Stubbings' sons and their families made a number of visits to see him at the hospice.
59. On 23 July, the FLO and the deputy FLO visited one of Mr Stubbings' sons, told him of his death and offered their condolences. The officers went back to the hospice with him and went with both Mr Stubbings' sons to see his body. Mr Stubbings' funeral took place on 25 August. The prison contributed to the cost in line with national instructions.
60. We are satisfied that the family liaison officers maintained appropriate contact with Mr Stubbings' family and assisted them with visits to the hospice.

Compassionate release

61. Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they have a terminal illness and typically, when they have a life expectancy of less than three months.
62. In November 2016, Littlehey started to complete a compassionate release application. On 11 November, the consultant from palliative care noted Mr Stubbings had cancer, was not having treatment and no hope of a cure. She gave a prognosis of a few months. On 22 November, a social worker noted that if Mr Stubbings' application for compassionate release was successful, he wanted to live with his son but she did not know whether his son could provide personal care for him or if the address was suitable for public protection purposes.
63. On 7 February 2017, the consultant from palliative care saw Mr Stubbings. She described his cancer symptoms but did not give her opinion about his prognosis and whether she considered that he was in the last three months of life.

64. A probation officer, noted on 8 February, that Mr Stubbings continued to pose a high risk of harm to children. He said Mr Stubbings needed to be released into approved premises and due to his health condition, an assessment had to be carried out to assess their suitability for him.
65. On 8 March, the deputy governor, also noted that Mr Stubbings remained a high risk to children. He noted that Mr Stubbings wanted compassionate release to a hospice so that officers would not be with him when he reached the final stage of his illness. He said that despite Mr Stubbings' worsening illness he remained an ongoing risk to children which could not be managed in the community as Mr Stubbings was still at risk of re-offending.
66. On 30 June, a prison GP noted that she had seen Mr Stubbings on 5 June. She noted that he had less than three months to live, was unable to eat or drink much, and had frequent vomiting, rapid weight loss and was frail. She noted that Mr Stubbings wanted to die a free man, was aware that he had a short time to live but was unsure if he was capable of committing further offences.
67. On 21 July, a probation officer said he needed an update about Mr Stubbings' current ill health, mobility and medical requirements to assess the suitability of approved premises for Mr Stubbings. The application for compassionate release was not completed before Mr Stubbings died.
68. We are satisfied that Littlehey appropriately considered whether compassionate release was suitable for Mr Stubbings, started the compassionate release process and regularly reviewed his application. It was not until 5 June that Mr Stubbings received a prognosis of less than three months to live. Healthcare staff had by this time organised a place at a hospice.

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