

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Christopher Robinson a prisoner at HMP Isle of Wight on 14 July 2018

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.

My office carries out investigations to understand what happened and identify how the organisations whose actions I oversee can improve their work in the future.

Mr Christopher Robinson died on 14 July 2018 of pneumonia and heart disease which was caused by lung cancer, while a prisoner at HMP Isle of Wight. He was 67 years old. I offer my condolences to Mr Robinson's family and friends.

I am satisfied that the healthcare Mr Robinson received at HMP Isle of Wight was good and was equivalent to that he could have expected to receive in the community. The healthcare team and prison staff supported him.

I am, however, concerned that no end of life care plan was put in place after Mr Robinson's terminal diagnosis. This would have ensured that Mr Robinson's wishes were fully respected.

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

February 2019

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Summary

Events

1. On 14 July 2015, Mr Christopher Robinson received an eighteen-year sentence for sexual offences and was sent to HMP Parc. He was transferred to HMP Isle of Wight on 16 February 2017.
2. On 19 April 2017, Mr Robinson consulted a prison GP and said that his voice had been hoarse for a week. Symptoms persisted and on 26 July an urgent referral was made to hospital for suspected cancer. An urgent chest x-ray was also requested.
3. On 2 August, Mr Robinson was prescribed antibiotics for a possible infection in his left lung shown by the x-ray. A repeat x-ray on 31 August, continued to show some shadowing of the lung and an urgent CT scan was therefore requested.
4. On 10 November, Mr Robinson received a diagnosis of small cell lung cancer and was referred to the oncology team.
5. Mr Robinson began chemotherapy and radiography treatment, but by 30 May 2018, the cancer had spread and his condition had become terminal.
6. On 12 July, after collapsing in his cell, Mr Robinson was admitted to hospital with a suspected lung infection. He died in hospital two days later.
7. The post-mortem gave the cause of death as pneumonia and heart disease caused by lung cancer.

Findings

8. The clinical reviewer considered that the clinical care Mr Robinson received was of a good standard and equivalent to that which he could have expected to receive in the community.
9. The healthcare team of nurses and GPs worked together to support Mr Robinson. They respected his wishes about how he wanted his illness to be managed, although there is no evidence that any discussions were had about Mr Robinson's wishes for end of life care.

Recommendation

- **The Head of Healthcare should ensure an end of life care plan is completed and implemented for prisoners who have been diagnosed with a terminal illness.**

The Investigation Process

10. 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.
11. The investigator obtained copies of relevant extracts from Mr Robinson's prison and medical records.
12. NHS England commissioned a clinical reviewer to review Mr Robinson's clinical care at the prison.
13. We informed HM Coroner for Isle of Wight of the investigation. She gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.
14. The investigator wrote to Mr Robinson's sister to explain the investigation and to ask whether she had any matters she wanted the investigation to consider. She did not respond to our letter.
15. Mr Robinson's family were informed the initial report was available, but did not wish to receive a copy or make any comment.
16. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
17. The investigation has assessed the main issues involved in Mr Robinson'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

HM Prison Isle of Wight

18. 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. The inpatient unit includes special facilities for end of life care.

HM Inspectorate of Prisons

19. The most recent inspection of HMP Isle of Wight was conducted in June 2015. Inspectors reported that health services were good, the inpatient unit provided compassionate care to men with complex needs and prisoners with palliative and end of life needs received excellent care.

Independent Monitoring Board

20. 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 31 December 2016, the IMB said that it continued to be impressed by the standard of healthcare provided by Care UK. However, it was concerned about prisoners blocking beds in the inpatient healthcare unit, as cell doors elsewhere in the prison were not wide enough for wheelchair users.

Previous deaths at HMP Isle of Wight

21. Mr Robinson was the ninth prisoner to die of natural causes at Isle of Wight since January 2017.

Findings

Diagnosis of Mr Robinson's terminal illness and informing him of his condition

22. Mr Robinson was serving an 18-year sentence. He had been at HMP Isle of Wight since 16 February 2017. At his initial health screening on arrival at Isle of Wight it was noted that Mr Robinson had moderate Chronic Obstructive Pulmonary Disease (COPD), which is a progressive lung disease. It was thought that Mr Robinson had stopped smoking three months earlier, but he had not. Mr Robinson stopped smoking on 25 April after seeing a smoking cessation advisor.
23. On 19 April 2017, Mr Robinson saw a prison GP, and said that he had had a hoarse voice for a week. Mr Robinson was advised to return if the symptom persisted.
24. On 26 July, Mr Robinson saw a prison GP again and said that his hoarseness had continued. The same day, the prison GP made an urgent referral to the head and neck team at a hospital under the NHS pathway which requires patients with suspected cancer to be seen by a specialist within two weeks. An urgent chest x-ray was also requested. The Clinical Reviewer considered that this was good practice.
25. On 2 August, a prison GP prescribed antibiotics as the chest x-ray showed a possible infection in Mr Robinson's left lung. A repeat x-ray was scheduled for 31 August, which still showed shadowing of the lung. An urgent CT scan was requested for 12 September.
26. Mr Robinson missed his CT scan on 12 September as he was only given ten minutes notice to attend and because he was misinformed about what the scan involved. A prison GP subsequently explained to him that it was to investigate the possibility of cancer, and consequently another urgent CT scan was arranged. Although this caused a delay of about 10 days in getting the results of the CT scan, the Clinical Reviewer did not consider that the delay reduced the chance of Mr Robinson's cancer being curable.
27. On 27 September, the CT scan revealed a possible diagnosis of lung cancer. Mr Robinson was told the results by a prison GP and they discussed the further investigations needed.
28. On 3 October, a prison GP saw Mr Robinson who said that he wanted his son to be told about the possible cancer diagnosis by a family liaison officer. As the diagnosis was still under investigation and not yet confirmed, a prison GP gave Mr Robinson a letter which included his scan results which he could use to share with others.
29. On 12 October, the hospital contacted a prison GP to assure Mr Robinson that it was working quickly to identify the nature of the lesion found on his scan.
30. On 25 October, a positron emission tomography (PET) scan (used to produce detailed 3-dimensional images of the inside of the body) was arranged and results the following day showed a likely cancer in the left lung. On the same day, prison healthcare placed Mr Robinson on the Gold Standard Palliative Care

Framework (GSF). This is a model of good practice that enables a 'gold standard' of care for people who are nearing the end of their lives.

31. Mr Robinson complained to doctors that he felt he was being kept in the dark and that there had been a considerable delay in confirming his diagnosis. However, the Clinical Reviewer is satisfied that Mr Robinson was given regular updates by healthcare staff at the prison and that there is evidence that they were actively contacting the hospital to get information about progress. There is also evidence that Mr Robinson was offered individual and group support during the wait for diagnosis, and that he was informed promptly about the likelihood of cancer following the CT scan in September.
32. On 1 November, a biopsy was performed at a hospital. The multidisciplinary respiratory team at the hospital co-ordinated further investigations.
33. On 10 November 2017, the consultant respiratory physician wrote to a prison GP and confirmed the diagnosis of small cell lung cancer. Mr Robinson was then referred to the oncology team.
34. We agree with the Clinical Reviewer that the clinical care provided to Mr Robinson with respect to the diagnosis of his cancer was at least equivalent to the care that would have been provided in the community.
35. We also agree that the occasion when Mr Robinson did not attend his CT scan due to the short notice was not good care. The Clinical Reviewer has made a recommendation about this which we draw to the attention of the Head of Healthcare.

Mr Robinson's clinical care

36. Following his cancer diagnosis, Mr Robinson was treated with chemotherapy and radiotherapy at hospital. During that treatment he lived in the prison's inpatient unit. He was offered support, and observed clinically on at least a daily basis.
37. The Clinical Reviewer was satisfied that appropriate monitoring blood tests and physiological observations were made and that, as a result, two episodes of sepsis were treated early and appropriately with hospital admission. The Clinical Reviewer was also satisfied that communication between the prison healthcare team and the oncology team at the hospital was good. Falls assessments and weight loss assessments were done appropriately, and Mr Robinson was offered nutritional support, although there was an issue with Mr Robinson diverting some of his nutritional supplements to other prisoners.
38. In April 2018, Macmillan services were involved in Mr Robinson's care. However, this was via a telephone link because Macmillan do not provide visits to HMP Isle of Wight.
39. On 30 May, following an oncology assessment, a letter from the hospital informed Mr Robinson that his cancer was now more widespread and that his condition had become incurable. Nursing staff spent some time explaining what this meant to Mr Robinson.

40. The same day, a prison GP saw Mr Robinson and discussed arranging a family liaison officer. Although Mr Robinson was in little pain, analgesic options were considered.
41. Although now in a palliative stage rather than curable, Mr Robinson remained quite active. He made requests such as being allocated to work in the gardens, and to go to the gym.
42. Although he had been placed on the Gold Standard Palliative Care Framework in October 2017, and had been informed that there was no possible cure for his disease in May 2018, the Clinical Reviewer could find no evidence that Mr Robinson was ever consulted about advanced directives, resuscitation preferences or treatment escalation plans.
43. The Clinical Reviewer concluded that the clinical care provided to Mr Robinson was generally of a good standard. The notable exception was the lack of advanced care planning and the absence of any record of discussion about Mr Robinson's wishes about his care in the terminal phase of his life. We share the Clinical Reviewer's concerns about this.
44. The Clinical Reviewer was also concerned that Macmillan services were only available via telephone link. He noted that is not the level of care that patients would receive in the community.

Mr Robinson's location

45. After Mr Robinson was diagnosed with lung cancer, staff considered whether Isle of Wight was the best option for him, considering the distance that he had to travel to a hospital for his chemotherapy and radiography treatment. Mr Robinson was offered HMP Winchester as an option to stay at during his treatment, but he declined it. Mr Robinson's notes show that the suitability of his location during treatment was regularly revisited by staff.
46. During Mr Robinson's time at Isle of Wight, he lived in the prison's inpatient healthcare unit for some respite during treatment. Mr Robinson was happy with this arrangement. After treatment was completed, Mr Robinson was returned to normal location permanently as he did not require any medical support.
47. We are satisfied Mr Robinson was appropriately located over the course of his illness and that his wishes were respected.

Restraints, security and escorts

48. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated

that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

49. Mr Robinson attended numerous hospital appointments for tests and treatments from April 2017 onwards. On each occasion, Mr Robinson was restrained using an escort chain. (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer.)
50. Although Mr Robinson was diagnosed with terminal cancer during that time, he remained quite fit and active and was able to attend the gym. Security staff, therefore, assessed his risk to staff and the general public and of escape as 'high'. In the circumstances, we do not consider that it was unreasonable for Mr Robinson to be restrained by an escort chain.
51. On 12 July, when Mr Robinson was taken to hospital as an emergency after collapsing in his cell, healthcare staff advised prison staff that he could die imminently (although this was not recorded on the risk assessment form). It was, therefore, decided that Mr Robinson should have all his restraints removed in the interests of decency. We agree that this was the appropriate decision.

Liaison with Mr Robinson's family

52. On 4 October 2017, after Mr Robinson's diagnosis of potential cancer, the prison appointed a prison's family liaison officer (FLO). She met with Mr Robinson on the same day and introduced herself. Mr Robinson asked for his son to be informed about his possible diagnosis. However, at the time, his son had requested no direct or indirect contact with Mr Robinson under any circumstances. Mr Robinson's wife was also the subject of a no contact order.
53. On 15 November, after Mr Robinson had been diagnosed with lung cancer, the FLO contacted Dorset Police. This was to enable her to visit Mr Robinson's sister, who was his next of kin, as the telephone number the prison held for her was incorrect. This was the only way she could inform her of Mr Robinson's condition. The FLO also informed social services of his diagnosis.
54. Mr Robinson asked on numerous occasions that his son be notified about his condition. The FLO contacted his son's social worker to request contact but it was confirmed that his son did not want contact and that the non-contact order remained in place. Mr Robinson became rude and aggressive to staff when his requests were refused. The FLO made it clear that if such behaviour continued she would not continue to act as his family liaison officer.
55. The FLO continued to respect Mr Robinson's wishes but had to respect any court orders that were in place. She was able to offer support to Mr Robinson's sister and to answer her questions.
56. On 14 July, just before Mr Robinson's death, the FLO visited Mr Robinson and was informed that he only had a matter of hours to live. She notified his sister and she asked to be kept informed. After his death, she informed Mr Robinson's sister by telephone as requested. Social services were also notified. Numerous calls were made to the prison by Mr Robinson's son but he was not given any information. However, he also contacted the hospital and was told that his father had died.

57. On 16 July, the FLO visited Mr Robinson's sister and offered support. They were able to discuss the family's wishes that Mr Robinson be cremated and that his ashes and valuables be given to his son.
58. After discussions with social services, it was agreed that Mr Robinson's ashes and personal effects would be given to his son after his funeral. The funeral took place on 3 September 2018 and the prison provided a financial contribution in line with national policy.
59. We are satisfied that there was appropriate liaison with Mr Robinson's family. The prison appointed a FLO promptly after Mr Robinson's diagnosis and she provided a good level of support to his family, in difficult circumstances with complex family dynamics.

Compassionate release

60. 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.
61. The prison started the compassionate release paperwork in June 2018, but did not complete it because Mr Robinson did not have a prognosis. Although Mr Robinson was terminally ill, he was in quite good physical condition until his collapse on 12 July, and his sudden deterioration and death was unexpected. We do not, therefore criticise the prison for not submitting the request for compassionate release sooner.
62. We note that the prison received a letter from Mr Robinson's oncology consultant on 14 July (the day of his death) saying that '*[Mr Robinson's] prognosis is likely a small number of months*' and this should have triggered the submission of the compassionate paperwork if Mr Robinson had not died when he did.

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