

**Prisons &
Probation**

Ombudsman
Independent Investigations

Investigation into the death of Mr Mohammed Abbasi a prisoner at HMP Wormwood Scrubs on 27 August 2015

**A report by the Prisons and Probation Ombudsman
Nigel Newcomen CBE**

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*



© Crown copyright 2015

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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 Mohammed Abbasi died from motor neurone disease in hospital on 27 August 2015, while a prisoner at HMP Wormwood Scrubs. He was 58 years old. I offer my condolences to Mr Abbasi's family and friends.

I am satisfied that Mr Abbasi received an appropriate standard of care in prison. However, I do not consider that the use of restraints for the first month Mr Abbasi was in hospital, was always justified by fully considered risk assessments, although later restraints were appropriately removed. Mr Abbasi was released on temporary licence for the final weeks of his life, which allowed him to die with some dignity.

This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Nigel Newcomen CBE
Prisons and Probation Ombudsman

March 2016

Contents

Summary

The Investigation Process

Background Information

Findings.....

Summary

Events

1. In March 2015, following a period of remand and bail, Mr Mohammed Abbasi (also known as Mohamed Shafi) was sentenced to two years six months in prison, and was sent to HMP Wormwood Scrubs. He had complex health problems from deteriorating motor neurone disease.
2. Mr Abbasi was admitted to the prison's healthcare inpatient unit, which offers 24-hour care. Healthcare staff created a care plan to help with his eating and pain control. They reviewed him daily and sent him to hospital on 10 April for assessment and treatment when his condition worsened. He remained in hospital and died there on 27 August 2015.

Findings

3. The clinical reviewer noted that Mr Abbasi had complex medical problems that would have been challenging to manage in any healthcare environment. We are satisfied that Mr Abbasi was properly referred to specialists when he was on remand at the prison before his diagnosis. He later received appropriate care in the inpatient unit for the two weeks he was at the prison, after he was sentenced. When his condition deteriorated, healthcare staff ensured he was admitted to hospital without significant delay. The clinical reviewer considered his care was equivalent to that he could have expected to receive in the community.
4. We are concerned that despite his poor health and limited mobility, prison managers decided that Mr Abbasi should be restrained when he was admitted to hospital on 10 April and he remained restrained until 11 May. We are not satisfied that this was justified by fully considered risk assessments.

Recommendation

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

The Investigation Process

5. The investigator issued notices to staff and prisoners at HMP Wormwood Scrubs informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
6. NHS England commissioned a clinical reviewer to review Mr Abbasi's clinical care at the prison.
7. The investigator obtained copies of relevant extracts from Mr Abbasi's prison and medical records. She interviewed two members of staff at Wormwood Scrubs on 19 October, and four members of healthcare staff on 20 October 2015 with the clinical reviewer.
8. We informed HM Coroner for North London of the investigation who gave us the cause of death. We have sent the coroner a copy of this report.
9. One of the Ombudsman's family liaison officers contacted Mr Abbasi's family to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They were concerned that Mr Abbasi had not received an appropriate diet in prison, had missed hospital appointments and that the healthcare unit was not clean.
10. The investigation has assessed the main issues involved in Mr Abbasi's care, including his diagnosis and treatment, whether appropriate palliative care was provided, his location, security arrangements for hospital escorts, liaison with his family, and whether compassionate release was considered.
11. Mr Abbasi's family were informed the initial report was available, but did not wish to receive a copy or make any comment.
12. The prison considered our initial report and recommendations, which they have accepted. The prison has also submitted an action plan detailing what they have done to address the issues we raised and this is included at the end of the report.

Background Information

HMP Wormwood Scrubs

13. HMP Wormwood Scrubs is a medium security prison in London, holding over 1,200 men, either convicted or remanded by courts in the local area. Central London Community Healthcare provides healthcare services. There is 24-hour healthcare cover and an inpatient unit with 17 beds.

HM Inspectorate of Prisons

14. The most recent inspection of HMP Wormwood Scrubs was in May 2014. Inspectors had a number of concerns about the prison, including general environmental standards, but noted that healthcare was reasonably good and one of the better features of the prison. Inspectors noted that the inpatient unit was used primarily for prisoners with mental health problems or to support prisoners at risk of suicide or self-harm. Patients in the unit were often locked up for long periods. Care for prisoners with long-term conditions was reasonable and arrangements for getting prisoners to hospital appointments were reasonably well managed, with good clinical oversight.

Independent Monitoring Board

15. 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 May 2015, the IMB reported that healthcare was generally good but the IMB was concerned about the number of cancelled hospital appointments due to a lack of escorts.

Previous deaths at HMP Wormwood Scrubs

16. Mr Abbasi was the second prisoner to die from natural causes at Wormwood Scrubs since the start of 2013. There were no significant similarities with the circumstances of the previous death.

Findings

The diagnosis of Mr Abbasi's terminal illness and informing him of his condition

17. On 21 May 2014, Mr Mohammed Abbasi was remanded to HMP Wormwood Scrubs, charged with wounding with intent. He said he had no significant medical conditions.
18. The next day, Mr Abbasi told a locum prison GP that he should have had a hospital appointment that day with an Ear, Nose and Throat (ENT) specialist to investigate a change in his voice. Healthcare staff reorganised the appointment for 4 July, but on the day of the appointment Mr Abbasi refused to attend. He would not explain why.
19. On 9 July, Mr Abbasi told a nurse he was having difficulty swallowing and was losing his voice. She referred him to the duty prison GP but he did not attend. She saw him later that day, booked him another GP appointment and asked administration staff to check the date for his re-arranged hospital appointment. A healthcare administrator contacted the hospital and was told the appointment was for 18 July, but the hospital did not confirm this so Mr Abbasi could not attend. A new appointment was arranged for 1 August.
20. On 1 August, Mr Abbasi saw an ENT specialist at hospital, who suspected Mr Abbasi had bulbar palsy (a disease which attacks the nerves in the brain stem) and referred him for scans of his head and neck. On 29 August, after the scans, the specialist saw Mr Abbasi again, referred him to the neurology department and arranged a scan of his tongue.
21. On 19 September, an ENT surgeon noted the tongue scan was normal. On 11 November, a neurologist at hospital examined Mr Abbasi and noted his speech and swallowing had deteriorated. She recommended the prison refer him to occupational therapy.
22. On 22 December, a consultant neurologist said that it was likely that Mr Abbasi had motor neurone disease and his life expectancy was less than a year. On 29 December 2014, Mr Abbasi was released on bail.
23. We are satisfied that Mr Abbasi received appropriate care at Wormwood Scrubs when he was on remand and leading up to his initial diagnosis. Healthcare staff recognised the complexity of his health problems and liaised with hospital specialists appropriately.

Mr Abbasi's clinical care

24. On 26 March 2015, Mr Abbasi was sentenced to two years and six months imprisonment and returned to Wormwood Scrubs. At his initial health screen, a nurse noted that Mr Abbasi used a wheelchair, suffered from deteriorating motor neurone disease, was very fragile and would need help with daily living. He used writing and body gestures to communicate and had difficulties eating and drinking due to muscle weakness.

25. Later that day, a prison GP reviewed Mr Abbasi and noted a report from the consultant neurologist, which said that Mr Abbasi's disease had progressed rapidly and his prognosis was between six and twelve months. On 29 March, a nurse created a care plan to help with Mr Abbasi's daily living. Arrangements were made for him to have soft meals and he was given a pen and paper to communicate.
26. On 31 March, a nurse practitioner from a specialist hospital rang the prison healthcare unit. She said Mr Abbasi's health would deteriorate severely. His community GP had been about to refer him to the hospital and the prison would now need to do this. A GP referred Mr Abbasi on 1 April.
27. On 7 April, Mr Abbasi complained he was hungry, as he could not swallow. A GP noted that if there was no improvement the next day, Mr Abbasi should be admitted to the specialist hospital to examine his throat and stomach.
28. On 8 April, a prison GP reviewed Mr Abbasi who had not improved. The GP arranged for Mr Abbasi to see a consultant at the specialist hospital the next day. However, on 9 April, the officers escorting him took Mr Abbasi to the wrong hospital. The prison has not been able to explain how this happened. The GP spoke to a specialist at the hospital, who said the prison should send Mr Abbasi to a local hospital because of his problems with swallowing. The GP rang the local hospital and arranged for Mr Abbasi to be admitted the next day.
29. On 10 April, Mr Abbasi was admitted to hospital. On 16 April, a neurology specialist noted that Mr Abbasi's prognosis was poor and he would not survive another year. Prison healthcare staff visited Mr Abbasi in hospital and discussed his condition and options with him, his family and hospital staff. He needed a feeding tube into his stomach and it was decided that this could not be managed in prison.
30. Mr Abbasi remained in hospital for the next four months. He died on 27 August 2015. The coroner gave the cause of death as motor neurone disease.
31. The failure to take Mr Abbasi to his appointment with a neurologist on 9 April was regrettable, but the clinical reviewer noted that a prison GP contacted the neurologist to seek advice and arranged for Mr Abbasi to be admitted to hospital without any significant delay. We are satisfied that the care Mr Abbasi received in prison was of an appropriate standard. The clinical reviewer noted that healthcare staff recognised the complexity of Mr Abbasi's medical problems and created an appropriate care plan. When Mr Abbasi's condition deteriorated, doctors referred him to hospital appropriately.

Mr Abbasi's location

32. Mr Abbasi had advanced motor neurone disease when he arrived at Wormwood Scrubs on 26 March 2015 and was in the healthcare unit for two weeks before being admitted to hospital on 10 April. He remained in hospital until he died. We are satisfied Mr Abbasi was appropriately located during the course of his illness.

Restraints, security and escorts

33. 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. 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.
34. On 9 April, a nurse completed the medical section of the risk assessment for Mr Abbasi's hospital appointment that day. She indicated there were no medical objections to the use of restraints, his medical condition did not restrict his ability to escape unaided, and he had no mobility issues by circling a yes/no answer. An officer's report said that Mr Abbasi was not a problem and was slow moving due to illness. A GP completed a letter for the hospital referral which said Mr Abbasi was very frail, had a working diagnosis of motor neurone disease, was unable to swallow and used a wheelchair. The risk assessment concluded that his risk to the public was medium and his risk of hostage taking, escape potential and likelihood of outside assistance were all low. A prison manager decided that Mr Abbasi should be handcuffed for the appointment. (In the event the escort officers took Mr Abbasi to the wrong hospital.)
35. When Mr Abbasi was admitted to hospital on 10 April, another escort risk assessment was completed. In the medical section, a nurse indicated there were no medical objections to the use of restraints, his medical condition did not restrict his ability to escape and he had no mobility issues. A prison manager concluded that two officers should escort Mr Abbasi and use 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) to restrain him.
36. The nurses told us they had been told that they were required to comment on whether handcuffs could be applied to Mr Abbasi's wrist, without any physical problems. They were unaware of the requirement for them to give an up to date assessment of his condition and how this affected his risk of escape.
37. Both managers told us their decisions were based on a recent, proven adjudication for assault on staff, no medical objections and that Mr Abbasi had a history of violence. Mr Abbasi's adjudication record showed that on 30 June 2014 (before he was ill) he was found guilty of pushing an officer. The only other negative entries were two incidents with prison nurses in April 2015, when he banged his hand aggressively and when he allegedly tried to run over a nurse with his wheelchair. He did not receive any formal warnings and later apologised to the nurses. No one appears to have considered these incidents might have been caused by frustration about his illness.
38. Mr Abbasi's condition worsened rapidly in hospital. Prison managers visited daily and prison and healthcare staff were aware of Mr Abbasi's decline in health. On

29 April, the records show the Governor's permission was sought for the removal of the restraints but there is no record of the outcome. Mr Abbasi remained restrained in hospital until 11 May.

39. The Prison Service has a responsibility to protect the public, but security must be balanced with humanity and measures must be proportionate to a prisoner's individual circumstances. Mr Abbasi was frail, immobile and dependent on a wheelchair when he was first admitted to hospital. We are not satisfied that there was appropriate and considered healthcare input into the risk assessments or that managers appropriately considered his condition at the time and how this affected his risk.
40. A concordat between the National Offender Management Service and the National Health Service says that following the High Court judgment "the level of restraint necessary during a prisoner's stay at hospital must be assessed separately from the level of restraint required for the escort to hospital. The risk assessment must be kept under regular review to take account of the prisoner's changing clinical condition, treatment being received and any input from healthcare professionals". We do not consider that prison managers appropriately reviewed Mr Abbasi's risk during the first month he was in hospital. We make the following recommendation:

The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position, and that assessments fully take into account the health of a prisoner and are based on the actual risk the prisoner presents at the time.

Liaison with Mr Abbasi's family

41. On 13 April, a prison manager informed Mr Abbasi's daughter that he was in hospital and facilitated visits at the hospital. His family were with him when he died.
42. After Mr Abbasi's death the prison appointed a prison manager as the prison's family liaison officer. Mr Abbasi's family did not want anyone from the prison to visit them. On 28 August, the manager telephoned Mr Abbasi's wife and offered his condolences and support.
43. Mr Abbasi's funeral was on 29 August and the prison contributed towards the costs in line with national policy. We are satisfied that the prison liaised appropriately with Mr Abbasi's family.

Compassionate release

44. Prisoners can be released before their sentence has expired, on compassionate grounds for medical reasons. This is usually when they are suffering from a terminal illness and have a life expectancy of less than three months. Early release on compassionate grounds is not normally allowed if it is based on facts of which the sentencing court was aware.

45. As Mr Abbasi was approaching the eligibility date for release on home detention curfew, the prison decided that this would be the quickest means of obtaining release for Mr Abbasi. However, they subsequently discovered that this would not be feasible as Mr Abbasi was not able to respond to telephone calls, which is required as part of the monitoring process. The prison then asked for a medical report to begin an application for compassionate release. Sadly, Mr Abbasi died before the assessment was completed.
46. We note that as Mr Abbasi had been sentenced just two weeks before his hospital admission, the court would have been aware of his medical condition and it is therefore unlikely that compassionate release would have been granted. We note that the prison released Mr Abbasi on temporary licence from 31 July. This allowed his family to be with him without the presence of prison staff and we are satisfied that this was appropriate.

**Prisons &
Probation**

Ombudsman
Independent Investigations