

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Mohammed Sadique, a prisoner at HMP Parc, on 8 January 2020

**A report by the Prisons and Probation Ombudsman**

## 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 Mohammed Saddique died in hospital of sepsis caused by hospital-acquired pneumonia on 8 January 2020, while a prisoner at HMP Parc. He also had heart failure, ischaemic heart disease and atrial fibrillation which contributed to but did not cause his death. He was 83 years old. I offer my condolences to his family and friends.

The clinical reviewer was satisfied that the standard of healthcare that Mr Saddique received at Parc was good and equivalent to that which he could have expected to receive in the community.

He was promptly referred to hospital specialists for suspected heart failure and cancer. When a nurse found Mr Saddique not breathing and with no pulse on 18 November, the emergency response was good: resuscitation efforts were started and an ambulance was called promptly.

I 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**

**May 2020**

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# Summary

## Events

1. On 7 July 2017, Mr Mohammed Saddique was sentenced to nine years in prison for sex offences and went to HMP Cardiff. On 14 July, he was sent to HMP Parc, where he told a nurse at his initial health screen that he had a number of health conditions, and had had a coronary artery bypass. Mr Saddique lived in the Vulnerable Prisoners' Unit.
2. On 4 April 2018, a prison GP saw Mr Saddique because his shortness of breath had been getting worse for three weeks. She thought that he may have heart failure, prescribed him diuretic medication and arranged for him to have an echocardiogram (ECG, a scan of the heart) and a chest x-ray.
3. On 30 July, a locum prison GP saw Mr Saddique, who told her that his ankle swelling and breathlessness had improved. She found that he had an irregular pulse and atrial fibrillation (an irregular heartbeat), which was confirmed by the results of the ECG in August.
4. On 20 August, a prison GP prescribed Mr Saddique anticoagulation (blood thinning) medication.
5. On 24 September, Mr Saddique had a hospital cardiology appointment, where he had a chest x-ray, an ECG and blood tests. A cardiologist noted that Mr Saddique was feeling better, that his atrial fibrillation was controlled and that his ischaemic heart disease was stable.
6. On 28 October 2019, a prison GP saw Mr Saddique, who told her that he was still short of breath. She noted that this was due to his multiple health issues. She organised blood tests and chased his hospital appointments.
7. At 12.15pm on 18 November, a nurse found Mr Saddique slumped on his bed in his cell. He was not breathing and did not have a pulse. The nurse and a healthcare worker managed to resuscitate Mr Saddique. An officer radioed a medical emergency code blue (used in life-threatening situations). An ambulance arrived at 12.30pm and at 1.27pm took Mr Saddique to hospital.
8. On 8 January 2020, Mr Saddique died in hospital of sepsis (a severe infection) and pneumonia.

## Findings

9. The clinical reviewer was satisfied that the healthcare that Mr Siddique received at Parc was good and equivalent to that which he could have expected to receive in the community.
10. The emergency response was good. When a nurse found Mr Saddique slumped on his bed, not breathing and with no pulse, she promptly began cardiopulmonary resuscitation (CPR) and a healthcare support worker gave him oxygen. A prison officer promptly called a code blue and an ambulance was called. Paramedics took Mr Saddique to hospital.

11. Prison staff submitted a timely application for compassionate release when they became aware that Mr Saddique's health was deteriorating.
12. We make no recommendations.

## The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Parc informing them of the investigation and asking anyone with relevant information to contact him. No one responded.
14. The investigator obtained copies of relevant extracts from Mr Saddique's prison and medical records.
15. Healthcare Inspectorate Wales (HIW) commissioned a clinical reviewer to review Mr Saddique's clinical care at the prison.
16. We informed HM Coroner for South Wales Central of the investigation. He gave us the cause of death. We have sent the Coroner a copy of this report.
17. The Ombudsman's family liaison officer wrote to Mr Saddique's next of kin to explain our investigation and to ask if he had any matters that she wanted us to consider. He did not respond.
18. We shared the initial report with the Prison Service. There were no reported factual inaccuracies.

# Background Information

## HMP Parc

19. HMP Parc is a medium security private prison run by G4S. It holds around 1,600 prisoners and young adults who are either on remand or convicted. It also has a unit for around 60 young people under 18.
20. G4S Medical Services provide primary physical and mental health care services. There is 24-hour general healthcare and palliative care facilities. A local GP practice provides GP services, including a daily clinic and out of hours cover. Three healthcare staff are located in the prison at night.

## HM Inspectorate of Prisons

21. The most recent inspection of Parc was in November 2019. Inspectors found that most health services remained reasonably good, although secondary mental health provision was poor. Many prisoners described access to health services and treatments as being problematic, but Inspectors found an appropriate range of appropriate primary care services, with short waiting times for most, including the GP. Support for patients with long-term conditions had improved as a result of enhanced staffing. Social care arrangements were well established and good individual support packages were delivered.

## Independent Monitoring Board

22. 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 February 2019, the IMB were concerned with the number of violent incidents, substance misuse and acts of self-harm. They were pleased that the key worker programme was being rapidly rolled out across the prison. The IMB were pleased that the healthcare department had reduced non-attendance of prisoners at clinical appointments. They were very concerned about the lack of secondary psychiatric care, particularly for elderly prisoners.

## Previous deaths at HMP Parc

23. Mr Saddique was the sixteenth prisoner to die at Parc since January 2018. Eight of the previous deaths were from natural causes, four were drug-related and three were self-inflicted. There were no significant similarities between the circumstances of Mr Saddique's death and the previous deaths.

## Key Events

24. On 7 July 2017, Mr Mohammed Saddique was sentenced to nine years in prison for sex offences and sent to HMP Cardiff.
25. On 14 July, he was sent to HMP Parc, where a nurse saw him for his initial health screen. Mr Saddique told her that he had had tuberculosis in 1974 which still caused him breathlessness. He had also had a coronary artery bypass, gout, hepatitis B, vitamin B deficiency, cataracts and glaucoma. Mr Saddique lived in X Wing, which was for vulnerable prisoners, and he was re-prescribed his medications on 19 July.
26. On 18 September, a prison GP noted that they discussed Mr Saddique at the Clinically Vulnerable Older Persons' meeting (CVOP) and noted that he had a background of ischaemic heart disease, angina, hypertension and osteoarthritis of both knees. Mr Saddique's health was frequently discussed at CVOP meetings.
27. On 10 October, a nurse assessed Mr Saddique. She noted that he lived on the ground floor, was mobile but had difficulty using the stairs.
28. On 16 March 2018, a nurse saw Mr Saddique because he was breathless when walking and this had worsened over the past week. She completed a heart health check and made an appointment for him to see a prison GP.
29. On 4 April, a prison GP saw Mr Saddique, whose shortness of breath had worsened over the previous three weeks. The GP thought that he may have heart failure, prescribed him furosemide, arranged for Mr Saddique to have an ECG and a chest x-ray.
30. On 30 May, a prison GP locum reviewed the result of the x-ray and referred him to the hospital cardiology department. She also organised a follow-up chest x-ray to assess his response to the furosemide. On 14 June, Mr Saddique went to hospital for his planned ECG.
31. On 13 July, a prison GP locum reviewed the results of Mr Saddique's latest chest x-ray and noted that it remained unchanged.
32. On 30 July, a prison GP locum saw Mr Saddique, who told her that his ankle swelling and breathlessness had improved. She told him that he had atrial fibrillation (an irregular heart rhythm). She organised an ECG, which was completed on 3 August. There is no record that this was reviewed by a prison GP.
33. On 20 August, a prison GP saw Mr Saddique and told him that the ECG result they received on 13 August showed that he had atrial fibrillation. She said that he should take anticoagulation medication and prescribed him rivaroxaban.
34. On 24 September, Mr Saddique attended a hospital cardiology appointment, where he had a chest X-ray, an ECG and blood tests. A cardiologist noted in a hospital letter that Mr Saddique was feeling better with his diuretic treatment and that the swelling of his ankles was resolved. He noted that his atrial fibrillation

was controlled and that his ischaemic heart disease was stable. He was discharged.

35. On 3 October, a prison GP reviewed Mr Saddique's blood tests and noted that he was anaemic and should be tested again in three months. On 9 January 2019, she saw Mr Saddique and told him that his anaemia was unexplained. She said that she wanted to rule out an underlying cancer so asked for a CT scan of the abdomen, thorax and pelvis.
36. On 11 January 2019, Mr Saddique had another chest x-ray which showed that he had right-sided pleural effusion (water on the lungs) which was progressing, and a prison GP also asked for a CT scan.
37. On 28 January, a prison GP saw Mr Saddique, who told him that he was very breathless, even with minor exertion. The GP gave him iron tablets for anaemia.
38. On 31 January, Mr Saddique had a CT scan of his thorax and abdomen. That day, a nurse carried out a pressure sore assessment and noted that Mr Saddique was at high risk of pressure sores. She ordered a pressure relief mattress and cushion.
39. On 1 February, a prison GP noted that the CT scan results showed that Mr Saddique was likely to have asbestosis (chronic lung disease caused by inhaling asbestos fibres) and cancer related to asbestosis. Mr Saddique said that he had never been exposed to asbestos.
40. On 14 February, Mr Saddique went to hospital for a thoracic medicine appointment (respiratory medicine). The following day, he attended a hospital appointment to discuss surgery. A colorectal surgeon noted in a letter that Mr Saddique's anaemia was related to his chest issues. His abdomen, rectal and sigmoidoscopic (colon) examinations were normal.
41. On 28 February, Mr Saddique went to hospital for an ultrasound scan. On 7 March, he went back to the thoracic medicine department, where he saw a respiratory consultant, who noted in a letter that he thought Mr Saddique's breathlessness was likely to stem from his anaemia, significant cardiac disease, pulmonary hypertension (increased blood pressure) and possible fluid on the lung. A chest x-ray showed that his pleural effusion was not getting worse. He asked for Mr Saddique to be reviewed by the cardiology department.
42. On 4 June, Mr Saddique went to hospital for an ECG which was organised by a prison GP. The result showed that there was no significant cardiac cause for the breathlessness.
43. On 24 July, a prison GP locum saw Mr Saddique, who told him that he was breathless when getting up from a praying position. (Mr Saddique frequently went to Muslim prayers.) The GP told him that this was caused by his blood pressure dropping when he stood up.
44. On 28 October, a prison GP saw Mr Saddique, who told her that he was still short of breath. She noted that his shortness of breath was due to his multiple health issues. She organised blood tests and chased his hospital appointments.

## Events of 18 November

45. At 10.00am on 18 November, a healthcare support worker reviewed Mr Saddique because he had been unwell over the weekend. Mr Saddique was fully conscious and breathing easily. She noted that he had a National Early Warning Score (NEWS) of 2. (NEWS is a tool used by medical services to determine quickly the degree of illness of a patient. A score above 0 indicates a deterioration in clinical condition. A score of 7 or more indicates a high clinical risk.)
46. At 11.30am, Mr Saddique went to the healthcare department, where a nurse carried out blood tests. After the tests, he went back to his cell.
47. At 12.15pm on 18 November, the nurse and the healthcare support worker went back to see Mr Saddique and found him slumped on his bed, not breathing. The nurse could not find a pulse. She started CPR. The healthcare support worker obtained oxygen and a defibrillator, inserted a tube into Mr Saddique's airway and gave him oxygen. Mr Saddique started to breathe.
48. At 12.16pm, an officer radioed a medical emergency code blue and a control room officer promptly called for an ambulance.
49. At 12.30pm, an ambulance arrived at the prison and at 12.32pm, paramedics were at his side. The ambulance report noted that Mr Saddique was alert, orientated and lying in bed. At 1.27pm, Mr Saddique was taken to hospital, unrestrained, and admitted.
50. Healthcare staff remained in frequent contact with hospital staff to obtain updates about Mr Saddique's condition and treatment.
51. On 28 November, a senior probation officer completed an application for compassionate release for Mr Saddique. (Prisoners can be released from custody before their sentence has expired on compassionate grounds for medical reasons. This is usually when they have a terminal illness and a life expectancy of less than three months.) He noted that Mr Saddique was confined to bed, was conscious but extremely weak. He noted that he was not well enough to go to a hospice and had to stay in hospital. He noted that compassionate release would allow Mr Saddique to die in dignity without the presence of prison escort officers.
52. A prison GP noted on the application that Mr Saddique was seriously ill and had a life expectancy of less than six months. The Head of the Offender Management Unit agreed that the application should be considered and submitted it to the Public Protection Casework Section of HM Prisons and Probation Service (HMPPS).
53. A specialist casework team manager said that she asked the Head of the Offender Management Unit for another prognosis from a hospital consultant to complete the application. The prognosis was received on 7 January 2020, the day before Mr Saddique died.

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

54. On 18 November 2019, the Head of Safer Custody appointed the Muslim chaplain at Parc as the family liaison officer and another chaplain as the deputy family liaison officer. That day, the family liaison officer telephoned Mr Saddique's family to let them know that Mr Saddique was in hospital. He met them at the hospital. He remained in regular contact with Mr Saddique's son and family who visited Mr Saddique frequently in hospital.
55. On 8 January 2020, Mr Saddique died, with his family present. The family liaison officer spoke to Mr Saddique's next of kin and offered his condolences. Mr Saddique's funeral took place on 10 January. The prison contributed to its cost in line with national instructions.

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

56. After Mr Saddique's death, a senior manager debriefed the staff who were with Mr Saddique in hospital to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
57. The prison posted notices informing other prisoners of Mr Saddique'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 Saddique's death.

### **Post-mortem report**

58. There was no post-mortem examination. A hospital consultant established that Mr Saddique died of sepsis and hospital acquired pneumonia. He also had heart failure, ischaemic heart disease and atrial fibrillation which contributed to but did not cause his death.

## Findings

59. The clinical reviewer was satisfied that the healthcare that Mr Saddique received at Parc was good and equivalent to that which he could have expected to receive in the community.
60. Mr Saddique frequently attended hospital appointments which were promptly arranged. Healthcare staff appropriately carried out blood tests to monitor his pre-existing conditions and referred him promptly to hospital specialists when they suspected heart failure and cancer.
61. When a nurse found Mr Saddique slumped on his bed, the emergency response was good: resuscitation efforts were prompt and an ambulance was called promptly.
62. We are satisfied that the Head of the Offender Management Unit appropriately considered an application for compassionate release when she became aware that Mr Saddique's health was deteriorating. Mr Saddique died before it could be processed.



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