

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Alan Tyers a prisoner at HMP Humber on 28 February 2018

**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*



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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 Tyers died on 28 February 2018 while a prisoner at HMP Humber. The cause of death was recorded as consistent with synthetic cannabinoid intoxication. He was 49 years old. I offer my condolences to Mr Tyers' family and friends.

Mr Tyers was found seriously unwell due to the effects of a psychoactive substance (PS) on the night before his death. It is troubling that he was seemingly able to use PS relatively frequently without the knowledge of prison staff. The investigation found that Mr Tyers did not receive the appropriate standard of medical care and welfare checks on the night of his death. Humber have recognised this and introduced new protocols to protect and support prisoners found in similar circumstances in future.

Like many prisons, Humber faces significant problems controlling the supply of and demand for synthetic cannabinoids (also known as psychoactive substances, or PS). Humber has a local drug strategy that it is working to implement but I am concerned that individual prisons are being left to develop local strategies to reduce the supply and demand for drugs.

In my view there is now an urgent need for national guidance on the best measures to combat this serious problem and we have made a recommendation to this effect to the Chief Executive of HM Prison and Probation Service in a previous investigation. We have also written to the Prisons Minister setting out our concerns at the number of drug-related deaths in custody. I hope that the learning from this case will be drawn on in the strategic response to the challenges posed by illicit drugs.

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**

**November 2018**

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# Summary

## Events

1. In June 2014, Mr Alan Tyers was sentenced to eight years in prison. He was transferred to HMP Humber in August 2017. During his time at Humber, Mr Tyers received very positive reports from prison staff and worked in a role reserved for trusted prisoners.
2. Mr Tyers' cellmate told us that he frequently used psychoactive substances (PS). At around 7.15pm on 27 February 2018, Mr Tyers collapsed after smoking PS. His cellmate raised the alarm and a nurse assessed Mr Tyers. The nurse asked prison staff to "keep an eye" on him, but did not specify how frequently or for how long they should observe him. The night patrol officer stopped observing Mr Tyers a little over an hour later, thinking he was now fine and had settled for the night. No one from the healthcare team returned to assess him further.
3. At 8.05am on 28 February, an officer unlocked Mr Tyers' cell and found that he had died.

## Findings

### Psychoactive substances at HMP Humber

4. We are concerned at the availability of PS at Humber. Despite a comprehensive local drugs strategy, it is clear that more needs to be done to limit supply and demand. In our view there is now an urgent need for HMPPS to issue national guidance on this to prisons, rather than leaving individual establishments to develop their own local strategies on a piecemeal basis.

### Events of 27-28 February 2018

5. There was a failure in communication on the night Mr Tyers died. Wing staff should have been given clearer instructions about how frequently to check his welfare, and healthcare staff should have carried out further clinical observations. Since Mr Tyers' death, Humber has introduced new protocols for prisoners found under the influence of PS. The protocol specifies that healthcare staff reassess the patient two hours after their initial assessment. It also ensures that healthcare staff specify how often wing staff should observe the patient.

## The Investigation Process

6. The investigator issued notices to staff and prisoners at HMP Humber informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
7. The investigator visited Humber on 5 March. He obtained copies of relevant extracts from Mr Tyers' prison and medical records.
8. The investigator interviewed eight members of staff at Humber on 25 April 2018.
9. NHS England commissioned a clinical review to review Mr Tyers' clinical care at the prison. They conducted joint interviews with clinical staff.
10. We informed HM Coroner for East Riding and Kingston-Upon-Hull of the investigation. We have sent the Coroner a copy of this report.
11. The investigator wrote to Mr Tyers' cousin to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not respond to our letter.

## Background Information

### HMP Humber

12. HMP Humber is a medium security prison in Yorkshire that holds approximately 1,000 men. It was formed in 2014 by the merger of two previously separate prisons, HMP Wolds and HMP Everthorpe. City Health Care Partnership provides healthcare services. There are healthcare staff on duty at all times.
13. In August 2018, the prisons minister, Rory Stewart MP, announced that HMP Humber would be one of the prisons participating in the '10 Prisons Project'. The project (with the aid of a 10 million pound funding injection) seeks to improve safety, security and decency at the prisons by focussing on living conditions, preventing drugs entering the establishments and enhancing the leadership training available to Governors and their staff.

### HM Inspectorate of Prisons

14. The most recent inspection of HMP Humber was in December 2017. Inspectors reported that nearly two thirds of prisoners said that it was easy to obtain drugs at Humber, and nearly a third said that they had developed a drug problem while at the prison. They found that the use of PS was particularly problematic at Humber, although it had reduced from earlier in the year after the prison implemented additional security measures. However, inspectors found that there was no up to date drugs supply action plan, and prisoners suspected of misusing drugs were often not tested.

### Independent Monitoring Board

15. 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 2016, the IMB reported that 85 per cent of prisoners had admitted to using PS. The IMB were concerned that these drugs continued to be readily available despite prison managers using a number of supply reduction initiatives. They reported that responding to prisoners under the influence of PS caused serious demands on the time of healthcare staff.

### Previous deaths at HMP Humber

16. Mr Tyers was the twelfth prisoner to die at Humber since February 2015. There was evidence that three of the previous prisoners who died had used PS before their deaths. We have previously recommended that the prison ensures that it has an effective supply reduction strategy and that staff are briefed on how to respond when a prisoner appears to be under the influence of PS.

### Psychoactive Substances (PS)

17. PS (formerly known as 'new psychoactive substances' (NPS) or 'legal highs') are a serious problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of PS can present with marked levels of disinhibition, heightened

energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential that PS might precipitate or exacerbate the deterioration of mental health, and that there is linked to suicide or self-harm.

18. In July 2015, we published a Learning Lessons Bulletin about the use of PS (still, at that time, known as new psychoactive substances or NPS) and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of the dangers of PS, the need for more effective drug supply reduction strategies, better monitoring by drug treatment services and effective violence reduction strategies.
19. HMPPS now has in place provisions that enable prisoners to be tested for specified non-controlled PS as part of established mandatory drugs testing arrangements.

## Key Events

20. Mr Alan Tyers served several prison sentences from the 1980s onwards. His final period in custody began when he was remanded to HMP Nottingham on 10 March 2014. During his time in prison, he was prescribed tramadol (a strong opiate-based painkiller) for long-term back pain, and mirtazapine (an antidepressant). In June 2014, Mr Tyers was sentenced to eight years in prison for robbery. He was transferred to HMP Stocken shortly afterwards.
21. At Stocken, Mr Tyers worked with the substance misuse team and completed several courses to address his drug misuse in the community. In April 2016, prison staff recorded that they suspected Mr Tyers used PS, and that other prisoners might have given him PS to test his reaction to it.

### HMP Humber

22. Mr Tyers was transferred to Humber on 31 August 2017. He continued to be prescribed tramadol and mirtazapine throughout his time at Humber.
23. On 4 October, Mr Tyers met his offender supervisor. Mr Tyers told her that he used drugs in the community but not in prison, and agreed to self-refer to the prison's substance misuse service when he was close to his release date.
24. In the following months, Mr Tyers received very positive reports from staff on C Wing, where he lived. He gained enhanced status on the Incentives and Earned Privileges scheme (IEP, which aims to encourage and reward responsible behaviour in prisons) and worked as a wing cleaner (a role for trusted prisoners at it means more time is spent out of cell).
25. On 10 January 2018, Mr Tyers met his offender supervisor to facilitate a telephone conversation with his community offender manager about likely licence conditions for his release. The offender supervisor recorded that Mr Tyers was doing all that was asked of him and there were no issues with his behaviour or drug use.
26. Mr Tyers shared a cell. His cellmate told us that Mr Tyers frequently used 'spice' (a PS drug). He said that Mr Tyers usually obtained these drugs on paper (whereby pieces of paper are impregnated with the drug and then smoked). The cellmate said that the drugs did not appear to have a negative impact on Mr Tyers and mostly made him more conversational. In early February, the cellmate said that he and Mr Tyers decided to try smoking herbal spice (that comes in flakes similar to rolling tobacco), as they found that the spice they smoked on paper had little impact on them. The cellmate said that they did not use drugs for around three weeks while they tried to obtain herbal spice.
27. On 25 February, Mr Tyers' personal officer, recorded that Mr Tyers was very helpful to staff and prisoners and took pride in his work as a cleaner. The officer told us that Mr Tyers was very conscientious and liked to ensure that his jobs were done properly. She said that she was not aware that Mr Tyers had any problems at Humber and there was nothing that made her think that he used drugs in prison. No member of staff at Humber recorded any intelligence or suspicion that Mr Tyers used drugs in the prison.

## Events of 27-28 February 2018

28. The cellmate told us that Mr Tyers obtained some herbal spice on 27 February. The prisoners were locked in their cells for the night shortly before 7.00pm. He said that Mr Tyers smoked the spice at around 7.15pm. He told us that Mr Tyers smoked it quickly after which he became motionless. Mr Tyers then collapsed onto the floor. He said that he could not get a response from Mr Tyers, so he pressed the cell bell.
29. An officer responded to the cell bell. He told us that Mr Tyers was lying on the floor on his back and appeared to be unconscious. The cellmate told the officer that Mr Tyers had smoked spice. The officer radioed a medical emergency code blue, indicating a life-threatening situation.
30. A Supervising Officer (SO) opened the cell. He told us that he and colleagues put Mr Tyers onto the bed, after which he regained consciousness. A nurse arrived and measured Mr Tyers' oxygen saturation and heart rate. Mr Tyers' behaviour then changed and the nurse was not able to take any more clinical observations. The SO said that Mr Tyers began throwing his arms and body around and tried to bite him. He said that Mr Tyers did not appear to know what he was doing. When Mr Tyers calmed down, the officers laid him on his bed and left the cell. (Closed circuit television footage shows that this was at 7.22pm.) They moved his cellmate to a different cell for the night.
31. The nurse told us that she did not realise that Mr Tyers had been unconscious as she said that this information was not handed over to her when she arrived at the cell. She said that the clinical observations she was able to take were normal and she did not have any concerns about Mr Tyers' presentation. The nurse told us that she asked an officer to "keep an eye" on Mr Tyers and to contact the healthcare team if there were any concerns. She said that she did not specify how frequently the officer should check Mr Tyers or for how long or what warning signs he should look out for.
32. An officer was on evening duty on C Wing, and received the handover from the nurse. He recorded in the wing observation book that Mr Tyers had been unconscious due to being under the influence of drugs. The officer spent around 40 seconds at Mr Tyers' cell at 7.33pm. He told us that Mr Tyers was walking around his cell at the time and appeared normal. (The officer told us that the nurse had initiated an enhanced supervision log, which requires a prisoner who has been under the influence of drugs to be monitored at set intervals. These logs were actually introduced after Mr Tyers' death.)
33. The nurse left C Wing at 7.38pm. She looked in Mr Tyers' cell on the way out, and told us that he was sitting on his bed and raised his hand to acknowledge her.
34. An operational support grade (OSG), was the night officer on C Wing. He started his shift at around 8.15pm. He told us that he received a handover from the officer, who told him what had happened and that they had been asked to "keep an eye" on Mr Tyers.

35. The OSG went to Mr Tyers' cell twice, at 8.34pm and 8.36pm. He told us that Mr Tyers was sitting on his bed and appeared to be fine. (He said that he continued to check Mr Tyers' until around 10.30pm, although this is not supported by CCTV footage.)
36. At around 1.00am on 28 February, the OSG had to finish his shift early for personal reasons. Another OSG took over as night officer on C Wing. The first OSG handed over to his colleague but did not mention Mr Tyers. The OSG told us that he did not mention Mr Tyers because he now seemed to be fine. The second OSG told us that he could not remember if he read the wing observation book.
37. At 5.45am, the OSG completed a count of prisoners. He said that he could not remember what Mr Tyers was doing at the time.
38. At 8.05am, an officer began to unlock cells for the morning. He found Mr Tyers lying on his bed, which the officer told us was unusual as Mr Tyers was normally ready for work. He shouted to Mr Tyers but had no response. He opened the cell and found Mr Tyers not breathing, pale and hard to touch. He radioed a medical emergency code blue. The control room operator telephoned for an ambulance immediately.
39. The officer said that he did not consider trying to resuscitate Mr Tyers as rigor mortis appeared to have set in. A nurse reached the same conclusion when she responded to the emergency message. Paramedics later confirmed that Mr Tyers had died.

### **Contact with Mr Tyers' family**

40. Mr Tyers did not nominate a next of kin in prison, but prison staff identified his cousin from previous prison records. An operational manager, and a supervising officer (SO) were identified as family liaison officers (FLO). Due to the extremely poor weather conditions on 28 February, they were unable to travel to Mr Tyers' cousin's address. They therefore asked the police to break the news of Mr Tyers' death to her. Humber contributed to the costs of Mr Tyers' funeral in line with national guidance.

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

41. After Mr Tyers' death, the head of safety, debriefed the staff involved in the emergency response to ensure that they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

### **Post-mortem report**

42. Toxicology examinations showed that Mr Tyers had used PS sometime before he died. The post-mortem report found that his death was consistent with synthetic cannabinoid (PS) intoxication.

# Findings

## Psychoactive substances (PS) at HMP Humber

43. Mr Tyers' cellmate told us that Mr Tyers frequently used spice. In their inspection of December 2017, HMIP found that nearly two thirds of prisoners said that it was easy to obtain drugs at Humber, and the IMB found that 85 per cent of prisoners had admitted to using PS drugs. A nurse told us that healthcare staff could be called to respond to up to 12 incidents of PS use per day.
44. Humber issued a revised PS action plan in April 2017 after a significant increase in the number of PS incidents at the prison. This addressed both the supply of and demand for PS. It included numerous actions intended to reduce the supply of drugs into the prison and movement of drugs around the prison. Examples of this include: the introduction of a new radio code to alert staff when a package is suspected of being delivered into the prison or a drone is sighted; photocopying mail to prevent sprayed PS entering the prison; and providing additional staff resources to carry out mandatory drugs tests and cell searches. There were also measures to educate prisoners about the dangers of PS and support those known to use the drugs, plus additional disciplinary measures to deter drug use.
45. The PPO's Learning Lessons Bulletin on PS, issued in July 2015, highlighted that PS was then a source of increasing concern in prisons. Not only does PS use have a profoundly negative impact on physical and mental health, but trading these substances can lead to debt, violence and intimidation. Mr Tyers' death is a clear example of how dangerous PS is, and illustrates why prisons must do all they can to eradicate its use.
46. We are satisfied that Humber have responded proactively to the evolving challenges of PS supply and demand. Nevertheless, evidence that we and other organisations obtained indicates that the use of PS continues to be high, and it is troubling that Mr Tyers and his cell mate were seemingly able to use these drugs relatively frequently without staff becoming aware. It is clear, therefore, that more needs to be done to reduce both the supply and the demand for PS.
47. Humber is not alone in facing this problem – it is a serious problem across much of the prison estate. Individual prisons are for the most part doing their best to tackle the problem by developing their own local drug strategies. However, in the PPO's view there is now an urgent need for national guidance to prisons from HMPPS providing evidence-based advice on what works.
48. In a recent investigation, we recommended that the Chief Executive of HM Prison and Probation Service (HMPPS) should issue detailed national guidance on measures to reduce the supply and demand of drugs, including PS, in prisons. The Acting Ombudsman also wrote to the Prisons Minister raising her concerns about the high number of deaths she was investigating that were due, or linked, to the use of PS. The Chief Executive has told us that HMPPS plan to issue a national drug strategy in the autumn of 2018. We therefore make no recommendation.

## Events of 27-28 February 2018

49. After assessing Mr Tyers on 27 February, a nurse asked wing staff to “keep an eye” on him. She did not specify how frequently wing staff should check Mr Tyers or for how long they should continue to do so. The nurse briefly looked in Mr Tyers’ cell when she left the wing but neither she nor a colleague returned to undertake additional clinical observations. The clinical reviewer, commented that such follow-ups are crucial to manage acute presentations. The clinical reviewer, found that the lack of additional clinical assessment meant that Mr Tyers’ care was not equivalent to that which he could have expected to receive in the community.
50. An officer observed Mr Tyers shortly after the staff left his cell, and a OSG observed him twice in quick succession around an hour later. There were no further welfare checks through the night. The OSG told us that he stopped observing Mr Tyers because he appeared to have settled. He did not therefore mention Mr Tyers to his colleague when he handed over later that night. The colleague said that he would have observed Mr Tyers more closely at the morning roll check, had he been aware that he had been unconscious the night before.
51. There was a clear failure in communication on the night Mr Tyers died. It was not clear to wing staff how frequently they should observe Mr Tyers or when they should stop doing so. There was also a lack of clinical follow-up.
52. Since Mr Tyers’ death, Humber have introduced an ‘enhanced supervision log’ for prisoners found under the influence of PS drugs. This requires healthcare staff to set a specific frequency of observations for wing staff to complete and record on a log. After two hours, healthcare staff will assess the patient, including taking clinical observations, and determine whether to continue or close the enhanced supervision log.
53. It is encouraging that Humber have identified lessons to learn from Mr Tyers’ death and introduced procedures to try to prevent a recurrence. We do not therefore make a recommendation.

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