

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Shariq Chughtai a prisoner at HMP Oakwood on 5 June 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 Shariq Chughtai died in hospital on 5 June 2017 of organ failure and a disease of the immune system, while a prisoner at HMP Oakwood. He was 66 years old. We offer our condolences to Mr Chughtai's family and friends.

The investigation found that the care Mr Chughtai received was equivalent to that he could have expected to receive within the community. The care he was given was prompt and responsive. Although medical notes were generally good, an unsigned and undated handwritten note was added to the printed record without being entered on the electronic records.

We are satisfied that Oakwood made an appropriate contribution towards funeral expenses. However, the prison should ensure that families fully understand the guidance for reimbursement of funeral costs to minimise any potential confusion at an already distressing time.

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

**Elizabeth Moody**  
**Acting Prisons and Probation Ombudsman**

**April 2018**

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# Summary

## Events

1. Mr Shariq Chughtai was sentenced to serve four years and three months imprisonment for fraud offences. Following his extradition from the United States, his sentence began on 8 September 2016 and he was sent to HMP Bullingdon. A nurse noted that Mr Chughtai suffered from hypertension, heart arrhythmia, Lyme disease and type two diabetes. He took medication to help control his diabetes and heart conditions. Mr Chughtai reported no other concerns.
2. On 25 January 2017, Mr Chughtai was moved to HMP Oakwood. He did not report any issues over and above his known medical conditions at the initial health screen. On 2 February, Mr Chughtai told a doctor that he had had blood in his urine and lower back pain for the past week. The doctor made an urgent referral to the urologist in hospital. This requires a patient to be seen for suspected cancer within two weeks.
3. The appointment took place on 15 February at a hospital. Following tests, the doctors at the hospital told Mr Chughtai he had suspected bladder cancer and that they intended to operate to remove a tumour found in his bladder. The tumour was removed on 13 April.
4. On 17 May, Mr Chughtai attended hospital for a biopsy and returned for a routine appointment on 24 May. At this appointment, the hospital admitted him as an inpatient and Mr Chughtai's family visited him there. The hospital treated him for possible septicaemia, then considered that he might have lymphoma cancer. Mr Chughtai's health deteriorated and on 5 June he died of organ failure and an immune disease linked to the cancer.

## Findings

5. The investigation found that the diagnosis and clinical care that Mr Chughtai received was equivalent to that which he could have expected to have received in the community. Mr Chughtai's diagnosis was timely.
6. An undated, unsigned handwritten note made on Mr Chughtai's printed records was among the documents received from Mr Chughtai's doctor in the United States. It concerned an outstanding urology appointment. Although Mr Chughtai did not present with any ongoing symptoms at that time, it would have been prudent to explore this issue further with him.
7. After the funeral, there appears to have been some confusion around reimbursement of funds for the payment of the expenses incurred by Mr Chughtai's family for his funeral. The family felt that they should have received full payment of £3,000; however, guidelines state that a contribution is to be made for reasonable expenses, up to the sum of £3,000. We feel that it is important that families are given clarity around what constitutes reasonable expenses and how the money is reimbursed.

## Recommendation

- The Head of Healthcare should ensure that all relevant information about a prisoner's health is appropriately recorded and actioned.

## The Investigation Process

8. 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.
9. NHS England commissioned a clinical reviewer to review Mr Chughtai's clinical care at the prison.
10. We informed HM Coroner for South Staffordshire of the investigation. He provided us with the cause of Mr Chughtai's death and we have sent the coroner a copy of this report.
11. The investigator contacted Mr Chughtai's daughter to explain the investigation and to ask whether she had any matters the family wanted the investigation to consider. One of the Ombudsman's family liaison officers subsequently had contact with Mr Chughtai's daughter and partner, both of whom raised concerns that Mr Chughtai's healthcare, within the prison and at hospital in the community, was not satisfactory.
12. Mr Chughtai's family received a copy of the initial report. They raised a number of issues/questions that do not impact on the factual accuracy of this report and have been addressed through separate correspondence.
13. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

# Background Information

## HMP Oakwood

14. HMP Oakwood opened in 2012. It is near Wolverhampton and managed by G4S. Oakwood is one of the largest prisons in England and Wales, providing places for up to 1,605 Category C male prisoners.
15. Care UK provides the healthcare services, which include a daily GP clinic, some specialist services and out-of-hours GPs. Healthcare staff are on duty from 7.00am to 8.00pm on weekdays and from 7.30am to 5.30pm on weekends.

## HM Inspectorate of Prisons

16. The most recent inspection of HMP Oakwood was conducted in December 2014. Inspectors reported that health services, including care for older prisoners, had much improved since the last inspection. There were some chronic staff shortages in healthcare which did affect some areas of delivery and agency staff were used to fill the shortages. Care planning was well developed and clinical records were good.

## 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 March 2017, the IMB reported that staff turnover was quite high, with the number of officers under the age of 25 increasing. The change of healthcare contractor in April 2016 went reasonably well but there was an ongoing problem with a shortage of nurses and a reliance on agency nurses. The number of hospital appointments that needed rearranging because of escort issues had decreased, compared to the year before.

## Previous deaths at HMP Oakwood

18. Mr Chughtai was the ninth prisoner to die at HMP Oakwood since January 2016. There are no significant similarities between these deaths.

## Key Events

19. Mr Shariq Chughtai was convicted of fraud offences in 1999 and sentenced in his absence to four years and three months imprisonment. He was extradited from the USA to serve this term, which began in HMP Bullingdon on 8 September 2016. At his reception health screen, a nurse noted that he had hypertension, heart arrhythmia, a history of Lyme disease (a bacterial infection caught from infected ticks), and type two diabetes. He took metformin tablets to help control the diabetes, and was also prescribed diltiazem and lisinopril to treat angina and heart problems. Mr Chughtai reported no other concerns.
20. A prison doctor asked for a letter from Mr Chughtai's doctor in the USA detailing his medical history. This was received and scanned into his prison medical records on 21 September. It listed his prescribed medications and known health problems. An undated and unsigned handwritten note was added to the printed record stating that Mr Chughtai had an outstanding urology appointment but had not yet had received one. This was not recorded on SystmOne. The printed letter also recorded that he was undergoing routine investigations for colon cancer.
21. Mr Chughtai did not report any significant concerns while at Bullingdon, other than a swollen ankle which was treated with antibiotics. On 25 January 2017, he was moved to HMP Oakwood. No further concerns were highlighted other than his known health problems.
22. On 7 February, Mr Chughtai told a prison GP that he had blood in his urine and had experienced lower back pain for the past week. The prison GP noted that Mr Chughtai's weight was steady and took blood samples. He also made an urgent referral to the urologist in hospital, as he suspected that Mr Chughtai had urological cancer or chronic kidney disease. The referral requires a patient to be seen for suspected cancer within two weeks. The appointment was made that day, for 15 February, at a hospital.
23. At Mr Chughtai's hospital appointment on 15 February, doctors performed a flexible cystoscopy (a procedure to look at the bladder with a camera). The doctors told Mr Chughtai the same day that there were lesions and a tumour in his bladder. The doctors planned to perform a CT scan and a TURBT procedure. (This was to remove the tumour from within the bladder.) Following his return to prison, Mr Chughtai discussed his diagnosis of bladder cancer with a nurse the next day.
24. On 27 February, the prison planned to move Mr Chughtai to another prison, further away from his family. Healthcare staff and Mr Chughtai's family queried this and, as a consequence, Mr Chughtai was not moved. Healthcare staff monitored Mr Chughtai and gave him pain relief. On 27 March, Mr Chughtai was taken to hospital, where he was treated for an infection and prescribed antibiotics.
25. On 13 April, Mr Chughtai underwent the TURBT operation to remove the tumour from his bladder. Hospital doctors administered chemotherapy for his bladder, and the hospital discharged Mr Chughtai the next day. Healthcare staff continued to monitor Mr Chughtai and to provide pain relief as needed. The

cancer caused Mr Chughtai to be generally unwell and frequently to have a higher body temperature than was normal.

26. On 17 May, Mr Chughtai visited the hospital for a CT guided biopsy. On 24 May, he returned to hospital for an outpatient appointment. Unexpectedly, the hospital admitted him as an inpatient with suspected sepsis (a complication to an infection, which can cause organ damage and lead to death). He was treated with intravenous antibiotics and fluids.
27. His health deteriorated and, on 2 June, the hospital considered that Mr Chughtai might have lymphatic cancer. The hospital planned further chemotherapy if he was well enough. However, Mr Chughtai's health continued to deteriorate and his kidneys failed. The hospital sedated Mr Chughtai, and he died on 5 June.

### **Contact with Mr Chughtai's family**

28. Mr Chughtai's family were able to visit him in hospital from at least 2 June. They had contact with the prison's Head of Safer Custody and a family liaison officer (FLO), was appointed on 5 June when Mr Chughtai died, and she offered her condolences and ongoing support. Mr Chughtai's funeral was held on 10 June.

### **Support for prisoners and staff**

29. After Mr Chughtai's death, the Head of Security 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.
30. The prison posted notices informing other prisoners of Mr Chughtai'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 Chughtai's death.

### **Cause of death**

31. The Coroner did not order an autopsy for Mr Chughtai but gave the cause of death as multi-organ failure and haemophagocytic lymphohistiocytosis. This is a disease of the immune system, where the immune system attacks the healthy cells in the body. This is likely to have been triggered by the spread of the cancer to the lymph nodes.

# Findings

## Clinical care

32. The clinical care Mr Chughtai received was equivalent to that he could have expected to receive in the community. The clinical reviewer concluded that Mr Chughtai received a good standard of both nursing and medical care at Oakwood. The medical notes show he attended appointments on time, and received prompt support when there were changes in his condition.

## Medical letter

33. HMP Bullingdon scanned the medical history received from the USA into Mr Chughtai's medical records promptly. This included a letter dated 21 September 2016 that recommended he should see a urologist as he had complained of blood in his urine. There is an unsigned and undated hand-written note on the letter, stating that referral to a urologist is still required. No record of this was made on the SystmOne record. The printed letter also recorded that Mr Chughtai was undergoing routine investigations for colon cancer.
34. Mr Chughtai reported no relevant symptoms at the time and did not mention the contents of the letter. Although the colon cancer investigation undertaken in the USA appears to have been a routine investigation, and the urology referral in 2016 a result of Lyme disease, we cannot know what a discussion with Mr Chughtai about the details of the letter might have shown. It would have been prudent to discuss this with him at the time. Although once Mr Chughtai reported symptoms, prompt action was taken, in other circumstances this could have meant an earlier diagnosis. We make the following recommendation:

**The Head of Healthcare should ensure that handwritten notes are dated, and that any relevant information is recorded and actioned.**

## Funeral expenses

35. Prison Service Instruction 64/2011, *Safer Custody*, states that prisons must offer to pay a contribution towards reasonable expenses *up to* the value of £3,000. The PSI includes guidance as to what is considered reasonable. Funeral expenses are paid directly to the funeral director on receipt of an invoice, not to the next of kin. Mr Chughtai's family quickly arranged his funeral and paid the majority of expenses upfront. HMP Oakwood paid the invoices from the funeral directors, once received, in line with national guidance.
36. While we have not seen the full cost of Mr Chughtai's funeral and cannot be sure what reasonable expenses were incurred, HMP Oakwood is unable to pay in excess of the amount stated on invoices provided by the funeral director. We believe the prison made reasonable efforts to reimburse the family promptly. Mr Chughtai's family were told about the process however it appears that they did not fully understand. Therefore, we feel that the prison should ensure that families are made fully aware of how the process works in respect of contributions towards a funeral.

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