

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Neil Scorer, a prisoner at HMP Whatton, on 27 June 2022**

**A report by the Prisons and Probation Ombudsman**



## 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

**OGL**

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## Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Neil Scorer died of lung cancer in hospital on 27 June 2022, while a prisoner at HMP Whatton. He was 72 years old. We offer our condolences to Mr Scorer's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Scorer received at Whatton was equivalent to that which he could have expected to receive in the community. The clinical reviewer made no recommendations.
5. We found no non-clinical issues of concern.

## **The Investigation Process**

6. NHS England commissioned an independent clinical reviewer to review Mr Scorer's clinical care at Whatton.
7. The PPO investigator investigated the non-clinical issues relating to Mr Scorer's care, including Mr Scorer's location, the security arrangements for his hospital escorts and whether compassionate release was considered.
8. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out a factual inaccuracy and this report has been amended accordingly.

## **Previous deaths at HMP Whatton**

9. Mr Scorer was the 15th prisoner to die at Whatton since June 2020. Of the previous deaths, 13 were from natural causes and one was self-inflicted.

## Key Events

10. Mr Scorer was given a life sentence on 21 December 2000. On 11 July 2016, he was transferred to HMP Whatton.
11. On 13 January 2020, Mr Scorer attended a triage clinic with ongoing chest pain. The triage nurse made Mr Scorer a GP appointment. On 24 January, a GP reviewed Mr Scorer's chest and referred him for a chest x-ray.
12. On 19 February, the GP told Mr Scorer that the X-ray had shown a shadow on his lung which needed further investigation.
13. On 27 February, Mr Scorer had a CT scan (a series of X-rays which show bones, blood vessels and soft tissues), which confirmed the presence of lung cancer.
14. On 14 April, Mr Scorer had a lung biopsy (an operation where a small sample of body tissue is taken from the body for further analysis), which confirmed that the cancer had spread to other parts of the body and was terminal.
15. On 6 May, Mr Scorer started chemotherapy, which aimed to keep him alive for as long as possible.
16. On 17 March 2022, hospital doctors told Mr Scorer that he was no longer fit enough to receive chemotherapy.
17. On 16 May, Mr Scorer told staff that he had chest pains. Staff called a code blue (an emergency radio code which communicates that a prisoner is having breathing problems) and escorted Mr Scorer to A&E. He tested positive for Covid-19 and kidney failure. Hospital doctors assessed that Mr Scorer should not be resuscitated if his heart or breathing stopped due to his ill health
17. 16. On 11 June, Mr Scorer returned to Whatton. On 21 June, a healthcare assistant noticed that Mr Scorer seemed confused. They reported Mr Scorer's condition to a nurse, who took his observations and found that he had a high pulse rate, low oxygen saturations and was short of breath. Staff called a code blue, and an ambulance took Mr Scorer to hospital.
18. On 22 June, the governor released Mr Scorer on a temporary licence, to enable him to stay in hospital as an inpatient. The prison offender management unit started an application for early release on compassionate grounds. Bedwatch staff (prison officers responsible for monitoring individuals in hospital, to ensure they remain secure) stayed with him.
19. At 1.25am on 27 June, Mr Scorer died.

## **Post-mortem report**

20. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Scorer's cause of death as lung cancer. Chronic obstructive pulmonary disease and diabetes were also factors in Mr Scorer's death.

**Tallulah Frankland  
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