Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Mohammed Jamil a prisoner at HMP Lindholme on 21 May 2019

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.

Mr Mohammed Jamil died on 8 June 2018, of carcinomatosis (widespread cancer), a liver tumour and coronary artery atheroma (the build-up of fatty deposits on the walls of the arteries around the heart) at HMP Lindholme. He was 79 years old. I offer my condolences to Mr Jamil's family and friends.

Mr Jamil arrived at HMP Lindholme was a number of pre-existing medical conditions. As his health deteriorated, he became a challenging prisoner to manage. Despite the best efforts of healthcare staff, he often refused their advice and offers of assistance, even though it was explained to him that doing so would be detrimental to his health.

Healthcare staff considered Mr Jamil would benefit from a transfer to an inpatient social care unit at HMP Leeds, however during a review to approve the transfer, he assaulted a social worker and an Imam. Mr Jamil subsequently agreed to the move, but he died before the transfer could be arranged.

I am satisfied that Mr Jamil received a good standard of care at Lindholme, which was equivalent to that which he could have expected to receive in the community.

We have made no recommendations.

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 **November 2019**

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Summary

Events

1. On 2 March 1998, Mr Mohammed Jamil was remanded into prison custody, charged with murder and arson. On 21 December, he was sentenced to life imprisonment and was sent to HMP Leeds. Mr Jamil was transferred to HMP Lindholme on 21 September 2007.

2. Mr Jamil had a number of pre-existing medical conditions: diet controlled diabetes, hypertension (high blood pressure), raised cholesterol, angina (chest pain caused by reduced blood flow to the heart muscles), back pain and he used a walking stick to mobilise.

3. Mr Jamil was noted as being a smoker since the age of 14. He was offered smoking cessation advice, but, despite the best efforts of healthcare staff, he consistently refused all help to stop smoking throughout his time in custody. Care plans were created to manage Mr Jamil's conditions and he was referred to specialist clinics at the prison for regular reviews.

4. During a review on 12 January 2019, Mr Jamil complained of chest pain. A nurse noted he was short of breath and was struggling to clear his chest. She considered that he would benefit from a review by hospital staff but he refused to go to hospital. Healthcare staff reviewed Mr Jamil regularly over the days that followed and noted that his condition did not improve. Despite numerous attempts to persuade him otherwise, Mr Jamil consistently refused to go to hospital for review.

5. On 17 January, a prison GP diagnosed Mr Jamil with a chest infection. She carried out full blood tests, which showed that he had also developed anaemia. She prescribed medication to treat his conditions and told him about the importance of taking it as advised. However, Mr Jamil did not take his medication consistently. Following a further review on 4 February, he was prescribed a course of antibiotics for his chest infection.

6. On 27 February, Mr Jamil was reviewed by a visiting psychiatrist. The psychiatrist found no evidence that Mr Jamil had dementia or any other mental health illness that might impair his decision making about his care and treatment.

7. On 18 April, the results of a routine blood test showed that Mr Jamil had a raised NT-proBNP level (a raised B type natriuretic level is an indicator of possible heart failure). A prison GP reviewed the results and prescribed furosemide, a diuretic used to reduce swelling. The GP talked to Mr Jamil about the importance of taking the furosemide medication to lessen the chances of a heart attack. Mr Jamil agreed to take it as advised. The GP made a two-week wait referral to a Heart Failure Clinic at the hospital. However, despite encouragement from healthcare staff, Mr Jamil did not take the furosemide as directed.

8. During a review on 20 May, following a fall in his cell earlier in the day, Mr Jamil had become incontinent of faeces and was noted to be extremely tired. The nurse was concerned for his well-being and asked the night patrol staff to review him every 30 minutes throughout the night.

9. At 3.30am on 21 May, a night patrol officer could not get a response from Mr Jamil when she knocked on his cell door. She looked into the cell and saw him lying on his bed with his arms across his chest. She called his name, but again he did not respond.

10. The night patrol officer immediately called a code blue emergency (used to indicate a prisoner is unconscious or having difficulty breathing) over her radio. Officers from the Night Intervention Team arrived immediately and entered the cell. They began cardiopulmonary resuscitation (CPR) but were unsuccessful. At 3.50am, paramedics arrived at Mr Jamil's cell and took over CPR.

11. Mr Jamil did not respond and at 4.00am, the paramedics confirmed that Mr Jamil had died.

Findings

12. The clinical reviewer found that Mr Jamil received a good standard of clinical care at Lindholme. Despite his unwillingness on occasion to engage with healthcare staff, they appropriately assessed his clinical needs and sought advice from hospital specialists.

13. We are satisfied that the standard of care Mr Jamil received at Lindholme was equivalent to that which he could have expected to receive in the community.

14. We make no recommendations.

The Investigation Process

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

16. The investigator obtained copies of relevant extracts from Mr Jamil's prison and medical records.

17. NHS England commissioned an independent clinical reviewer to review Mr Jamil's clinical care at the prison.

18. We informed HM Coroner for South Yorkshire East of the investigation. The coroner gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

19. Mr Jamil did not list anyone as next of kin at the prison. The prison was unable to locate any of Mr Jamil's family or friends.

20. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS did not find any factual inaccuracies.

Background Information

HMP Lindholme

21. HMP Lindholme is a medium security prison near Doncaster, which holds approximately 1,000 men. Care UK provides healthcare services with healthcare staff on duty between 7.30am and 7.30pm every day.

HM Inspectorate of Prisons

22. The most recent inspection of HMP Lindholme was in October 2017. Inspectors noted that the range of primary care services available at the prison were appropriate with nurses promptly assessing prisoners before referring them to a GP for review, if needed.

23. A dedicated lifelong condition nurse, supported by healthcare colleagues, ensured that those prisoners with long term and complex conditions were identified when they arrived at the prison, and were reviewed regularly.

24. Inspectors also considered that the standard of care plans was good. Healthcare staff worked jointly with Doncaster Metropolitan Borough Council to cater for those prisoners who needed social care.

Independent Monitoring Board

25. 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 2019, the IMB found that staffing levels within the healthcare department were of concern.

26. The IMB were also concerned that the designation of part of J wing at the prison into an over 50s unit for older prisoners, had created a greater burden of long term care for already reduced staffing levels.

Previous deaths at HMP Lindholme

27. Mr Jamil was the twelfth prisoner to die at Lindholme since June 2017. One death was from natural causes, four deaths were self-inflicted and six deaths were drug-related. There has been one drug-related death since Mr Jamil's death. There are no similarities with those cases.

Key Events

28. On 2 March 1998, Mr Mohammed Jamil was remanded into prison custody charged with murder and arson. On 21 December, he was sentenced to life imprisonment and was sent to HMP Leeds. On 21 September 2007, Mr Jamil was transferred to HMP Lindholme. Mr Jamil had a number of pre-existing medical conditions including diet controlled diabetes, hypertension (high blood pressure), raised cholesterol, angina (chest pain caused by reduced blood flow to the heart muscles), back pain and he used a walking stick to mobilise.

29. Mr Jamil was noted as having been a smoker since the age of 14. He was offered smoking cessation advice, but despite the best efforts of healthcare staff, he consistently refused help to stop smoking. In line with NICE (National Institute for Health and Care Excellence) guidelines, he was given an influenza injection, which he received annually.

30. Care plans were created to manage Mr Jamil's various conditions and he was referred to specialist clinics at the prison for regular reviews. Aside from regular reviews, Mr Jamil had little significant contact with healthcare staff.

31. On 21 March 2017, during a routine review by a prison GP, Mr Jamil was given a cardiovascular disease ten-year risk score test (which takes a number of factors such as gender, age, blood pressure, if the patient is a smoker and cholesterol level. A score is given for each factor which when totalled, gives an indicator of the probability of a patient developing heart disease in the next 10 years). The results showed that Mr Jamil had 67.54% chance of developing heart disease. In line with NICE guidelines, the GP prescribed atorvastatin, which is used to reduce the levels of cholesterol in the blood to lessen the risk of developing heart disease.

32. On 22 May, a nurse carried out a routine review on Mr Jamil and he had ECG (electrocardiogram, measures the electrical output of the heart). The results showed that Mr Jamil had an irregular heartbeat. The nurse referred Mr Jamil to a GP for review.

33. Later the same day, a prison GP reviewed Mr Jamil. She noted the results of the ECG and considered he would benefit from a review by hospital staff. However, Mr Jamil refused to go to hospital. The GP prescribed rivaroxaban (used to lessen the effect of clotting substances in the blood stream negating the risk of blood clots developing causing a possible blockage to his heart).

34. Because Mr Jamil had refused to go to hospital for review, the GP considered he would benefit from a 24-hour tape (a small recorder worn to monitor the heart over a 24-hour period) but again, Mr Jamil refused. The GP considered Mr Jamil had the mental capacity to make decisions about his care.

35. Mr Jamil had regular ECGs and the results showed that his irregular heart beat had improved.

36. On 15 August, a nurse repeated Mr Jamil's 10-year cardiovascular disease risk test, he scored 80.5%. The nurse noted she would review him in one year's time.

37. On 4 September 2018, a nurse carried out her annual review as planned. Mr Jamil was noted as having a 75.54% chance of developing cardiovascular disease, a reduction of 5% on his previous test. His prescribed medications were reviewed and adjusted and his care plans updated. Mr Jamil decided to accept the smoking cessation advice offered by the nurse. Despite the support of healthcare staff, Mr Jamil subsequently failed to stop smoking, but he agreed to use an electronic cigarette.

38. On 12 January 2019, a nurse reviewed Mr Jamil after he complained of chest pain. She took his observations and noted that he was short of breath and struggling to clear his chest, making breathing difficult. She considered that he would benefit from a review by hospital staff, but again, Mr Jamil refused to go to hospital. The nurse asked healthcare staff to review him again later the same evening.

39. Another nurse reviewed Mr Jamil as requested. She examined him and noted his chest sounded congested and that he had difficulty speaking. She too considered he would benefit from a review by hospital staff, but as previously, Mr Jamil refused to go to hospital. Despite the nurse talking to Mr Jamil about the importance of a hospital review, Mr Jamil consistently refused her advice. She told him that if at any time he changed his mind, she would arrange for him to be taken to hospital.

40. The nurse reviewed Mr Jamil again on 13 and 14 January, and noted his condition had not improved. She encouraged him to reconsider his decision not to attend hospital. But despite her best efforts, Mr Jamil again refused her advice.

41. On 17 January, a prison GP reviewed Mr Jamil. She noted the issues with his chest and suspected that he might have a chest infection. She carried out full blood tests which showed that he had anaemia (a decrease in oxygen levels in the blood) and that he had a slightly raised ESR level (erythrocyte sedimentation rate, an indicator of inflammation of the lining of the arteries and a worsening of his diabetes). She prescribed iron supplements to treat his anaemia and prednisolone to treat his chest infection. She planned to review him again and to carry out further blood and urine tests.

42. However, when a prison pharmacy technician took Mr Jamil his prednisolone tablets the following day, he refused to take them. She told him about the importance of taking his prescribed medication, but he refused. She tried to encourage Mr Jamil to take his medication again later the same day, but again he refused.

43. On 21 January, a multi-disciplinary meeting (MDT) was held to discuss Mr Jamil's care. It was noted that although Mr Jamil had agreed to take the prednisolone he had been prescribed, he was not taking it consistently. Concerns were also raised about the condition of his cell. Prison officers on the wing told the meeting that despite encouragement, and the offer of help from a buddy (a prisoner who volunteers to assist with daily tasks), Mr Jamil refused to keep his cell tidy.

44. Following the meeting, it was decided that Mr Jamil should be referred to social care providers, and a review by MHIRT (the prisons mental health in reach team)

to assess his mental capacity. Further MDT meetings were held regularly about Mr Jamil's care.

45. On 26 January, a nurse from the prison's social care team reviewed Mr Jamil. She noted that although he was resistant to her involvement, he did agree to be reviewed by her twice a week so that she could encourage him to take his prescribed medications and to keep his cell tidy.

46. On 28 January, a prison GP reviewed Mr Jamil again and carried out a series of full blood tests. The results were abnormal. She sent the results to haematology department at Doncaster and Bassetlaw Hospital for further review.

47. The GP reviewed Mr Jamil again on 4 February. She considered that although his chest infection had improved, he would still benefit from a course of antibiotics. She prescribed a 7-day course of amoxycillin.

48. On 8 February, haematology staff at Doncaster and Bassetlaw Hospital told the prison GP that following a review of the blood samples sent to them on 28 January, Mr Jamil would benefit from a course of ferrous sulphate tablets (iron supplement used to treat patients with anaemia). His prescribed medications were updated to reflect the advice of the hospital staff and his care plans were reviewed and updated.

49. On 27 February, Mr Jamil was reviewed by a visiting prison psychiatrist because of the concerns raised about his lack of willingness to comply with advice from healthcare staff. He considered that Mr Jamil was gradually deteriorating physically, but he could find no evidence that he had dementia or any other mental health illness and considered that Mr Jamil had the mental capacity to make choices about his treatment. He did not plan any further reviews, but told healthcare staff that he would review Mr Jamil again if they had any specific concerns.

50. On 6 March, the prison's physiotherapist reviewed Mr Jamil to assess his level of mobility. He considered that Mr Jamil would benefit from the use of a walking stick. He provided him with one the same day and made sure he was confident in using it. He also considered that Mr Jamil would benefit from the use of a wheelchair for longer distances. Mr Jamil refused to use a wheelchair and said that he was happy with using the walking stick.

51. At an MDT meeting held on 5 April, it was decided that Mr Jamil would be encouraged to move to a different wing which had a larger cell that could accommodate a hospital bed and was better suited to his mobility needs. A nurse from the prison's MHIRT said that following his recent psychiatric review, there was no evidence to suggest that Mr Jamil needed mental health input and that he had been assessed as having the mental capacity to make decisions about his care and treatment.

52. However, she considered that it would be beneficial to involve the prison's Imam to find out if there were any cultural reasons for Mr Jamil's lack of engagement with healthcare staff. The Imam could not offer an explanation from a cultural point of view to account for Mr Jamil's decision not to accept the advice and assistance from healthcare staff.

53. On 9 April, a prison GP reviewed Mr Jamil after he fell in his cell. She noted that although he did not have any physical injuries, she was concerned about his physical condition. She referred him for full blood tests, chest X-ray and ECG. She considered that Lindholme might not be the most suitable prison for Mr Jamil and asked a nurse to find out if HMP Leeds, which had an inpatient social care wing, had the space to accept him. Staff at Leeds told the nurse that they would start processing her referral.

54. The following day, the prison's physiotherapist reviewed Mr Jamil. He noted that he had had a fall in his cell the previous evening, but had not sustained any injuries. He considered that the accumulation of items in Mr Jamil's cell had been a contributing factor to his fall, and with the help of prisoners, the cell was cleared of any unnecessary items. The physiotherapist also considered that Mr Jamil would benefit from a move to a larger cell and that he would benefit from a hospital bed and zimmer frame (a rigid frame to assist those with poor mobility to walk). Despite Mr Jamil's previous refusal, the physiotherapist also made a referral to wheelchair services for the occasions Mr Jamil needed to travel longer distances.

55. On 15 April, healthcare staff asked the night patrol officers to carry out hourly observations on Mr Jamil to ensure his safety.

56. On 17 April, a nurse noted that Mr Jamil's legs were swollen, indicating fluid retention, which was affecting his already reduced mobility. She also noted that despite repeated efforts by prison officers, Mr Jamil refused to move to a larger cell, preferring instead to stay among his friends.

57. The following day, a prison GP reviewed the results of the blood tests previously requested by another GP. She noted the results were abnormal with his NT-proBNP level higher than expected (a raised B type natriuretic level is an indicator of possible heart failure). She made a two-week wait referral to the Heart Failure Clinic at Doncaster and Bassetlaw Hospital. She also noted the swelling to Mr Jamil's legs (swelling of the lower limbs can be an indicator of heart failure) and prescribed furosemide, a diuretic used to reduce swelling. She talked Mr Jamil about the importance of taking the furosemide and he agreed to take them as advised.

58. A prison GP reviewed Mr Jamil again on 23 April. She reviewed the results of the ECG that had been requested by another GP and it did not show anything of concern. However, hospital staff had reviewed Mr Jamil's recent blood test results and considered that he needed a hospital review. However, despite repeated attempts by healthcare staff, Mr Jamil refused to go to hospital.

59. On 30 April, a nurse reviewed Mr Jamil. She noted that it still had not been possible to get him to agree to move to a more suitable cell.

60. The following day, a member of the prison's social care team accompanied by the prison Imam, reviewed Mr Jamil's suitability for a transfer to the social care wing at Leeds. Shortly after they began their review, Mr Jamil refused to discuss his transfer to Leeds, and told them that he wanted to talk about his sentence instead. When the social care team member told him that they were not there to discuss his sentence, only his transfer to Leeds, Mr Jamil became aggressive

and hit her on her hand with his walking stick and pulled the Imam's beard. They left the room before a full review could be completed.

61. On 7 May, a prison GP reviewed Mr Jamil. She noted that his condition had not worsened and he had not been taking the furosemide as directed. She told him that by not taking it he risked damage to his heart, or a heart attack. Mr Jamil told the GP that he understood, but that it was his choice not to take the medicine regularly. The GP noted that Mr Jamil had the capacity to make choices about his treatment.

62. During her review, the GP talked to Mr Jamil about the incident with the social care team member and the Imam. He told her that he had changed his mind since their meeting and wanted to be transferred to Leeds but said that he wanted his buddy prisoners to accompany him on the journey. The GP agreed to speak with the security department at the prison to see if it would be possible to facilitate his request.

63. On 16 May, the GP reviewed Mr Jamil again. She told him that because of his behaviour, the social care team member had asked that before a transfer to Leeds be actioned, Mr Jamil should be referred for an IMCA (an independent mental capacity assessment). He agreed to the referral.

64. On the morning of 20 May, a pharmacy technician took Mr Jamil's prescribed medications to his cell but Mr Jamil refused to take them. The pharmacy technician asked his buddy prisoner to help her to persuade him to take them, but Mr Jamil still refused. She made repeated attempts to try to encourage him to take his medication, without success.

65. Shortly after she left his cell, Mr Jamil had a fall. The officers who found him considered that he might have had a stroke. A nurse took his observations but found no significant injuries, apart from a small cut to the bridge of his nose. She found no evidence that Mr Jamil had had a stroke. She made him comfortable in bed and planned to review him again later that day.

66. When a nurse reviewed Mr Jamil later that evening, she noted that he had become incontinent of faeces. She washed him and gave him fresh bedding and clothing and helped him back to bed. She took his observations, but aside from him being extremely tired, she recorded nothing of concern.

67. Concerned for his well-being, the nurse asked prison officers to review Mr Jamil four times an hour, and to contact her immediately if they had any concerns. In addition, Mr Jamil's buddy prisoner was given access to his cell at all times and was told to raise any concerns immediately with healthcare staff.

68. A nurse sent an email to the social care wing at Leeds to check if there had been any progress with Mr Jamil's transfer. A nurse also arranged for the night patrol staff on Mr Jamil's wing to increase their hourly welfare checks to every thirty minutes throughout the night.

69. That night, an Operational Support Grade (OSG) carried out welfare checks on Mr Jamil every thirty minutes as requested by the nurse. When she carried out a welfare check at 3.30am on 21 May, Mr Jamil did not respond to her when she knocked on his cell door. She looked into the cell and saw Mr Jamil lying on his

bed with his arms across his chest. She called his name, but again he did not respond.

70. The OSG immediately called a code blue emergency (used to indicate a prisoner is unconscious or having difficulty breathing) over her radio. The control room called an emergency ambulance. Six prison officers arrived at Mr Jamil's cell within two minutes and entered the cell immediately. The officers began cardiopulmonary resuscitation (CPR) but were unsuccessful. At 3.50am, paramedics arrived at Mr Jamil's cell and took over CPR.

71. Mr Jamil did not respond and at 4.00am, the paramedics confirmed that Mr Jamil had died.

Contact with Mr Jamil's family

72. At 8.30am on 21 May 2019, a Custodial Manager (CM) was appointed to act as the prison's family liaison officer (FLO). Mr Jamil did not have a next of kin listed in his prison records. The Imam had previously discussed the lack of next of kin with Mr Jamil and he had told him that due to the nature of his offence, he had no contact with his family, who the Imam believed lived in Bangladesh.

73. The FLO examined Mr Jamil's list of telephone contacts and visitors, but other than official visitors, there were no contact details for any friends or family. She telephoned his probation officer who was also unable to assist with any contact details for any friends or family. Despite repeated efforts over the days that followed, the FLO was unable to locate any family or associates of Mr Jamil.

74. In accordance with his religion, the Imam took Mr Jamil's body to a mosque to prepare for the funeral.

75. Mr Jamil's funeral was held on 29 May. The Imam conducted the ceremony and representatives from the local mosque and the prison attended. The prison paid the cost of the funeral in line with national guidance.

Support for prisoners and staff

76. After Mr Jamil's death, a prison manager debriefed the staff who were involved in the incident giving them the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.

77. The prison posted notices informing other prisoners of Mr Jamil'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 Jamil's death.

Post-mortem report

78. The post-mortem report gave the cause of death as carcinomatosis (widespread cancer), ischaemic heart disease, a liver tumour and coronary artery atheroma (fatty deposits on the walls of the arteries in the heart).

Findings

Clinical care

79. Mr Jamil arrived at Lindholme with a number of pre-existing medical conditions. The clinical reviewer found that there was good evidence in his medical records of appropriate management and reviews of those conditions, and that care plans were put in place, which were reviewed regularly and updated in line with NICE guidelines.

80. The clinical reviewer also found that Mr Jamil had regular cardiovascular disease ten-year risk score tests, and that as his risk increased, healthcare staff sought advice and reviewed his prescribed medications appropriately. In addition to his prescribed medications, healthcare staff often discussed the importance of a healthy diet and exercise with Mr Jamil, which he chose to ignore.

81. Despite the best efforts of both healthcare staff, and mental health staff, Mr Jamil on occasion, refused to take his medication, or to attend hospital when advised to do so. There is good evidence in his medical records that when he did refuse the advice of healthcare staff, they spent time with him encouraging him to engage and explaining the detrimental effect his decisions could have on his health, particularly in respect of his prescription for furosemide.

82. The clinical reviewer concluded that the clinical care Mr Jamil received while at Lindholme was equivalent to that which he could have expected to receive in the community. We agree.

83. The clinical reviewer has made a recommendation in her review about the provision of medical equipment, which we do not repeat in this report but which the Head of Healthcare will wish to address.

Location

84. On 10 April 2019, the prison's physiotherapist carried out an assessment on Mr Jamil's level of mobility and suitability of his location. Following his assessment, he considered Mr Jamil would benefit from a hospital bed, a zimmer frame and a wheelchair to assist him to mobilise over longer distances.

85. He noted Mr Jamil's cell was too small to accommodate a hospital bed. He spoke with prison officers on the wing and told them that they planned to move Mr Jamil to a cell on an adjacent wing which was large enough to accommodate the hospital bed as soon as one became available.

86. The same day, following an MDT meeting, it was decided that Mr Jamil would benefit from a transfer to HMP Leeds, because it had an inpatient social care unit for those prisoners needing an enhanced level of care. For Mr Jamil to transfer to Leeds, a referral and review by a member of the social care team was needed and a referral was made the same day.

87. On 17 April, a hospital bed arrived and Mr Jamil was due to move to a larger cell as planned. However, he became extremely agitated and told staff that he did not want to move.

88. On 25 April, a nurse reviewed Mr Jamil. He still refused to move to a larger cell. The officers told the nurse that they had discussed it with Mr Jamil but he had consistently refused. They said that the only option they had left open to them would be to move Mr Jamil to the cell under restraint. The nurse agreed that would not be advisable given Mr Jamil's poor health.

89. On 20 May, the nurse sent an email to HMP Leeds social care unit asking them to expedite Mr Jamil's transfer to the social care unit. However, before the move could take place Mr Jamil died.

90. We are satisfied that as his condition deteriorated, both healthcare staff, and prison officers, repeatedly encouraged Mr Jamil to move to a larger, better equipped cell. Healthcare staff made good efforts to encourage him to accept the offer of a transfer to HMP Leeds. However, despite those efforts, Mr Jamil consistently refused.

91. We make no recommendation.

Mental capacity to make decisions

92. During his time at Lindholme, Mr Jamil was often a difficult prisoner to manage, consistently refusing to comply with the advice given to him by healthcare staff. In addition, he would occasionally refuse to attend hospital when healthcare staff considered he would benefit from a review by hospital staff.

93. There are a number of entries in Mr Jamil's medical records by a prison GP evidencing that she had carried out assessments of his mental capacity. She consistently found no evidence to suggest he did not have the mental capacity to make decisions about his care, and the treatment options open to him.

94. In addition, on 27 February 2019, Mr Jamil was reviewed by a psychiatrist who worked closely with Lindholme. Following his assessment, he noted that he also had found no evidence to indicate that Mr Jamil had dementia, or any other mental health illness that might impair his decision making.

95. Prior to being accepted for a transfer to HMP Leeds inpatient social care unit, Mr Jamil had been referred for a further review of his mental capacity by an independent assessor. However, Mr Jamil died before that assessment could take place.

96. We are satisfied that healthcare staff acted in line with PSI 64/2011 which says that if a prisoner refuses treatment, a prompt mental capacity assessment should be carried out.

97. Both mental health staff, including a review by a visiting psychiatrist, and healthcare staff reviewed and assessed Mr Jamil's mental capacity to make decisions about his care. Mr Jamil was assessed consistently as having the mental capacity to make decisions about his care and treatment.

98. We make no recommendation.

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