

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Karim Abdulla, a prisoner at HMP Littlehey, on 17 April 2021

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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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 Abdulla died of pneumonia caused by COVID-19 on 17 April 2021 whilst a prisoner at HMP Littlehey. He also had chronic obstructive pulmonary disease (COPD) which did not cause but contributed to his death. He was 57 years old. We offer our condolences to Mr Abdulla's family and friends.
4. The clinical reviewer concluded that the clinical care that Mr Abdulla received at HMP Littlehey was of a reasonable standard and equivalent to that which he could have expected to receive in the community.
5. Littlehey was an outbreak site for COVID-19 when Mr Abdulla contracted the virus. The clinical reviewer said that the prison healthcare team were proactive in managing and monitoring the risk of COVID-19 in line with national guidance. She said that Mr Abdulla's health deterioration was detected early enough, and that he was urgently transferred to hospital at an appropriate time.
6. However, she was concerned that healthcare staff did not use the National Early Warning Score (NEWS2 – a tool used to detect and monitor acute illness), a matter we have raised in previous fatal incident investigations.
7. The clinical reviewer made two recommendations related to Mr Abdulla's death, which we have reflected below. She made a further recommendation which was not directly related to Mr Abdulla's death, but that the Head of Healthcare will need to address.
8. We did not identify any non-clinical issues of concern.

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 use the National Early Warning Score (NEWS) assessment tool and follow the recommended clinical escalation procedures.**
- **The Head of Healthcare should liaise with prison management and discuss the sharing of information between prison regimes and health care to ensure medical records reflect the input a patient receives following identification of the need to isolate**

The Investigation Process

9. NHS England commissioned a clinical reviewer to review Mr Abdulla's clinical care at HMP Littlehey. The clinical review is attached to this report at Annex 1.
10. The PPO investigator has investigated the non-clinical issues in Mr Abdulla's care, including his location, management of COVID-19, the security arrangements for his hospital escorts, liaison with his family and whether compassionate release was considered.
11. The PPO family liaison officer wrote to Mr Abdulla's family to explain our investigation. Mr Abdulla's next of kin asked a number of questions which are addressed in this report and the clinical review.
12. The initial report was shared with HM Prison and Probation Service (HMPPS). HMPPS pointed out some factual inaccuracies and this report has been amended accordingly. The action plan has been annexed to this report.
13. Mr Abdulla's family received a copy of the draft report. They did not make any comments.

Previous deaths at HMP Littlehey

14. There were 26 deaths at Littlehey in the two years before Mr Abdulla's death. Twenty-five of the previous deaths were from natural causes (seven of which were related to COVID-19). One of these deaths was self-inflicted and one remains unclassified. Since Mr Abdulla died, there have been five deaths from natural causes.
15. We have made a recommendation about the use of the NEWS2 tool following our investigations into four previous deaths. In June 2019, February 2020 and June 2021 the Head of Healthcare agreed to ensure that all clinical staff consistently use and are aware of the triggers for escalation of care. We are concerned that although our previous recommendations have been accepted, they have not been implemented and that practice has not changed.

COVID-19 (coronavirus)

16. 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.
17. 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.)

18. 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 received prisoners from the main population. Other measures include social distancing and the use of personal protective equipment (PPE).

Key Events

19. On 12 June 2018, Mr Karim Abdulla was sentenced to seven years in prison for robbery and indecent assault and sent to HMP Thameside. He was transferred to HMP Littlehey on 5 March 2020.
20. Mr Abdulla had no significant health concerns and he was located on a general prison wing. When the COVID-19 pandemic was confirmed on 11 March 2020, Mr Abdulla was not considered clinically vulnerable, so he was not advised to shield.
21. In June, HM Inspectorate of Prisons (HMIP) conducted a short scrutiny visit at Littlehey to look at the prison's response to the pandemic. They reported that Littlehey had been declared an official outbreak site in March and three prisoners had died. They found that, in conjunction with Public Health England (PHE), the prison had taken swift action to control the spread of the virus and had managed to bring infection rates down to a low and manageable level in a relatively short period of time.
22. On 26 February 2021, the NHS Test and Trace system identified that Mr Abdulla had been in contact with someone who had tested positive for COVID-19, so he was advised to isolate until 8 March. As Littlehey was also identified as a COVID-19 outbreak site again, all prisoners were tested on 2 March. The following day, it was confirmed that Mr Abdulla had tested positive for COVID-19.
23. Mr Abdulla was appropriately placed in isolation until 12 March, in line with national guidance. Mr Abdulla was seen daily by prison staff but had no contact with healthcare staff between 3 March and 14 March.
24. On 14 March, Mr Abdulla told a nurse that he lacked energy and had lost his appetite. The nurse took his observations and recorded that his oxygen level was 95%. This is within the normal range (normal oxygen levels are usually between 95 to 100%) and his temperature was 36.5 which was also normal. There is no record that she used the NEWS2 assessment tool.
25. The next day Mr Abdulla's symptoms worsened, so he was reviewed by a prison doctor, at approximately 3.20pm. Mr Abdulla said he felt breathless and unwell. His oxygen levels were 79%, which was very low. The doctor did not record a NEWS2 score. She asked the control room to call an emergency ambulance for Mr Abdulla. The control room called for an ambulance at 3.36pm and it arrived at 4.02pm to take him to Hinchingsbrooke Hospital.
26. In hospital, Mr Abdulla was treated for COVID-19 and was also diagnosed with long-term chronic obstructive pulmonary disease (COPD). The clinical reviewer was satisfied that healthcare staff at Littlehey could not have diagnosed this condition, as he had not reported any symptoms.
27. Mr Abdulla's health continued to deteriorate, and he died in hospital on 17 April.

Post-mortem report

28. The post-mortem report concluded that Mr Abdulla died of pneumonia caused by COVID-19. He also had COPD which did not cause but contributed to his death.

Clinical Findings

29. The clinical reviewer concluded that the care that Mr Abdulla received was equivalent to that he could have expected to receive in the community. The clinical reviewer said that healthcare staff did not use NEWS2 (a tool used to detect acute illness and monitor deterioration) and has made a recommendation about this. The clinical reviewer's full findings are set out in her report at Annex 1.

Management of Mr Abdulla's risk of infection from COVID-19

30. Mr Abdulla had not left the prison for some months before he tested positive for COVID-19. It, therefore, appears that he contracted the virus at Littlehey and we have looked at whether the prison did enough to reduce his risk of catching the virus.
31. When the COVID-19 pandemic was declared on 11 March 2020, Mr Abdulla was not advised to shield as he was not considered to be in a high risk group. He was located on a general wing but there was a restricted regime with minimal contact between prisoners. Prison managers issued regular updates to staff and residents on government advice and local policies.
32. When Mr Abdulla was identified as having come into contact with someone with COVID-19, he was appropriately isolated from the prison population. He was also tested appropriately when Littlehey was identified as an outbreak site. On 3 March, Mr Abdulla tested positive for COVID-19 and the clinical reviewer was satisfied that staff took appropriate precautions to isolate him. He was monitored by healthcare staff as soon as he complained of symptoms and urgently transferred to hospital when his health deteriorated.
33. HMIP were satisfied in June 2020 that Littlehey had acted promptly to bring COVID-19 infection levels down to a manageable level at the start of the pandemic. However, they reported that, although health and safety protocols were in place, despite best efforts, social distancing was difficult to maintain in small offices and corridors in the prison. We are satisfied that Littlehey implemented the expected policies on compartmentalisation, and we were told that healthcare staff had access to appropriate personal protective equipment (PPE). As face to face visits with prisoners had been stopped, managers were aware that the infection could only get into the prison through staff, so it was made mandatory for all staff to wear face masks, before the national guidance on this was introduced.
34. We make no recommendations about these measures.

Karen Johnson
Assistant Ombudsman

December 2021

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