

**Prisons &  
Probation**

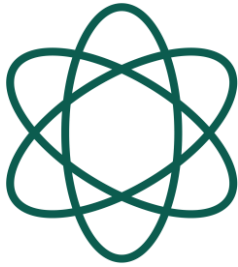
**Ombudsman**  
Independent Investigations

**Independent investigation into  
the death of Mr Stephen Ryan,  
on 19 January 2021, following  
his release from HMP  
Manchester**



## 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

**OGI**

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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 Stephen Ryan died of cancer at his family home on 19 January 2021 after being granted compassionate release from HMP Manchester. Mr Ryan was 53 years old. I offer my condolences to Mr Ryan's family and friends.

The clinical reviewer concluded that the clinical care Mr Ryan received at HMP Manchester was of a good standard and equivalent to that he could have expected to receive in the community.

We found that there was a delay in the ambulance reaching Mr Ryan and leaving the prison when he was taken to hospital in December. This did not affect the outcome for Mr Ryan, but could make a critical difference in future medical emergencies.

Mr Ryan was a Category C prisoner and was assessed as posing a low risk to others and of escape. When he was taken to hospital, he was very unwell and in a lot of pain and had very limited mobility. His health continued to deteriorate after his admission to hospital. In these circumstances, we are not satisfied that the use of restraints was justified for the first 10 days of Mr Ryan's stay in hospital.

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

**Sue McAllister, CB**  
**Prisons and Probation Ombudsman**

**December 2022**

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# Summary

## Events

1. Mr Stephen Ryan was serving a sentence of three years and four months for drug offences and had been at HMP Manchester since 13 January 2020. He had had a full hip reconstruction some years earlier and used a crutch to help him get around.
2. When he arrived at Manchester, Mr Ryan told healthcare staff that he knew he had Hepatitis C but had never sought treatment for it. He was prescribed medication and by August, he had been cured.
3. Mr Ryan regularly saw healthcare staff, including prison GPs, about pain in his hip. He was prescribed medication and in August he was referred to an orthopaedic consultant who advised that no treatment was necessary.
4. In October, Mr Ryan was referred to a physiotherapist to help with his pain and mobility. He was also given a high backed chair, a toilet frame and access to a wheelchair.
5. At the end of October, prison staff called for assistance as it was reported that Mr Ryan appeared to have had a fit. He was seen by a nurse who found no cause for concern.
6. On 9 November, a nurse saw Mr Ryan after he complained of chest pain. His clinical observations were taken and he had an ECG, and all were within normal limits.
7. On 8 December, Mr Ryan was seen by a GP as he was showing symptoms of COVID-19. Mr Ryan was taken to hospital by emergency ambulance, escorted by two officers and restrained by a single handcuff.
8. On 14 December, hospital staff diagnosed Mr Ryan with extensive metastatic cancer, although it was unclear where the primary cause was. A senior prison manager reviewed his restraints and decided they should remain in place. On 17 December, the prison authorised members of Mr Ryan's family to visit him in hospital.
9. On 18 December, the prison was informed that Mr Ryan had an estimated life expectancy of three months. A prison manager authorised the removal of restraints.
10. The prison made an application for compassionate release, based on the hospital's prognosis, and this was granted on 7 January 2021. Mr Ryan was released to his family's home where he died on 19 January.

## Findings

11. The clinical reviewer was satisfied that the healthcare Mr Ryan received was of a good standard and was equivalent to that which would have been received in the community.

12. We found that there was a delay in the ambulance reaching Mr Ryan and leaving the prison when he was taken to hospital on 8 December. Although this did not affect the outcome for Mr Ryan, such delays could make a critical difference in other medical emergencies.
13. We are not satisfied that the use of restraints was proportionate when Mr Ryan was taken to hospital.

## **Recommendation**

- The Governor and Head of Healthcare should ensure that all staff undertaking and reviewing risk assessments for prisoners admitted to hospital understand the legal position on the use of restraints, that assessments fully take into account the prisoner's health and are based on the actual risk he presents at the time

## The Investigation Process

14. The investigator issued notices to staff and prisoners at HMP Manchester informing them of the investigation and asking anyone with relevant information to contact her. No-one responded.
15. The investigator obtained copies of relevant extracts from Mr Ryan's prison and medical records.
16. NHS England commissioned a clinical reviewer to review Mr Ryan's clinical care at HMP Manchester.
17. We informed HM Coroner for Manchester City of the investigation. He gave us the cause of death. We have sent the coroner a copy of this report.
18. The Ombudsman's family liaison officer contacted Mr Ryan's next of kin, his sister, to explain the investigation. She asked for full details of events and raised several queries on behalf of the family:
  - What was done about Mr Ryan's Hepatitis C and back pain when he arrived in prison? He had told his family that it was difficult to see a doctor or a physiotherapist.
  - Why was Mr Ryan not offered a wheelchair when he needed to collect his medication as he was unable to walk far?
  - Mr Ryan had lost weight rapidly and had been told that he had diabetes but no investigation or treatment was given. Why was his weight loss and back pain not investigated as these were indicators for cancer?
  - What treatment did Mr Ryan receive during the COVID-19 pandemic (as the family were worried that medical treatments and assessments had been overlooked)?
  - Why were the family unable to contact Mr Ryan for two weeks before his cancer diagnosis? Mr Ryan had said he had been left in his cell for a week before his hospital transfer and on the day of his hospital transfer there were further delays as a wheelchair could not be found.
  - Why did Mr Ryan's compassionate release take so long?
19. Mr Ryan's sister also said that when she visited him in hospital, she found some of the escorts to be rude and uncaring. She said he told her he did not want to make a fuss as he was worried about the escorting staff's reaction.
20. These issues have been addressed in this report and the clinical review. The family's comments about the escorting staff when Mr Ryan was in hospital have been brought to the Governor's attention.
21. Mr Ryan's family received a copy of the initial report. They pointed out some factual inaccuracies and omissions. This report has been amended accordingly. Mr Ryan's family also raised a number of issues/questions that do not impact on the

factual accuracy of this report and have been addressed through separate correspondence.

22. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

## Background Information

### HMP Manchester

23. HMP Manchester is a core local prison holding male prisoners received from the Greater Manchester courts, as well as a small number of Category A offenders (prisoners who require the highest security), and with a discrete close supervision centre (specialist interventions unit). The prison can hold up to 1,136 prisoners.
24. Greater Manchester Mental Health Foundation Trust provide physical and mental healthcare and there is an inpatient unit with 24 hour nursing care.

### HM Inspectorate of Prisons (HMIP)

25. The most recent full inspection of HMP Manchester was in June/July 2018. Inspectors found that there was a wide range of primary and secondary healthcare services and some good practices in systematic assessment of patients. They saw compassionate care from both health and prison staff on the inpatient unit. An experienced manager and senior nurse led service delivery, with GPs and nurses providing 24-hour cover. All GPs except the lead were locums, and several of the nursing posts were filled by agency staff, but all the locum GPs and agency nurses worked at the prison regularly and provided continuity of care. Clinical record keeping was very good. Inspectors were, however, concerned that the healthcare complaints system was not fully confidential or well-advertised.
26. HMIP also carried out a Short Scrutiny Visit at Manchester in May 2020 to look at issues essential to the care and basic rights of prisoners during the COVID-19 pandemic. They found that managers had maintained the delivery of the restricted regime and had worked hard to implement social distancing guidance for staff and prisoners. Time out of cell was very limited and most prisoners were locked up for over 23 hours a day. Social visits had been suspended but prisoners had in-cell telephones and further steps had been taken to promote contact with family and friends, such as additional phone credit each week. Relationships between staff and prisoners appeared positive. Inspectors saw staff engaging well with prisoners and generally encouraging them in safe practice. Most prisoners they spoke to felt that staff were doing what they could to help.
27. Inspectors reported that the provision of healthcare was good overall, with effective partnership working and COVID-19 delivery plans which modified services to mitigate risks. Safe staffing levels had been maintained and healthcare staff were providing 24-hour cover each day. Effective triage and pre-planned telephone consultations ensured prisoners were being seen by the nurse or GP when necessary. Wing-based treatment was being delivered proactively and prison GPs were trialling video calling to prisoners for routine appointments. Hospital consultations were still taking place following prioritisation by external specialists, but were also being facilitated over the phone.

## **Independent Monitoring Board**

28. 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 February 2020, the IMB reported that the prison delivered an excellent healthcare service to prisoners. However, they noted that a high number of prisoners failed to attend medical appointments for various reasons and expressed concern that getting prisoners to appointments was not seen as a priority, and prisoners were having to experience further delays for new appointments to be made, resulting in some experiencing periods of discomfort.

## **Previous deaths at HMP Manchester**

29. Mr Ryan was the 15th prisoner to die at HMP Manchester since January 2019. Of the previous deaths, seven were from natural causes, three were self-inflicted and four were drug-related. There are no similarities between our findings in the investigation into Mr Ryan's death and our investigation findings for the previous deaths.

## **Compassionate release**

30. 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 released from custody before their sentence has expired.
31. The criteria for early release for determinate sentenced prisoners are set out in Prison Service Order (PSO) 6000, which makes it clear that compassionate release will only be granted in exceptional circumstances. 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. A clear medical opinion of life expectancy is required. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of HM Prisons and Probation Service (HMPPS).

## Key Events

32. Mr Stephen Ryan was serving three years, four months for drug offences and had been at HMP Manchester since 13 January 2020. He had had a full hip reconstruction following an accident in 2013 and used a crutch to help him get around. He had also been diagnosed with Hepatitis C in 2013. He was not prescribed any regular medications in the community. His weight was recorded as 76kg.
33. A prison GP completed a medical reception screen with Mr Ryan on 13 January. Mr Ryan told him that he had had hip surgery. The prison GP recorded that Mr Ryan was not in obvious pain and that he said he was not currently prescribed painkillers. He asked the healthcare administration team to contact Mr Ryan's community GP for details of his medications. The community surgery stated that Mr Ryan was not on any medication and was Hepatitis C positive.
34. On 20 January, a prison GP reviewed the community GP information and referred Mr Ryan to the prison's Blood Borne Virus Team. A specialist nurse practitioner saw Mr Ryan in February to discuss his Hepatitis C diagnosis. Mr Ryan told her that, although he knew he was Hepatitis C positive, he had never sought treatment. The nurse prescribed a 12-week course of medication and on 25 August, she recorded that Mr Ryan was cured of Hepatitis C and that she had advised him about the risks of re-infection.
35. On 25 January, there was an incident on the landing outside Mr Ryan's cell. Mr Ryan was not involved in the incident, but it was recorded that he was pushed into his cell by an officer to get him away from the incident and that he fell against his bed and hit his hip. He complained to officers about the pain and was seen by a nurse at the treatment hatch on the prison wing. He was mobile and supported by an officer. The nurse arranged for Mr Ryan to have a supply of paracetamol to keep in his cell. He was seen again later that day by another nurse as he was still in pain. Mr Ryan said that he had exceeded the prescribed dose of paracetamol to cope with the pain and the tablets were, therefore, removed from his possession. He was assessed using the National Early Warning Score (NEWS2, a tool for assessing clinical deterioration) and scored 0, indicating low risk.
36. The following day Mr Ryan was examined by the prison GP who recorded that there was no bruising and no evidence of bone injury and that he considered Mr Ryan had a soft tissue or muscle injury. He prescribed Mr Ryan co-codamol and naproxen medication (both are painkillers) and made an appointment for him to see the prison GP on 24 February to review the medication. However, Mr Ryan told the prison GP that he no longer required the medication, so it was discontinued.
37. On 22 July, Mr Ryan's brother rang the prison and asked for a message to be passed to him that there was an emergency and he needed to contact the family. A member of the chaplaincy team relayed the message and arranged for Mr Ryan to have credit on his telephone account to contact his family.
38. On 5 August, Mr Ryan was seen by a nurse as he was complaining of pain in his right hip again. Mr Ryan's NEWS2 score was 0, indicating low risk. The nurse arranged for Mr Ryan to be prescribed paracetamol. The following day, Mr Ryan

was examined by a prison GP who recorded that he had a small swelling on the right hip. The prison GP discussed Mr Ryan with the On-Call Orthopaedic Team at North Manchester General Hospital who advised an urgent blood test, pain relief and an appointment for Mr Ryan to visit their clinic. Dr Ali prescribed co-codamol and arranged for blood tests.

39. The prison GP attempted to call Mr Ryan in his cell on three occasions on 17 August to discuss his blood test results, but received no response. The blood results showed that the C-reactive protein (CRP) level was high, suggesting that Mr Ryan had an inflammatory condition. The prison GP saw Mr Ryan the following day. Mr Ryan reported that the pain had eased. He requested another blood test to determine if there was an underlying infection and continued the pain medication. On 19 August the prison GP discussed Mr Ryan with the On-Call Orthopaedic Consultant at North Manchester General Hospital. He recorded that Mr Ryan's condition was stable, the CRP level had dropped to within normal limits, his blood results were within normal range, and Mr Ryan was moving around well. It was decided that no further treatment was required, but that Mr Ryan's pain levels would be monitored.
40. On 24 August, Mr Ryan's weight was recorded as 88 kg.
41. On 19 October, Mr Ryan was seen by a Health Care Support Worker as he was in pain. He told her that he wanted more than medication to ease the pain and help his mobility. He was referred to physiotherapy, and was also given a high back chair (which helped his posture) and a toilet frame which aided his mobility when using the toilet. On 28 October, Mr Ryan was seen by a physiotherapist who gave him some exercises that he could do to aid his mobility and posture.
42. On 28 October, Mr Ryan's weight was recorded as 83.6 kg, a loss of 4.4 kg (nearly 10 lbs) in two months.
43. On 31 October, a nurse examined Mr Ryan after it was reported that Mr Ryan appeared to be having a fit and was bleeding. On examination there was no sign of bleeding or injury. Mr Ryan's NEWS score was 2, indicating low risk.
44. On 9 November, a nurse was asked to see Mr Ryan as he was complaining of chest pain. He took Mr Ryan's clinical observations which were all within normal limits and conducted an ECG which was also within normal limits. Mr Ryan's NEWS2 score was 4, indicating low risk.

## **Admission to hospital**

45. On 8 December, Mr Ryan was seen by a prison GP after prison staff reported that he was showing symptoms of COVID-19. Mr Ryan's NEWS2 score was 6, indicating a medium risk requiring an urgent response. The prison GP arranged for Mr Ryan to be taken to hospital urgently by ambulance and to have a COVID-19 test at the hospital.
46. The ambulance paramedics noted there was a delay before they reached Mr Ryan. The prison log noted that it took six minutes for the ambulance to get from the gate to the healthcare unit to reach Mr Ryan, and that it took the ambulance seven minutes to move from the healthcare unit to the main gate to leave the prison.

47. A Custodial Manager decided that for the journey and treatment/consultation Mr Ryan should be single handcuffed and accompanied by two escorting officers. The handcuff was changed to an escort chain when Mr Ryan was admitted to hospital. (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.)
48. On 14 December, hospital staff told prison healthcare staff that Mr Ryan had extensive metastatic cancer with widespread lesions in his liver, spine, ribs and pelvis, but it was not certain where the primary cause was. He had signed a Do Not Resuscitate Order if his heart or breathing stopped.
49. On 16 December, prison healthcare staff asked the hospital doctor who was treating Mr Ryan for an update. The doctor was unable to provide a prognosis for Mr Ryan as he was awaiting the results from tests that had been conducted.
50. On 16 and 17 December, a senior prison manager reviewed the use of restraints and noted that the deterioration in Mr Ryan's medical condition did not justify removing the handcuffs.
51. On 18 December, the escort chain was removed when hospital staff told the prison escorts that they should not remain in the same room as Mr Ryan without PPE (although COVID-19 tests had been negative). Restraints were not reapplied and the escorts sat outside the room where they could see Mr Ryan.
52. On the same day, there was a multidisciplinary team meeting with prison healthcare and hospital staff. Hospital staff said that Mr Ryan had extensive cancer, with a life expectancy of three months. No treatment was planned and he was to remain in hospital for pain relief and monitoring. Two options for end of life care were discussed: to be facilitated at the prison or on compassionate release. On 22 December, the prison received a letter from a hospital consultant confirming that Mr Ryan's life expectancy was likely to be less than three months.
53. On 24 December, the hospital told prison healthcare that Mr Ryan's life expectancy was now weeks rather than three months. It was recorded that compassionate release had been applied for and also that the equipment Mr Ryan would require if he returned to prison had been ordered.
54. On 7 January 2021, Mr Ryan's application for compassionate release was granted. On 8 January, Mr Ryan was released to his parent's address. He died there on the morning of 19 January.

## **Contact with Mr Ryan's family**

55. On 8 December, as arrangements were being made for Mr Ryan's transfer to hospital, his mother contacted the prison's safer custody office as he had not been in touch. Prison staff tried to ring his mother back but there was no answer. The next day Mr Ryan's sister rang the prison helpline to ask about his well-being. Prison staff rang her back and told her that Mr Ryan was unwell in hospital.
56. On 12 December, prison staff rang Mr Ryan's mother to update her about Mr Ryan's hospital admission.

57. On 17 December, Mr Ryan's mother rang the prison and said the family had not received any updates about Mr Ryan's condition. Prison staff told her they were in the process of authorising family visits to the hospital, if required, as Mr Ryan was seriously ill. The prison family liaison officer (FLO) maintained contact with the family offering support and advice. Several members of Mr Ryan's family visited him in hospital. His sister told us that she thought some of the bedwatch officers were rude and uncaring.

### **Support for prisoners and staff**

58. The prison posted notices informing other prisoners of Mr Ryan's death, and offering support. Staff reviewed all prisoners assessed as being at risk of suicide or self-harm in case they had been adversely affected by Mr Ryan's death. The psychology department contacted all prisoners on Mr Ryan's wing to check on their wellbeing and to offer support

### **Post-mortem report**

59. The Coroner accepted the cause of death provided by the hospital doctor who treated Mr Ryan and no post-mortem examination was carried out. The doctor gave Mr Ryan's cause of death as metastatic cancer of unknown primary. He also had Hepatitis C which did not cause but contributed to his death.

# Findings

## Clinical care

60. The clinical reviewer concluded that the healthcare Mr Ryan received at Manchester was of a good standard and was equivalent to that which would have been received in the community.
61. He noted that Mr Ryan had two physical health issues when he arrived at the prison: Hepatitis C (a disease that causes inflammation and infection of the liver), and a full hip reconstruction in December 2014.
62. Mr Ryan was treated for Hepatitis C, the first time he had accepted treatment since being diagnosed in 2013. He was given good support from the prison's Blood Borne Virus Team. He was prescribed medication for the treatment of Hepatitis C and responded positively to this treatment. As a result, he was cured of Hepatitis C.
63. Mr Ryan complained of pain in his hip periodically and when he did healthcare staff responded promptly and pain killing medication was prescribed. He was referred to and seen by a physiotherapist and had equipment provided in the form of a high back chair and toilet frame to support his posture and mobility. Prison GPs also discussed his condition and symptoms with the Orthopaedic Team at North Manchester General Hospital and followed their advice.
64. Mr Ryan's family said he told them in September/October that he had lost 2 stone in weight and had been diagnosed with diabetes. There is no record in Mr Ryan's medical records that he was ever diagnosed with diabetes. Although Mr Ryan lost weight between August and October 2020, his weight loss was 10lbs, not 2 stone, and he still weighed more than when he arrived at Manchester in January.
65. The clinical reviewer made two recommendations. We have not repeated them in this report as they were not relevant to Mr Ryan's death. However, the Head of Healthcare at Manchester will need to ensure that they are implemented.

## Ambulance access

66. When the prison GP requested an emergency ambulance to take Mr Ryan to hospital on 8 December, the attending paramedics noted that there had been a delay in reaching him and a further delay in the ambulance leaving the prison. These delays did not affect the outcome for Mr Ryan, but such delays could make a critical difference in future medical emergencies.

## Restraints, security and escorts

67. 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.

68. 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.
69. This guidance is reinforced in Prison Service Instruction (PSI) 33/2015, *External Escorts*, which states that handcuffs will not normally be necessary if a prisoner's mobility is severely limited, for example, due to advanced age or disability, unless the prison has grounds to believe that an escape might be made with external assistance.
70. The medical section of the risk assessment for Mr Ryan's journey to hospital on 8 December stated that he had impaired mobility, that restraints could be removed for treatment, that the appointment was essential, and that there were no medical objections to the use of restraints. The security assessment noted that a few days earlier, the assessor had seen Mr Ryan and noted he was not getting out of bed due to his pain, was not eating and his wing carer had said he could hardly speak. Mr Ryan was assessed as low risk to hospital staff, of hostage taking and of likelihood of outside assistance. It also noted that on his previous hospital appointment he was compliant with no concerns raised.
71. A Custodial Manager decided that Mr Ryan should be single handcuffed and accompanied by two escorting officers for the journey and treatment/consultation. This could be changed to an escort chain if requested by medical staff.
72. When Mr Ryan was admitted to hospital, the single handcuff was changed to an escort chain. The escorting staff noted in the bedwatch log that Mr Ryan was deteriorating and in pain but polite. A prison manager reviewed the use of restraints on 16 December and considered they were still appropriate as Mr Ryan had been abusive to staff the previous night. When a prison manager asked him about the reasons for the verbal outbursts, Mr Ryan said he had no recollection. Another review on 17 December noted that Mr Ryan's verbal outbursts may have been the effect of his medication. On 18 December, the escort chain was removed and never reapplied.
73. We do not consider that the use of restraints was justified when Mr Ryan was taken to hospital. He was a Category C prisoner, who was in a lot of pain and who was struggling even to get out of bed, and who was assessed as a low risk. In these circumstances, it is difficult to understand how the Custodial Manager who authorised restraints considered Mr Ryan had the ability to escape while escorted by two officers, or why the healthcare staff who completed the healthcare section of the form considered there were no medical objections to the use of restraints.
74. We certainly cannot see the justification for handcuffing Mr Ryan for ten days, during which he was receiving blood transfusions and was described by bedwatch staff as being in a lot of pain. We recommend:

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

75. Mr Ryan's sister considered that some of the bedwatch staff were rude and uncaring when she visited her brother in hospital. There is no evidence to show whether this was the case, but we draw her concerns to the Governor's attention.

### **Compassionate release**

76. We are pleased to see that Mr Ryan was granted compassionate release as we see too many cases where compassionate release is not applied for or is applied for too late.
77. Mr Ryan's family were concerned that the application for Mr Ryan's compassionate release was unnecessarily delayed. We have found no evidence that this was the case.
78. Mr Ryan's cancer was not diagnosed until 14 December and the prison was not informed until 18 December that no treatment was available, and that Mr Ryan had only a short time to live. At that point, hospital specialists were appropriately asked to provide a formal, written prognosis, which the prison received on 22 December. It was also necessary to provide evidence that there were adequate arrangements for Mr Ryan's care and treatment outside prison. When the hospital confirmed that Mr Ryan's life expectancy was less than three months, the prison made an application for his release. This was granted on 7 January and he was released the following day. We make no recommendation.

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