

**Prisons &
Probation**

Ombudsman
Independent Investigations

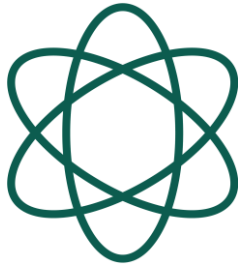
Independent investigation into the death of Mr Robin Crago, a prisoner at HMP Wakefield, on 24 August 2022

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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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. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Robin Crago, who was 65 years old, died in hospital from kidney failure caused by type 2 diabetes on 24 August 2022, while a prisoner at HMP Wakefield. We offer our condolences to Mr Crago's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Crago received at Wakefield was equivalent to that which he could have expected to receive in the community. However, he said that better and more frequent formal capacity assessments would have been appropriate given Mr Crago's repeated refusals to accept treatment.
5. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that staff carry out mental capacity assessments when appropriate, and that they document them on SystemOne using the SystemOne formal capacity assessment template.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer, to review Mr Crago's clinical care at HMP Wakefield.
7. The PPO investigator investigated the non-clinical issues in Mr Crago's care, including his location, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
8. The PPO's family liaison officer wrote to Mr Crago's next of kin, his brother, to explain the investigation. He did not respond.
9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS found no factual inaccuracies. In consultation with HMPPS, the recommendation has been slightly reworded for the sake of clarity. Their action plan is annexed to this final report.

Previous deaths at HMP Wakefield

10. Mr Crago was the 18th prisoner to die at Wakefield since May 2020. Of the previous deaths, 14 were from natural causes, and three were self-inflicted. There are no similarities between our findings in our investigation into Mr Crago's death and our findings from our investigations into the previous deaths.

Key Events

11. On 30 October 2004, Mr Robin Crago was remanded in prison custody. On 20 January 2006, he was sentenced to life imprisonment for sexual offences. On 10 May 2006, he was sent to HMP Wakefield.
12. Mr Crago had been diagnosed with type 2 diabetes (the inability of the body to regulate sugar in the blood) in the 1980s and this condition, together with hypertension (high blood pressure) and obesity, had over time caused damage to some organs, most notably his kidneys.
13. In 2011, Mr Crago was diagnosed with stage 3 chronic kidney disease (CKD). This meant he had mild to moderate damage to his kidneys, making them less able to filter waste and fluid out of his blood, which was likely to cause harm to other parts of his body.
14. In 2017, while still at stage 3, tests showed a further deterioration in Mr Crago's kidney function and healthcare staff at Wakefield referred him to a hospital renal (kidney) consultant. Changes to Mr Crago's medications led to some improvement in his condition.
15. By January 2020, Mr Crago's condition had worsened, and his CKD was now at stage 4 (which meant that his kidneys were moderately or severely damaged and that kidney failure was approaching). The renal consultant said that it was likely that Mr Crago would require dialysis (a procedure involving a machine that filters the blood removing harmful waste product when kidneys are unable to perform this function) within the next two to four years. They said that he would not be suitable for a transplant given his obesity.
16. Mr Crago had a long history of selective compliance with his clinical care. In July he refused to attend a hospital appointment to discuss his kidneys. He said there was no point as nothing could be done for him. In August, a blood test indicated further problems with his kidneys and that an urgent review should take place. However, Mr Crago said that he would not be willing to be admitted to hospital even if that decision had serious consequences.
17. On 2 September, a hospital doctor met with Mr Crago and discussed the consequences of delaying treatment, which could ultimately lead to his death. Mr Crago said he understood and that he did not want any treatment that would prolong his life. The doctor said that Mr Crago had the capacity to make decisions that were against the interests of his health.
18. On 4 September, Mr Crago refused to have a follow up blood test, but then agreed on 18 September. The results showed that his kidneys had deteriorated even further. He became very breathless and had significant build-up of fluid in his body as his kidneys began to fail.
19. On 23 September, Mr Crago was taken to hospital, where he stayed for two weeks before returning to Wakefield. He began to have dialysis three times a week.

20. Mr Crago's willingness to attend dialysis was intermittent almost from the beginning of his treatment. In November, after refusing to go to dialysis he said he knew the risks and just wanted to be left alone to die.
21. Although Mr Crago had periods of compliance, he missed dozens of dialysis sessions in 2021 and 2022. Both prison and healthcare staff made many strenuous efforts to persuade him to have his treatment. There were also multi-disciplinary meetings (MDTs) involving prison, healthcare and hospital staff to consider Mr Crago's refusal of treatment. Mr Crago attended some of these meetings, but usually only engaged with them minimally.
22. Mr Crago's health declined as the result of his intermittent engagement with his dialysis, and in 2022 his mobility was affected, and he had several falls. Following one of these falls on 15 August, healthcare staff at Wakefield discussed Mr Crago's case with his hospital renal consultant. They said that given his frailty and refusal to attend dialysis, that it might be time to consider end of life care rather than treatment. A healthcare member of staff discussed his situation with Mr Crago and that he was at high risk of death without treatment. Mr Crago said he was not sure that he wanted to die and wanted a couple of days to think it over. He agreed to go to hospital and was taken there late the same evening.
23. In hospital, Mr Crago was initially uncooperative with hospital staff, but by the afternoon of 16 August he agreed to have treatment. Over the following days he had three sessions of dialysis. But by 22 August, he had decided to refuse any further treatment despite the attempts of hospital and prison staff to persuade him. Therefore, a hospital doctor told him that treatment would be changed to end of life care. Mr Crago died in hospital on 24 August.

Cause of death

24. The Coroner accepted the cause of death provided by prison doctors and no post-mortem examination was carried out. The doctors gave Mr Crago's cause of death as end stage renal failure caused by diabetic nephropathy (long term kidney damage caused by diabetes). Sepsis (where the body overreacts to an infection causing damage to its own tissues) was given as a condition that contributed to but did not cause the death.

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