Prisons &
Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Shafait Hussain a prisoner at HMP Oakwood on 17 April 2017

A report by the Prisons and Probation Ombudsman
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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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Shafait Hussain died on 17 April 2017 at HMP Oakwood. He was 66 years old. I offer my condolences to Mr Hussain's family and friends.

Mr Hussain received a good standard of care at Oakwood, equivalent to that which he could have expected to receive in the community. However, a manager authorised the use of restraints when Mr Hussain went to hospital without considering the impact of his poor health on his risk. This is something we have raised with Oakwood before and which the Governor needs to address.

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

Richard Pickering
Deputy Prisons and Probation Ombudsman **August 2017**

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Summary

Events

1. On 27 February 2017, Mr Shafait Hussain was sentenced to six months and twelve weeks in prison for breach of a restraining order and assault. He was taken to HMP Birmingham. On 2 March, he was transferred to HMP Oakwood.

2. At his initial health screen at Oakwood, Mr Hussain told healthcare staff he had Type 2 diabetes and hypertension (high blood pressure). A doctor prescribed appropriate medication, which Mr Hussain initially kept in his possession. Because he also took antipsychotic medication the doctor informed the prison mental health team of his admission. Staff later created care plans for his diabetes and hypertension.

3. On 8 March, Mr Hussain had difficulty swallowing and appeared agitated and confused. After a check of his vital signs he was taken to hospital where a doctor diagnosed a transient ischaemic attack (TIA - mini stroke). However, at a follow up appointment a consultant diagnosed the more likely cause of his symptoms as high blood glucose levels due to poorly controlled diabetes.

4. Mr Hussain reported stroke-like symptoms on other occasions but each time these were found to be due to high blood glucose levels, often because he had not taken his medication. As a result, healthcare staff stopped him from keeping his medication in his possession and instead he attended the medication hatch each day to collect it.

5. On 22 March, a prison doctor examined Mr Hussain and described him as distracted and his behaviour as odd. The doctor saw him again on 24 March and urgently referred him for a mental health assessment. The appointment, arranged for 5 April was cancelled due to staff sickness and was not rearranged. Prison and primary healthcare staff continued to raise concerns about his behaviour and on 13 April, after a multidisciplinary team meeting, a nurse examined Mr Hussain and recommended a full mental health assessment. He died before this took place.

6. On 6 April, Mr Hussain told a nurse he had swelling in his left leg. She referred him to a doctor, but three days later he saw another nurse who arranged an urgent doctors appointment and blood tests. The same day, the doctor diagnosed either cellulitis or a deep vein thrombosis (a blood clot that forms in a deep vein). He prescribed medication to prevent blood clots and risk of stroke and recommended he go to hospital for further diagnosis and treatment.

7. Mr Hussain went to hospital the next day escorted by two prison officers. He was handcuffed to one officer. Tests confirmed that he had suffered from a deep vein thrombosis. He returned to Oakwood with an appointment for the next day for an ultrasound scan. The next day, Mr Hussain refused to go.

8. On 17 April at 8.50am, Mr Hussain had not been to collect his medication from the medication hatch. An officer went to his cell and saw him on his bed, apparently asleep. The officer called him but got no response, so he left to unlock other prisoners intending to return to his cell.

9. A few minutes later, a nurse asked another officer to go and get Mr Hussain as they needed to close the medication hatch. The officer and a colleague went to his cell where, both Mr Hussain and his cellmate were still in bed. Mr Hussain was on the lower bunk and his cellmate on the top bunk. The officers called out to Mr Hussain and gently kicked his bed. When he still did not respond they pulled his duvet from his face.

10. Mr Hussain's skin was grey, his lips blue and he had spittle around his mouth. The officers radioed a Code Blue to alert staff of a medical emergency. The control room immediately called an emergency ambulance.

11. The officers lifted Mr Hussain onto the floor and began chest compressions; they described his body as very stiff. Healthcare staff arrived at the cell very quickly and briefly continued chest compressions but soon stopped and confirmed that Mr Hussain was dead.

12. A post-mortem examination later showed that Mr Hussain died from heart disease. He also had diabetes.

Findings

13. The investigation found that there was a delay that resulted in Mr Hussain not having a mental health assessment before he died. There were also concerns around the monitoring of in possession medication. However, these were not material to Mr Hussain's death and the clinical reviewer considered that otherwise the care he received at Oakwood was equivalent to that which he could have expected to receive in the community. We are satisfied that Mr Hussain received good care at the prison.

14. We are concerned that, again, a manager at Oakwood, who authorised the use of restraints when Mr Hussain went to hospital, took no account of his medical condition at the time or its impact on his risk of escape and had no knowledge of the 2007 High Court judgement which sets out how these considerations need to be addressed in considering the use of restraints.

Recommendations

- The Governor and Head of Healthcare should ensure that all staff undertaking risk assessments for prisoners taken to hospital understand the legal position on the use of restraints 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

15. The investigator issued notices to staff and prisoners at HMP Oakwood informing them of the investigation and asking anyone with relevant information to contact him. No one responded.

16. The investigator visited Oakwood on 25 April. He obtained copies of relevant extracts from Mr Hussain's prison and medical records and spoke to his cellmate.

17. The investigator interviewed a member of staff on the telephone on 8 June 2017.

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

19. We informed HM Coroner for South Staffordshire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

20. The investigator wrote to Mr Hussain's son, to explain the investigation and to ask if he had any matters he wanted the investigation to consider. Mr Hussain's son did not respond to our letter.

21. We shared the initial report with the Prison Service. There were no factual inaccuracies.

Background Information

HMP Oakwood

22. HMP Oakwood opened in 2012. It is managed by G4S and is one of the largest prisons in England and Wales, providing places for around 2100 male prisoners.

23. Care UK provides the healthcare services, which include a daily GP clinic, some specialist services and out-of-hours GPs.

HM Inspectorate of Prisons

24. The last inspection of HMP Oakwood was in December 2014. Inspectors reported that health services had improved considerably since the last inspection and, overall, were reasonably good. The range of services was appropriate and the management of prisoners with lifelong or complex health needs was very good, although staff shortages had led to a backlog of nurse reviews. Inspectors found that the healthcare rooms were well equipped and staff created appropriate care plans. However, there were often delays in arranging external hospital appointments because of the high demand and insufficient escort staff.

Independent Monitoring Board

25. Each prison has an Independent Monitoring Board made up of unpaid volunteers from the local community who help to help ensure that prisoners are treated fairly and decently. In its latest annual report, for the year to March 2016, the IMB reported that, due to the uncertainty arising from the change of healthcare provider (Worcester Health and Care Trust provided healthcare services before April 2016), there were a high number of vacancies and the use of agency staff had lowered continuity of care.

Previous deaths at HMP Oakwood

26. Mr Hussain was the eighth prisoner to die from natural causes at Oakwood since January 2016. We have made a previous recommendation about the inappropriate use of restraints.

Key Events

27. On 27 February 2017, Mr Shafait Hussain was sentenced to six months and twelve weeks in prison for breach of a restraining order and assault. He was taken to HMP Birmingham. On 2 March, he was transferred to HMP Oakwood.

28. Mr Hussain suffered from a number of long term medical conditions. A nurse completed an initial health assessment when he arrived at Oakwood and a prison GP examined him later and noted that he had Type 2 diabetes and hypertension. His medical record indicated that he had a deep vein thrombosis in 2012, and had experienced similar symptoms in July 2016. He routinely took aspirin to reduce the risk of blood clots.

29. Mr Hussain was prescribed olanzapine (an antipsychotic drug used to treat bi polar disorder and schizophrenia), amlodipine (used to reduce high blood pressure) and gliclazide and metformin (both used to treat type 2 diabetes). He said that he had previously taken medication for depression and anxiety but did not suffer from mental health issues.

30. Medical staff considered Mr Hussain fit for normal work and location. After a risk assessment they allowed him to keep his medication in his possession. This meant that he had a supply of medication to administer himself, rather than having to go to the medication hatch every day. Because he was prescribed olanzapine the mental health team were informed of his admission but they did not speak to him.

31. On 8 March, just after 2.00pm, when Mr Hussain went to the medication hatch, a prison paramedic noticed that he had difficulty swallowing and appeared agitated and confused. He checked his vital signs and called for an emergency ambulance. Mr Hussain went to hospital, but on arrival his symptoms were much improved. A hospital doctor diagnosed a transient ischaemic attack (TIA - mini stroke).

32. Mr Hussain returned to Oakwood at 8.32pm with a referral to attend the stroke clinic at the hospital the next day. Staff were unable to arrange an escort at short notice and contacted the hospital, who changed the appointment to 13 March.

33. On 11 March at 2.12pm, a nurse saw Mr Hussain and created a diabetes care plan. Later, at 2.58pm, another nurse went to see him in his cell, having been told by prison staff that an ambulance had been called for him during the night. Paramedics had attended and examined Mr Hussain after he told staff that he was having a stroke.

34. Mr Hussain had not had a stroke but his blood glucose levels were high. He told the nurse that he had not taken his metformin medication because he did not have any. She gave him metformin and arranged for more to be prescribed.

35. Mr Hussain attended the stroke clinic as arranged on 13 March. The consultant diagnosed the likely cause of his symptoms not to be a stroke but hyperglycaemia (high blood glucose levels) due to poorly controlled diabetes. A nurse saw Mr Hussain on his return from hospital. She created a hypertension care plan which would be reviewed on 3 April.

36. The paramedic saw Mr Hussain on 17 March, as a follow up to his hospital appointment. Mr Hussain reported a variety of symptoms which he said occurred occasionally. He saw him again on 21 and 23 March when he again complained of having had a stroke. On both occasions, after assessment, the paramedic assured him that he had not.

37. On 20 March at 3.16pm, a nurse responded to an emergency call from prison staff who described Mr Hussain as weak and with slurred speech. Upon examination, Mr Hussain's observations were normal except for his blood glucose levels which were high. Mr Hussain said that he had not taken his medication for four days. Upon checking, she found that Mr Hussain had not collected his recent supply of medication. She sent a task to a prison GP, who stopped issuing medication to be held in possession and instead specifying Mr Hussain should collect it from the medication hatch each day. Healthcare staff closely monitored his blood glucose levels over the next few days.

38. On 22 March, a prison GP examined Mr Hussain and described him as distracted and "not quite with it". He noted his behaviour as odd and planned to ask the mental health team to assess him.

39. On 23 March, a nurse recorded Mr Hussain's blood glucose level as high. Mr Hussain said that he felt unwell and thought that he was having a stroke. The nurse reassured him that he was not, his other observations were normal. Mr Hussain had his blood glucose levels checked later that evening and again on 24 and 26 March. At a review of his diabetes on 3 April, his blood glucose levels were considered to be stable.

40. On 24 March, a prison GP examined Mr Hussain and reviewed his medication. The mental health team had not seen him so the GP sent an urgent referral. An appointment was made for 5 April but was later cancelled. There is no record of it being re-arranged.

41. On 6 April, a nurse examined Mr Hussain, who complained of swelling in his left leg which he said had been present for several months. She took some measurements and referred him to the GP. Mr Hussain's leg continued to trouble him and on 9 April, a nurse arranged an urgent GP appointment for the next day and a D-Dimmer test (a blood test to measure a substance released when a blood clot breaks up).

42. A nurse saw Mr Hussain the next day and took blood samples and measurements of his leg to confirm the extent of the swelling. A prison GP saw him afterwards and diagnosed either cellulitis or deep vein thrombosis. He prescribed rivaroxaban (medication used to prevent blood clots and risk of stroke) and recommended he go to hospital for further diagnosis and treatment.

43. Mr Hussain went by taxi to hospital the next day. An orderly officer authorised two officers to go with him, handcuffed to one of them. Tests at the hospital confirmed that Mr Hussain had suffered from a deep vein thrombosis. Mr Hussain returned to Oakwood later that afternoon with an appointment to go back to the hospital the next day for an ultrasound scan to assess the extent of the thrombosis.

44. The next day, Mr Hussain refused to go to hospital and when the paramedic saw him he said that he wanted to stay and have his breakfast. Wing staff had to intervene when Mr Hussain would not step away from the cell door to allow the paramedic to leave. He noted in the medical record that Mr Hussain's behaviour was often erratic and sometimes aggressive and he considered that he needed a mental health assessment.

45. A multidisciplinary team meeting took place on 13 April to review general concerns about Mr Hussain. A charge nurse saw him afterwards in his cell, but could not assess him properly because his cellmate was present. He also felt that there were communication problems and recorded that Mr Hussain needed a full mental health assessment with the support of an interpreter.

46. On 17 April, shortly before 8.50am, at the request of a nurse, a Prison Custody Officer (PCO) went to Mr Hussain's cell to remind him that he needed to go and collect his medication from the medication hatch. Mr Hussain and his cellmate were both still in bed. Mr Hussain was on the lower bunk and his cellmate on the top. The PCO called into the cell, but neither of them moved or made any attempt to get up. He assumed both were asleep and left to go and get other prisoners, intending to return a few minutes later.

47. By 8.50am, Mr Hussain had still not been to collect his medication so a PCO went to get him and asked a colleague to go with her. The officers got to the cell and called out to Mr Hussain telling him that he needed to go and get his medication before the nurse closed the hatch. The officers could not see Mr Hussain's face which was under his duvet.

48. There was still no response from either Mr Hussain or his cellmate. The officers thought that both were 'just joking around'. The PCO gently kicked the bottom of Mr Hussain's bunk and told him to stop joking around and to get up and collect his medication before the nurse closed the hatch. When Mr Hussain still did not respond the officers pulled his duvet from his face. They noticed that his skin was grey and his lips blue and that he had spittle around his mouth. Straight away, at 8.54am, the PCO radioed a Code Blue to alert other prison and healthcare staff of a medical emergency. The control room immediately called an emergency ambulance and healthcare staff made their way to the cell.

49. Officers lifted Mr Hussain onto the floor. They describe his body as very stiff. A PCO began chest compressions. Another two moved the cellmate out of the cell and started to lock up other prisoners on the wing.

50. A nurse and a healthcare assistant (HCA) responded to the emergency and quickly made their way to the cell. The HCA took over the chest compressions while the nurse assessed Mr Hussain. She described him as rigid and his complexion as waxy. His skin was mottled around the neck area and there were signs of blood pooling at his ears and elbows. He did not have a pulse and his pupils were fixed with a 'film' over his eyes. The nurse was satisfied that Mr Hussain was dead and had been for some time. She told the HCA to stop the chest compressions.

51. At 9.00am, the Sister/Charge Nurse arrived. She examined Mr Hussain and confirmed that he was dead. Paramedics arrived at 9.20am.

Contact with Mr Hussain's family

52. On 17 April 2017, shortly after 9.00am, the prison appointed a Senior Officer (SO) as the family liaison officer. Mr Hussain had previously named his daughter as his next of kin. The SO and a senior manager went to the last known address but when they got there the occupant explained that she had moved. The SO explained who they were and where they were from and asked for a forwarding address.

53. The male occupant explained that he was Mr Hussain's son and that he lived at the address with his mother, Mr Hussain's wife. He told them that his sister had married and moved away. He invited them inside. Mr Hussain's son asked why they needed to contact his sister and the SO broke the news about Mr Hussain's death. She offered her condolences.

54. Mr Hussain's son said that he was the head of the family and he would contact his sister and other family members and tell them of Mr Hussain's death. The family later confirmed that Mr Hussain's son would be their contact with the prison.

55. The SO remained in contact with Mr Hussain's son. They discussed the formal identification of the body, funeral arrangements and the return of Mr Hussain's property. The family wanted his body returned to Pakistan. The SO assisted with the arrangements for the transportation of the body and the prison contributed towards the cost in line with Prison Service Instructions.

Support for prisoners and staff

56. After Mr Hussain's death, a senior prison manager debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

57. The prison posted notices informing other prisoners of Mr Hussain'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 Hussain's death. The prison chaplain and trained prison listeners also offered support.

Post-mortem report

58. A post-mortem examination indicated that the immediate cause of Mr Hussain's death was from coronary artery artheroma with thrombosis (heart disease). He also had diabetes.

Findings

Clinical care

59. Mr Hussain had a number of long term medical conditions including Type 2 diabetes and hypertension. He also had mental health problems.

60. Mr Hussain initially had medication in his possession, but when staff noticed that he frequently did not take it, they made him collect it each day from the medication hatch instead. The missed doses of diabetes medication caused Mr Hussain to have high blood glucose levels which made him feel unwell and at times gave the appearance of having a stroke. Poor medication compliance also impacted on his mental health.

61. The clinical reviewer has made a recommendation to the prison to review how they monitor the collection of in possession medication. As this did not impact on Mr Hussain's death we do not repeat the recommendation in this report. However, the Head of Healthcare and Governor will need to address it.

62. On arrival at Oakwood Mr Hussain was prescribed antipsychotic medication but was not seen by the mental health team prior to his death. The clinical reviewer has made a recommendation to the prison regarding the criteria necessary for mental health referrals. Again we do not repeat the recommendation in this report but, as before, the Head of Healthcare and Governor will need to address it.

63. On 10 April, when Mr Hussain suffered from a suspected deep vein thrombosis, staff followed the National Institute for Health and Care Excellence (NICE) guidelines to confirm diagnosis.

64. Although there were concerns about the monitoring of in possession medication and the delayed mental health assessment, the clinical reviewer was satisfied that the care Mr Hussain received at Oakwood was equivalent to that which he could have expected to receive in the community. We are satisfied that Mr Hussain received good care.

Restraints, security and escorts

65. 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.

66. 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.

67. Mr Hussain went out to hospital on at least three occasions during his time at Oakwood. The prison could only provide escort records for one of these appointments. On this occasion a prison manager completed an escort record and risk assessment document. She authorised two prison officers to accompany Mr Hussain to hospital and was handcuffed to one of them. She assessed Mr Hussain as low risk to the public and to hospital staff, and low risk of escape. She noted his recent disruptive behaviour and apparent mental health issues. There was no input from healthcare staff on either the escort record or the risk assessment document. On both documents, the medical information sections were blank.

68. The officer told the investigator that for hospital visits, other than those that were pre planned, she would expect the healthcare sections of the risk assessment and escort record to be left blank the majority of the time with no input from healthcare regarding a prisoner's condition or how this might affect his ability to escape. She explained that the decision regarding the use of restraints is based on the security risk and that the default position for medium risk prisoners (Mr Hussain was medium risk) was single handcuff. She added that she had never witnessed an unplanned hospital escort where handcuffs were not used with the exception of when there was an immediate danger to life and healthcare staff direct when and why a prisoner needs to go to hospital but do not give information about his condition.

69. The officer had no knowledge of the High Court judgement and said she had not received training in its application. She said that if she knew that a prisoner had serious mobility issues she might consider the use of an escort chain (a escort chain is a long chain with a handcuff at each end, one of which is attached the prisoner and the other to a prison officer) rather than handcuffs, but that this was a common sense approach and not based on legal directions.

70. While the Prison Service has a fundamental responsibility to protect the public, security must be balanced with humanity and be legally justified. Though the decision to handcuff Mr Hussain might have been the correct one, based on his security risk and behaviour, there is a legal expectation that there is input from healthcare staff. It is unacceptable for staff at Oakwood, expected to make decisions about the use of restraints, to have no knowledge, understanding or training about the High Court judgement or its implications. 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 on the use of restraints 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.

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