

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mohamed Gele a prisoner at HMP Littlehey on 24 February 2016

**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*



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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.

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 Mohamed Gele died of bilateral pneumonia in hospital on 24 February 2016. He was 42 years old. I offer my condolences to Mr Gele's family and friends.

Mr Gele had many chronic health conditions, which were generally managed and monitored well. The investigation found there was a missed opportunity to follow up a blood test and a delay of several days in sending an urgent referral to a specialist, but the clinical reviewer noted that these matters would not have prevented Mr Gele's death. Despite these omissions, the clinical reviewer was still satisfied that Mr Gele's standard of care at the prison was equivalent to that he could have expected to receive in the community. I am concerned, however, that the use of restraints when Mr Gele was first taken to hospital in February, was not justified by fully considered risk assessments, which took into account his health and mobility.

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

October 2016

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Summary

Events

1. Mr Mohamed Gele had been in prison since August 2013 and had been at HMP Littlehey since January 2015. He had several serious medical conditions, including high blood pressure, obesity, epilepsy, diverticular disease, chronic back and knee pain, and mental health problems. Healthcare staff frequently reviewed Mr Gele's health and dispensed his medication.
2. In June 2015, routine blood tests revealed Mr Gele had a low blood albumin level and a raised C - reactive protein level, which can indicate an acute infection caused by an underlying chronic condition. A prison GP reviewed the results but took no further action. (Further tests later in the year showed similar results.)
3. In November, a prison GP examined Mr Gele, who had swelling on his abdomen, prescribed antibiotics and referred him urgently to a hospital specialist for suspected cancer. In December, Mr Gele reported stomach pain, which prison doctors treated with antibiotics. His condition did not improve and, in January 2016, he was admitted to hospital and given intravenous antibiotics.
4. On 16 February, Mr Gele was very unwell and admitted to hospital. Two officers escorted him and used an escort chain to restrain him. Hospital doctors diagnosed bilateral pneumonia. The next day, they moved Mr Gele to the hospital's intensive care unit, and the restraints were removed. He was placed on a ventilator but his condition declined and doctors diagnosed multiple organ failure. Mr Gele died at the hospital on 24 February.

Findings

5. Mr Gele had several serious health conditions when he arrived at Littlehey, which healthcare staff monitored appropriately, but abnormal routine blood tests in 2015 were not investigated further. The clinical reviewer considered that it was possible that earlier investigations into test results might have delayed the development of his lung condition but would not have prevented his death. Overall, we are satisfied that Mr Gele received an appropriate standard of care at the prison, equivalent to that he could have expected to receive in the community.
6. There was a delay of seven days in sending an urgent referral to hospital in November and healthcare staff did not follow this up when Mr Gele did not receive an appointment within the expected two weeks. Although this was unrelated to the cause of Mr Gele's death, in other cases such delays could be crucial.
7. We are concerned that prison managers decided to restrain Mr Gele when he was sent to hospital on 16 February, despite his limited mobility and poor state of health. He continued to be restrained even when he received intravenous treatment in the hospital's care unit. While we recognise that restraints were removed shortly afterwards, we do not consider that the earlier decisions were based on carefully considered risk assessments which took full account of Mr Gele's poor health and limited mobility, and how they affected his risk or escape.

Recommendations

- The Head of Healthcare should ensure that healthcare staff act on and follow up abnormal blood test results.
- The Head of Healthcare should ensure that all urgent referrals to specialists are monitored and followed up as necessary.
- 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

8. The investigator issued notices to staff and prisoners at HMP Littlehey informing them of the investigation and asking anyone with relevant information to contact him. One prisoner responded.
9. The investigator obtained copies of relevant extracts from Mr Gele's prison and medical records. He interviewed two members of staff at Littlehey on 6 May 2016. He spoke to the prisoner who had responded to the notices but he did not have additional relevant information about Mr Gele's care.
10. NHS England commissioned a clinical reviewer to review Mr Gele's clinical care at the prison.
11. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.
12. One of the Ombudsman's family liaison officers contacted Mr Gele's wife to explain the investigation. She had no specific matters for the investigation to consider.
13. Mr Gele's wife declined to receive a copy of the final report.
14. The initial report was shared with the Prison Service.

Background Information

HMP Littlehey

15. HMP Littlehey in Cambridgeshire is a medium security prison holding approximately 1,200 men. A large proportion of the population are men convicted of sexual offences.
16. Northamptonshire Health Care Foundation NHS Trust commissions healthcare services. The prison healthcare centre is open from 7.30am to 5.00pm, Monday to Friday, and from 8.00am to 12.30pm at weekends. A local practice provides GP services, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

HM Inspectorate of Prisons

17. The most recent inspection of Littlehey was in March 2015. Inspectors reported that there was effective clinical leadership and there had been a significant improvement in patient care since the previous inspection. Nurses with additional specialist training and skills ran relevant clinics for prisoners with lifelong health conditions. Each GP had an identified specialism, including chronic pain management.

Independent Monitoring Board

18. 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 January 2016, the IMB reported that the prison ran several specialist clinics and there had been a higher level of expenditure on health provision than expected due to the significant demands for healthcare services.

Previous deaths at HMP Littlehey

19. There have been 13 deaths from natural causes, at Littlehey, since January 2014. There were no significant similarities with the circumstances of the other cases that we have investigated.

Key Events

20. On 12 August 2013, Mr Mohamed Gele was remanded to HMP Wormwood Scrubs, charged with sexual offences. On 12 December 2014, he was sentenced to five years in prison. He was moved to HMP Littlehey on 12 January 2015.
21. At an initial health screen at Littlehey, a nurse noted that Mr Gele had a number of health conditions, including high blood pressure, obesity, chronic back and knee pain, epilepsy, asthma and mental health problems. He also suffered from diverticular disease (a digestive condition that affects the large intestine) and had a colostomy bag. Mr Gele had been prescribed several medications. On 16 January, a prison GP reviewed his prescriptions and decided he could keep his medication in his cell. (This was subsequently withdrawn, as staff received information that he was trading it.)
22. Healthcare staff created care plans to manage Mr Gele's physical and mental health and reviewed him frequently. His weight, as well as back and knee pain, affected his mobility and he used a wheelchair to go to the healthcare centre. Healthcare staff encouraged him to exercise and to lose weight by monitoring his food intake. On 9 February, at a weight management clinic, a healthcare assistant recorded his weight as 135kg (over 21 stone).
23. On 25 February, a nurse at a chronic disease review requested blood tests, including renal and liver function, serum lipid (cholesterol) level and a bone profile report. The next day a prison GP reviewed the results, which were normal.
24. On 24 June, routine blood tests revealed that Mr Gele had a low blood albumin level (known as hypoalbuminaemia). Albumin is a major protein and deficiencies are caused by chronic conditions such as liver, kidney or bowel disease, heart failure, malnutrition or cancer. He also had a raised c-reactive protein (CRP) level (indicating an acute infection or inflammation somewhere in the body). A prison GP reviewed the results on the same day but there is no indication that the results were investigated further. For the next few months, prison doctors routinely reviewed Mr Gele at least once a month and prison nurses saw him frequently.
25. In August 2015, a prison physiotherapist reviewed Mr Gele's mobility and told him the weakness in his knees was due to his obesity. On 5 November, his weight was 129.3kg. On 27 November, a prison GP reviewed Mr Gele, as he felt sick and had developed a swelling next to his colostomy bag. She recorded Mr Gele's weight as 125.8kg, but noted he had been exercising regularly. She arranged blood tests, prescribed antibiotics and referred him urgently to a colorectal surgeon at hospital under the NHS pathway, which requires patients with suspected cancer to be seen by a specialist within two weeks. (A healthcare administrator faxed the referral to the hospital on 4 December.)
26. On 1 December, a prison GP reviewed the results of Mr Gele's blood tests, which showed a low blood albumin level, raised CRP level and raised white blood cell count. On 2 December, another prison GP diagnosed an abscess and told Mr Gele to continue taking the antibiotics.

27. On 4 December, a prison GP examined Mr Gele, who said he had stomach pain. She noted the swelling on his abdomen had reduced and advised him to return if his symptoms worsened. Mr Gele's stomach pain returned and on 16 December, a prison GP prescribed two courses of antibiotics. On 30 December, Mr Gele told a mental health nurse that he still had abdominal pain and found it difficult to eat and sleep.
28. On 8 January 2016, a prison GP examined Mr Gele and noted the swelling on his abdomen had increased to the size of a cricket ball and he looked unwell. She arranged for an ambulance to take him to hospital, where a colorectal surgeon examined him. Doctors treated Mr Gele with intravenous antibiotics and arranged for him to have a CT scan of his abdomen and pelvis. He returned to Littlehey on 10 January.
29. On 29 January, Mr Gele had the CT scan and on 10 February, the hospital informed a prison GP that the results suggested an obstruction in Mr Gele's bowel. That day, the GP saw Mr Gele to discuss the scan results. As he had no abdominal pain or vomiting and was able to open his bowels, the GP concluded that he no longer had a bowel obstruction.
30. At 2.30pm on 16 February, told a nurse that he felt increasingly unwell. His legs were swollen and he appeared drawn. The nurse was unable to take Mr Gele's blood because he was too cold and she could not find a suitable vein. A prison GP advised her to try again that evening. At 6.47pm, a nurse went to Mr Gele's cell to take the blood test and his clinical observations. Mr Gele had not eaten and was lying in bed with little movement or communication. The nurse noted that he was shaking, dehydrated and confused and arranged an emergency ambulance to take him to hospital.
31. Mr Gele left the prison at 7.35pm, escorted by two officers, who used an escort chain to restrain him. Shortly after they arrived at the hospital, the escort officers were given permission to remove the escort chain to allow doctors to examine him but were told to restrain him again afterwards. At the request of a doctor they removed the chain temporarily at 10.30pm to allow treatment, and replaced it afterwards.
32. Hospital doctors diagnosed bilateral pneumonia and noted that Mr Gele's blood albumin was very low. There was no blockage in his bowel. At 1.25pm on 17 February, doctors told the escort officers that his condition was very serious. Despite treatment with intravenous antibiotics and antifungal medication, his blood pressure was low, he had a temperature and his breathing worsened. At 7.25pm, hospital staff moved Mr Gele to the intensive care unit. Mr Gele continued to be restrained, but the escort officers finally removed the escort chain at 10.45pm. The next day, staff placed him on a ventilator, but his condition continued to deteriorate. Doctors diagnosed multiple organ failure and Mr Gele died at 10.24pm on 24 February.

Contact with Mr Gele's family

33. When Mr Gele went to hospital on 16 February 2016, a prison manager was appointed as the prison's family liaison officer. He informed Mr Gele's brother-in-law, who he had named as his next of kin, that Mr Gele was in hospital. His brother-in-law asked the family liaison officer to contact Mr Gele's wife. The next morning, he spoke to Mr Gele's wife and offered support. Mr Gele's wife visited him in hospital twice.
34. On 23 February, the family liaison officer informed Mr Gele's wife that Mr Gele's condition had declined. She went to the hospital and stayed with Mr Gele until he died on 24 February.
35. The family liaison officer kept in contact with Mr Gele's wife and offered support. In line with national policy the prison contributed to the costs of his funeral, which was held on 26 February.

Support for prisoners and staff

36. After Mr Gele's death, a prison manager debriefed the staff involved in his care. He offered his support and that of the staff care team.
37. The prison posted notices informing staff and prisoners of Mr Gele's death, and offering support. Staff reviewed all prisoners considered to be at risk of suicide or self-harm, in case they had been adversely affected by Mr Gele's death.

Post-mortem report

38. A post-mortem examination found that the cause of Mr Gele's death was bilateral pneumonia.

Findings

Clinical care

39. Mr Gele had several chronic medical conditions when he arrived at Littlehey. Healthcare staff produced appropriate care plans to manage his health problems and reviewed him frequently. The clinical reviewer was satisfied that Mr Gele's care was equivalent to that he would have expected to receive in the community and his was not preventable. However, he noted some areas for improvement.
40. From June 2015, blood tests indicated that Mr Gele's albumin level was low and his C - reactive protein level was raised, but there was no indication of what action was taken in response to these abnormal results. The clinical reviewer noted that it would be unusual for a man of Mr Gele's age (42) to die from bilateral pneumonia without a significant underlying disease. Although he did not consider that Mr Gele's death could have been prevented, he noted that it is possible that earlier investigations and treatment might have delayed the development of the lung condition that led to his death. We make the following recommendation:

The Head of Healthcare should ensure that healthcare staff act on and follow up abnormal blood test results.

41. On 27 November 2015, a prison GP examined and because of his symptoms, made an urgent referral for further investigations. However, a healthcare assistant did not fax the referral to the colorectal department at Hinchingsbrooke Hospital until 4 December. While it was the responsibility of the hospital to make the appointment, there was no evidence that healthcare staff department actively followed up the referral to ensure that Mr Gele saw a specialist within the expected two weeks. Mr Gele did not see a colorectal surgeon until he was admitted to hospital on 8 January 2016. The surgeon found no evidence of a blockage. While this was not related to the circumstances of Mr Gele's death, we are concerned about the delay in managing this urgent referral, which could in other cases, be critical. We make the following recommendation:

The Head of Healthcare should ensure that all urgent referrals to specialists are monitored and followed up as necessary.

Restraints, security and escorts

42. 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.

43. Mr Gele was unable to walk long distances and used a wheelchair. The risk assessment completed before he was taken to hospital on 16 February indicated that he was a low risk in respect of all the security factors listed, including risk of escape and to the public. The medical section of the form stated there was no objection to the use of restraints but noted that he was very poorly. (A nurse had written in his medical record that he was motionless, hardly communicating, shaking, dehydrated and confused.) A prison manager decided that staff should use an escort chain, "due to mobility being poor". The escort chain was removed for short periods to allow staff to examine and treat Mr Gele.
44. At 1.25pm on 17 February, the hospital told prison staff that Mr Gele's condition was serious. In spite of this, a senior management check at 5.50pm indicated that the escort chain should remain in place. Mr Gele was taken to the Intensive Therapy Unit at 7.25pm, when his condition declined further. However, he remained restrained and the escort chain was not removed until 10.45pm.
45. The Head of Security said that because of the nature of prisoners' offences at Littlehey, staff err on the side of caution and generally use an escort chain as the least restrictive type of restraint
46. Public protection is fundamental, but security measures must be proportionate to a prisoner's individual circumstances. Mr Gele had limited mobility and was further incapacitated by his illness. He was being treated with intravenous drugs through his neck in hospital. The risk assessment acknowledged that his condition was poor and restraints were used while he was in the hospital's critical care unit. It seems that the decision was based on the nature of his offences rather on his actual risk at the time. While we recognise that restraints were removed when Mr Gele's condition became critical, we do not consider that prison managers appropriately considered how his earlier condition affected his risk, in line with the court judgment. 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.

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