

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Khairul Rahman, a prisoner at HMP Pentonville, on 22 January 2021

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 Khairul Rahman died in hospital on 22 January 2021, while a prisoner at HMP Pentonville. The cause of his death was COVID-19. He was 45 years old. I offer my condolences to Mr Rahman's family and friends.
4. The clinical reviewer found that Mr Rahman's care was equivalent to that which he could have expected to receive in the community. However, she was concerned that two requests for GP reviews had not been actioned, and it had been difficult to obtain information about Mr Rahman's condition from hospital staff.
5. We found no non-clinical issues of concern.
6. Mr Rahman appears to have caught COVID-19 at Pentonville, as he had not left the prison for several months.

Recommendations

- The Head of Healthcare should ensure that referrals for GP reviews are followed up and actioned.
- The Head of Healthcare should ensure that there is an effective process for information to be shared between healthcare and hospital staff if a prisoner is admitted to hospital.

The Investigation Process

7. NHS England commissioned an independent clinical reviewer to review Mr Rahman's clinical care at HMP Pentonville.
8. PPO investigators 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 investigator jointly interviewed a prison officer and two prisoners. The interviews were conducted by telephone, due to the restrictions in place during the COVID-19 pandemic.
10. The Ombudsman's family liaison officer wrote to Mr Rahman's sister and his wife to explain the investigation. They had no specific matters to be considered.
11. We sent copies of our report to Mr Rahman's wife and sister. Mr Rahman's wife drew attention to two factual inaccuracies - one in the PPO and the other in the clinical review report. The former has been amended, but the other error could not be verified.
12. The initial report was shared with HM Prison and Probation Service (HMPPS), who reported a factual inaccuracy. This has been amended. HMPPS accepted our recommendations.

Previous deaths at HMP Pentonville

13. Mr Rahman was the eighth prisoner to die at HMP Pentonville since January 2019. Of the previous deaths, one was from natural causes (unrelated to COVID-19), five were self-inflicted and one was drug-related. There have been six further deaths. Three from natural causes (including one due to COVID-19), two self-inflicted and one awaiting classification. We have previously made recommendations about information sharing with hospitals.

COVID-19 (coronavirus)

14. 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.
15. COVID-19 can make anyone seriously ill, but some people are at higher risk of severe illness and developing complications from the infection. In response to the pandemic, HM Prison and Probation Service (HMPPS) introduced several measures to try and contain outbreaks - to be implemented at local level, depending on the needs of individual prisons. (A key strategy was '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.)
16. In September 2021, the shielding programme ended in the community, but HMPPS continued to routinely offer shielding to clinically high-risk prisoners. This has recently been replaced by a system of individual risk assessments by clinical staff, to determine the measures necessary to support such prisoners. The agreed

adjustments are documented in a *Personal Management Plan*, which is then facilitated by operational staff.

Key Events

17. Mr Khairul Rahman was remanded to HMP Pentonville on 15 April 2020, charged with burglary, assault and other violent offences.
18. At his initial health screen, a nurse noted Mr Rahman's health conditions as asthma, anxiety, depression and antisocial personality disorder. He also had a long history of substance misuse. The nurse gave Mr Rahman advice about COVID-19 and protective measures. In line with the national policy at that time, Mr Rahman was then required to self-isolate for 14 days in Pentonville's reverse cohorting unit.
19. Mr Rahman later moved to a shared cell on F wing (the detoxification unit). He was a wing barber and his key worker noted that he had a very good knowledge of the COVID-19 health and safety work processes, equipment and PPE.
20. Entries in Mr Rahman's medical record on 28 and 29 May, noted that he was at moderate risk of complications from COVID-19.
21. At an asthma review on 2 June, Mr Rahman said that he sometimes felt breathless, particularly when climbing stairs. He was listed to have a review with the prison GP the next day. After a health and wellbeing assessment on 30 June, he was again referred to the GP for an asthma review. Neither of the requested reviews took place.
22. On 13 July, healthcare staff sent Mr Rahman an asthma review questionnaire, as face to face reviews had been suspended. He did not return the form. Asthma reviews were held in August and September.
23. On 5 September, staff called a code blue (a medical emergency in which a prisoner is unresponsive or has breathing difficulties), as Mr Rahman had chest pain and shortness of breath, thought to be an asthma attack.
24. A nurse took clinical observations and calculated a National Early Warning Score 2 (NEWS2) of 3, based on Mr Rahman's respiratory rate. (NEWS2 is a clinical assessment tool to help identify acutely unwell patients.) Mr Rahman felt better after receiving salbutamol through a nebuliser, so the ambulance was withdrawn.
25. The nurse also sent a request for the GP to prescribe an inhaler. There were no changes to Mr Rahman's medication and existing inhaler prescriptions at his review on 23 September.

January 2021

26. In January 2021, Pentonville had an outbreak of COVID-19.
27. On 7 January, the wing officer who unlocked Mr Rahman noticed he was not his normal self, and he did not leave his cell immediately for his medication, as he usually did. The same applied to some of the other men on the wing. Although Mr Rahman said that he was well and did not need medical attention, the officer suspected that he and the other prisoners might have caught COVID-19. He therefore informed a nurse and wing managers.

28. A nurse examined Mr Rahman and his temperature was raised. A swab was taken to be tested for COVID-19 and Mr Rahman began protective isolation in his cell.
29. At lunchtime on 8 January, Mr Rahman's cellmate rang the cell bell. He told an officer that Mr Rahman had been ill for four days and seemed to be deteriorating. A nurse found that Mr Rahman's oxygen saturation level was very low at 40%, he was confused, and his lips and fingers were blue. As his overall NEWS2 was 11, she called a code blue, and an ambulance was requested. (A total NEWS2 score of seven or more requires an emergency assessment by critical care specialists.)
30. Paramedics took Mr Rahman to hospital. Two prison officers escorted him without restraints.
31. In the evening, Mr Rahman's sister telephoned the prison to ask about her brother. She was informed that he had tested positive for COVID-19 and was in hospital.
32. On 9 January, Mr Rahman moved to the intensive care unit. The prison assigned a family liaison officer, who spoke to Mr Rahman's sister the same day to offer support and provide contact details for further updates.
33. Healthcare staff initially sought updates on Mr Rahman's condition from the escort officers. The first recorded contact with hospital staff was on 12 January, but the nurse who answered the phone was reluctant to disclose any information. When healthcare staff called again the next day, a doctor said that the policy during the pandemic was that updates were limited to one contact per patient each day and Mr Rahman's sister was the person nominated to receive information. The prison therefore had to rely on updates from Mr Rahman's sister and the escort officers.
34. On 13 January, the prison began an application for bail, in consultation with Mr Rahman's solicitors. Mr Rahman died before it was processed.
35. On 17 January, a prison nurse contacted the hospital's family liaison team to try to resolve the communication problem but was told that their role was to support family members only and they could not provide medical information. No further contact was recorded, but an entry in the medical records on 20 January noted that the safer custody team had been asked to obtain an update from Mr Rahman's sister.
36. Mr Rahman died on 22 January. The hospital informed Mr Rahman's sister and the prison's family liaison officer telephoned her shortly afterwards to offer condolences, support and information.
37. A prison manager debriefed the escort officers and reminded them of the support services.
38. Mr Rahman's funeral was held on 30 January. In line with national policy, the prison contributed to the funeral expenses.

Cause of death

39. No post-mortem examination was conducted. An inquest on 21 May 2021, concluded that the cause of Mr Rahman's death was COVID-19. Asthma was listed as a contributory factor.

Findings

Clinical Findings

40. The clinical reviewer considered that Mr Rahman's clinical care at Pentonville was of a reasonable standard and equivalent to that he could have expected to receive in the community. However, she made recommendations about GP referrals and information sharing with hospitals, which we reflect in this report.
41. The clinical reviewer noted that the coroner had issued a Regulation 28 report *Preventing Future Deaths*. It highlighted concerns that the failure to record contemporaneous clinical notes had led to inaccurate record keeping; and that after the medical emergency on 5 September, the frequency of clinical observations was not in line with NEWS2 guidance. To avoid duplication, the clinical reviewer did not include these issues in the clinical review report. Due to the lapse of time and the Head of Healthcare's actions to address the issues, we make no further comment.

Referrals for asthma reviews

42. Requests on 2 and 30 June 2020, for asthma reviews were not followed up. As we highlighted a similar issue in a previous investigation, we share the clinical reviewer's concern that there might be weaknesses in the referral process. We recommend:

The Head of Healthcare should ensure that referrals for GP reviews are followed up and actioned.

Communication with hospital staff

43. Healthcare staff found it difficult to get information from hospital clinicians, so updates on his treatment and condition were obtained through the escort officers and Mr Rahman's sister.
44. The clinical reviewer noted that a password system had been agreed between the prison and external hospitals to facilitate information sharing. It is unclear why the procedure failed in this instance.
45. We consider that it was inappropriate to rely on Mr Rahman's family and the escort officers to provide updates, not least because of the risk of misunderstanding unfamiliar clinical information. The prison should have made a greater and more concerted effort to resolve the problems with hospital managers, given an agreed protocol was already in place to obtain such information. We have raised this issue before and repeat a previous recommendation:

The Head of Healthcare should ensure that there is an effective process for information to be shared between healthcare and hospital staff if a prisoner is admitted to hospital.

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

46. When he arrived at Pentonville, healthcare staff spoke to Mr Rahman about COVID-19. A few weeks later, he was identified as at moderate risk of complications from the virus. Information about protective measures and hygiene awareness was regularly broadcast on the prison's TV channel and staff were confident that Mr Rahman was aware of how to minimise his risk. Due to an outbreak of COVID-19, Mr Rahman's wing had been placed in lockdown around the time he contracted the virus. There was a restricted regime and limited movement across the prison.
47. We are satisfied that Mr Rahman's risk was promptly identified and that he received appropriate advice.

Monitoring Mr Rahman after he contracted COVID-19

48. Mr Rahman was tested promptly when he appeared to have COVID-19. He seems to have concealed his symptoms from staff, as it came to light from comments by his cellmate, as well as in clinical assessments, that he had been unwell for at least four days. His condition significantly deteriorated the day after he was tested. Healthcare staff took clinical observations and quickly sent him to hospital.
49. A prisoner alleged that Mr Rahman had repeatedly told a wing officer about breathing difficulties and other symptoms of COVID-19 over several days but had received no help. At interview, the officer had no recollection of this, and we found no evidence to corroborate the prisoner's claim. On 3 January, Mr Rahman had requested paracetamol for a headache, and had received methadone every day. He therefore had the opportunity to tell healthcare staff if he felt unwell and he had initially denied he was ill on 7 January, when the officer offered to get help.

Family liaison

50. We commend the prison's family liaison officer for providing a high standard of support over an extended period, evidenced by a comprehensive record of contact and events.

Inquest

51. The inquest, held on 21 May 2021, concluded that Mr Rahman died from natural causes.

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July 2023

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