Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Khalilur Rahman, a prisoner at HMP Standford Hill, on 31 October 2020

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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Summary

1. 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.

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

3. Mr Khalilur Rahman died from COVID-19 pneumonia on 31 October 2020, at HMP Standford Hill. He was 64 years old. I offer my condolences to Mr Rahman's family and friends.

4. Mr Rahman had myelofibrosis (a rare blood cancer) and, because of this, Guy's Hospital sent him a letter on 5 May 2020 advising him to shield. There is no evidence that prison healthcare staff discussed this letter with Mr Rahman or advised him to shield.

5. On 22 October, Mr Rahman had a cough and a high temperature and was sent to hospital, where he tested positive for COVID-19. We are concerned that when Mr Rahman returned to prison on 27 October, he was not assessed by healthcare staff. In addition, when a nurse saw Mr Rahman in the days leading up to his death, she did not make any record of her observations.

6. The clinical reviewer concluded that, up to his final illness, the care Mr Rahman received for his health conditions at Standford Hill was reasonable and roughly equivalent to that which he could have expected to receive in the community. However, he found that the care Mr Rahman received in relation to COVID-19 was not equivalent.

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

Recommendations

- The Head of Healthcare should ensure that staff identify prisoners who are either at high risk of contracting COVID-19, or of developing complications if they contract it, and manage such prisoners in line with national guidance.

- The Head of Healthcare should ensure that prisoners who return from hospital following an acute illness should be assessed on their return.

- The Head of Healthcare should ensure that prisoners who test positive or have symptoms of COVID-19 infection are monitored regularly and re-tested, both to ensure their recovery and to prevent the spread of infection to other prisoners.

The Investigation Process

7. NHS England commissioned a clinical reviewer to review Mr Rahman's clinical care at HMP Standford Hill. The clinical review report is attached as Annex 1.

8. The PPO's investigator investigated the non-clinical issues, including aspects of the prison's response to COVID-19 and shielding prisoners, Mr Rahman's location, the security arrangements for his journey and admission to hospital, liaison with his family, and whether early release was considered.

9. The clinical reviewer and the investigator jointly interviewed two healthcare staff on 2 March. The interviews were conducted by telephone due to the restrictions in place during the COVID-19 pandemic. The transcripts are attached as annexes.

10. The PPO's family liaison officer wrote to Mr Rahman's next of kin, his son, to explain the investigation and ask if there were any matters he wanted the investigation to consider. He and another of Mr Rahman's sons had no specific questions but asked for a copy of our report. One of Mr Rahman's daughters also responded. She asked:

    - Was he given the wrong medication and neglected because he was old?
    - Why was his parole delayed?
    - How was Mr Rahman able to contract COVID-19 in prison?
    - Was he given appropriate care after he was diagnosed with COVID-19?
    - Why was he discharged from hospital?

    She also made complaints about Mr Rahman's offender manager (probation officer).

11. Some of these questions are answered in this report or in the clinical review. Questions about Mr Rahman's parole, treatment in hospital or healthcare unrelated to his death are outside the remit of this investigation.

12. Mr Rahman's family received a copy of the initial report. They did not raise any further issues, or comment on the factual accuracy of the report.

13. The initial report was shared with the Prison Service. The Prison Service did not find any factual inaccuracies and their action plan is annexed to this report.

Previous deaths at HMP Standford Hill

14. Mr Rahman was the second prisoner at Standford Hill to die, since October 2018. The previous death was from natural causes (not COVID-19 related).

COVID-19 (coronavirus)

15. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, sneezes, speaks or breathes heavily. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a worldwide pandemic.

16. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. People at high risk (clinically extremely vulnerable) include those who have had an organ transplant; have severe lung or kidney disease; or are having certain types of cancer or other treatment which significantly increases the risk of infection. Examples of those at moderate risk (clinically vulnerable) are people over 70; people under 70 with an underlying health condition, such as diabetes, or chronic respiratory, heart, liver or kidney disease; those with a weakened immune system; or who are very overweight. (These lists are not exhaustive.)

17. In response to the initial pandemic outbreak, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain the outbreak - to be implemented at local level, depending on the needs of individual prisons. (An outbreak is defined as two or more prisoners, or staff, who are clinically suspected, or have tested positive for COVID-19 within 14 days.) A key strategy is ‘compartmentalisation’ to cohort and protect prisoners at high and moderate risk; isolate those who are symptomatic; and separate newly-arrived prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

18. In December 2000, Mr Khalilur Rahman was sentenced to life in prison for murder. On 23 March 2019, he was moved to HMP Standford Hill.

19. Mr Rahman had several long-term health issues, including diabetes and hypertension (high blood pressure). He had also been diagnosed with myelofibrosis (a rare type of blood cancer).

20. On 5 May 2020, Guy's Hospital sent a letter to Mr Rahman advising him that his myelofibrosis put him at risk of serious illness if he contracted COVID-19 and that he should consider shielding. There is no evidence that this letter was discussed with Mr Rahman or that prison healthcare staff advised him to shield.

21. On 22 October, an officer asked a nurse to see Mr Rahman because he seemed to be forgetful and was incontinent of urine. The nurse took his observations and noted that they were all within normal ranges. She discussed his incontinence and arranged for him to be given incontinence pads. She told officers to monitor Mr Rahman and to call her if they were concerned.

22. Later that afternoon, the nurse was called to see Mr Rahman again. She noted that he was coughing and Mr Rahman told her that he had had a cough for two days. She noted that he also had a high temperature. She said that he needed to be assessed by paramedics and called an ambulance. Paramedics attended and took Mr Rahman to hospital.

23. Mr Rahman was admitted to hospital where he was treated for an acute kidney injury (meaning problems with kidney function, usually as a result of another illness). While in hospital he tested positive for COVID-19, although he did not have any symptoms. He had a chest X-ray which showed that his chest was clear. On 27 October, he was discharged from hospital and taken back to prison.

24. When Mr Rahman returned to prison, he was put into isolation in line with the COVID-19 guidelines. He was not formally assessed when he got back to the prison but the nurse said at interview that she saw him daily and he appeared to be well.

25. On 29 October, prison staff asked healthcare staff to see Mr Rahman in his cell as he appeared to be confused. The nurse took Mr Rahman's temperature, which she noted was normal, and she also noted that Mr Rahman communicated well and did not appear to be confused.

26. On 31 October, at 10.25am, an officer went to Mr Rahman's cell to check on him. When she opened the cell door, she found Mr Rahman lying on the floor in distress. The officer said that he was conscious but incoherent so she called on the radio for assistance. A Custodial Manager (CM) arrived and called a code blue (a medical emergency code used when a prisoner is unconscious or having breathing difficulties).

27. Mr Rahman was conscious and the CM kept talking to him while waiting for the paramedics to arrive. At 10.45am, paramedics arrived at the cell. While the paramedics were assessing Mr Rahman, he stopped breathing. Paramedics and prison staff started cardiopulmonary resuscitation (CPR). A further ambulance and an air ambulance arrived shortly after. However, they were unable to regain a pulse and paramedics pronounced Mr Rahman dead at 11.31am.

Post-mortem report

28. The post-mortem examination concluded that Mr Rahman died from COVID-19 pneumonia. Ischemic heart disease and diabetes were listed as contributing factors.

Findings

Clinical Findings

29. The clinical reviewer concluded that the care Mr Rahman received for his health conditions up to his final illness was reasonable and roughly equivalent to that which he could have expected to receive in the community. However, the care which Mr Rahman received in relation to COVID-19 was not equivalent.

Management of Mr Rahman's risk of catching COVID-19

30. In line with national guidance for the general population, prisons were expected to identify prisoners at risk of serious illness if they contracted COVID-19 and given them the opportunity to shield. There is no evidence that prison healthcare staff did this, even though Mr Rahman was sent a hospital letter advising him to shield.

31. The clinical reviewer considered that due to his diabetes and myelofibrosis, prison healthcare staff should in any case have identified that he was high risk and clinically vulnerable. We are concerned that staff did not assess Mr Rahman's risk from COVID-19 and did not discuss shielding with him.

32. Mr Rahman tested positive for COVID-19 when he was admitted to hospital on 22 October. It is unclear where he caught the virus as he had attended a hospital outpatient appointment earlier that month. It is possible that he caught the virus at the hospital appointment but equally, he could have caught it in prison.

33. We recommend:

The Head of Healthcare should ensure that staff identify prisoners who are either at high risk of contracting COVID-19, or of developing complications if they contract it, and manage such prisoners in line with national guidance.

Monitoring Mr Rahman after he contracted COVID-19

34. On 27 October, when Mr Rahman returned to prison, prison staff noted that he was COVID-19 positive. He was located in the protective isolation unit within the prison, however he was not assessed by healthcare staff and no arrangements were made for Mr Rahman to be tested again for COVID-19. We recommend:

    The Head of Healthcare should ensure that prisoners who return from hospital following an acute illness should be assessed on their return

35. The clinical reviewer was satisfied that prison staff acted appropriately in alerting healthcare staff when they thought there was a potential problem with Mr Rahman on 29 October, but said that this was not acted on by healthcare as it should have been. He was concerned that when the nurse was called to Mr Rahman's cell to assess him on 29 October, she did not examine him fully and made no arrangements for a further assessment to take place.

36. In the following days, the nurse said she saw Mr Rahman on several occasions but she did not make any record of her observations.

37. The clinical reviewer said that in the absence of any recorded observations, he cannot say if Mr Rahman was well or whether he was becoming unwell in the days before his death, and whether a return to hospital would have been indicated. He considered that the nurse's assessment of Mr Rahman on 29 October was inadequate given he was a diabetic with hypertension who had become confused having just been discharged from hospital with an acute kidney injury and a known diagnosis of COVID-19. He considered that Mr Rahman should have been examined more closely, including having blood oxygen levels taken, and that he might then have been admitted to hospital for observation. We cannot say if this would have changed the outcome for Mr Rahman.

38. We recommend:

    The Head of Healthcare should ensure that prisoners who test positive for or have symptoms of COVID-19 infection are monitored regularly and re-tested, both to ensure their recovery and to prevent the spread of infection to other prisoners.

Sue McAllister CB
Prisons and Probation Ombudsman **August 2021**

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