Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Salim Sakaria, a prisoner at HMP Risley, on 14 December 2018

A report by the Prisons and Probation Ombudsman

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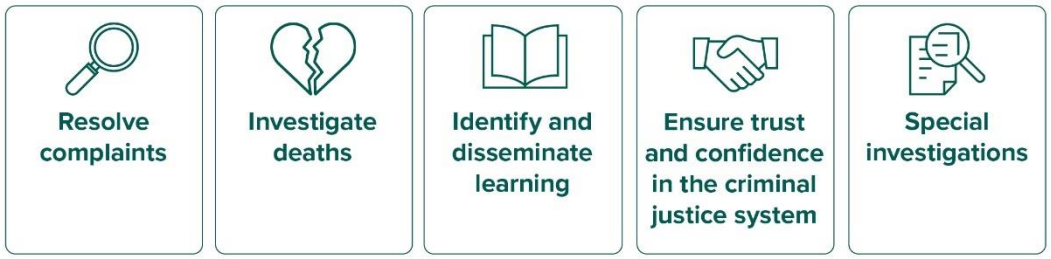
OUR VISION

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

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 Salim Sakaria died in hospital on 14 December 2018 following heart surgery, while a prisoner at HMP Risley. He was 48 years old. I offer my condolences to Mr Sakaria's family and friends.

Mr Sakaria had complex health needs. I am satisfied that he received a standard of care at Risley equivalent to that he could have expected to receive in the community.

I am concerned, however, that Risley was unable to provide us with an escort risk assessment to justify the need for Mr Sakaria to be restrained for five weeks after he was taken to hospital for the final time on 24 October.

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 **July 2019**

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Summary

Events

1. On 9 October 2014, Mr Salim Sakaria was sentenced to 15 years in prison for fraud and assault and sent to HMP Manchester. On 11 January 2017, he was moved to HMP Risley.

2. When Mr Sakaria arrived at Risley, a nurse noted that he had been treated successfully for lymphoma (cancer of the lymphatic system), which was in remission. She also noted that he had previously had a heart attack and undergone gastric band surgery to treat his obesity.

3. In February 2017, Mr Sakaria's lymphoma returned. It was treated successfully and by May 2018, it was in remission again. While receiving cancer treatment in hospital, Mr Sakaria had another heart attack.

4. Between May and October 2018, Mr Sakaria was taken to hospital on four occasions with chest pains. Tests showed that his arteries had narrowed due to a build-up of fatty deposits.

5. On 24 October, he was admitted to hospital and on 23 November, he had triple heart bypass surgery and two valves replaced. However, his condition deteriorated after the operation and 14 December, he died from multiple organ failure.

Findings

6. We are satisfied that the care Mr Sakaria received at HMP Risley was equivalent to that he could have expected to receive in the community.

7. The prison was unable to provide the escort risk assessment for Mr Sakaria's final hospital admission on 24 October, but other documents show that he was restrained with an escort chain that remained in place for five weeks until it was removed on 29 November. Given Mr Sakaria's very poor state of health at the time, we consider that restraints would only have been justifiable if he was assessed as a significant escape risk. In the absence of the risk assessment paperwork, we do not know if this was the case.

Recommendations

- The Governor should ensure that escort risk assessments are completed for every hospital transfer and the documentation retained.

- The Governor should ensure that:

    - bedwatch staff understand the need to treat prisoners' visitors sensitively; and

    - escort risk assessments cover the use of languages other than English where this is relevant to the individual's risk.

The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Risley 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 Sakaria's prison and medical records.

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

11. We informed HM Coroner for Cheshire, Halton and Warrington of the investigation. The coroner gave us the cause of death. We have sent the coroner a copy of this report.

12. Mr Sakaria's family's solicitors contacted the investigator with matters they wanted the investigation to consider. These included restraints, visiting rights, Mr Sakaria's location within the prison and the diet provided. Other matters were also raised which are outside the remit of this investigation and have been addressed in separate correspondence.

13. Mr Sakaria's family received a copy of the initial report. They did not raise any further issues which impact upon this report or have not already been addressed.

14. 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 Risley

15. HMP Risley is a medium security training prison, which holds over 1,000 convicted men. Bridgewater Community Healthcare NHS Trust provides healthcare services in the prison. There is 24-hour healthcare cover. There is a doctor in the prison during the day and at night there are nurses on duty. Prisoners who need inpatient treatment are referred to other prisons (usually HMP Preston) or to hospital. Lifeline provides substance misuse services.

HM Inspectorate of Prisons

16. The most recent inspection of HMP Risley was in June 2016. Inspectors reported that health services were reasonable but governance and oversight were underdeveloped. The range of primary care services was adequate, although prisoners waited too long to see a GP. Inspectors noted that there were not enough custody staff with basic life support skills and there were no automated external defibrillators on the wings.

Independent Monitoring Board

17. 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 March 2018, the IMB reported that staffing levels had improved which had enabled attendance at healthcare appointments. The Board noted that the healthcare centre was clean and well-equipped, and the latest infection control audit was 96% (green).

Previous deaths at HMP Risley

18. Mr Sakaria was the seventh prisoner to die at Risley since December 2016. One death was from natural causes, three were drug related, one was self-inflicted and one awaits classification. There are no similarities with Mr Sakaria's case.

19. There have been three deaths at Risley since Mr Sakaria's. One was from natural causes, one was a homicide and one awaits classification.

Key Events

20. On 10 October 2014, Mr Sakaria was sentenced to 15 years in prison for fraud and assault. He was sent to HMP Manchester.

21. On 11 January 2017, Mr Sakaria was moved to HMP Risley. He had previously been treated for lymphoma (cancer of the lymphatic system) which was in remission. He had previously had a heart attack and undergone gastric band surgery to treat his obesity. He was under the care of a haematologist and a cardiologist.

22. In February 2017, Mr Sakaria's cancer returned. He underwent chemotherapy between April and August and then on 15 November, was admitted to hospital for an intensive course of treatment. He remained in hospital until 22 May 2018. He had a heart attack during that admission and was also treated for sepsis. His cancer was in remission although he was told that it would return and, when that happened, only palliative treatment would be offered.

23. A healthcare manager, an occupational therapist, and an unnamed social worker visited Mr Sakaria in hospital before his discharge back to Risley. The healthcare manager recorded that he was self-caring in terms of washing and dressing but should be put in a disability cell at the prison. She noted that a special bed and shower chair were ready, and a telecare pendant and box would be installed. She considered Mr Sakaria would need a wheelchair.

24. Mr Sakaria was moved to a disability cell at Risley which incorporated all the healthcare manager recommendations and he had his own kettle and television. The prison told us that the hospital did not recommend a special diet, but we note from other records that Mr Sakaria was frequently provided with salads as he requested.

25. A nurse assessed Mr Sakaria on his return to Risley on 22 May 2018. She recorded that Mr Sakaria was scheduled to have an echocardiogram (a scan that gives a detailed view of the structures of the heart), lung function tests and a cardiology review in three months' time. Weekly blood rests were also required. A prison GP saw Mr Sakaria the next day. He prescribed Mr Sakaria's medication.

26. On 26 May 2018, Mr Sakaria was admitted to hospital with chest pain and discharged the next day with a diagnosis of angina**.**

27. On 20 July 2018, the Public Protection Casework Section of HM Prison and Probation Service (HMPPS) refused Mr Sakaria's application for release on compassionate grounds. Mr Sakaria did not have a prognosis of less than three months and they did not accept that Mr Sakaria's health was not being managed properly in custody. They cited numerous examples of good care, diet and adapted living conditions.

28. On 22 August, Mr Sakaria was taken to A&E with chest pain and was admitted until 26 August. Specialists considered he needed a perfusion scan (which shows how well blood is flowing through the heart muscle) and an urgent assessment for a coronary artery bypass graft.

29. On 16 September, Mr Sakaria was taken to A&E after telling a nurse that he had chest pain. He returned to prison that evening. He did not see a nurse when he got

back, and the hospital had not provided a discharge summary. The prison eventually received one (it is not clear when) which said a scan showed that Mr Sakaria's heart was enlarged with some evidence of inflammation. The hospital recommended that he be given antibiotics and a further X-ray in four weeks' time. The Head of Healthcare has confirmed that the antibiotics were provided.

30. On 4 October, Mr Sakaria underwent a Low Dobutamine Stress test (which measures how the heart copes with exercise without the need for actual exercise - dobutamine mimics it).

31. On 8 October, a prison GP saw Mr Sakaria. Mr Sakaria complained he had a bubbly feeling in his chest. The doctor diagnosed a lower respiratory tract infection and prescribed antibiotics.

32. On 11 October, Mr Sakaria was sent to hospital after complaining of chest pain. He stayed overnight but returned to the prison the next day. The hospital thought he had suffered an angina attack.

33. On 19 October, a nurse recorded that she received a call from someone at a hospital who said that test results indicated that Mr Sakaria required urgent admission to hospital. The nurse questioned what the test results were and whether an emergency ambulance was required but the caller did not know. The caller could not tell the nurse if Mr Sakaria needed monitoring in case of a cardiac arrest.

34. The nurse spoke to a nurse at the hospital who said that Mr Sakaria's arteries were severely narrowed (due to a build-up of fatty deposits) but that the hospital did not have any beds. Conversations between the hospital, including Mr Sakaria's specialist, and the prison continued and eventually the hospital said the admission could wait. Mr Sakaria was admitted on 24 October. (The prison has told us that they subsequently received a letter dated 26 October 2018 from a doctor requesting Mr Sakaria's urgent admission 'for assessment and discussion with the Cardio Thoracic Team for consideration of a Bypass and Aortic Valve Replacement Surgery'.)

35. The prison has not been able to supply a risk assessment for Mr Sakaria's admission to hospital on 24 October. The Person Escort Record shows that when he first went to hospital he was restrained by an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to an officer). The bedwatch records show that from 29 November, he was not restrained.

36. The records indicate that as Mr Sakaria was considered to be stable, he was initially allowed visits in hospital in line with general prison protocol of five a month. After his operation these were increased to every day.

37. Specialists assessed that Mr Sakaria required bypass surgery (at a hospital) and this was scheduled for 23 November. On 24 November, a nurse from prison healthcare phoned the hospital for an update and was told that Mr Sakaria had had triple heart bypass surgery and two valves replaced. Prison healthcare staff made regular calls to the hospital from this point for progress reports.

38. On 29 November, Mr Sakaria was treated for pericardial effusion (fluid around the heart) and was on a ventilator. On 6 December, a nurse was informed he had developed sepsis, his liver was failing, and he was on dialysis.

39. On 10 December, a prison GP contacted the hospital and was told Mr Sakaria's condition was improving, he was being weaned off ventilation and was not sedated. The prison GP recorded that he was told Mr Sakaria was not deteriorating further and was not considered palliative.

40. On 13 December, a nurse contacted the hospital and was told Mr Sakaria was awake and alert but still on ventilation. They planned to perform a tracheostomy (in which an opening is created in the neck to aid breathing) later that day.

41. On 14 December, a nurse was told by hospital staff that Mr Sakaria had suddenly deteriorated and was in a critical condition. It was thought highly likely that he would die. A prison GP, probation officer and the deputy governor completed Early Release on Compassionate Grounds paperwork, but Mr Sakaria died later that day at 6.25pm.

1. Contact with Mr Sakaria's family

42. On 14 December at approximately 1.30pm, the prison appointed a prison chaplain, as the family liaison officer (FLO). He went to the hospital and met Mr Sakaria's family to explain his role and the assistance the prison could give when Mr Sakaria died. The Governor took over the FLO role after this point.

43. Mr Sakaria's funeral was on 16 December. No representatives from the prison attended as it was arranged by the family quickly and the prison were not informed. Governor Williams told us that someone from the prison told the family that they would make a contribution towards the funeral costs but, at the time of writing, she had not received an invoice for the costs from Mr Sakaria's family.

Support for prisoners and staff

44. After Mr Sakaria's death, one of the escorting officers went straight home and the other stayed on duty at the hospital. The prison has confirmed that both officers were offered support.

45. The prison posted notices informing other prisoners of Mr Sakaria'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 Sakaria's death.

2. Cause of death

46. A post-mortem examination was not carried out because the coroner accepted the cause of death provided by the hospital. The hospital recorded that Mr Sakaria died from multiple organ failure, which had been caused by aortic valve and coronary disease. Mr Sakaria's compromised clinical background (previous chemotherapy for non-Hodgkin lymphoma, obesity treated with gastric band, and hypertension) was a contributing factor.

Events after Mr Sakaria's death

47. After Mr Sakaria's death, his brother complained to the prison about the behaviour of prison staff when he visited Mr Sakaria in hospital on the evening of 28 November 2018. Mr Sakaria's brother said:

- he was refused entry as he was told the visit had not been booked in the proper way;

- after some lengthy discussion, the visit was eventually allowed but was soon terminated as he was praying with his brother in a language other than English and was told by prison staff this was not allowed;
- as he left his brother's room, a Custodial Manager (CM) (who was one of two prison staff on duty that evening) called him a "Paki".

48. The complaint was investigated by the prison's Equalities Manager, who provided a report to the Deputy Governor on 26 April 2019, saying:

- He had spoken to prison and hospital staff;
- The hospital's ward log recorded that there had been an incident on 28 November, when Mr Sakaria's brother had initially been refused entry to his private room and later emerged shouting that he had been called a "Paki" and was escorted out by hospital staff;
- An un-named prison officer subsequently wrote an entry in the log about 'manipulation techniques' being used by Mr Sakaria's family;
- The only people in Mr Sakaria's room at the time were his brother and other family members, and two prison officers: a CM and an officer;
- The CM was on sick leave but had denied using racist language when questioned shortly after the incident;
- The officer said that Mr Sakaria's family had been speaking in what he thought was Urdu and the CM had politely asked them not to, but Mr Sakaria's brother had continued to do so, had displayed "a poor attitude" and had said he could do what he liked; CM Grieve then asked him to leave;
- The officer denied that he or CM had used racist language.

49. The prison's Equalities Manager concluded that he had found no discrimination on the basis of race. However, he said he had reminded the officer of the need for an understanding of other cultures and faiths and for empathy when dealing with the family of a seriously ill prisoner. He had also reminded him of the need to seek clarification from a senior manager at the prison when doing a bed watch if he was concerned about family members speaking in a language other than English. He would also remind the CM when he returned to work.

50. He noted that Prison Service Instruction (PSI) 33/2015 *External Escorts – External Prisoner Movements* – did not provide guidance on this point and that it would need to be looked at at local level with an update on the Local Security Strategy (LSS) if necessary.

Findings

Clinical care

51. The clinical reviewer found that the care Mr Sakaria received at HMP Risley was of a high standard and at least equivalent to that he could have expected to receive in the community. She considered staff responded appropriately to his acute health needs and that when his health deteriorated he was referred to secondary care. Healthcare staff maintained communication with hospital staff during admissions to ensure they were prepared when he was discharged.

52. Mr Sakaria was assessed by a social worker and an occupational therapist and subsequently placed in a disability cell with equipment to aid his everyday living. Care plans were in place to cover social care.

Restraints, security and escorts

53. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility.

54. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

55. On 24 October, Mr Sakaria was taken to hospital for heart surgery. The prison has not been able to supply the escort risk assessment which should have informed the restraint and escort decision. They have supplied a copy of the Person Escort Record and this shows that Mr Sakaria was restrained by an escort chain. Incomplete bedwatch records show that restraints were removed on 29 November when Mr Sakaria was on a ventilator.

56. We are concerned that the prison was unable to provide risk assessment documentation, raising the question of whether an assessment was done at all.

57. In the absence of a risk assessment, it is difficult to say whether restraints were justified at any point. Mr Sakaria was located in a disability cell and was a wheelchair user at the time of his admission to hospital and this would normally suggest that his risk to others and risk of escape were significantly reduced by his poor health. He was also a Category C prisoner.

58. However, Mr Sakaria was the subject of a Proceeds of Crime Act confiscation order requiring him to pay over £2.3m or serve a lengthy additional prison sentence, and it appears that this was still outstanding at the time of his death. This suggests that he had the financial means to organise an escape. In these circumstances we do not consider that the use of restraints was unreasonable before the deterioration in his condition.

59. We make the following recommendation:

The Governor should ensure that escort risk assessments are completed for every hospital transfer and the documentation retained.

Allegation of racism

60. We are concerned that the prison does not have a contemporary record of the incident that took place with Mr Sakaria's brother on 28 November 2018. This should have been recorded in the bedwatch records and the bedwatch records should have been retained.

61. We are satisfied that the prison's Equalities Manager conducted a thorough investigation into the complaint of racism. This is a case of one person's word against another's and we cannot reach a conclusion about what happened.

62. We recognise that the family of a seriously ill or dying prisoner may prefer to speak to him in his first language (if that is not English) for reasons of comfort or privacy, and that some family members may have no choice because they do not speak English. We do not consider that this should be a problem unless there is a genuine risk of escape. If there is such a risk, it should be reflected in the escort risk assessment and escort officers should be briefed accordingly. We recommend:

The Governor should ensure that:

- **bedwatch staff understand the need to treat prisoners' visitors sensitively; and**
- **escort risk assessments cover the use of language other than English where this is relevant to the individual's risk.**

Inquest

63. The inquest, heard on 26 April 2024, gave a narrative conclusion that Mr Sakaria died of complications of necessary surgery, chemotherapy to treat lymphoma, heart failure, severe aortic stenosis and heart disease.

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