Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ashraf Khan a prisoner at HMP Leeds on 9 September 2018

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*

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 Ashraf Khan died on 9 September, while a prisoner at HMP Leeds. The cause of Mr Khan's death was an acute kidney infection and he also had heart disease. He was 82 years old. I offer my condolences to Mr Khan's family and friends.

The investigation identified the need for more consistency in the use of an assessment tool to detect clinical deterioration. However, I am satisfied that this did not affect the outcome for Mr Khan and that his care was at least equivalent to that he could have expected to receive in the community.

I am concerned that a few weeks before his death, Mr Khan was inappropriately restrained for a journey to hospital; during his admission, while in a life-threatening condition; in the recovery area after surgery; and for the return journey to the prison, despite further incapacity caused by a post-operative stroke. For an elderly prisoner assessed as a low security risk, this was excessive and inhumane. Following another recent investigation of a death at Leeds, I have already drawn this issue to the attention of the Prison Group Director for Yorkshire.

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 **June 2019**

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Summary

Events

1. Mr Ashraf Khan had been at HMP Leeds since 24 July 2018, serving four and a half years for historic sexual offences. He had several long-term health conditions, including diabetes, asthma, chronic kidney disease, fatty liver, peripheral vascular disease, arthritis and poor hearing.

2. During the first two weeks of his imprisonment, Mr Khan reported persistent abdominal pains. On 4 August, he was admitted to hospital, where he underwent surgery for a perforated bowel. On 8 August, Mr Khan had a post-operative stroke, which left him with left-sided weakness. He returned to the prison on 5 September and was given a cell in the social care unit. Healthcare staff created and reviewed care plans and provided specialist disability aids and equipment.

3. On 9 September, Mr Khan refused personal care, food and drink, as he wanted to return to his previous residential wing. At 10.30pm, a nurse went to dispense his medication and found him lifeless on the floor. Resuscitation attempts were unsuccessful and paramedics confirmed Mr Khan's death at 10.50pm.

Findings

4. The investigation found that although staff generally used the National Early Warning Score (NEWS), an assessment tool to determine the severity of illness, there were key instances when it should have been used, but was not. There was no adverse impact on Mr Khan's health and we are satisfied that he received a good standard of care, equivalent to that he could have expected to receive in the community.

5. A risk assessment for Mr Khan's journey and admission to hospital concluded that he should be handcuffed and escorted by two prison officers. This was later replaced with an escort chain, removed on 5 August, but reapplied for the journey back to the prison on 5 September. Mr Khan was elderly, in considerable pain and had been assessed as a low security risk. No justification was recorded for the use of restraints and there was no apparent review of their necessity for the return journey to the prison, given Mr Khan's stroke had further impaired his mobility.

Recommendations

- The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score (NEWS) to assess the severity of a prisoner's illness, risk of deterioration and prognosis.

- 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 and show clear justification for the use of restraints.

- The Governor should revise the prison's escort risk assessment form to ensure that it requires prison staff to show that they have taken this information into account in assessing the prisoner's current level of risk.

The Investigation Process

6. The initial investigator issued notices to staff and prisoners at HMP Leeds informing them of the investigation and asking anyone with relevant information to contact her. No one responded.

7. The initial investigator obtained copies of relevant extracts from Mr Khan's prison and medical records.

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

9. A second investigator took over the investigation, which was suspended between 16 November 2018 and 7 March 2019, while waiting for the cause of death. This report was delayed as a result.

10. We informed HM Coroner for West Yorkshire Eastern District of the investigation. He gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

11. We wrote to Mr Khan's son, his next of kin, to explain the investigation and to ask if he had any matters for the investigation to consider. He did not reply.

12. We shared the initial report with HM Prison and Probation Service (HMPPS). They found a factual inaccuracy and the report has been amended accordingly. The HMPPS action plan has been annexed to this report.

Background Information

HMP Leeds

13. HMP Leeds is a local prison holding a maximum of 1,218 men on remand, convicted or sentenced. The prison serves the courts of West Yorkshire. Care UK provides health services, including mental health services. The prison has 24-hour primary healthcare cover.

14. In August 2018, HMP Leeds was selected to be part of the "10 Prisons Project", which seeks to improve safety, security and decency in the prisons involved. The project is focusing on reducing violence, improving living conditions, preventing drugs from entering the establishment and enhancing the leadership and training available to staff.

HM Inspectorate of Prisons

15. The most recent inspection of HMP Leeds was completed in November 2017. Inspectors reported strong leadership and clinical governance, with thorough reception health screens and reasonable access to clinics. They also found that that chronic diseases were well managed and the social care unit provided very good care. However, application and triage processes were inefficient, causing frustration for prisoners and there were concerns about the clinical rooms and wing treatment areas, which were dirty and untidy.

Independent Monitoring Board

16. 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 December 2017, which was published in April 2018, the IMB reported that although prisoners were generally satisfied with the delivery of healthcare, they often reported difficulty and delays in accessing the service. There were often missed appointments and a mobile X-ray unit visited every two weeks to address the growing backlog of requests for X-rays.

Previous deaths at HMP Leeds

17. Mr Khan was the 14th prisoner to die at Leeds since September 2016. There have been seven subsequent deaths. We have made previous recommendations on the use of the NEWS assessment tool, the completion of risk assessments and the use of restraints.

Key Events

18. Mr Ashraf Khan was convicted of historic sexual offences on 2 May 2018. He was sentenced to four and a half years imprisonment on 24 July and sent to HMP Leeds.

19. Mr Khan had a health screen with a nurse. This was followed by a review with a prison GP. They recorded several longstanding health problems, including diabetes, asthma, chronic kidney disease, fatty liver, peripheral vascular disease (restricted blood supply to the leg muscles), arthritis and poor hearing. The GP noted that Mr Khan looked well, with no acute medical concerns. He re-prescribed his medication and noted that he should have a long-term conditions review. The next day, a nurse conducted a secondary health screen.

20. On 28 July, Mr Khan reported abdominal pains. Healthcare staff examined him and took clinical observations, which were stable. They also assessed Mr Khan using the National Early Warning Score (NEWS - a tool to determine the severity of illness, based on vital signs). Mr Khan scored two, which indicated that he should be assessed by a registered clinician to decide the frequency of monitoring and whether his care needed to be escalated.

21. Mr Khan's abdominal pain persisted. On 31 July, a prison GP examined him and requested blood tests (which were later assessed to be within normal limits). Another medical entry that day also noted that a gastroenterology appointment had been booked for 3 October at Bradford Royal Infirmary. That evening, Mr Khan collapsed in his cell. An emergency ambulance was called, but stood down as he had not lost consciousness. No NEWS score was recorded. On 2 August, a prison GP asked for blood tests to be repeated, for suspected heart failure.

22. Late evening on 4 August, Mr Khan had severe abdominal pains and was unable to move. After an examination by a nurse, he was sent to St James's University Hospital, Leeds. He was escorted by two prison officers and restrained with single handcuffs.

23. Just after midnight on 5 August, the hospital telephoned to request Mr Khan's medical history and informed a prison nurse that he had been moved to the resuscitation department (where the most seriously ill patients are treated, as it contains the equipment and staff to deal with immediately life-threatening illnesses). Authorisation was then given for the handcuffs to be replaced with 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 allow medical staff to assess Mr Khan.

24. At around 3.30am, the hospital telephoned again to say that Mr Khan required surgery for a perforated bowel and staff had obtained his consent as there was a high likelihood of death, given his co-existing medical conditions. The operation took place at 4.15am. At 10.00am, a prison manager instructed the escort staff to remove the escort chain and it was not reapplied during the remainder of Mr Khan's stay in hospital. The hospital later confirmed there had been no immediate complications. Prison healthcare staff regularly checked on Mr Khan's progress.

25. On 8 August, the hospital found that Mr Khan had left-sided weakness. The next day, they confirmed that he had suffered a post-operative stroke which would require rehabilitation. Healthcare staff kept in touch with the hospital. In early September, they began to plan for his discharge and consider appropriate prison accommodation.

26. Mr Khan was discharged from hospital on 5 September and he returned to Leeds, where he was given a cell in the social care unit. The senior social care nurse reviewed him and dispensed the medication indicated in his discharge letter. She also provided a pendant alarm, in case he needed help but could not get to the cell call bell. Mr Khan repeatedly asked to return to his residential wing, where other prisoners spoke Punjabi, his native language. Nurses explained it would be better for him to remain in the unit until he had made better progress with his mobility. Due to his persistence, healthcare asked wing staff to let them know when a cell became available on his former wing.

27. On 7 September, a nurse created care plans for Mr Khan's social care, weight management (he was underweight) and prevention of pressure ulcers. Healthcare staff also ordered special equipment for Mr Khan's cell, including a repose mattress (for pressure relief), high-risk cushion for his chair, walking aid and wheelchair.

28. On 9 September, Mr Khan refused meals, build up drinks and personal care, in protest, as he wanted to return to his wing. A nurse noted that they would continue to monitor Mr Khan's weight and possibly refer him to the dietician. She started a food and fluid chart to monitor his intake.

29. During the evening, a nurse noted that Mr Khan appeared physically well, but there were concerns about his behaviour due to his refusal of food and exposing himself when she went to his cell to give him medication. She immediately referred him to the mental health team for assessment.

30. At 10.30pm, a nurse went into Mr Khan's cell to give him his medication. She was escorted by a prison officer. They found Mr Khan kneeling on the floor, motionless, with his upper body and head slumped on his bed. The officer radioed a code blue medical emergency (which indicates that a prisoner is unresponsive, or has breathing difficulties) and the control room called an ambulance immediately. Another nurse and officers arrived and started cardiopulmonary resuscitation while the first nurse went to get the emergency bag and oxygen. A defibrillator was used and advised no shock.

31. Nurses and prison officers continued the resuscitation attempts in rotation until the ambulance arrived at 10.42pm. A further crew attended a few minutes later. A paramedic confirmed Mr Khan's death at 10.50pm.

Contact with Mr Khan's family

32. The duty manager and an Imam in the chaplaincy team visited Mr Khan's next of kin to break the news of his death. They arrived at around midnight and spoke to Mr Khan's son and his wife.

33. The prison assigned a family liaison officer (FLO). At 8.00am the next morning, he telephoned Mr Khan's son, offered his condolences and explained the

processes to be followed. Over the following days, the FLO provided support to Mr Khan's family, assisting them with urgent arrangements for Mr Khan's funeral to be held abroad.

34. In line with national policy, the prison contributed to the funeral expenses.

Support for prisoners and staff

35. After Mr Khan's death, a 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.

36. The prison posted notices informing staff and other prisoners of Mr Khan's death, and offering support.

Post-mortem report

37. The post-mortem concluded that the cause of Mr Khan's death was acute pyelonephritis with ketoacidosis, with underlying ischaemic heart disease.

38. Pyelonephritis is inflammation of the kidney due to bacterial infection. Ketoacidosis occurs when the body starts to run out of insulin and causes a build-up of harmful blood acids called ketones. Ischaemic heart disease is reduced blood flow to the heart caused by a blockage.

Findings

Clinical care

39. Mr Khan had several chronic health conditions, which were managed in line with national guidance. Although there was evidence that healthcare staff frequently used NEWS (the assessment tool to determine the severity of illness and early detection of deterioration), the clinical reviewer found that it was not used at some pertinent times, such as after Mr Khan's collapse. The lack of a NEWS assessment on those occasions did not affect the outcome for Mr Khan, but we agree with the clinical reviewer that NEWS should be used routinely when a prisoner is acutely unwell. We make the following recommendation:

    The Head of Healthcare should ensure that healthcare staff consistently use the National Early Warning Score (NEWS) to assess the severity of a prisoner's illness, risk of deterioration and prognosis.

40. During Mr Khan's imprisonment, healthcare staff created and reviewed care plans promptly and they were responsive when he felt unwell. While he was in hospital, they kept in touch with nurses responsible for his care to ensure appropriate planning for his discharge. When Mr Khan returned to the prison, they accommodated him in the social care unit, monitored him closely and provided adapted furniture and mobility aids.

41. We agree with the clinical reviewer that Mr Khan's care at Leeds was at least equivalent to that he could have expected to receive in the community.

Security risk assessments and the use of restraints

42. When prisoners have to travel outside prison, a risk assessment determines the nature and level of security arrangements, including restraints. 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.

43. 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.

44. The security risk assessment for Mr Khan's journey and admission to hospital noted that he was low risk on each security factor, including escape potential; likelihood of outside assistance; risk to the public; and risk to hospital and prison staff. A nurse had completed the medical assessment section. A set of tick boxes indicated no medical objections to the use of restraints; that Mr Khan's medical condition did not restrict his ability to escape unaided; and restraints should not be removed for treatment or consultation. The nurse commented on the form that restraints should be removed for scans or cardiopulmonary resuscitation. The senior manager who authorised the risk assessment

concluded that Mr Khan should be escorted by two prison officers and handcuffed, noting, “no increased risk, 81-year old, medical distress.”

45. Mr Khan’s handcuffs were replaced with an escort chain when he was taken to the resuscitation area. They were temporarily removed for a bedside scan and for surgery, but immediately reapplied when he left the operating theatre and went to the recovery room. Later that morning, a prison manager instructed the escort staff to remove the escort chain and it was not reapplied during the remainder of Mr Khan’s stay in hospital. It was noted in the Person Escort Record that for the return journey to the prison, an escort chain was used rather than handcuffs, “due to mobility issues.”

46. The Prison Service has a duty to protect the public when escorting prisoners outside prison. It also has a responsibility to balance this by treating prisoners with humanity. Mr Khan was an elderly, category C prisoner with several chronic health conditions. We are concerned that staff did not take account of his advanced age and the debility caused by his sudden illness and that he was restrained, with no justification as to why this was considered necessary. There was also no evidence that the manager who authorised restraints for Mr Khan’s return to the prison had considered the impairment to his mobility caused by the wound from his surgery and the stroke which had left him with left-sided weakness.

47. We have raised the issues of risk assessments and the use of restraints following investigations of deaths at Leeds, before that of Mr Khan. Since his death, we have made a recommendation on this issue to the Prison Group Director. We make the following 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 and show clear justification for the use of restraints.

The Governor should revise the prison’s escort risk assessment form to ensure that it requires prison staff to show that they have taken this information into account in assessing the prisoner’s current level of risk.

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