

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Colin Wasey a prisoner at HMP Holme House on 2 March 2018

**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*



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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 Colin Wasey died of lung cancer which had spread to the brain at HMP Holme House on 2 March 2018. He was 79 years old. I offer my condolences to his family and friends.

Mr Wasey received a high standard of care and support at Holme House.

However, I am concerned that when his condition declined in his last few weeks of his life, his application for compassionate early release was not given sufficient priority by Her Majesty's Prisons and Probation Service (HMPPS) and that as a consequence Mr Wasey died in prison before a decision was made.

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

**Elizabeth Moody**  
**Acting Prisons and Probation Ombudsman**

**September 2018**

## Contents

Summary .....	1
The Investigation Process .....	2
Background Information .....	3
Findings .....	4

# Summary

## Events

1. Mr Colin Wasey was sentenced to seven years in prison in December 2015. On 12 September 2017, specialists confirmed that Mr Wasey had small cell carcinoma (a highly malignant lung cancer).
2. When Mr Wasey's condition deteriorated, he was moved from HMP Northumberland to HMP Holme House on 10 November 2017. At initial health screens, healthcare staff noted his existing medical conditions, including his cancer diagnosis and palliative treatment plan. They arranged for Mr Wasey's secondary care to continue, located him in their inpatient unit, provided constant medical care and ensured that he could attend hospital, where specialists continued to monitor him.
3. On 13 February 2018, a consultant oncologist told Mr Wasey that the cancer had spread to his brain and was incurable. He estimated that Mr Wasey might live for three months.
4. On 21 February, Holme House forwarded an application for compassionate release to the Public Protection Casework Section (PPCS) of the Her Majesty's Prisons and Probation Service (HMPPS). The application noted that Mr Wasey had two to three months to live but his health deteriorated rapidly and Mr Wasey died 10 days later, before PPCS had made a decision.
5. Healthcare staff treated Mr Wasey palliatively, focusing on his symptoms and pain management. Mr Wasey died on 2 March 2018, with his son present.

## Findings

6. The clinical reviewer concluded that Mr Wasey's care was well managed, responsive and compassionate. We are satisfied that the standard of care that Mr Wasey received was equivalent to that which he could have expected to receive in the community.
7. Holme House promptly started the process to apply for Mr Wasey to be released early on compassionate grounds. However, PPCS had not made a decision on Mr Wasey's application by the time he died, ten days later.

## Recommendation

- The Head of the Public Protection Casework Unit at Her Majesty's Prison and Probation Service should review the compassionate release process within PPCS to ensure that applications for compassionate release for terminally ill prisoners are decided promptly.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Holme House informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Wasey's prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Wasey's clinical care at the prison.
11. We informed HM Coroner for Teesside of the investigation who gave us the cause of death. We have sent the Coroner a copy of this report.
12. The investigator wrote to Mr Wasey's son to explain the investigation and to ask if he had any matters they wanted the investigation to consider. He did not respond to our letter.
13. The investigation has assessed the main issues involved in Mr Wasey's 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.
14. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly.

# Background Information

## HMP Holme House

15. HMP Holme House is a Category C prison, which holds around 1,200 convicted men. Health services at the prison are delivered by several different providers. The prison has an inpatient unit and nurses are on duty 24 hours a day.

## HM Inspectorate of Prisons

16. The most recent inspection of HMP Holme House was in July 2017 and took place when Holme House was being transformed from a local prison holding mainly remand prisoners to a training prison for low-risk convicted prisoners. Inspectors reported that the healthcare interactions between staff and prisoners that they observed were very good but they noted that chronic staff shortages in the primary care nursing team had affected service delivery. In their survey, only 22 per cent of prisoners said that the quality of health services was good. Many prisoners complained about long waiting times and inspectors found that prisoners were waiting up to five weeks for routine doctor and nurse practitioner appointments. However, they found that patients with urgent needs were seen quickly.

## Independent Monitoring Board

17. 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 December 2017, the IMB reported that plans were in place to restructure the delivery of primary care but that the plans had been compromised by significant staff shortages, including difficulties in recruiting and retaining healthcare staff.

## Previous deaths at HMP Holme House

18. Mr Wasey's death was the eighteenth death at Holme House since January 2015. Of those deaths, 15 were from natural causes. There are no similarities between this and the previous deaths. There have been two deaths at Holme House since Mr Wasey's death which are currently under investigation.

## Compassionate release

19. 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.
20. The criteria for early release for prisoners with a determinate sentence 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 Her Majesty's Prisons and Probation Service (HMPPS).

## Findings

### The diagnosis of Mr Wasey's terminal illness and informing him of his condition

21. On 11 December 2015, Mr Colin Wasey was sentenced to seven years in prison for gross indecency and indecent assault. He had a complex medical history of bladder cancer, depression, a blood clot in his heart, heart disease, lung disease, diabetes, asthma and kidney problems.
22. On 22 December, Mr Wasey was transferred to HMP Northumberland. Due to his complex medical conditions, healthcare staff saw him frequently.
23. On 30 August 2017, a prison GP examined Mr Wasey. He noted that Mr Wasey had declining renal function and was short of breath after a short walk. He diagnosed heart failure and suspected acute kidney injury. He arranged for Mr Wasey to go to hospital.
24. On 12 September, while Mr Wasey was in hospital undergoing tests, he was diagnosed with small cell carcinoma. A prison GP saw Mr Wasey on his return to Northumberland and discussed the diagnosis. He noted that he seemed reasonably stable.
25. We are satisfied that prison GPs appropriately referred Mr Wasey to hospital specialists to investigate his symptoms.

### Mr Wasey's clinical care

26. On 22 September, a Macmillan palliative care specialist nurse, contacted the Macmillan Prison Chemotherapy Lead, to tell her that healthcare staff were assessing whether Mr Wasey was suitable for palliative chemotherapy which could be delivered at HMP Northumberland.
27. Mr Wasey said that he did not want anyone to resuscitate him if his heart or breathing stopped and signed an order to that effect.
28. On 29 September, a nurse talked to Mr Wasey about his cancer diagnosis. He said that he had increasing breathing problems and relied on using a wheelchair more often. She contacted staff at Holme House to discuss the possibility of a transfer.
29. On 2 October, a prison GP noted that after a blood test, Mr Wasey's potassium levels were high. He asked staff to arrange for Mr Wasey to go to hospital, where specialists varied his medication to reduce his potassium levels.
30. On 6 October, Mr Wasey began chemotherapy. He told a nurse that he felt well. He had a second cycle on 17 November and a third cycle on 15 December.

## 2018

31. Mr Wasey's condition remained stable. On 2 February, Mr Wasey told a nurse that he was comfortable and had no pain, nausea or constipation. They discussed that the chemotherapy had affected his heart and he was not suitable for any further cycles of chemotherapy or radiotherapy.
32. On 13 February, Mr Wasey attended a hospital appointment. Specialists told him that he had an aggressive metastatic cancer in the brain and estimated his prognosis at three months. A nurse offered support and notified prison managers, healthcare managers and his Macmillan nurse.
33. On 14 February, a nurse noted in Mr Wasey's medical record that a change in his behaviour was likely to be due to brain cancer and that he was taking high doses of medication for symptom relief.
34. On 16 February, a prison GP met Mr Wasey and reassured him about his care. He also spoke to specialists in the palliative care team about medication who said that they were happy with the current arrangements. A nurse also met Mr Wasey and noted that he was not distressed or agitated. She noted that nurses said that he was confused but was not in pain.
35. On 22 February, Mr Wasey, his son, daughter and granddaughter, two nurses and the prison family liaison officer, attended a case conference. They discussed his end of life options and practical arrangements to ensure that Mr Wasey was comfortable.
36. Staff managed Mr Wasey's pain well and in his final days, nurses remained with him continuously. In the early hours of 2 March, a senior nurse noted that Mr Wasey's breathing was laboured and his condition was deteriorating. She asked for the family to be contacted. Mr Wasey died at Holme House on 2 March, with his son present.
37. The Coroner gave the cause of death as metastatic lung cancer with brain metastasis (lung cancer which had spread to the brain).
38. The clinical reviewer concluded that Mr Wasey's palliative care was well managed, responsive and compassionate. Daily GP reviews and good collaborative working between the healthcare, secondary care and specialist palliative care teams addressed his physical and emotional needs and he was well supported. We are satisfied that, overall, the standard of care that Mr Wasey received was equivalent to that which he could have expected in the community.

### **Mr Wasey's location**

39. At HMP Northumberland, Mr Wasey lived on a normal wing in line with his wishes. He told a nurse that officers and friends supported him.
40. On 10 November 2017, in consultation with Mr Wasey and his family, prison staff arranged to transfer him to HMP Holme House as they had an inpatient unit and could provide 24-hour nursing care.
41. We are satisfied that staff took account of Mr Wasey's views about his location and transferred him to a prison with an inpatient unit at an appropriate point after

his condition deteriorated and they could no longer meet his needs at Northumberland.

### **Restraints, security and escorts**

42. When prisoners have to travel outside of the prison, a risk assessment determines the nature and level of security arrangements, including restraints. The Prison Service has a duty to protect the public but this has to be balanced with a responsibility to treat prisoners with humanity. Any restraints used should be necessary and decisions should be based on the security risk taking into account factors such as the prisoner's health and mobility. Prison managers, appropriately, did not authorise the use of restraints when Mr Wasey went to hospital. Two officers escorted him.

### **Liaison with Mr Wasey's family**

43. On 10 November 2017, Holme House appointed three prison staff as family liaison officers for Mr Wasey. An officer spoke to him when he arrived at Holme House. When Mr Wasey was in hospital, she contacted his son and arranged for his family to visit him. She also arranged for Mr Wasey's family to attend palliative care meetings.
44. On 12 December, a prison manager took Mr Wasey to a meeting with his hospital specialist. He also asked prison staff to begin the process of applying for compassionate release when Mr Wasey's prognosis was less than three months.
45. In February 2018, when Mr Wasey's condition had significantly deteriorated, an officer and a prison manager visited Mr Wasey in his cell and attended case conferences with him to offer support. They also arranged for family members to visit Mr Wasey during the night for his final moments, if necessary.
46. A prison manager also contacted Mr Wasey's family to finalise the practical living arrangements if Mr Wasey was released on compassionate release.
47. On 25 February, another family liaison officer met Mr Wasey's daughter and partner and accompanied them on a visit to Mr Wasey in the palliative care suite at Holme House. She offered support to Mr Wasey and his family.
48. When Mr Wasey died, a manager offered condolences and support to his family. A prison manager and an officer visited Mr Wasey's family on 5 March. Mr Wasey's funeral took place on 21 March and the prison contributed towards the cost.
49. We consider that Mr Wasey's family were well supported by staff throughout his illness and after his death.

### **Compassionate release**

50. Prison staff completed a compassionate release application in which Mr Wasey said that he wanted compassionate release to be with his family and that, if this was unsuccessful, he was not bothered where he died. They sent it to the Public Protection Casework Section (PPCS) at HMPPS headquarters on 21 February

2018. PPCS sent it to the Prison Healthcare Team on 22 February who responded later that day that the application was appropriate. On 22 February, PPCS also asked for information from Mr Wasey's offender manager. The prison obtained this on the same day.

51. The next day (23 February), the application was submitted to a senior manager in PPCS for consideration. On 26 February, the senior manager asked for confirmation that care arrangements were in place, whether the victims of the offending were engaged with the Victim Contact Scheme and if any licence conditions were needed. The prison supplied the additional information later that day. She recommended that the application for early release on compassionate grounds should be approved.
52. The senior prison manager forwarded the case to The Head of Public Protection Casework Section, who agreed with the recommendation and sent the application to The Head of Safer Custody and Public Protection Group (now head of Public Protection Group on 27 February, to make a decision under his delegated authority from the Secretary of State. Mr Wasey died on 2 March, before a final decision was made.
53. We note that the application was with PPCS for ten days and no decision was made. The Head of Safer Custody and Public said in an email to the investigator that when he received an application, he first checked the prognosis to assess how urgently he needed to make a decision. He said that the documentation noted that Mr Wasey had two to three months to live.
54. We are troubled at the suggestion that length of prognosis (of itself imprecise) should determine urgency. We consider that this approach undermines the very principle of compassionate release – that, where appropriate, dying prisoners spend as many of their final days as possible in a setting more appropriate than custody.
55. Given this overarching principle and the extent of scrutiny the application had already received, we consider a final decision could and should have been taken sooner, which might have allowed Mr Wasey to spend his last days with his family. We make the following recommendation:

**The Head of the Public Protection Casework Unit at Her Majesty's Prison and Probation Service should review the compassionate release process within PPCS to ensure that applications for compassionate release for terminally ill prisoners are decided promptly.**

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