



Independent investigation into the death of Mr Graham Boyle, a prisoner at HMP Parc, on 14 November 2022

A report by the Prisons and Probation Ombudsman

OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE



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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. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. On 22 September 2017, Mr Graham Boyle was sentenced to 11 years imprisonment for sexual offences. He died of metastatic cancer of unknown primary (cancer that originated in an unknown location in the body and that has spread to other organs) on 14 November 2022, while a prisoner at HMP Parc. Chronic obstructive pulmonary disease (COPD) contributed to but did not result in the underlying cause of death. Mr Boyle was 84 years old. We offer our condolences to his family and friends.
4. The PPO family liaison officer wrote to Mr Boyle's wife to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Boyle's wife asked for a copy of our report and said that she felt her husband's healthcare in prison had been poor. She asked why Mr Boyle was not granted early release on compassionate grounds.
5. NHS England commissioned an independent clinical reviewer to review Mr Boyle's clinical care at HMP Parc.
6. The clinical reviewer found that Mr Boyle received very good, and at times excellent, care at Parc. He found that Mr Boyle's preventative care, including around COPD, was of a very high standard and that any exacerbations and deterioration of COPD were managed competently. The clinical reviewer found that appropriate anticipatory arrangements were made following Mr Boyle's cancer diagnosis to manage his medical, emotional and social needs.
7. The clinical reviewer made two recommendations not relating to Mr Boyle's death that the Head of Healthcare will wish to address.
8. The PPO investigator investigated the non-clinical issues relating to Mr Boyle's care.
9. Early release on compassionate grounds is the 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. Staff at Parc gathered information relating to Mr Boyle's prognosis, which was unclear until two to three days before he died, meaning he did not meet the criteria for early release. Obtaining a prognosis that might meet the criteria for early release is difficult and it is often the case that such a prognosis is only available very close to death. We are satisfied that staff at Parc appropriately considered whether Mr Boyle might be suitable for early release on compassionate grounds.
10. We did not find any non-clinical issues of concern. We make no recommendations.

11. We shared the initial report with the Prison Service. There were no factual inaccuracies.
12. We shared the initial report with Mr Boyle's wife. She did not respond.
13. The inquest into Mr Boyle's death concluded on 19 November 2024, concluding that he died of natural causes.

**Adrian Usher
Prisons and Probation Ombudsman**

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