Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Alec Dyer-Atkins a prisoner at HMP Woodhill on 29 July 2016

A report by the Prisons and Probation Ombudsman
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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*

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.

My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Alec Dyer-Atkins died on 29 July 2016 from cancer of his immune system while a prisoner at HMP Woodhill. He was 71 years old. I offer my condolences to Mr Dyer-Atkins' family and friends.

I consider that Mr Dyer-Atkins received a good standard of care at the prison but I am concerned that, again, Woodhill managers did not apply the appropriate legal tests to justify the use of restraints when he was taken to hospital. I am also concerned that the prison's completed compassionate release application did not contain sufficient information to allow an informed decision to be made about whether to release Mr Dyer-Atkins.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **January 2017**

Contents

Summary

Events

1. On 23 September 2015, after breaching a condition of his licence, Mr Alec Dyer-Atkins was recalled to prison and returned to HMP Woodhill. He suffered from a number of health problems, including lung disease.

2. In February 2016, a prison doctor examined Mr Dyer-Atkins when he reported fatigue and pain in his abdomen and leg. The doctor arranged for a blood test and a scan of his abdomen. The blood tests identified abnormalities and the doctor prescribed antibiotics and requested repeat tests.

3. On 4 March, Mr Dyer-Atkins reported multiple joint pains. A doctor examined him and noted he had an enlarged liver and a swollen abdomen. The doctor referred him to hospital.

4. On 14 March, Mr Dyer-Atkins went to hospital and a doctor admitted him for tests, including a biopsy of his lymph nodes. On 14 April, a doctor diagnosed lymphoma (a cancer of the blood). Mr Dyer-Atkins began a course of chemotherapy and returned to Woodhill on 22 April. Prison healthcare staff managed his care and created comprehensive care plans. He continued chemotherapy treatment as an outpatient.

5. On 8 May, Mr Dyer-Atkins' temperature rose and staff sent him to hospital. A doctor admitted him and prescribed antibiotics for a chest infection. He remained in hospital but continued to attend his scheduled chemotherapy appointments.

6. Mr Dyer-Atkins did not respond to treatment and, on 29 June, all active treatment stopped. Hospital consultants and prison healthcare staff met with his family to discuss end of life planning and agreed an end of life care plan. Mr Dyer-Atkins said he did not want anyone to resuscitate him if his heart or breathing stopped.

7. Mr Dyer-Atkins returned to Woodhill on 4 July for palliative care. His life expectancy was thought to be a matter of weeks. A week later, a hospice palliative care nurse discussed ways of supporting the prison healthcare team to deliver effective end of life care. The hospice nurse explained that Mr Dyer-Atkins did not need to be admitted to the hospice as prison healthcare staff could effectively manage his end of life care.

8. Mr Dyer-Atkins condition gradually deteriorated and, on 29 July, he refused his medication and any further personal care. At 5.02pm a prison doctor, confirmed that he had died.

Findings

9. Overall, we consider that Mr Dyer-Atkins received a good standard of care at the prison. The clinical reviewer was satisfied that the care he received at Woodhill was equivalent to that he could have expected in the community.

10. However, we are concerned that the use of restraints when Mr Dyer-Atkins went to hospital could not be justified and staff repeatedly failed to take into account the appropriate legal considerations.

11. We are also concerned about the length of time it took the prison to submit a compassionate release application and that when submitted, it was incomplete, with important documents and information missing.

Recommendations

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments understand the legal position on the use of restraints and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.
- The Governor should ensure that applications for early release on compassionate grounds are completed in full and progressed without delay.

The Investigation Process

12. The investigator issued notices to staff and prisoners at HMP Woodhill informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

13. The investigator obtained copies of relevant extracts from Mr Dyer-Atkins' prison and medical records.

14. NHS England commissioned a clinical reviewer to review Mr Dyer-Atkins' clinical care at the prison.

15. We informed HM Coroner for Milton Keynes of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.

16. We wrote to Mr Dyer-Atkins' daughter, to explain the investigation and to ask if she had any matters she wanted the investigation to consider. Mr Dyer-Atkins' daughter raised concerns about the suitability and appropriateness of her father's location, his pain relief medication, his social and nursing care and diet, and the prison's application for compassionate release.

17. The investigation has assessed the main issues involved in Mr Dyer-Atkins' care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.

18. Mr Dyer-Aktins' family received a copy of the initial report. They raised a number of issues that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.

19. We shared the initial report with the Prison Service. There were no factual inaccuracies.

Background Information

HMP Woodhill

20. HMP Woodhill has a dual role as a local prison and a high security prison and can hold 727 men. Central and North West London NHS Foundation Trust provides health services at the prison. Nursing staff are on site 24 hours a day, and GPs provide daily clinics, including weekends and out-of-hours cover. There is an inpatient unit, known as the Clinical Assessment Unit, with 12 beds, which provides physical and mental healthcare for prisoners. End of life palliative care is also provided.

HM Inspectorate of Prisons

21. The most recent inspection of Woodhill was in September 2015. Inspectors reported that primary health services were good, although a high non-attendance rate meant prisoners waited too long for some services. The inpatient unit continued to provide good care, but the regime still needed to be more recovery focussed. Clinical records were of a high standard and included effective care planning for those with complex health needs.

Independent Monitoring Board

22. Each prison has an Independent Monitoring Board (IMB) of unpaid volunteers from the local community who help to ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to May 2016, the IMB reported that healthcare and mental health services continued to improve during the last year, as did the relationship between the provider and the prison. The healthcare provider had worked to keep medical and dental waiting times to a minimum, which were comparable to the community. This was achieved despite a number of vacancies and problems recruiting healthcare staff.

Previous deaths at HMP Woodhill

23. Mr Dyer-Atkins was the third man to die of natural causes at HMP Woodhill since January 2015. There has been one death from natural causes since. We have raised the need for properly considered risk assessments to justify the use of restraints when prisoners go to hospital before.

Findings

The diagnosis of Mr Dyer-Atkins' terminal illness and informing him of his condition

24. On 26 May 2015, Mr Alec Dyer-Atkins was sentenced to 21 months in prison for sexual offences. He was released on licence the next day because he had spent a significant time in prison on remand. However, in September 2015, Mr Dyer-Atkins was recalled to prison because he had breached one of his licence conditions. On 23 September, he was returned to HMP Woodhill.

25. At his initial health screens at Woodhill, Mr Dyer-Atkins told health care staff he had coeliac disease (a digestive condition caused by an adverse reaction to gluten) and ate a gluten free diet. He also had chronic obstructive pulmonary disease (COPD, a collection of lung diseases including chronic bronchitis and emphysema) and a history of mini strokes.

26. On 29 September, a prison GP reviewed Mr Dyer-Atkins. They discussed the results of recent blood and lung tests and he advised him to stop smoking. Mr Dyer-Atkins said he did not want to stop. He arranged for further blood tests as he was unclear about the previous results. The results of the blood tests, which were performed on 26 October, were normal.

27. On 15 February 2016, a prison GP saw Mr Dyer-Atkins when he reported fatigue and abdominal and leg pain. He described him as frail and, upon examination, found his abdomen was soft and full and he could feel his liver. He prescribed co-codamol (a painkiller), arranged for further blood tests and referred Mr Dyer-Atkins for an ultrasound scan of his abdomen and liver.

28. Mr Dyer-Atkins' blood tests identified that he had a high C Reactive Protein level (CRP – a measure of inflammation in the blood) and a low albumin level (a blood protein which is seen in malnourishment and liver disease). Mr Dyer-Atkins had the CRP test repeated a few days later and a prison GP noted it had risen. He prescribed clarithromycin (an antibiotic) for a presumed chest infection.

29. A prison GP saw Mr Dyer-Atkins on 25 February, when he reported a poor appetite, nausea and abdominal cramps. He stopped the co-codamol prescription so he could have more paracetamol, which Mr Dyer-Atkins had in possession. He advised him to continue his gluten free diet.

30. On 4 March, a prison GP visited Mr Dyer-Atkins in his cell, as he had multiple joint pains and could not get to the healthcare unit. He examined Mr Dyer-Atkins and noted he had an enlarged liver and a swollen abdomen, from a build up of fluid. He suspected cirrhosis of the liver (liver damage) and arranged for a blood test. The blood test identified slightly low haemoglobin (blood count), an increasing CRP and low albumin level. He referred him to hospital and requested they urgently review his medication. There is no record that Mr Dyer-Atkins had this urgent review, although he was admitted to hospital ten days later.

31. On 11 March, prison staff could not get Mr Dyer-Atkins to the taxi to go to hospital for his ultrasound scan because the pains in his legs made bending or

walking too painful and staff did not want to hurt him. There is no record of staff rearranging the appointment.

32. On 13 March, a prison GP reviewed Mr Dyer-Atkins' recent blood tests, which showed that his albumin and haemoglobin continued to fall and his CRP continued to rise. He requested a repeat test.

33. On 14 March, a nursing Sister examined Mr Dyer-Atkins at the request of wing staff. She described him as uncomfortable, weak and dehydrated. She discussed this with a prison GP, who referred him to hospital. He went to hospital by non-emergency ambulance that afternoon and a doctor admitted him.

34. Healthcare staff remained in contact with the hospital and on 22 March the nursing Sister visited Mr Dyer-Atkins and a doctor told her they planned a biopsy of his lymph nodes. She spoke to Mr Dyer-Atkins regarding his admission to the Clinical Assessment Unit as an inpatient on his return to Woodhill.

35. On 6 April, a senior healthcare manager visited Mr Dyer-Atkins and spoke to a doctor, who told her that recent biopsies were suspicious so he would stay in hospital for another two weeks. Twelve days later, the nursing Sister visited Mr Dyer-Atkins, who said that a doctor had diagnosed lymphoma (a cancer of the blood) and he would start chemotherapy treatment shortly.

36. On 20 April, a hospital doctor spoke to the nursing Sister about a discharge date, further appointments for chemotherapy (initially 26 April and 3 May) and vascular surgery in four to six weeks time. The doctor explained that Mr Dyer-Atkins needed his observations taken twice daily and, if staff noticed a rise in his temperature, they should contact the hospital. Mr Dyer-Atkins was bed bound but refused to co-operate with the physiotherapist assigned to assist him. Healthcare staff made preparations regarding the equipment that he needed, which included a hospital bed and a personal alarm, in anticipation of his return.

37. The hospital discharged Mr Dyer-Atkins back to Woodhill on 22 April. A nurse checked Mr Dyer-Atkins observations, including temperature, on the morning and evening of 23 April. These checks continued daily as required.

38. On 26 April, Mr Dyer-Atkins attended hospital for his scheduled chemotherapy. A nurse checked him on his return. Mr Dyer-Atkins had developed pressure sores so staff requested an air mattress (which took eight days to deliver) and applied skin protection. Healthcare staff assisted him with his personal care and encouraged him to keep to his gluten free diet.

39. On 3 May, a nurse created a comprehensive care plans to cover personal care, management of pressure sores and nutrition. Mr Dyer-Atkins had meals delivered, including food supplements. Staff propped him up in bed at meal times to facilitate easier swallowing and reduce the risk of choking. Healthcare staff followed the care plans and regularly updated them.

40. On 3 May, Mr Dyer-Atkins attended his scheduled chemotherapy appointment. On his return he told a nurse that a "little gluten does not affect me much" and he declined to order from the gluten-free diet menu. On 4 May, a prison GP spoke to Mr Dyer-Atkins about his resuscitation status. He said he wanted time to consider and they agreed to discuss it later.

41. On 8 May, Mr Dyer-Atkins temperature started to rise and staff opened his cell door to create a draft. However, his temperature continued to rise, his oxygen saturation levels fell and his respiratory rate increased. Staff called an ambulance and Mr Dyer-Atkins was taken to hospital where, after examination, a doctor admitted him. The nursing Sister telephoned the hospital the next day and a nurse told her he was receiving intravenous antibiotics but was not considered terminally ill. Prison healthcare staff stayed in regular contact with hospital staff, particularly regarding Mr Dyer-Atkins' scheduled chemotherapy appointments.

42. On 23 May, a senior healthcare manager visited Mr Dyer-Atkins in hospital. The Ward Sister told her that he was stable but needed further chemotherapy treatment. She could not give any indication regarding a prognosis.

43. On 29 June, Mr Dyer-Atkins transferred wards and hospital staff advised that he would no longer receive active treatment. Senior healthcare manager contacted the hospital on 1 July, and staff told her Mr Dyer-Atkins had not responded to treatment. Hospital consultants planned to meet his family later that day to discuss end of life planning and invited prison healthcare staff to attend. At the meeting, they agreed an end of life care plan.

44. The clinical reviewer was satisfied that prison healthcare staff could not have identified the initial suspicion of cancer any sooner. The two-week cancer referral target was not applicable in this case, though they achieved the 31-day target from diagnosis to first treatment.

Mr Dyer-Atkins' clinical care

45. Mr Dyer-Atkins returned to Woodhill on 4 July. While in hospital, he agreed he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect. His life expectancy was considered to be only a matter of weeks so he only received palliative care. Staff created a new care plan and a prison GP prescribed new medication, which included anticoagulants (medicines that help prevent blood clots) and oral morphine (pain medication). A senior prison manager authorised Mr Dyer-Atkins' cell door to remain open at all times to assist staff to manage his care.

46. Mr Dyer-Atkins was incontinent and incapable of independent living so a senior healthcare manager contacted a hospice, who agreed to carry out an assessment. Prison staff made plans to facilitate family visits.

47. On 11 July, a hospice nurse met with Mr Dyer-Atkins, members of his family, and prison and healthcare staff to discuss ways of supporting the healthcare team to deliver effective end of life care. He explained that long-term hospice care was not an option but reassured the family that hospice staff had successfully supported patients and healthcare in prison previously. He suggested a change to Mr Dyer-Atkins' pain medication and a prison GP amended his prescription.

48. On 15 July, after giving Mr Dyer-Atkins his morning medication, a nurse asked him if there was anything else she could help him with. Mr Dyer-Atkins uncovered his blankets and exposed himself to her, though at the same time he appeared to be looking for his urine bottle. She reported the incident but, after

reflecting, thought it more likely that he simply wanted help to go to the toilet. She recorded this in his medical record.

49. Mr Dyer-Atkins ate very little but staff ensured he kept hydrated. A prison GP visited him on 19 July, and noted he had all appropriate care in place. Regular repositioning and mouth care was added to his care plans. A nurse saw him the next day and noted he looked more confused. Staff placed a new pillow around his lower back area to relieve pressure sores.

50. Two days later, a senior healthcare manager spoke to a nurse at the hospice to discuss end of life care. They discussed the continued support from hospice staff, when his condition might require hospice admission and the continued use and review of care plans.

51. A prison GP saw Mr Dyer-Atkins the same day and noted he appeared weaker and more confused. He could not eat normal meals, drank only small amounts but appeared comfortable and did not complain of pain. Healthcare staff continued to see him regularly each day in line with his various care plans. On 22 July, Mr Dyer-Atkins refused to take his oral medication, despite encouragement from staff.

52. A prison GP reviewed Mr Dyer-Atkins on 24 and 27 July and he reported no pains or respiratory concerns. However, when a nurse saw him later on 27 July, he declined any care and told her he wanted to be left alone. He initially declined to take his medication but later asked for something for his pain. She spoke to the GP, who increased his pain relief medication.

53. On 29 July, a nurse noted at the start of the morning shift that Mr Dyer-Atkins had vomited. He subsequently refused his oral medication and any further personal care. He struggled to breathe throughout the morning and, at 11.30am, he said he had back pain and staff gave him painkillers and anti sickness medication.

54. At approximately 4.30pm, a nurse reviewed Mr Dyer-Atkins in his cell and described him as alert and responsive. He repositioned him in his bed and Mr Dyer-Atkins said he felt comfortable. He gave him his liquid medication but Mr Dyer-Atkins appeared to relax. He became increasingly unresponsive and stopped breathing. Staff remained with him, talking to him and holding his hand. At 5.02pm, a prison GP attended and, after examination, confirmed that Mr Dyer-Atkins had died.

55. The coroner confirmed Mr Dyer-Atkins died from Angioimmunoblastic T Cell Lymphoma, (cancer of the body's immune system) and malignant pleural effusion (a build up of fluid between the lungs and the chest wall).

56. The clinical reviewer was satisfied that the care Mr Dyer-Atkins received at Woodhill was equivalent to that he could have expected in the community. We agree that the blood tests, scans and specialist referrals were appropriate; his pain was well controlled and his care plans were well managed.

Mr Dyer-Atkins' location

57. Mr Dyer-Atkins returned to Woodhill on 4 July, following his discharge from hospital. He lived as an inpatient in a single cell in the Clinical Assessment Unit. The cell was appropriately equipped and sufficiently large to allow the provision of effective palliative care. As Mr Dyer-Atkins' condition deteriorated, staff left his cell door open to allow unobstructed access.

58. Mr Dyer-Atkins did not need more sophisticated hospice care, as his deterioration was not complicated. Prison healthcare staff were in regular contact with hospice specialists, who were able to provide the necessary care, and we are satisfied that his location was appropriate.

Restraints, security and escorts

59. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

60. On 11 March 2016, Mr Dyer-Atkins did not attend hospital for a scan because he could not get to the taxi as the pain in his legs made walking difficult. There is no record of staff exploring other alternatives.

61. On 14 March, after his condition deteriorated, Mr Dyer-Atkins was taken to hospital by non-emergency ambulance. Two prison officers went with him and restrained him using an escort chain (An escort chain is a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer).

62. The hospital admitted Mr Dyer-Atkins and initially he remained on an escort chain. On 7 April, the bed watch records show that that staff had removed the restraints but it is not clear from the records provided when this happened. Staff did not restrain him again during his time in hospital.

63. Mr Dyer-Atkins was 71 years old. He had mobility issues and a nurse previously described him as weak. A prison manager assessed him as low risk to the public, to hospital staff and of escape but a medium risk to females. However, there was no record of any healthcare input regarding Mr Dyer-Atkins' condition and how it might affect the risk he presented or his ability to escape.

64. However, for his subsequent chemotherapy appointments and for his transfer to hospital, on 8 May, two officers continued to accompany him and restrain him using an escort chain. This decision was made despite a deterioration in his condition, there being no recorded increase in the risk he presented and without any input from healthcare staff.

65. On 9 May, a senior prison manager reviewed the level of restraints and authorised officers to remove the escort chain. Officers did not restrain him again.

66. While the Prison Service has a fundamental responsibility to protect the public, security must be balanced with humanity and be legally justified. We are pleased that officers removed the restraints the day after Mr Dyer-Atkins' admission to hospital in May. However, we are not satisfied that restraining him on all previous occasions was fully justified. There was insufficient medical information in the risk assessments about Mr Dyer-Atkins' condition at the time and how it impacted on his risk of escape. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

Liaison with Mr Dyer-Atkins' family

67. Mr Dyer-Atkins did not tell his family that he had been admitted to hospital on either 14 March or 8 May. Following his second admission, healthcare staff regularly visited him in hospital though there was no record that they discussed the involvement of his family. Therefore, Mr Dyer-Atkins' family were not told that he was in hospital until a police officer, who had been Mr Dyer-Atkins' Offender Manager and who had remained in contact with the family, told them.

68. On 29 June, after receiving information from the police officer, one of Mr Dyer-Atkins' daughters contacted the prison regarding his family visiting him in hospital. Following the call, the prison appointed a Custodial Manager (CM) as the family liaison officer and she contacted Mr Dyer-Atkins' daughter that day to give permission for the family to visit him in hospital and a password to obtain information from hospital staff about his condition. On 1 July, she met Mr Dyer-Atkins' two daughters at the hospital.

69. The CM contacted Mr Dyer-Atkins' daughter on 5 July, after the hospital had discharged him back to Woodhill. She arranged family visits at the prison and contact with healthcare staff and the prison chaplain.

70. The CM and a senior prison manager agreed with Mr Dyer-Atkins' daughter that, if possible, someone would try to contact her when they considered Mr Dyer-Atkins' death imminent and allow her to be present. Unfortunately, Mr Dyer-Atkins died quite suddenly and the CM was unable to contact the family in time.

71. On 29 July at 5.05pm, a CM told the CM acting as family liaison officer that Mr Dyer- Atkins had died. She left the prison about 20 minutes later with a senior officer. They arrived at Mr Dyer-Atkins' daughter's address just before 6.00pm and told her that her father had died and offered their condolences. The CM remained in contact with the family regarding the funeral arrangements and the return of Mr Dyer-Atkins' property.

72. Mr Dyer-Atkins funeral was held on 22 August 2016 and the prison contribution to the funeral costs in line with national policy.

73. Prison Service Instruction (PSI) 64/2011 'Safer Custody', states that "Where prisoners have a terminal illness or suffer an unpredicted and/or rapid deterioration in their physical health, prisons must have in place procedures for supporting the prisoner, engaging with their next of kin or nominated person and providing support for staff".

74. As prison healthcare staff kept in regular contact with the hospital and visited Mr Dyer-Atkins a number of times, we are satisfied that he was well supported by healthcare staff while in hospital. We are concerned that as his condition deteriorated there was no record of any discussion with him regarding contact with his family. However, as the hospital stopped actively treating Mr Dyer-Atkins on 29 June, the same day that the CM spoke with his daughter, we are satisfied that the prison complied with PSI 64/2011 as they engaged with his family once he had been diagnosed with a terminal illness.

Compassionate release

75. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000 Among the criteria is that the risk of re-offending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of the National Offender Management Service (NOMS).

76. Woodhill began the compassionate release process after the hospital discharged Mr Dyer-Atkins on 4 July. A week later, a prison GP noted that Mr Dyer-Atkins' prognosis was poor and he was only receiving palliative care. He noted that Mr Dyer-Atkins' condition was such as to prevent him from engaging in violent or sexual acts.

77. In a report, dated 14 July, a prison probation officer concluded that, if released, the risk of Mr Dyer-Atkins committing further offences was difficult to assess but remained a concern. He said that strict conditions to prevent reoffending were essential, as Mr Dyer-Atkins had breached such conditions before.

78. Despite the best efforts of his family, together with Social Services, a suitable release address from where Mr Dyer-Atkins could continue to receive appropriate care could not be identified.

79. On 18 July, the Governing Governor concluded that at this stage he did not support early release, using the reported incident of 15 May, where Mr Dyer-Atkins allegedly exposed himself to a nurse as evidence of continued risk. There was no evidence that he considered the nurse's opinion that Mr Dyer-Atkins had not exposed himself but had wanted help to pass urine.

80. While Mr Davis did not support the application, the prison submitted the compassionate release application to PPCS on 25 July. However, several of the

supporting documents were missing, including a report from Mr Dyer-Atkins' consultant regarding his prognosis and a report from his offender manager. PPCS requested the outstanding information later the same day. The prison returned it on 1 August, two days after Mr Dyer-Atkins had died.

81. We appreciate that due to the uncertainty around the incident of 15 July and the lack of a suitable address to which the prison could release him, PPCS were unlikely to authorise compassionate release. However, we consider that Woodhill were slow to progress the compassionate release application and, when submitted to PPCS, it was incomplete. We make the following recommendation:

The Governor should ensure that applications for early release on compassionate grounds are completed in full and progressed without delay.

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Independent Investigations

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