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**STATE CORONER'S COURT
OF NEW SOUTH WALES**

Inquest: Inquest into the death of Robert Bell-Williams

Hearing dates: 15 May 2026

Date of findings: 15 May 2026

Place of findings: NSW State Coroner's Court, Lidcombe

Findings of: Judge Harriet Grahame, Deputy State Coroner

Catchwords: CORONIAL LAW – Death in custody – Natural death – Metastatic papillary renal cell carcinoma -- No care and treatment issues identified

File numbers: 2024/41765

Representation: Mr Scott Perry (Sgt) Coronial Advocate Assisting

Ms Annabel Gage, Department of Communities and Justice Legal for Corrective Services NSW

Ms Gladys Amal for Justice Health and Forensic Mental Health Network

Non Publication orders

Non Publication orders were made pursuant to section 74(1)(b) *Coroners Act 2009* (NSW) on 15 May 2026 and a notation was placed on the court file in relation to future access pursuant to section 65 *Coroners Act 2009* (NSW). A copy of those orders is available from the Registry.

Findings

I make the following findings pursuant to section 81(1) of the *Coroners Act 2009* (NSW).

Identity: The person who died was Robert Bell-Williams

Date of death: He died on 1 February 2024

Place of death: He died, while in lawful custody, at Long Bay Hospital, Malabar NSW.

Cause of death: He died from the effects of metastatic papillary renal cell carcinoma

Manner of death: His death was from natural causes.

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Introduction

1. Robert Bell-Williams (Robert) died on 1 February 2024. He was 71 years of age.
2. At the time of his death, he was a patient at Long Bay Hospital (LBH) which is situated within the Long Bay Correctional Complex at Malabar, NSW. LBH is a non-acute 85 bed health care facility. It provides mental health, medical, aged and rehabilitative and palliative care to patients within the correctional system. From time-to-time patients at LBH may require treatment or specialist services that are not available at LBH. If this is the case, patients may be referred to the Prince of Wales Hospital (POWH) or some other relevant facility.
3. Robert Bell-Williams spent time at both POWH and LBH in the lead up to his death. It is reported that when his care was palliative, he wished to be returned to LBH where he felt more comfortable.

The role of the coroner and the scope of the inquest

4. The role of the coroner is to make findings as to the identity of the nominated person and in relation to the place and date of their death. The coroner is also to address issues concerning the manner and cause of the person's death.¹ A coroner may make recommendations, arising from the evidence, in relation to matters that have the capacity to improve public health and safety in the future.²
5. It should be noted that when a person dies in custody in NSW, it is mandatory that an inquest is held.³ The inquest must be conducted by a senior coroner.⁴ When a person is detained in NSW, the State is ultimately responsible for his or her safety and medical treatment. Given that inmates are unable to obtain medical treatment of their choice it is especially important to closely examine the care they are offered so that we can be confident that it is always of an appropriate standard.
6. No care or treatment concerns have been raised in relation to Robert's death.

The evidence

7. The inquest was held at the NSW Coroners Court at Lidcombe 15 May 2026.
8. A brief of evidence was tendered, including witness statements, police reports, photographs, medical records and custodial records and reports.

¹ Section 81 *Coroners Act 2009* (NSW).

² Section 82 *Coroners Act 2009* (NSW).

³ Section 27 *Coroners Act 2009* (NSW).

⁴ Section 24 *Coroners Act 2009* (NSW).

9. The court also heard from the Officer in Charge of the investigation, Senior Constable Bonnie James who raised no issues of concern.

Background

10. Robert was born on 5 March 1952 in Ebbw Vale, Wales. He moved to Australia with his family in 1959 and settled in the Illawarra area. He had four children with his partner. His partner also had two children from a previous relationship who also resided with them.
11. Robert and his family lived in Bellambi. He worked for Peter's Ice Cream as a delivery truck driver. After his arrest, the family largely ceased contact with Robert. It was only towards the end of his life that one of his daughters re-connected with him. Records show that she visited her father shortly before he died.

Criminal History and Custody

12. Prior to 2012, Robert had only a limited criminal history involving relatively minor offences.
13. On 18 December 2012, Robert was arrested and charged with historical child sexual offences. He would remain in custody from this point onwards. On 28 November 2013 he pleaded guilty to 12 offences, with several others to be taken into account at the time of sentencing.
14. On 12 June 2014 Robert was sentenced at Wollongong District Court to multiple terms of imprisonment, resulting in an earliest release date of 12 December 2021, with the sentences expiring on 17 December 2025.
15. On 25 July 2014, whilst in custody serving his sentence, Robert was charged with further historical offences. On 11 May 2016 he was sentenced at Wollongong District Court to a term of imprisonment of 15 years, commencing 17 December 2021. Robert would have been eligible for parole from 17 December 2030.
16. On 18 December 2023, whilst still in custody, Robert was charged again with historical child sexual offences against a further victim. These proceedings were ultimately discontinued following Robert's death.
17. During his imprisonment, Robert was classified as a Serious Offender and managed within Special Management Area Placement (SMAP). His custodial record reflects only one disciplinary action.

Medical History and transfers to Long Bay Hospital and POWH

18. Robert's medical history is set out in the documents before me. His medical file indicates that he had a history of alcohol withdrawal seizures in January 2013 shortly after entering custody and that he had a background of heavy smoking.

19. Robert experienced some mobility impairment from January 2013 and had been assessed as being at risk of falls since May 2014.
20. Prior to July 2020 Robert had minimal contact with Justice Health & Forensic Mental Health Network (JHFMHN), although he had a mandatory chronic disease screen in 2019 where an inhaler for asthma was recommended.
21. Robert self-referred to the clinic on 2 July 2020 and was reviewed by a general practitioner (GP) on 10 July 2020 for respiratory symptoms. A chest X ray was ordered. A GP review on 16 July 2020 resulted in his transfer to hospital for investigation of pleural effusion.
22. On 23 July 2020 Robert was transferred to Prince of Wales Hospital (POWH) from Goulburn Hospital for the management of pleural effusions and for the investigation of a possible malignancy. Records indicate that a scan identified a “renal mass with metastatic lesions in the liver and lungs.”
23. During this admission he was diagnosed with renal cell carcinoma. Robert was placed under the ongoing care of POWH medical oncology team. Management of his chronic kidney disease was to take place in conjunction with the POWH renal and POWH urology teams.
24. In August 2020 Robert received a right nephrectomy. Further investigations in relation to his pleural effusions and lung nodules took place, however cytology indicated the pleural fluid was non-malignant. It was the medical oncologist’s opinion at this time that the lung nodules were reactive non-malignant nodules of unclear significance and it was planned that Robert would receive ongoing surveillance.
25. On 8 August 2020 Robert was discharged back to the MSPC at Long Bay Correctional Complex under the ongoing care of the medical oncology team. On 11 September 2020 Robert was transferred back to Goulburn Correctional Centre. During this period Robert received ongoing surveillance, and it is documented that he appeared well and asymptomatic following his oncology reviews.
26. On 29 July 2021, a doctor conducting a POWH medical oncology telehealth consultation documented concerns regarding Robert’s pulmonary nodules. Robert apparently appeared well and was asymptomatic but there was a need for a formal comparison to take place to compare a recently performed CT scan with one from the previous year.
27. On 9 December 2021, a POWH medical oncology review doctor documented clear evidence of progressive metastatic lung disease. It is not clear from the records why this comparison took so long to complete. Treatment options were considered. Robert’s pulmonary nodules

had significantly increased in size although it is noted that he still appeared to be asymptomatic.

28. Initially Robert was reluctant to travel to Sydney for treatment. However, on 23 December 2021 Robert agreed for relocation to Long Bay Correctional Complex in order to facilitate a biopsy and to possibly proceed with immunotherapy or other treatment.
29. On 14 February 2022 Robert received a fine needle biopsy at POWH. The biopsy demonstrated large cell malignancy. However, further characterization was not possible at this time.
30. On 12 March 2022 Robert received a second fine needle biopsy. Both biopsy aspirates did not show malignant cells and the medical oncology team were unable to determine the malignancy type. At this point Robert continued to remain asymptomatic.
31. On 7 November 2022 a POWH medical oncology doctor documented Robert's increasing symptoms of the malignancy. He had increasing fatigue, weight loss of seven kilograms, dyspnoea on exertion, and a palpable mass on his anterior chest wall. A biopsy of that mass was undertaken on 11 November 2022. At this point doctors were able to confirm papillary renal cell carcinoma.
32. On 11 January 2023 a further review with the POWH medical oncology team took place. It was decided that compassionate access to targeted therapy, possibly Cabozantinib, would be explored. On 13 February 2023 Robert commenced Cabozantinib.
33. Between 22 March 2023 and 7 June 2023 Robert was an inpatient at POWH. He presented with lethargy, light-headedness, a productive cough and urinary retention. During this stay his health was complicated by a number of other health issues including perianal sinus.
34. On 9 June 2023 Robert completed an Advanced Care Directive and elected "not for resuscitation or intubation" as well as any other interventional measures. Over the next few months Robert's health deteriorated, and he required a number of other hospital admissions with conditions including acute cholecystitis requiring resection and postoperative cardiac failure secondary to Cabozantinib induced cardiomyopathy.
35. On 2 September 2023, Robert was placed on a palliative care plan after further discussions regarding his care options with his treating team. He ceased Cabozantinib. Over the next month Robert's condition continued to deteriorate requiring further hospital admissions. On 16 October 2023 Robert was admitted to POWH for management of systemic anaemia. At this time Robert was diagnosed with new cerebral metastases.

36. On 31 October 2023 Robert's resuscitation plan was updated with his goals of care documented as "comfort measures/palliative treatment and to treat reversible causes". Robert expressed a wish for no resuscitation, no invasive ventilation or referral to ICU.
37. On 9 January 2024 Robert was admitted to POWH where his deterioration led to a transfer to the palliative care ward. His oncology treatment plan was reviewed and during this admission he did not improve. It was decided that he was no longer suitable for further treatment and his prognosis was discussed between himself and a family member. During this time Robert's resuscitation plan was further discussed and his wishes updated.
38. On 24 January 2024 Robert was discharged back to LBH for end-of-life care. His resuscitation plan was updated as "not for transfer back to POWH". Records indicate that pain relief was appropriately dispensed.
39. Robert's medical care was retrospectively reviewed by Dr Michael Hills, Director Medical Services JHFMHN in May 2024. Doctor Hills is of the view that the care provided to Robert was appropriate and the coordination of services between POWH and JHFMN was appropriate notwithstanding COVID-19 restrictions. I accept his opinion on this matter.

Final return to Long Bay Hospital

40. On 24 January 2024, Robert was discharged back to Long Bay Hospital for end-of-life care. At this point he knew he was terminally ill and had a current plan (NSW Health Resuscitation Plan) which set out "comfortable measures/symptomatic palliative end of life care". The goals of care had been discussed and negotiated with his doctor, Dr Mica Spasojevic.
41. Records indicated that he had considerable trust in Dr Spasojevic and preferred to be at Long Bay Hospital.
42. There is some suggestion in the material that a compassionate release application had been considered at one point, but it is not clear what stage the application was at or if it was ever acted upon or even desired by Robert.
43. Robert's daughter told investigators that she could see her father was extremely sick towards the end of his life. She stated that he understood he was dying and she felt he had "come to terms with it". She stated that her father said that he had been treated very well by the nurses and doctors in gaol.
44. About 6.30am on 1 February 2024, Robert was in Cell 030 of the Medical Sub-Acute ward of the Long Bay Hospital. He was observed to have laboured breathing and was difficult to rouse. About 7.15am Robert was unresponsive to voice or stimuli, although still alive. Medication was

administered to assist with breathing, and Robert was placed in a comfortable position. About 8.15am Robert was again observed, with no changes in his presentation.

45. At 9.25am Robert was found to be unresponsive. His life was pronounced extinct. At 9.32am the door to Robert's cell was locked, and a body-worn camera was placed in a position covering the door. The NSW Police Force were notified, and an investigation commenced in accordance with the relevant death in custody protocols.

Investigation

46. The Officer in Charge, Senior Constable Bonnie James, arrived a short time later with other officers and commenced her investigation. The 'Knock Up System' was tested and found to be working. The footage from the Body-Worn Camera was reviewed, with no issues identified. The medical records and other administrative documents (such as Visitor Logs) were also reviewed as part of the investigation. DSC James told the court that her investigation revealed no outstanding concerns regarding the death, care, or treatment of Robert.

Family Concerns

47. Shortly after Robert's death his daughter provided a statement to investigating officers in which she raised a concern regarding an incident where her father was "handled roughly" during a transport to Prince of Wales Hospital. This is said to have occurred approximately six weeks prior to his death, during an escort to hospital. The account relates to an allegation that Robert was forcibly handled by corrective services staff while restrained, at a time when he was frail and unwell.
48. No contemporaneous complaint or record of a use of force has been identified in the material reviewed. Corrective Services NSW investigated the allegation and advised that there is no record of any such incident. Without further evidence it is impossible to make any firm finding on the matter, however I am satisfied that if such an incident occurred it had no causal connection to Robert's death.
49. No other concerns were raised by the family regarding Robert's medical care or end-of-life management. Robert's daughter told investigators that Robert was treated well by doctors and nurses at Long Bay Hospital.
50. I note that the coronial file records that his family did not request an inquest and did not wish to participate in proceedings. Nevertheless, an inquest is mandatory in relation to all deaths in custody.

Cause of Death

51. After his death Robert's body was transported to the Forensic Medicine Forensic and Analytical Science Service (FASS). A CT scan was undertaken which showed findings in keeping with the medical records. On 6 February 2024, a Coronial Certificate as to Cause of Death was issued, declaring the direct cause of death to be metastatic papillary renal cell carcinoma.

Findings

52. For the reasons set out above, I make the following findings pursuant to section 81(1) of the *Coroners Act*:

Identity

The person who died is Robert Bell-Williams

Date of death

He died on 1 February 2024.

Place of death

He died, while in lawful custody at Long Bay Hospital, Malabar NSW

Cause of death

He died from the effects of metastatic papillary renal cell carcinoma

Manner of death

His death was from natural causes

Conclusion

53. I am satisfied that the evidence establishes that Robert received appropriate medical care whilst in custody. He appears to have been informed about the severity of his condition. While he initially commenced treatment, he later accepted there was nothing further that could be done. His end-of-life wishes were documented and respected, and the response to his death was compliant with policy and procedure. I note that his daughter expressed satisfaction with the medical treatment her father received.

54. There are no recommendations to be made in relation to this death.

55. I thank Detective Senior Constable Bonnie James for her investigative work.
56. I thank Mr Scott Perry, Coronial Advocate for his hard work preparing this inquest.
57. Finally, I offer my sincere condolences to those who loved Robert and acknowledge their loss.

Judge Harriet Grahame

Deputy State Coroner

1 May 2026

Coroners Court of NSW, Lidcombe