

**Prisons &
Probation**

Ombudsman
Independent Investigations

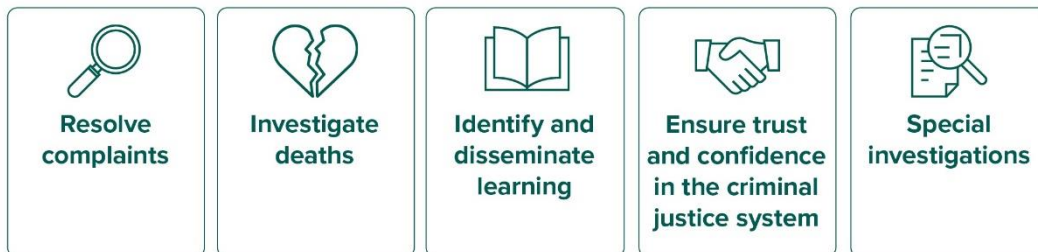
Independent investigation into the death of Mr Ian Duncan, a prisoner at HMP Woodhill, on 13 February 2023

A report by the Prisons and Probation Ombudsman

OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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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. If my office is to best assist HM Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Mr Ian Duncan died in a hospice on 13 February 2023 from metastatic malignant melanoma (skin cancer which has spread to other parts of the body) while a prisoner at HMP Woodhill. He was 39 years old. We offer our condolences to his family and friends.
4. The clinical reviewer concluded that the clinical care Mr Duncan received at Woodhill was of a good standard and was equivalent to that which he could have expected to receive in the community.
5. The clinical reviewer said that the relationship established between healthcare staff and staff at Willen Hospice is an example of good practice.
6. The clinical reviewer made three recommendations, which are not directly related to Mr Duncan's death, which the Head of Healthcare will need to address.
7. Prison staff belatedly commenced an application for release on temporary licence (ROTL) which was not completed before Mr Duncan died.

Recommendations

- The Governor should ensure that when a prisoner is terminally ill in hospital or in a hospice, staff consider release on temporary licence (ROTL) and progress the application promptly.

The Investigation Process

8. On 13 February 2023, the PPO was notified that Mr Duncan had died.
9. NHS England commissioned an independent clinical reviewer to review Mr Duncan's clinical care at Woodhill.
10. The PPO investigator investigated the non-clinical issues relating to Mr Duncan's care.
11. The PPO family liaison officer wrote to Mr Duncan's aunt to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Duncan's aunt asked a number of questions not directly related to Mr Duncan's death which have been addressed in separate correspondence.
12. We shared the initial report with the Prison Service. There were no factual inaccuracies.
13. We shared the initial report with Mr Duncan's aunt. Mr Duncan's aunt made a number of observations not directly related to Mr Duncan's death which have been addressed in separate correspondence.

Previous deaths at HMP Woodhill

14. There was one death from natural causes and four self-inflicted deaths at Woodhill in the three years before Mr Duncan's death. There are no significant similarities between our findings in this investigation and those of the other deaths.

Key Events

15. In September 2002, Mr Ian Duncan was convicted of arson and threatening to harm a witness and sentenced to five years in prison. In December 2006, Mr Duncan was convicted of the murder of another prisoner and sentenced to a further sixteen years in prison. In 2008, Mr Duncan was diagnosed with a personality disorder.
16. In July 2013, Mr Duncan was detained under the Mental Health Act in a secure hospital.
17. In September 2020, Mr Duncan was diagnosed with a metastatic malignant melanoma (skin cancer which had spread to other parts of the body).
18. On 10 January 2022, Mr Duncan was diagnosed with a brain tumour. He decided not to have any further treatment.
19. On 23 March, after Mr Duncan made threats to kill staff, he was returned to the prison estate and on 25 March, he was transferred to HMP Belmarsh.
20. On 15 April, Mr Duncan was transferred to HMP Woodhill. Mr Duncan's cancer was now incurable and terminal. He also had multiple sclerosis (MS- a condition that can affect the brain and spinal cord, causing a wide range of symptoms, including problems with vision, arm or leg movement, sensation, or balance) and epilepsy.
21. On 18 May, a GP at Woodhill reviewed Mr Duncan who wanted to be referred to Willen Hospice for palliative care and refused any other medical care. On 14 June, a community nurse accepted Mr Duncan's referral to the hospice and added him for an assessment.
22. On 1 November, after Mr Duncan became unwell, he was sent to hospital where he had a computerised tomography (CT) scan which showed that he had a new bleed on the brain and a new lesion with swelling. Hospital staff said that Mr Duncan had a chest infection and gave him intravenous antibiotics. On 6 November, Mr Duncan self-discharged from hospital and went back to Woodhill.

On 16 November, the Primary Care Lead Nurse held a multidisciplinary meeting to discuss Mr Duncan. The plan from the meeting was for the prison to liaise with Willen Hospice, as this was Mr Duncan's preferred place of death. The nurse noted that prison staff would pursue a release on temporary licence application (ROTL) to enable his care at the hospice, but this did not happen until 7 February 2023, when the prison asked probation staff to assess Mr Duncan's suitability for ROTL.
23. On 9 February, the Primary Care Lead Nurse provided probation staff with Mr Duncan's medical history. Probation supported the ROTL application, completed the relevant sections and returned the application to the prison for processing.
24. A case administrator told the investigator that the ROTL application was never completed because there was a delay from the Probation Service in its completion. (On the evidence we have seen, this was not correct, and Probation did not contribute to the delay.) She said that Mr Duncan's condition worsened, and a hospice GP and hospice nurse decided to move him to the hospice straight away.

25. On 9 February 2023, healthcare staff from Willen Hospice reviewed Mr Duncan and said that he was in the end-of-life phase. Mr Duncan was transferred to the hospice. When he went to the hospice Mr Duncan was not restrained.
26. On 13 February, Mr Duncan died at Willen Hospice.

Post-mortem report

27. There was no post-mortem examination. A hospice GP said that Mr Duncan died from metastatic malignant melanoma (skin cancer which had spread to other parts of the body).

Inquest

28. The inquest, held on 29 August 2023, concluded that Mr Duncan died from natural causes.

Non-Clinical Findings

29. Release on temporary licence (ROTL) can be granted for precisely defined and specific activities which cannot be provided in the prison. A risk assessment is completed to ensure that the prisoner's temporary release does not present unacceptable risks. The Governor of the prison is able to grant the temporary licence and will decide whether the prisoner is to be accompanied by staff.
30. When Mr Duncan's health deteriorated, healthcare staff planned for Mr Duncan to move to Willen Hospice for end-of-life care. At a multidisciplinary meeting on 16 November 2022, the Primary Care Lead Nurse said that Mr Duncan could be released on licence to the hospice. However, the application for ROTL was only commenced on 7 February. The reason for the delay is not clear but, self-evidently, applications for ROTL in the case of terminal illness must be progressed at the earliest opportunity.
31. We accept that the fact that the ROTL application was never completed did not affect Mr Duncan's move to the hospice. However, if the ROTL application had been promptly progressed then Mr Duncan would not have been supervised and closely monitored by prison staff in his final days. We make the following recommendation:

The Governor should ensure that when a prisoner is terminally ill in hospital or in a hospice, staff consider release on temporary licence (ROTL) and progress the application promptly.

Adrian Usher
Prisons and Probation Ombudsman

January 2024

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