Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Kenneth Barnes, a prisoner at HMP Manchester, on 25 March 2024

A report by the Prisons and Probation Ombudsman

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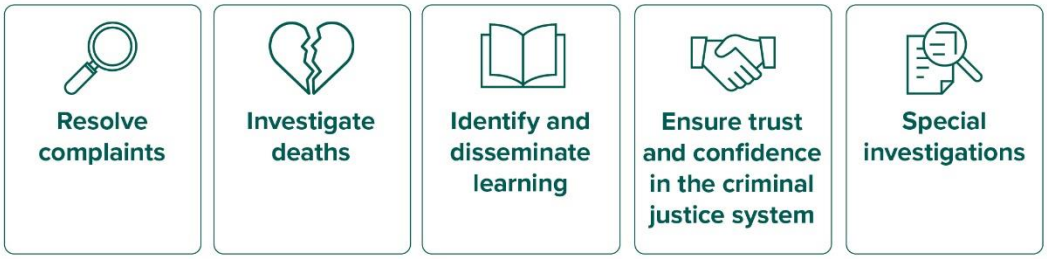
OUR VISION

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

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. In October 2018, Mr Kenneth Barnes was sentenced to nine years imprisonment for sexual offences.

4. Mr Barnes died of aspiration pneumonia (lung infection) and dysphagia (difficulty swallowing) on 25 March 2024, while a prisoner at HMP Manchester. He was 85 years old. We offer our condolences to Mr Barnes' family and friends.

5. The Ombudsman's office contacted Mr Barnes' family to explain the investigation and to ask if they had any matters they wanted us to consider. We did not receive a response.

6. NHS England commissioned an independent clinical reviewer to review Mr Barnes' clinical care at HMP Manchester.

7. The clinical reviewer concluded that the clinical care Mr Barnes received at Manchester was of a good standard and equivalent to what he could have expected to receive in the community. The clinical reviewer made recommendations not related to Mr Barnes' death that the Head of Healthcare will wish to address.

8. The PPO investigator investigated the non-clinical issues relating to Mr Barnes' care.

9. We did not find any non-clinical issues of concern. We make no recommendations.

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

Adrian Usher
Prisons and Probation Ombudsman **September 2024**

At the inquest held on 17 October 2024 the Coroner concluded that Mr Barnes died of natural causes.

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