Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Russell Bishop, a prisoner at HMP Frankland, on 20 January 2022

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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

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 Russell Bishop died in hospital on 20 January 2022, while a prisoner at HMP Frankland. He was 55 years old. Mr Bishop died from COVID-19 pneumonitis and heart disorders. He also had diabetes and metastatic bowel cancer. I offer my condolences to Mr Bishop's family and friends.

4. As Mr Bishop had not left the prison within the accepted incubation period for COVID-19, it is highly likely that he contracted the infection at the prison.

5. The clinical reviewer concluded that the clinical care Mr Bishop received at Frankland was equivalent to that which he could have expected to receive in the community. However, she identified the need for improvements in conducting secondary health assessments; creating care plans for chronic conditions; offering timely GP appointments to patients with acute symptoms; compliance with the referral guidelines for suspected cancer; and use of an assessment tool to detect clinical deterioration when a patient is acutely unwell.

6. There were no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that a second-stage health assessment is carried out within seven days of a prisoner's initial health screen.

- The Head of Healthcare should ensure that care plans are in place for patients with hypertension, heart disease and other chronic health conditions.

- The Head of Healthcare should ensure that patients with acute symptoms receive timely appointments for the prison GP.

- The Head of Healthcare should ensure that GPs follow the NHS and National Institute for Health and Care Excellence (NICE) cancer referral guidelines and refer patients appropriately.

- The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 (NEWS2) tool to assess unwell prisoners effectively and identify any clinical deterioration.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Bishop's clinical care at HMP Frankland.

8. The PPO investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners; Mr Bishop's location; the security arrangements for his journey and admission to hospital; liaison with his family; and whether early release was considered.

9. The PPO family liaison officer wrote to Mr Bishop's next of kin, his mother, to explain the investigation. She did not receive a reply.

10. We shared our initial report with HM Prison and Probation Service (HMPPS). They found no factual inaccuracies. They provided an action plan which is annexed to this report.

Previous deaths at HMP Frankland

11. Mr Bishop was the 17th prisoner at Frankland to die since January 2020. All the previous deaths were from natural causes (five with COVID-19). There has since been a self-inflicted death and two deaths from natural causes (neither from COVID-19). We have previously identified weaknesses in conducting second-stage health assessments; compliance with the guidance on referrals for suspected cancer; creating care plans for chronic conditions; and using NEWS2 in clinical assessments.

COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.

13. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. In response to the pandemic, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain outbreaks - to be implemented at local level, depending on the needs of individual prisons. (A key strategy was 'compartmentalisation' to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly-arrived prisoners from the main population.)

14. In September 2021, the shielding programme ended in the community, but HMPPS continued to routinely offer shielding to clinically high-risk prisoners. This has recently been replaced by a system of individual risk assessments by clinical staff, to determine the measures necessary to support such prisoners. The agreed adjustments are documented in a Personal Management Plan, which is then facilitated by operational staff.

Key Events

15. Mr Russell Bishop had been in prison since December 1990, sentenced to life imprisonment for sexual offences and attempted murder. He transferred to HMP Frankland on 5 September 2011, but spent two months at HMP Belmarsh, in 2018, to attend court. On 10 December 2018, Mr Bishop was convicted of murder and given a further life sentence, with a minimum term of 36 years.

16. During his imprisonment, Mr Bishop developed several chronic medical conditions, including heart disease, high blood pressure and diabetes. When he returned to Frankland from Belmarsh, he had a reception health screen, but no second-stage health assessment was recorded.

17. On 18 June 2019, a nurse assessed Mr Bishop after he reported bleeding from his rectum. On 28 June, a GP examined him, requested blood tests and referred him to a colorectal specialist. The test results indicated iron deficiency anaemia. Therefore, the referral was upgraded to the urgent NHS pathway for suspected cancer, which offers an appointment within two weeks. On 18 July, Mr Bishop was told he had a tumour that was likely to be bowel cancer.

18. The diagnosis was confirmed in August and Mr Bishop had surgery in September. Healthcare staff held monthly multidisciplinary meetings (attended by a Macmillan palliative care nurse) to manage his continuing care.

19. On 1 June 2020, a prison GP wrote to Mr Bishop to endorse previously issued NHS advice that due to his cancer, heart disease and previous heart attacks, he was clinically extremely vulnerable to complications from COVID-19.

20. On 5 June, the hospital notified Mr Bishop that the cancer had spread to his lungs and brain. Healthcare staff discussed the diagnosis with him, including the possible impact of immunosuppressant medication and reiterated the advice about shielding. Mr Bishop declined to shield and signed a disclaimer, as he felt he did not have long to live and wanted to continue socialising with his friends. (However, he did shield for a few days before planned hospital admissions.)

21. The prison assigned a family liaison officer, who introduced himself to Mr Bishop on 25 June. They discussed his condition, as well as his wishes in the event of his death. After their conversation, the family liaison officer telephoned Mr Bishop's mother and explained his role. He kept abreast of Mr Bishop's treatment and spoke to Mr Bishop and his mother regularly.

22. On 8 July, two days after surgery to remove part of his skull due to his brain tumour, Mr Bishop discharged himself from hospital. He declined admission to the prison's inpatient unit. Healthcare staff therefore arranged for daily observations on his wing by two named nurses, in liaison with the palliative care nurse. In line with COVID-19 policy, Mr Bishop was subject to reverse cohorting after hospital inpatient treatment.

23. Mr Bishop had a course of chemotherapy between September 2020 and May 2021, followed by further surgery in August 2021. His condition led to frequent seizures. He agreed not to be resuscitated if his heart or breathing stopped and a formal order was in place.

24. As his illness progressed, Mr Bishop's mobility worsened. He declined several offers to move to a cell in the healthcare centre, or the ground floor of a residential wing.

Final admission to hospital

25. At around 5.30am on 20 January 2022, a prisoner in a neighbouring cell heard Mr Bishop shouting that he had fallen and rang his cell bell to alert staff. A nurse attended and found that he was cold, with laboured breathing. As part of his end of life plan, Mr Bishop had previously indicated that he wanted to die at Frankland. He declined to go to hospital or move to the inpatient unit. The nurse left an oxygen tank and pulse oximeter in the cell, with instructions for wing staff to monitor him at ten-minute intervals and inform healthcare if Mr Bishop's wrist alarm sounded.

26. At around 7.25am, a nurse saw through the cell observation panel that Mr Bishop had removed the oxygen mask. She went into the cell with colleagues and Mr Bishop told them he had been short of breath since the previous day, but had not sought help. He said that if an ambulance was requested he would follow the advice of the paramedics.

27. The paramedics arrived at 8.25am and Mr Bishop agreed to go to hospital. He was escorted by a supervising officer and two prison officers. As he was on the end of life pathway and in a poor clinical condition, the security risk assessment concluded that restraints were unnecessary.

28. During the hospital assessment procedures, Mr Bishop tested positive for COVID-19. In the afternoon, the family liaison officer asked for an update to pass on to Mr Bishop's mother, but the hospital had already contacted her.

29. A prison nurse informed the hospital of Mr Bishop's wishes, but was told he was too unwell to return to the prison. Mr Bishop died at 8.40pm that day.

30. Within a few minutes of his death, the family liaison officer notified Mr Bishop's mother. He telephoned again the following day, to explain the procedures and discuss her preferences for the funeral arrangements.

31. A prison manager went to the hospital to debrief the escort officers and offer support. Notices were issued to other staff and prisoners, informing them of Mr Bishop's death and reminding them of the support available.

32. The prison arranged and paid for Mr Bishop's funeral, which was held on 2 February. The family liaison officer and his deputy attended and one of the prison chaplains officiated.

Cause of death

33. No post-mortem examination was held as the coroner accepted the hospital's clinical certification that the cause of Mr Bishop's death was COVID-19 pneumonitis. He also had several underlying conditions - heart disease, heart failure, type 2 diabetes and bowel cancer which had spread to other parts of his body.

Findings

Clinical Findings

34. The clinical reviewer concluded that Mr Bishop received a reasonable standard of clinical care, equivalent to that which he could have expected to receive in the community. Full details of her findings are in the clinical review report. She recognised that the complex care and palliative care nurses provided personalised nursing and support and there was excellent collaborative working. However, she made some recommendations for improvement. We reflect those relevant to Mr Bishop's cause of death, with a reminder that the deficiencies highlighted are all issues that have been raised with Frankland before.

Management of Mr Bishop's risk of infection from COVID-19

35. Due to Mr Bishop's cancer and other health conditions, he was at high risk of complications from COVID-19. Healthcare and operational staff advised him to shield many times, verbally and in writing. He repeatedly declined, other than for short periods before hospital admissions.

36. We are satisfied that staff consistently encouraged Mr Bishop to minimise his risk. However, as he had not left Wakefield in the weeks leading to his positive test for COVID-19, it is reasonable to conclude that he contracted the virus at the prison.

Second-stage health assessment

37. National Institute for Health and Care Excellence (NICE) Guideline 57, Physical Health of People in Prison states that healthcare staff should conduct a second-stage health assessment within seven days of a prisoner's initial health screen. There is no evidence that Mr Bishop received a secondary screen when he returned to Frankland from Belmarsh and the clinical reviewer considers this might have affected management of his long-term conditions. We recommend:

    The Head of Healthcare should ensure that a second-stage health assessment is carried out within seven days of a prisoner's initial health screen.

Management of Mr Bishop's long-term medical conditions

38. The clinical reviewer found that although healthcare staff regularly reviewed Mr Bishop's health conditions, care plans were not in place to manage his heart disease and high blood pressure. We recommend:

    The Head of Healthcare should ensure that care plans are in place for patients with hypertension, heart disease and other chronic health conditions.

Referral for suspected cancer

39. The clinical reviewer was concerned that after Mr Bishop reported passing blood for three weeks, there was a delay of ten days before he was reviewed by a prison GP;

and that he was not referred to a specialist under the pathway for suspected cancer at that point, as he should have been. We recommend:

The Head of Healthcare should ensure that patients with acute symptoms receive timely appointments for the prison GP.

The Head of Healthcare should ensure that GPs follow the NHS and National Institute for Health and Care Excellence (NICE) cancer referral guidelines and refer patients appropriately.

Clinical monitoring and use of the National Early Warning Score 2

40. National Early Warning Score 2 (NEWS2) is a clinical assessment tool to help identify deterioration in acutely unwell patients and determine the appropriate escalation procedures. The clinical reviewer found that although healthcare staff generally used this system, a NEWS2 score was not calculated when Mr Bishop's condition worsened on 20 January. We recommend:

The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score 2 (NEWS2) tool to assess unwell prisoners effectively and identify any clinical deterioration.

Sue McAllister CB
Prisons and Probation Ombudsman **March 2023**

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