Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Gerard Doyle, on 24 December 2024, following his release from HMP Lancaster Farms

A report by the Prisons and Probation Ombudsman

Third Floor, 10 South Colonnade
Canary Wharf, London E14 4PU

Email: mail@ppo.gov.uk
Web: www.ppo.gov.uk

T I 020 7633 4100

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

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. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.

3. 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.

4. Mr Gerard Doyle died from cocaine toxicity and pneumonia (a chest infection) on 24 December 2024, following his release from HMP Lancaster Farms the day before. Pulmonary emphysema (a chronic lung condition) also contributed to his death. He was 42 years old. We offer our condolences to those who knew him.

5. We found that Mr Doyle did not report any concerns about his physical health in the lead up to, or on the day of his release, from Lancaster Farms.

6. Mr Doyle accessed satisfactory substance misuse support for the duration of his sentence. However, when he transferred to Lancaster Farms, he was not given naloxone (used to reverse the effects of an opioid overdose) training or a naloxone kit upon release. We are pleased that the prison acknowledged this and has already taken steps to address the issue.

7. Mr Doyle's community offender manager (COM) appropriately prepared for his release. They made appropriate accommodation referrals to homelessness support services. Mr Doyle was released with accommodation in place.

8. We did not identify any significant learning relating to the pre-release planning or post-release supervision of Mr Doyle. We make no recommendations.

The Investigation Process

9. HMPPS notified us of Mr Doyle's death on 24 December 2024.

10. The PPO investigator obtained copies of relevant extracts from Mr Doyle's prison and probation records.

11. We informed HM Coroner for Liverpool and Wirral of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.

12. The Ombudsman's office contacted Mr Doyle's sister to explain the investigation and to ask if she had any matters she wanted us to consider. She had no questions but asked for a copy of our report.

13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

14. Mr Doyle's family received a copy of the draft report. They did not make any comments.

Background Information

HMP Preston

15. HMP Preston is a category B prison which holds convicted and remanded male prisoners. Practice Plus Group provides healthcare, mental health and substance misuse services.

Probation Service

16. The Probation Service works with all individuals subject to custodial and community sentences. During a person's imprisonment, they oversee their sentence plan to assist in rehabilitation, prepare reports to advise the Parole Board and have links with local partnerships to which they refer people for resettlement services, where appropriates. Post-release, the Probation Service supervises people throughout their licence period and post-sentence supervision.

Key Events

HMP Altcourse, 15 January – 22 February

17. On 15 January 2024, Mr Gerard Doyle appeared in court charged with drug supply. He was remanded to prison and taken to HMP Altcourse.

18. During his first reception screening, Mr Doyle told healthcare staff he was experiencing withdrawal symptoms from using drugs and had severely aching joints and muscles. Healthcare staff gave him medication for pain management. Mr Doyle tested positive for cannabinoids, cocaine and opioids.

19. During a secondary reception screening the following day, healthcare staff prescribed Mr Doyle 10ml of methadone (a medication used to treat heroin dependence) with a plan to increase the dose to 40ml. He was also prescribed diazepam to manage alcohol withdrawal. He told a nurse that he last used drugs three days prior and reported using six to seven bags of heroin daily for the past year, along with twelve to fourteen rocks of crack cocaine and up to one litre of vodka each day during that time.

20. On 20 January, Mr Doyle saw the mental health team and did not report any current mental health issues. They told him how to self-refer for talking therapy.

21. On 26 January, a nurse recorded that Mr Doyle was managing well on 30ml of methadone and reported no physical or mental health issues. The nurse conducted a five-day review for substance misuse monitoring and documented a plan to continue methadone treatment and stop substance misuse observations.

22. On 12 February, Mr Doyle was convicted and sentenced to 28 months in prison.

23. On 15 February, Mr Doyle told a nurse that he was struggling with his mental health and wanted to access talking therapy. The nurse recorded that he may have been under the influence of illicit substances and informed a GP to arrange further monitoring and observations. The nurse also recorded that Mr Doyle knew how to self-refer to talking therapy and that the mental health team did not need to provide any further input.

HMP Berwyn, 22 February – 30 November

24. On 22 February, Mr Doyle transferred to HMP Berwyn.

25. On 6 March, Mr Doyle attended a substance misuse assessment. Mr Doyle told healthcare staff that he was keen to engage with interventions. He remained on 30ml of methadone. He reported a history of heroin, crack cocaine and benzodiazepine (often used to treat anxiety and insomnia) misuse. He denied any alcohol use for the past twenty years.

26. On 14 March, a substance misuse service (SMS) worker asked for Mr Doyle to be added to the recovery workshop to access support and help him stay motivated. The SMS worker also noted that Mr Doyle wanted to reduce his methadone dose so they discussed this with the GP. The SMS worker arranged for Mr Doyle to complete in-cell workbooks on heroin and crack cocaine use, coping skills, harm

reduction and relapse prevention. They also referred him to a substance misuse group intervention and a course to promote positive behavioural changes.

27. On 11 April, Mr Doyle saw a SMS worker who noted that Mr Doyle had reduced his methadone from 30ml to 25ml with a plan to reduce the dose each week. He remained on a waiting list for the substance misuse group intervention. On 5 June, staff removed him from the substance misuse group for missing two sessions.

28. On 5 May, Mr Doyle left a message on a self-service system, stating that he was struggling with his mental health. The mental health team saw him the next day and agreed to book him an appointment with the GP.

29. On 7 June, Mr Doyle told a GP that he had Attention Deficit Hyperactivity Disorder (ADHD – symptoms include impulsivity, hyperactivity, inattention and emotional disregulation) and had been taking medication for schizophrenia in the community. The GP asked a nurse to contact his GP in Ireland for further information on his mental health. The following day, the nurse visited Mr Doyle on the wing, and he told her he was being released from prison soon and did not want any further support.

30. On 20 June, a SMS worker noted that Mr Doyle had reduced his methadone to 20ml, reported feeling stable, and wanted to reduce further. He said he was feeling better and working full-time in the kitchens, which he enjoyed. The SMS worker told him he would start a four-session course in July covering education and relapse, making changes, destructive behaviour, and lifestyle balance.

31. On 27 June, Mr Doyle completed six acupuncture sessions. On 21 August, Mr Doyle asked to reduce his methadone by 3ml from 9ml. Healthcare staff noted that he had coped well with the reductions. On 26 October, he reduced his methadone to 1ml.

32. On 7 November, Mr Doyle was released from Berwyn under Home Detention Curfew (HDC) to an approved premises. (HDC is a form of early release available to prisoners in England and Wales, which allows them to complete the remainder of their sentence in the community. Under the scheme, eligible prisoners are released from custody and remain at home, subject to electronic monitoring and curfew conditions. Any breach of these conditions may result in their return to prison.)

33. On 14 November, Mr Doyle missed his planned probation appointment. On 19 November, approved premises staff contacted probation to report that Mr Doyle had not returned to the property since the weekend and they suspected he had removed his electronic monitoring tag.

34. On 20 November, a probation officer completed paperwork to recall Mr Doyle to prison for 28 days. The recall was processed and a warrant for his arrest issued on the same day.

HMP Preston, 30 November – 9 December

35. On 30 November, Mr Doyle was recalled and taken to HMP Preston. During his first reception screening, a nurse completed clinical observations (which involves checking body temperature, blood pressure, pulse and breathing rate). They were within the normal range. Mr Doyle produced a positive drug test result for opiates,

benzodiazepines, cocaine and cannabinoids. Staff moved him to the segregation unit due to two positive body scanner results (suggesting he had concealed drugs).

36. On 1 December, Mr Doyle saw a key worker, while in the segregation unit. (Keyworkers provide prisoners with an allocated officer that they can meet regularly to discuss how they are and any day-to-day issues they would like to address.) The key worker said that Mr Doyle would be allocated a key worker to see him twice a month. Mr Doyle told the key worker that he had no support network in the community and needed support with his substance misuse issues. The key worker explained the support available in prison.

37. On 3 December, Mr Doyle saw a resettlement worker. Mr Doyle told her that he was of no fixed abode (NFA) in Liverpool, he had lost his pin number for his bank cards and did not have ID or a mobile phone. The resettlement worker agreed to request ID for him. She noted that Mr Doyle remained in the segregation unit and was not prescribed any medication for detox as he was still testing positive for illicit drugs. Mr Doyle told her that he wanted to be referred for substance misuse support in the community. On 4 December, Mr Doyle moved from the segregation unit to a standard wing.

38. On 6 December, Mr Doyle saw a nurse who noted that he did not realise that he was being released later in the month. He asked for a referral to a drug and alcohol service in Liverpool, which the nurse agreed to do. Mr Doyle confirmed that he knew about naloxone and how to administer it. The nurse advised him to take naloxone with him when released.

HMP Lancaster Farms, 9 December – 24 December

39. On 9 December, Mr Doyle transferred to HMP Lancaster Farms. It is not clear why he moved. Healthcare staff noted that he felt fit and well and was medically fit for transfer. He had his clinical observations taken and his temperature, blood pressure, oxygen saturation levels and pulse readings were all within normal range.

40. On 10 December, Mr Doyle's Prison Offender Manager (POM) referred him to the mental health team due to his anxiety, depression and past trauma from bereavements. He saw the mental health nurse the following day who added him to a waiting list for a talking therapies assessment.

41. The POM also emailed the prison drug and alcohol team, stating that Mr Doyle wanted to engage with their services and requesting referrals to community substance misuse support. A healthcare worker saw Mr Doyle that day and informed him about his reduced tolerance to drugs, risk of overdose and provided harm reduction advice. They also gave him a referral form if he wanted to engage with support. He did not access any further support while at Lancaster Farms.

42. On 19 December, Mr Doyle was given a discharge letter to prepare for his release. On 23 December, Mr Doyle was released from prison.

Pre-release planning

43. On 28 November, Mr Doyle was allocated a new community offender manager (COM).

44. On 9 December, the COM referred Mr Doyle to the Community Accommodation Service Tier 3 (CAS3 - a service open to adult prison leavers who are at risk of homelessness on release which provides access to up to 84 days of accommodation.)

45. On the same day, The resettlement worker completed a Duty to Refer to Liverpool City Council for housing. (Duty to Refer means that when prisoners need a place to live after being released, prison or probation staff must refer them to the appropriate services or housing authorities to ensure they have support in finding stable accommodation.)

46. On 10 December, the POM referred Mr Doyle to Reconnect, a service that helps prisoners continue accessing healthcare in the community. Reconnect responded on 18 December, stating they could not see him before his release due to the limited time available but would refer him to local Reconnect services.

47. On the same day, the POM also referred Mr Doyle to Release Mates (a charity that supports people leaving prison with reintegration and resettlement). Release Mates agreed to provide clothing and help Mr Doyle attend appointments on his release day.

48. On 17 December, Mr Doyle attended a video link meeting with his POM and COM. They informed him that he had CAS3 accommodation and that Release Mates would provide clothes, shoes, and food when he was released. Mr Doyle said he felt in a better place, was ready to engage with probation and substance misuse services and was happy to have accommodation in Liverpool.

49. Mr Doyle was instructed to attend Bootle Probation Office on the day of his release. He was aware of his licence conditions.

Post-release management

50. On 23 December, Mr Doyle was released from Lancaster Farms.

51. Mr Doyle attended his probation appointment as required on 23 December at 11.15am. The COM went through Mr Doyle's induction paperwork with him, including his licence conditions and he signed to indicate his agreement. The COM noted that Mr Doyle engaged well during the appointment and seemed motivated to address his substance misuse issues. He attended probation with two members of staff from Release Mates, who were due to accompany him to his accommodation.

52. The COM provided Mr Doyle with a bus travel warrant for his next appointment, scheduled for Monday 30 December at 10.00am. She told Mr Doyle he needed to get to his accommodation by 1.00pm. He attended the property on time with Release Mates staff, who stayed with him until 1.32pm.

Circumstances of Mr Doyle's death

53. According to police statements, Mr Doyle went to another person's address on 23 December with a man he knew from prison. Witnesses reported that Mr Doyle fell asleep on the sofa shortly after arriving and was breathing at that time. The next morning, 24 December, when others present checked on Mr Doyle again, they noticed he wasn't breathing and saw blood at the side of his mouth. At 4.45am, paramedics attended the property and pronounced Mr Doyle's life extinct at 5.03am.

Post-mortem report

54. The pathologist concluded that Mr Doyle died from a combination of cocaine toxicity and pneumonia. Pulmonary emphysema (a lung condition) contributed to his death and is a known risk for developing pneumonia. Toxicology results showed that Mr Doyle had consumed a significant quantity of cocaine prior to his death, which increased the risk of dysrhythmias (abnormal heart rhythm) that can be fatal. The pathologist also considered an alternative possibility that Mr Doyle may have suffered dysrhythmias, lost consciousness, and developed pneumonia while unconscious.

Inquest

55. The inquest held on 7 March 2025, concluded that Mr Doyle's death was drug-related.

Findings

Substance misuse services

56. Mr Doyle took cocaine in a manner consistent with 'binge use' prior to his death. The pathologist concluded that this significantly contributed to his death. While in prison, Mr Doyle reduced his methadone script as he wanted to be abstinent upon release. Consequently, he was not prescribed any medication leading up to his release. Given his history of opioid use, we would have expected Mr Doyle to be released with a naloxone kit.

57. The Head of Healthcare informed the investigator that following an internal review, all prisoners with a history of opiate and psychoactive substance use are now offered naloxone on release from HMP Lancaster Farms. We acknowledge that Mr Doyle did not take an opioid drug prior to his death, however, we are pleased this issue has been addressed.

58. Mr Doyle's POM took appropriate action to address his substance misuse by referring him to Reconnect in the community. She also ensured that he had support from Release Mates on his release from prison to ensure he got to his appointments and had food and clothing.

59. Mr Doyle's COM also identified that his offending was linked to substance use and included drug testing and engagement with community substance misuse services as conditions of his licence.

Clinical care

60. In the days leading up to, and on the day of, Mr Doyle's release, he did not report any concerns about his physical health. Healthcare and prison staff did not observe him to be physically unwell. The Head of Healthcare explained that clinical observations are not routinely conducted at the point of release unless a prisoner appears unwell or reports feeling unwell. Staff considered Mr Doyle medically fit to transfer to another prison on 9 December and medically fit for discharge on 23 December. Mr Doyle did not raise any health concerns during these contacts or when he subsequently attended his probation appointment.

Accommodation

61. Mr Doyle's COM prepared appropriately for his release and completed the CAS3 accommodation referral promptly, despite being allocated the case less than a month before his release. She liaised with Mr Doyle's POM and ensured Mr Doyle was told he had accommodation in place before his release.

Adrian Usher
Prisons and Probation Ombudsman **November 2025**

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