

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Daniel Hayfield on 8 February 2022, following his release from HMP Durham**

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

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## 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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## 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 been investigating 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 Daniel Hayfield died of mixed drug toxicity on 8 February 2022, following his release from HMP Durham on 4 February. He was 37 years old. We offer our condolences to those who knew him.
5. We did not identify any issues relating to how prison or probation staff managed his release, and we make no recommendations.

## The Investigation Process

6. HMPPS notified us of Mr Hayfield's death on 15 February 2022.
7. The PPO investigator obtained copies of relevant extracts from Mr Hayfield's prison and probation records. The investigation was then transferred to one of the investigator's colleagues.
8. We informed HM Coroner for Cumbria of the investigation. She gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
9. The Ombudsman's family liaison officer contacted Mr Hayfield's mother to explain the investigation and to ask if she had any matters she wanted us to consider. Mr Hayfield's mother had no questions but asked for a copy of our report.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies, and this report has been amended accordingly.

## Background Information

### HMP Durham

11. HMP Durham is a category B reception prison which holds up to 996 male prisoners who have either been convicted or are on remand. It is managed by HMPPS. Tees Esk and Wear Valley NHS Foundation Trust provide mental health services and Humankind provide substance misuse services.

### Probation Service

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

### HM Inspectorate of Prisons

13. The most recent inspection of HMP Durham was in November 2021. Inspectors reported Spectrum CIC provide clinical substance misuse services and Humankind deliver psychosocial services, both are an integral part of the prisons drug strategy. Despite some recruitment difficulties, prisoners still received good care. They also reported that prisoners leaving prison were offered harm minimisation advice and naloxone as necessary. The substance misuse services liaised with community services to make sure there was effective discharge planning.

## Key Events

14. On 6 January 2022, Mr Hayfield was convicted of being in possession of a controlled drug and was sentenced to two months in prison. He was sent to HMP Durham.
15. When he arrived at Durham, a nurse completed Mr Hayfield's first reception health screen. Mr Hayfield said that he had overdosed in August 2021. Mr Hayfield also said he had been prescribed 50ml methadone in the community but had been taking illicit methadone at the same time, the last time being the previous day when he took an extra 50ml of methadone, along with other illicit drugs. Mr Hayfield tested positive for methadone, benzodiazepines and opiates. He was placed on a 20ml methadone detoxification programme and was monitored overnight. The substance misuse team monitored Mr Hayfield daily until he was stable, and he was then placed on a methadone care plan.
16. On 7 January, a practitioner from the substance misuse team discussed harm reduction with Mr Hayfield and told him about the risks of using illicit drugs with his methadone. As part of his methadone care plan, the clinical and non-clinical DART team (drug and alcohol recovery team) liaised with the community treatment teams in preparation for Mr Hayfield's transition back to the community. Mr Hayfield was referred to Recovery Steps Cumbria, a community substance misuse service, for support once he was released.
17. That day, a GP at the prison completed a DART clinical review with Mr Hayfield. Mr Hayfield said that he would occasionally smoke heroin, and take illicit Valium, codeine and pregabalin tablets. The GP increased Mr Hayfield's methadone dose to 50ml.
18. On 11 January, a resettlement officer completed Mr Hayfield's basic custody screening and he said that he would like support from the mental health team. She made a referral that day.
19. The next day, a practitioner from the mental health team assessed Mr Hayfield. It was noted that he had no mental health history, and no thoughts of suicide and self-harm, so he was discharged from the service.
20. On 17 January, a nurse saw Mr Hayfield in the substance misuse clinic. Mr Hayfield said that he felt anxious, worried and could not sleep at night, but he thought this was due to his methadone dose. Mr Hayfield asked for his methadone to increase by 10ml. She discussed this with the DART lead, who agreed to increase his methadone to 60ml.
21. On 18 January, staff started suicide and self-harm prevention measures (known as ACCT) because of their ongoing concerns about Mr Hayfield's mental health, his decline in mood and because he presented as confused and had started to isolate himself.
22. The next day, a practitioner noted in Mr Hayfield's medical record that he presented with cognitive difficulties, was vacant when engaging and appeared unwell. She also noted he had been seen by the EIP Team (Early Intervention in Psychosis) in December 2021, but there was no psychosis documented and his behaviour could

have been drug induced. Mr Hayfield was discharged from EIP, but they added him to the urgent care pathway to be monitored. A member of the Integrated Support Unit (the mental health wing) said that any prisoner who is allocated to the urgent care caseload automatically have a 'not for release (NFR)' marker added to their record, as a standard process. This allows the team to be made aware of anyone being released, to ensure any prisoners that are unwell and in need of a Mental Health Act assessment prior to release, are best supported and a clear plan put in place.

23. Later that day, a practitioner from the mental health team completed a mental health assessment as part of Mr Hayfield's initial ACCT review. However, she was not able to complete the assessment because of Mr Hayfield's presentation at the time.
24. On 21 January, a Supervising Officer (SO) closed the ACCT because his presentation was better, and he said he had no thoughts of suicide or self-harm.
25. Later that day, Mr Hayfield tested positive for benzodiazepines (which he was not prescribed). On 24 January, a nurse saw Mr Hayfield in the substance misuse clinic, and he denied taking any illicit drugs in prison.
26. On 25 January, a practitioner noted that a nurse from the mental health team had reviewed Mr Hayfield and believed that his presentation was likely to be related to illicit substance use and not due to any acute mental illness. Following this review, Mr Hayfield was discharged from the mental health team.

### **Pre-release planning**

27. On 26 January, Mr Hayfield's allocated community offender manager (COM) sent his licence conditions to the prison. Mr Hayfield had two additional licence conditions: to provide a urine or oral fluid sample at probation to test for any class A or class B drugs and to attend Recovery Step Cumbria to address his dependency on drugs. An initial appointment was arranged for Mr Hayfield to attend Recovery Steps on 7 February.
28. On 1 February, a senior probation officer spoke with a social worker from the mental health team at Durham. The senior probation officer wanted to know about the NFR marker made on Mr Hayfield's record. The social worker said that they were unable to detain Mr Hayfield due to lack of mental health diagnosis, but that they had found him temporary accommodation at a hotel following his release on 4 February.
29. The next day, a multi-disciplinary team meeting was held with the primary mental health care team. It was noted that there was no evidence of psychosis, that Mr Hayfield did not need a crisis follow up, and he did not need support from the community mental health team. It was noted Mr Hayfield would benefit from a talking therapies referral and counselling which he could access from his GP in the community.
30. The resettlement officer completed a Duty To Refer (DTR- The Homelessness Reduction Act 2017 requires prisons and probation services to refer anyone who is

homeless or at risk of becoming homeless within 56 days to a local housing authority) to Cumbria council.

31. On 3 February, the COM emailed the mental health team at Durham to gain more information about their involvement with Mr Hayfield so that she could try and engage him with services in the community. A nurse responded and said that Mr Hayfield had been provided with accommodation in a hotel on release and that the team were writing to his GP to recommend IAPT services (Improving Access to Psychological Therapies - a programme for anxiety and depression), talking therapies and counselling.
32. Later that day, a nurse supported Mr Hayfield with his housing assessment, with a housing officer from Allerdale Council in Cumbria. The housing officer did not feel Mr Hayfield was a priority and she provided Mr Hayfield with her contact details for him to contact her when he was released the following day. There is no evidence that Mr Hayfield called the housing officer following his release.
33. The substance misuse team at Durham had arranged an initial appointment for Mr Hayfield with the Cumbria Drug and Alcohol Recovery Team, Recovery Steps Cumbria, at their Workington office. The appointment was made for 7 February at 1:30pm, he was also told his prescription had been left at Moorclose Pharmacy for him to collect on the 5 February.
34. On 4 February, Mr Hayfield was released from HMP Durham. He was released with a naloxone kit (a medicine that rapidly reverses an opioid overdose).

### **Post-release planning**

35. Mr Hayfield was released on a Friday and his licence conditions required him to attend the West Cumbria probation office for his initial appointment at 2:00pm. Mr Hayfield did not get to the probation office in time, so his COM provided him with an appointment for the next working day, which was on Monday 7 February. He arrived at the hotel accommodation found for him.
36. On 7 February, the COM completed Mr Hayfield's initial appointment. She asked Mr Hayfield what he had done over the weekend. Mr Hayfield seemed very confused and said that he may have been in hospital due to taking an overdose. Mr Hayfield said that he thought he had taken something but could not remember what or when. She advised Mr Hayfield to attend Unity (a drug and alcohol recovery service - providing treatment and recovery support for individuals affected by substance misuse) that day, and to make an appointment with his GP. There is no evidence that Mr Hayfield called his GP.
37. The COM told Mr Hayfield that she had spoken to the mental health in reach team at Durham, who informed her they were making a referral to his local GP so Mr Hayfield could access additional support in the community.
38. Later that day, Mr Hayfield was due to meet his keyworker at 1.30pm at the Recovery Steps Cumbria office. However, Mr Hayfield did not attend the appointment. She attempted to call him on his mobile telephone, but he did not answer. Mr Hayfield then attended the office at 4.00pm and saw her briefly. She

gave Mr Hayfield her contact details and arranged another appointment. Mr Hayfield died before next appointment.

### **Circumstances of Mr Hayfield's death**

39. On 8 February, the police informed HMPPS that Mr Hayfield had died.
40. At approximately 9.49pm, staff at the hotel where Mr Hayfield was living called an ambulance after Mr Hayfield's friend said that he had become drowsy and unresponsive. Mr Hayfield was slumped in a chair and unresponsive when the paramedics arrived. He was given three rounds of naloxone but remained unresponsive and was taken to hospital, where it was confirmed that he had died.

### **Post-mortem report**

41. The post-mortem report concluded that Mr Hayfield died of mixed drug toxicity, principally codeine but in combination with methadone, diazepam, flualprazolam, pregabalin and cocaine.

## Findings

### Mental health services

42. The mental health team worked with Mr Hayfield during his time in prison. They assessed Mr Hayfield appropriately and discussed his needs at the multi-disciplinary meetings. The team offered support and additional monitoring as required. Following a mental health needs assessment, it was decided that Mr Hayfield did not need any further intervention from the mental health team, and he was discharged from the service, but they referred him to talking therapies and counselling in the community and he was appropriately referred to his GP.

### Substance misuse services

43. The substance misuse team at Durham monitored and engaged with Mr Hayfield during his time in prison. He was advised of the dangers of using illicit substances, was released with a naloxone kit, and was appropriately referred to the community substance misuse team, Recovery Steps Cumbria.

## Adrian Usher

Prisons and Probation Ombudsman

April 2024

At the inquest held on the 18 July 2024, the coroner concluded that Mr Hayfield died of drug related causes.

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