Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Peter Byard a prisoner at HMP Grendon on 8 February 2017

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*

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Peter Byard died in hospital on 8 February 2017 from a heart attack caused by narrowing of the arteries. He was 56 years old. I offer my condolences to Mr Byard's family and friends.

I am satisfied that Mr Byard received care equivalent to that which he could have expected to receive in the community.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman **August 2017**

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Summary

Events

1. Mr Byard was sentenced to 22 years for sexual offences in June 2005; he was released on 18 January 2013. On 26 September 2013, he was recalled into custody after he breached the conditions of his licence. He was transferred to HMP Grendon on 17 April 2015.

2. Mr Byard had a history of being overweight, high cholesterol and high blood pressure. His high blood pressure was managed through medication prior to his arrival at Grendon and his weight was managed through lifestyle advice. Healthcare staff at HMP Grendon monitored Mr Byard's cholesterol and decided to manage his condition through medication in December 2015.

3. On 17 August 2016, Mr Byard informed staff that he had been feeling unwell and had been suffering from heart palpitations. A prison GP saw him on 26 August after he had an ECG. The results were normal and the GP did not find any concerns during the examination. The GP told Mr Byard to let healthcare staff know if he suffered from palpitations again. There is no record that Mr Byard suffered any other episodes of palpitations.

4. On 8 February, Mr Byard went to the wing office and told two prisoners and an officer that he thought he was having a heart attack. A code blue emergency was called and an ambulance requested. The two prisoners assisted in the emergency response until nurses and paramedics arrived.

5. Although Mr Byard told a prison nurse that he was starting to feel better. His condition deteriorated and the nurse and paramedics started CPR.

6. Mr Byard was taken to hospital, where he died at 8.10pm

Findings

7. Mr Byard had several cardiovascular risk factors which were appropriately managed during his time in custody. We agree with the clinical reviewer that the care Mr Byard received at Grendon was equivalent to that which he could have expected to receive in the community.

8. The prison confirmed that Mr Byard was not restrained on his transfer to hospital.

The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Grendon informing them of the investigation and asking anyone with relevant information to contact him. No one responded

10. The investigator visited HMP Grendon on 22 February 2017. She obtained copies of relevant extracts from Mr Byard's prison and medical records.

11. The investigator interviewed two prisoners at HMP Grendon on 22 February.

12. NHS England commissioned a clinical reviewer to review Mr Byard's clinical care at the prison.

13. We informed HM Coroner for Oxfordshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

14. The investigator wrote to Mr Byard's brother in law to explain the investigation and to ask if he had any matters he wanted the investigation to consider. He did not respond to our letter.

15. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS identified the incorrect spelling of a prison officer's name.

Background Information

HMP Grendon

1. HMP Grendon holds around 230 men and accepts prisoners serving indeterminate or long determinate sentences with at least 18 months left to serve. It is a unique prison, run by prisoners and staff on democratic therapeutic principles. It has six wings, five of which operate as autonomous therapeutic communities. The sixth is an induction and assessment wing.

2. Care UK provides healthcare services at Grendon. There is no inpatient unit.

HM Inspectorate of Prisons

3. The last inspection at HMP Grendon was in August 2013. Inspectors reported that Grendon was a very safe prison with excellent staff-prisoner relationships and very little need for formal disciplinary processes. The prison had refurbished the health centre's clinical rooms to a high standard, although capacity was limited. Patient care, dentistry and pharmacy provision were good, but the prison needed to assess the risks associated with in-possession medication. Mental health care had improved.

4. Care plans reflected national clinical guidelines and were audited monthly. Care UK had an information sharing protocol but had no formal local protocol agreed with HMP Grendon. External healthcare appointments were rarely cancelled for security reasons.

Independent Monitoring Board

5. 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 2015, the IMB reported that HMP Grendon provided a high standard of care for prisoners. The improvement of healthcare provisions allowed for better liaison between prison management and healthcare and improved cleanliness.

Previous deaths at HMP Grendon

6. Mr Byard was second prisoner to die from natural causes at HMP Grendon since January 2015. There are no significant similarities to the previous death at HMP Grendon.

Key Events

7. On 10 June 2005, Mr Peter Byard was sentenced to 22 years for sexual offences he was released on 18 January 2013. On 26 September 2013 he was recalled into custody after he breached the conditions of his licence. He was transferred to HMP Grendon on 17 April 2015.

8. On 28 October 2010, a prison administrator at HMP Bullingdon recorded Mr Byard clinical observations. His blood pressure was within the normal range. She noted that he had a family history of high blood pressure. Mr Byard's blood pressure was reviewed regularly and on six occasions during 2011 it was recorded as above than the normal range. A prison GP saw him on 8 July 2011. He examined Mr Byard and arranged for an ECG and urine analysis, the results of which were normal. While in custody Mr Byard's blood pressure continued to be reviewed regularly and he began taking medication for it in 2012.

9. Previous concerns had been raised about Mr Byard's cholesterol during his time in custody. In October 2012, his cholesterol was recorded as being outside of the normal range. On 22 October, a nurse from HMP Bure advised him of his high cholesterol. He said that he was not interested in exercising in prison and was not happy to start taking statins (a group of drugs that reduce cholesterol in the blood). Mr Byard's cholesterol was monitored regularly.

10. Mr Byard arrived at HMP Grendon on 17 April 2015. On his arrival, a nurse recorded that Mr Byard did not have any medical or mental health concerns. A nurse saw Mr Bayard for his initial health screening on 20 April; he referred Mr Byard to a prison GP for review of his physical health. The nurse took Mr Byard's observations and recorded that his pulse had a regular rhythm.

11. On 19 May, a nurse saw Mr Byard. She recorded that he had a raised risk of cardiovascular disease. She noted that he had raised cholesterol and had been given a cholesterol-lowering diet and exercise plan. She advised him to contact healthcare if he had any chest pains. She reviewed him again on 21 June and he told her he had made changes to his diet. She wanted to review him again in five weeks time and told him he needed to have lost weight by the next review.

12. A nurse saw Mr Byard for his cholesterol review on 15 September. He told her that he had started going to the gym. She recorded that his blood pressure was still high and if it remained high she would contact a prison GP about changing his medication. She recorded that he had lost minimal weight since his last review.

13. On 1 December, a nurse reviewed Mr Byard. She recorded that his cholesterol was still high and he had not lost any weight. He told her that he was unable to make further changes to his lifestyle. She discussed statins with Mr Byard and he agreed to take them on a trial basis. She planned to review him in three weeks. When she saw him again on 22 December, he told her that he was going to exercise more and use his diet plan while taking the medication.

14. A prison GP saw Mr Byard on 8 May to review his blood test results. The GP recorded that his results were normal apart from alanine aminotransferase test (a test to measure the amount of this enzyme in the blood), which was slightly

raised. Mr Byard's blood pressure readings were high. He told the GP that he had felt stressed. Mr Byard's blood pressure was regularly reviewed over the next month.

15. On 17 August, Mr Byard completed a non-urgent healthcare application. He indicated that he had been feeling breathless and light-headed and had an irregular heartbeat. On 22 August, he had an electrocardiogram (ECG, used to detect electrical signals in the body produced by the heartbeat). The results were normal. On 26 August, a prison GP saw Mr Byard. He recorded that Mr Byard was concerned about palpitations. Mr Byard told him that his palpitations were inconsistent and that he had been suffering from stress and lack of sleep. The GP examined him and found that he did not have any chest pain. He referred Mr Byard for blood tests and told him to let healthcare staff know every time he had any more palpitations. There is no record that Mr Byard raised concern about experiencing palpitations again.

16. On 8 February, at approximately 6.00pm Mr Byard walked to the entrance of the main office on his wing. He told an officer and two prisoners that he thought he was having a heart attack. He knelt down and was helped to the floor by the prisoners. The officer immediately called for assistance and for an ambulance. The control room called a code blue at 6.02pm.

17. One prisoner put his jacket under Mr Byard's head in order to make him comfortable. The other then checked his pulse and breathing, they continued to assist and reassure Mr Byard while they waited for healthcare to arrive.

18. A nurse recorded that he arrived at the scene with the emergency bag and began to assess Mr Byard. He told him that he felt as if he was having a heart attack. He requested an ambulance and was informed that one was on the way. He recorded that Mr Byard was not confused and able to talk in full sentences. He took Mr Byard's pulse, temperature, oxygen levels and blood pressure. He then administered glyceryl trinitrate spray (a spray used to treat angina). He recorded that he continued to take Mr Byard's observations until paramedics arrived.

19. The first ambulance arrived at the prison at 6.22pm and paramedics attended the scene at approximately 6.30pm. Paramedics took Mr Byard's observations and told staff that he has suffered a mild heart attack.

20. Mr Byard's condition deteriorated at approximately 6.45pm. The nurse commenced Cardio Pulmonary Resuscitation (CPR) along with the paramedics while they waited for the second ambulance, which arrived at 6.47pm. At 7.27pm, Mr Byard was taken by ambulance to hospital for further treatment.

21. Mr Byard died at the hospital at 8.10pm.

Contact with Mr Byard's family

22. Grendon appointed a prison manager as the family liaison officer. She contacted Mr Byard's brother in law that evening to inform him of Mr Byard's death. He requested that she call him the following morning. She contacted Mr Byard's brother in law again on 9 February and explained the events surrounding Mr Byard's death.

23. An officer continued to contact Mr Byard's brother in law after the prison manager went on leave. She organised the funeral in line with the family's wishes and provided regular support. Mr Byard's funeral was held on 2 March. The prison contributed towards the cost of the funeral in line with national policy.

Support for prisoners and staff

24. After Mr Byard's death, a community meeting was held the next morning. A governor, all staff involved in the emergency and prisoners on Mr Byard's wing attended the meeting. They were given the opportunity to discuss any issues arising, and to offer support.

25. The prison posted notices informing other prisoners of Mr Byard'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 Byard's death.

Post-mortem report

26. A post-mortem examination found that Mr Byard died of a heart attack caused by narrowing of the arteries.

Findings

Clinical care

27. The clinical reviewer found that Mr Byard's heart attack was unexpected and unpredictable. He was previously diagnosed with conditions associated with cardiac risk factors; high blood pressure, cholesterol, being overweight and palpitations all increased his risk of a heart attack. Healthcare staff managed his medical conditions effectively and provided Mr Byard with appropriate care and treatment.

28. We agree with the clinical reviewer that the medical care Mr Byard received at Grendon was equivalent to that which he could have expected to receive in the community.

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