

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Frederick Bailey a prisoner at HMP Northumberland on 3 March 2019

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 Frederick Bailey died in hospital on 3 March 2019 from bronchopneumonia while a prisoner at HMP Northumberland. He was 91 years old. I offer my condolences to Mr Bailey's family and friends.

I am satisfied that overall, the standard of care Mr Bailey received at Northumberland was equivalent to that he could have expected to receive in the community. However, Mr Bailey was not offered a pneumococcal vaccination as he should have been. Had he been offered this vaccination and consented to it, it might have decreased the likelihood of him contracting a lung infection, although it is unclear whether this would have affected the eventual outcome.

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

August 2019

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Summary

Events

1. On 1 March 2006, Mr Frederick Bailey was sentenced to life imprisonment for sexual offences. He was moved to HMP Northumberland on 3 November 2010.
2. In 2014, Mr Bailey was diagnosed with type 2 diabetes and, from then on, staff regularly monitored his condition. Mr Bailey was frequently discussed at complex care meetings to ensure his general frailties were also being catered for, and he was given help in the form of a prison 'buddy' and mobility aids.
3. Mr Bailey refused to have an annual flu vaccination in 2018. He was not offered the pneumococcal vaccination (a one-off vaccination that should be offered to prisoners aged over 65 that protects against pneumococcal infections, which can cause serious illnesses such as pneumonia).
4. On 25 February 2019, Mr Bailey slipped in the shower and was taken to hospital. His condition deteriorated and he was diagnosed with pneumonia, although he had not presented with any symptoms at the prison.
5. Mr Bailey died in hospital on 3 March. A hospital doctor gave the cause of death as bronchopneumonia, with frailty of old age and kidney disease as contributing factors.

Findings

6. We are satisfied that overall, the care Mr Bailey received at Northumberland was equivalent to that he could have expected to receive in the community.
7. We are concerned that Mr Bailey was not offered a pneumococcal vaccination. Had he been offered and consented to the vaccination, it might have reduced the likelihood of him contracting a lung infection. However, it is unclear whether this would have affected the eventual outcome.

Recommendations

- The Head of Healthcare should ensure that in line with the national vaccination schedule for prisoners over 65 years old, staff are aware of and offer the pneumococcal vaccination.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Northumberland informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator obtained copies of relevant extracts from Mr Bailey's prison and medical records.
10. NHS England commissioned a clinical reviewer to review Mr Bailey's clinical care at the prison.
11. We informed HM Coroner for Northumberland South District of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.
12. Mr Bailey had no nominated next of kin and the prison was unable to trace any family. There has, therefore, been no family involvement in this investigation.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies and their action plan is annexed to this report.

Background Information

HMP Northumberland

14. HMP Northumberland is a training prison holding up to 1,348 men, predominately from the North East of England. Sodexo Justice Services manage the prison, G4S provide the primary healthcare services and Tees, Esk and Wear Valley NHS Foundation Trust provide mental health services.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Northumberland was in August 2017. Inspectors were concerned that violence had more than doubled since their last inspection and that the availability of illicit drugs was widespread. PPO recommendations were not being acted upon. The Care Quality Commission identified several areas where standards fell short and issued 'requirement to improve' notices covering safe care and treatment, and good governance.

Independent Monitoring Board

16. 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 31 December 2017, the IMB found that the overall quality of healthcare was reasonable and that anecdotal evidence from prisoners suggested that the patient experience had improved since the previous year. The Board noted that referral rates for social care were low but this was to be expected as most care needs were addressed through peer support.

Previous deaths at HMP Northumberland

17. Mr Bailey's was the seventh death at HMP Northumberland since March 2017. Of the previous deaths, three were from natural causes, one was drug related, one was self-inflicted and one is awaiting classification. There are no similarities with Mr Bailey's case. There has been one death since Mr Bailey's, which was from natural causes.

Key Events

18. On 19 December 2005, Mr Frederick Bailey was remanded in prison custody, charged with sexual offences, and sent to HMP Durham. On 1 March 2006, he was sentenced to life imprisonment and sent to HMP Frankland. Mr Bailey was moved to HMP Northumberland on 3 November 2010.
19. On 13 October 2014, a prison GP diagnosed Mr Bailey with type 2 diabetes. Care plans were put in place to manage his diabetes. Staff took blood tests at least every six months to monitor his kidney function which remained stable.
20. In 2016, Mr Bailey was logged onto the complex care register and he was discussed at monthly complex care review meetings. His progress was tracked and his emotional and physical needs were assessed and addressed.
21. On 16 January 2017, the Head of Healthcare referred Mr Bailey for a social worker's assessment to ensure appropriate support was in place to maximise Mr Bailey's independence. A social worker carried out the assessment. She concluded that he did not meet the criteria for extra funding but practical support was put in place from March (via the prison's 'buddy' system) to ensure his meals were delivered and he had assistance cleaning his cell and getting to healthcare appointments.
22. Mr Bailey was provided with a wheelchair and walking stick to aid his mobility and healthcare staff assessed Mr Bailey on the wing every month to ensure he had the opportunity to highlight any concerns.
23. On 27 September 2018, a nurse offered Mr Bailey the flu vaccination but he refused it. NICE guidance says it should be given annually ideally (between September and early November). He was offered it again in November but refused it. Staff explained to him the risks of not being vaccinated.
24. There is no record that Mr Bailey was ever offered a pneumococcal vaccination. The vaccination, which only needs to be administered once, protects against infections caused by pneumococcal bacteria, which can cause serious illnesses such as pneumonia.
25. On 25 February 2019, Mr Bailey slipped in the shower. He vomited, was incontinent and required oxygen to breathe. Staff arranged his emergency transfer to hospital and no restraints were applied. There is no evidence in the records to suggest Mr Bailey was unwell beforehand. On 23 February, his keyworker recorded that he was in 'grand fettle'.
26. Hospital staff treated Mr Bailey for pneumonia and his condition fluctuated. By 27 February, he was unresponsive and a syringe driver (which delivers a continuous flow of medication) was put in place. Prison healthcare staff maintained contact with the hospital for updates on his condition.
27. Mr Bailey died in hospital at 4.39pm on 3 March.

Attempts to trace Mr Bailey's family

28. On 25 February, the prison appointed an officer as Mr Bailey's family liaison officer and after detailed research he established that Mr Bailey did not have any next of kin.
29. Mr Bailey's funeral was held on 27 March. The family liaison officer attended and, in line with national policy, the prison paid for the funeral.

Support for prisoners and staff

30. After Mr Bailey's death, a prison manager debriefed the officers on Mr Bailey's bedwatch to ensure they had the opportunity to discuss any issues arising, and to offer support. They were also offered the support of the staff care team.
31. The prison posted notices informing other prisoners of Mr Bailey'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 Bailey's death.

Cause of death

32. The coroner accepted the cause of death provided by the hospital and so no post-mortem examination was carried out. The cause of death was given as bronchopneumonia, with frailty of old age and kidney disease as contributing factors.

Findings

Clinical care

33. The clinical reviewer concluded that the care Mr Bailey received was equivalent to that he could have expected to receive in the community. Mr Bailey's conditions were monitored, care plans updated and extra support provided when necessary.
34. Mr Bailey was never offered a pneumococcal vaccination, which should be offered to all prisoners aged over 65. The clinical reviewer considered that had Mr Bailey been offered and consented to the vaccination, it might have decreased the likelihood of him contracting a lung infection, although it was unclear if this would have affected the eventual outcome. We make the following recommendation:

The Head of Healthcare should ensure that in line with the national vaccination schedule for prisoners over 65 years old, staff are aware of and offer the pneumococcal vaccination.

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