Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Edwin Walker, a prisoner at HMP/YOI Ashfield, on 18 October 2022

A report by the Prisons and Probation Ombudsman

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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

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 Edwin Walker, a prisoner at HMP Ashfield, died in hospital on 18 October 2022 from Merkel cell cancer (a rare form of skin cancer), which had spread. He was 89 years old. We offer our condolences to Mr Walker's family and friends.

4. The clinical reviewer concluded that the clinical care that Mr Walker received at Ashfield was equivalent to that which he could have expected to receive in the community. The clinical reviewer made one recommendation which was not directly related to Mr Walker's death but which the Head of Healthcare will need to address.

5. We found no non-clinical issues of concern but Ashfield's liaison with Mr Walker's family was evidence of good practice. We make no recommendations.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Walker's clinical care at HMP Ashfield.

7. The PPO investigator investigated the non-clinical issues relating to Mr Walker's care.

8. The PPO family liaison officer wrote to Mr Walker's next of kin, his wife, to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond to our letter.

9. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Previous deaths at HMP Ashfield

10. Mr Walker was the fourth prisoner to die at Ashfield since October 2020. All of the previous deaths were from natural causes. There has been one death from natural causes since Mr Walker's. There are no similarities between our findings in this investigation and our investigation findings for the previous deaths.

Key Events

11. On 23 July 2019, Mr Walker was sent to prison for sex offences. He was later sentenced to 17 years and six months in prison.

12. On 4 December, Mr Walker was transferred to HMP Ashfield.

13. On 1 April 2020, Mr Walker signed an order to say that he did not want to be resuscitated if his heart or breathing stopped.

14. On 20 December 2021, a nurse saw Mr Walker because he reported a lump in his right arm which he said he had had for a while, but it had started to get bigger. She booked an appointment for a nurse to see him.

15. On 23 December, a nurse reviewed Mr Walker's arm and referred him to the GP as she suspected the lump was a cyst or a boil.

16. On 24 December, a GP operating at Ashfield reviewed Mr Walker and believed that the lump may be Merkel cell carcinoma (skin cancer). He referred him to the hospital dermatology service.

17. On 23 February 2022, Mr Walker went to hospital for a biopsy of the lesion on his arm.

18. On 9 March, Mr Walker went to the hospital's dermatology clinic. A hospital consultant wrote to him the next day to tell him that he had Merkel cell cancer and needed surgery and possibly radiotherapy.

19. On 6 April, Mr Walker went to hospital to have surgery to remove the lesion on his arm. A hospital consultant clinical oncologist (a cancer specialist) advised that he could not have the surgery as the lesion had grown too big and instead referred him for radiotherapy.

20. On 3 June, Mr Walker completed a month's course of radiotherapy to treat his forearm and left underarm.

21. On 12 August, Mr Walker had an x-ray which identified a mass in his neck which indicated that his cancer had spread.

22. On 1 September, Mr Walker attended a hospital appointment, and was told that his cancer was terminal and his radiotherapy treatment was palliative (to reduce symptoms and improve quality of life only).

23. On 7 September, healthcare staff held a multidisciplinary meeting to discuss Mr Walker's cancer and they noted that the hospital oncologist had given Mr Walker a prognosis of weeks to months to live. Staff discussed advanced care planning, Mr Walker's wishes and suitable locations which could provide appropriate care for Mr Walker. The team also discussed compassionate release and facilitating visits from family members, including how they could escort Mr Walker to visit his wife, who was unable to visit the prison herself at the time.

24. On 8 September, NHS England agreed to fund a nursing home placement for Mr Walker. That day, a board of prison staff approved a special purpose licence for Mr Walker to visit his wife at home and to be accompanied by just one prison officer at the hospital. They also approved an application for him to move into the local nursing home without prison staff accompanying him.

25. On the same day, the Director appointed an officer as Mr Walker's family liaison officer (FLO). The FLO contacted Mr Walker's wife to introduce himself and offer support. He kept in regular contact with her.

26. On 12 September, the FLO went to Mr Walker's wife's home and collected her to visit Mr Walker. He facilitated a two-hour visit at the prison for which both Mr Walker and his wife were very grateful.

27. On 24 September, a nurse saw Mr Walker for a welfare check and noted that his limbs and hands were swollen with fluid. She asked the GP to review his medication.

28. On 26 September, a prison GP prescribed medication to help with the fluid retention.

29. On 27 September, an application for Mr Walker's early release on compassionate grounds was submitted to the Public Protection Casework Section (PPCS) of HMPPS.

30. On 28 September, a prison GP noted that Mr Walker's application for a nursing home bed may no longer be an option due to the nature of his offence.

31. On 1 October, two nurses saw Mr Walker because officers were concerned that his legs were swollen and blistering. They reviewed him and carried out physical observations. One nurse noted that Mr Walker had a National Early Warning Score (NEWS2) of two. (NEWS2 is a tool to detect and respond to clinical deterioration. A score above seven indicates the need for an emergency response.) She also noted that there was fluid leaking from his legs and she believed that he may have an infection, likely needing intravenous antibiotics. She asked for him to be sent to hospital.

32. Before Mr Walker was sent to hospital, prison staff completed an escort risk assessment. The nurse who completed the medical section did not object to the use of restraints but noted that Mr Walker was not to be resuscitated if his heart or breathing stopped, he was a palliative care patient with poor mobility and he needed a wheelchair. The Deputy Director did not authorise the use of restraints. Mr Walker was escorted unrestrained to hospital by two prison officers, and was admitted for care.

33. On 5 October, the PPCS referred Mr Walker's case to an independent doctor for medical advice.

34. On 18 October, Mr Walker died in hospital.

Post-mortem report

35. The post-mortem report established that Mr Walker died from Merkel cell carcinoma. He also had pneumonia which contributed to but did not cause his death.

Outcome of Inquest

36. The inquest into Mr Walker's death took place on 4 January 2024 and a verdict of natural causes was recorded. The coroner concluded that Mr Walker's death was due to metastatic merkel cell carcinoma and that pneumonia contributed to his death.

Non-Clinical Findings

Good practice

Liaison with Mr Walker's family

37. Prison Service Instruction (PSI) 64/2011 on safer custody, says that prisons must have arrangements in place for an appropriate member of staff to engage with the next of kin of prisoners who are either terminally or seriously ill. We found that Ashfield demonstrated good practice when liaising with Mr Walker's family. This included holding a multidisciplinary meeting to discuss what action to take after Mr Walker's diagnosis. Ashfield also arranged a visit from Mr Walker's wife and took into consideration her mobility problems. This resulted in the FLO collecting her from her home to visit Mr Walker at Ashfield. We commend staff at Ashfield for their compassionate approach to family liaison in this case.

Adrian Usher
Prisons and Probation Ombudsman **October 2023**

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