



# **Independent investigation into the death of Mr Abdul Ghani, on 25 February 2024, following his release from HMP The Mount**

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

## 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



**OGL**

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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. 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. Since 6 September 2021, the PPO has investigated post-release deaths that occur within 14 days of the person's release from prison.
4. Mr Abdul Ghani died from metastatic pancreatic cancer on 25 February 2024, following his release from HMP The Mount on 17 February 2024. He was 60 years old. We offer our condolences to those who knew him.
5. We did not find any significant issues for learning in the pre or post-release planning. We make no recommendations.

## The Investigation Process

6. HMPPS notified us of Mr Ghani's death on 11 September 2024.
7. The PPO investigator obtained copies of relevant extracts from Mr Ghani's prison and probation records.
8. We informed HM Coroner for Hertfordshire of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
9. The Ombudsman's office contacted Mr Ghani's brother to explain the investigation and to ask if he had any matters he wanted us to consider. Mr Ghani's brother did not have any specific questions but asked for a copy of our report.
10. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.
11. Mr Ghani's family received a copy of the initial report. They did not make any comments.

## Background Information

### HMP The Mount

12. HMP The Mount is a category C prison which holds convicted adult male prisoners. It is managed by HMPPS. Practice Plus Group provides physical and mental health care.

### Probation Service

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

### HM Inspectorate of Prisons

14. The most recent inspection of HMP The Mount was in March 2022. Inspectors reported that patients who had long-term conditions and/or complex health needs benefited from a nurse-led service. A multi-disciplinary initiative helped patients to manage and overcome the challenge of suffering with long-term pain and receive the most appropriate pain relief.

### HM Inspectorate of Probation

15. The most recent inspection of National Probation Service (NPS) West Midlands region was in August 2022. Inspectors reported that the Probation Delivery Unit (PDU) was rated inadequate overall. The necessary quality assurance processes and management oversight to ensure effective sentence planning was evidently not in place.

## Key Events

16. On 19 March 2009, Mr Abdul Ghani was remanded to HMP Birmingham charged with murder. On 6 October 2010, he was sentenced to life imprisonment and received a minimum term of 999 months. On 31 August 2023, Mr Ghani was transferred to The Mount.
17. Mr Ghani had some pre-existing medical conditions including asthma, ischemic heart disease (IHD) and chronic obstructive pulmonary disease (COPD). These conditions were managed well.
18. In August, Mr Ghani was diagnosed with pancreatitis (inflamed pancreas) and hepatic portal vein thrombosis (the formation of blood clots in the veins of the liver). He received appropriate medication to manage these conditions.
19. On 10 September, healthcare staff saw Mr Ghani after he complained of abdominal pain. He said that he had been in pain for the last two or three days and had not opened his bowels in that time. Healthcare staff referred him to hospital specialists. Mr Ghani was admitted to hospital for treatment.
20. On 13 September, a hospital specialist phoned a GP at the prison and said that they were investigating masses found on Mr Ghani's pancreas.
21. On 25 September, Mr Ghani was discharged from hospital and returned to The Mount. On 30 September, Mr Ghani complained of pain in his chest, kidneys, abdomen, legs and head. Mr Ghani was taken to hospital and admitted as an inpatient.
22. On 9 October, a nurse at The Mount attended a virtual meeting with consultants from the hospital. They said that Mr Ghani had stage four pancreatic cancer with lung metastases and that he was not suitable for chemotherapy. The consultants gave his life expectancy as between three and 12 months. Due to Mr Ghani's prognosis, the prison started end of life planning and applied for early release on compassionate grounds (ERCG - a prisoner can be released early in exceptional circumstances such as terminal illness). The application was refused because Mr Ghani's life expectancy at that time was more than three months.
23. On 2 November, Mr Ghani was discharged from hospital and returned to The Mount, but he returned to hospital the following day because of a urinary tract infection.
24. On 9 November, Mr Ghani was discharged from hospital and returned to The Mount with a walking frame. He was fully trained in self-catheterising. That day, the hospital palliative care team referred Mr Ghani to a community hospice.
25. On 10 November, a Cancer Nurse Specialist from the community palliative care team visited Mr Ghani in prison and completed an initial assessment. She assessed The Mount as not being a suitable location to meet his care needs and advised that when Mr Ghani deteriorated, he would need to be transferred to a prison with 24-hour healthcare or a hospice.

26. In January 2024, Mr Ghani was admitted to hospital due to increased pain and his inability to mobilise. The hospital did not feel this was a warranted admission and he was discharged with increased pain relief and a wheelchair. Healthcare staff reviewed Mr Ghani on his return from the hospital and they agreed to assess and review him every day and the GP would review him every Friday. He was returned to hospital on 26 January after experiencing increased pain in his abdomen and for fluid retention.
27. On 16 January, Mr Ghani's ECRG application was approved as his life expectancy was now weeks rather than months. Mr Ghani was suitable for palliative care only and on 7 February, he was placed on end-of-life care. Mr Ghani remained in hospital as his health drastically deteriorated and he was too unwell to return to The Mount.
28. On 17 February, Mr Ghani was released on compassionate grounds to a hospice in London.
29. On 19 February, Mr Ghani's Community Offender Manager (COM) phoned the hospice twice to check on Mr Ghani. The nurse at the hospice said that he was weak and only had days to live. He was not responsive, so his COM was not able to talk to him.
30. On 25 February, Mr Ghani died in the hospice with his family by his side.

### **Cause of death**

31. A post-mortem examination was not carried out as the coroner accepted the cause of death provided by the doctor. The doctor gave Mr Ghani's cause of death as metastatic pancreatic cancer (when cancer spreads to other parts of the body).
32. The coroner chose to not hold an inquest given the natural cause of Mr Ghani's death.

### **Findings**

33. We did not find any issues of concern and make no recommendations. We are satisfied that prison and probation staff supported Mr Ghani with the deterioration of his health. The healthcare team at The Mount regularly contacted the hospital for updates on Mr Ghani's condition and when he returned from the hospital, staff monitored him appropriately.
34. Mr Ghani was promptly referred for the necessary scans and support he required, and there is evidence of good multi-disciplinary care within healthcare at The Mount and the community hospital and his COM ensuring Mr Ghani was supported appropriately.

### **Good practice**

35. The application for ECRG was made promptly and re-submitted when his condition deteriorated.

36. Although Mr Ghani had been released under ERCG, the prison still appointed a Family Liaison Officer, who kept in contact with Mr Ghani's family after he was released to the hospice, and prison staff continued to visit Mr Ghani in the hospice.

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