

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# **Independent investigation into the death of Mr Salim Khan, a prisoner at HMP Leyhill, on 1 November 2021**

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

## OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

## WHAT WE DO



## WHAT WE VALUE



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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. If my office is to best assist HM Prisons and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.
3. Mr Khan died in hospital of pneumonia (an inflammation of the lungs usually caused by an infection) on 1 November 2021, while a prisoner at HMP Leyhill. The pneumonia was caused by a metastatic non-small cell lung cancer (an advanced form of cancer that has spread to other areas of the body). He also had severe chronic obstructive pulmonary disease (COPD, a lung disease) which contributed to but did not cause his death. He was 47 years old. I offer my condolences to Mr Khan's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Khan received at HMP Grendon and HMP Leyhill was equivalent to that which he could have expected to receive in the community. However, this equivalence did not extend to the management of Mr Khan's back pain. The clinical reviewer was concerned that a referral for imaging or specialist back pain was not considered at an earlier stage.
5. The PPO share this concern as it is evident from the medical records that there was a noticeable deterioration in Mr Khan's back problem, which was having a significant impact on his day-to-day life, from June 2021 onwards. It was not until the end of August that a referral was made by healthcare at HMP Grendon for imaging.
6. The clinical reviewer made a further seven recommendations regarding matters not directly affecting Mr Khan's death which the Head of Healthcare at HMP Grendon and Leyhill need to address.

## Recommendations

- The Head of Healthcare at HMP Grendon should undertake a review of the clinical care provided to Mr Khan for his back pain to identify areas of learning.
- The Head of Healthcare at HMP Grendon and HMP Leyhill should ensure that staff review the NICE CG104 red flags for back pain.
- The Head of Healthcare at HMP Leyhill should ensure that actions identified as necessary by the prisoner's previous establishment are actioned by staff without delay.

## **The Investigation Process**

7. NHS England commissioned an independent clinical reviewer to review Mr Khan's clinical care at HMP Grendon and HMP Leyhill.
8. The PPO investigator investigated the non-clinical issues relating to Mr Khan's care.
9. The investigator and clinical reviewer interviewed three members of staff from HMP Grendon on 27 May 2022 and 2 November 2022.
10. The PPO family liaison officer wrote to Mr Khan's next of kin, his mother, to explain the investigation and to ask if she had any matters she wanted us to consider. She did not respond to our letter.
11. The initial report was shared with HM Prison and Probation Service (HMPPS). We received comments from HMPPS in regard to some aspects of the clinical review. However, these were not factual inaccuracies so the report has not been amended.

## **Previous deaths at HMP Leyhill**

12. Mr Khan was the eighth prisoner to die at HMP Leyhill since 1 November 2018. Of the previous deaths all were from natural causes. There are no similarities between our findings in the investigation into Mr Khan's death and our investigation findings for the previous deaths.

## Key Events

13. In June 2012, Mr Khan was sentenced to a minimum of six years in prison for sex offences and he was sent to HMP Pentonville. Mr Khan was transferred to HMP Grendon on 29 August 2018.
14. Mr Khan's past medical history included Chronic Obstructive Pulmonary Disease (COPD), which was diagnosed in 2013, low back pain since 2000 and issues associated with illicit drug use.
15. On 30 November 2020, a GP at Grendon examined Mr Khan. She noted that Mr Khan had suffered with low back pain for many years and that his back issues had begun 20 years earlier following a jump from height. She diagnosed that Mr Khan was suffering from chronic low back pain and he should receive physiotherapy.
16. On 29 May 2021, Mr Khan was seen by a nurse following paramedics being called to Mr Khan the previous night. Mr Khan told the nurse that he had shooting pains from his lower back down to his right leg. The nurse gave Mr Khan advice on posture, stretching and bending. There are no notes from the paramedics attending.
17. On 1 June, Mr Khan was examined by a prison GP because of his back pain. The GP recommended a short course of stronger pain relief (co-codamol) and noted that if there was no improvement, an MRI (a scan which provides detailed images of inside the body) should be carried out.
18. On 21 June, Mr Khan was seen by a nurse. Mr Khan reported that he was in significant pain, had reduced mobility and was unable to sleep. She recommended that he should keep moving and continue to take paracetamol. She added him to the GP triage list for the next day.
19. On 25 June, Mr Khan was seen in healthcare for chest pain and an ECG (a test that records the rhythm, rate and electrical activity within the heart) was carried out. The results were normal. A nurse diagnosed musculoskeletal (muscles, bones, tendons, ligaments, joints, and cartilage) chest pain caused by on-going back pain and he encouraged Mr Khan to continue with his pain relief medication.
20. On 29 June, Mr Khan was seen in healthcare, and he asked for new glasses. He explained that his glasses were damaged when he smashed up his cell because he had not received any help with back pain.
21. On 30 June, Mr Khan was examined by a nurse, who diagnosed that he was suffering with low back pain and sciatica. He recommended a change in Mr Khan's medication and referred him to physiotherapy for further assessment.
22. On 5 July, Mr Khan submitted a request to healthcare stating that his chest pain was getting worse, and he wanted to see a doctor.
23. On 7 July, a nurse saw Mr Khan. He recorded that there has been no change in his condition, and he recommended that Mr Khan be given another course of co-codamol and that he should wait for his physiotherapy appointment.

24. On 9 July, Mr Khan had a meeting with his DART (drug and alcohol recovery team) worker. Mr Khan told her that his back pain was continuing to cause him problems and he was unable to sit for long periods. He expressed his concern about the side-effects from the co-codamol and that the exercises he had been told to do were too painful. Mr Khan said that he wanted to be sent for a scan so that they could find out what was causing his back pain. He also stated that he had put in a request to healthcare to discuss alternative options to medication. She recorded that their session was cut short as Mr Khan had not been able to sit for long.
25. On 23 July, Mr Khan met with his DART worker again. Mr Khan advised that his back pain was dominating his thoughts. He explained that it took him 20 minutes to get out of bed so that he could go to the toilet. He said that he would be willing to wait for his move to a category D prison if it meant he could be sent to hospital to have his back problem checked out. She subsequently emailed the Head of Healthcare to advise her of the conversation and to enquire if a doctor could see Mr Khan.
26. On 28 July, Mr Khan was seen by a nurse for continuing back pain. The nurse recommended that Mr Khan was prescribed co-codamol again.
27. Mr Khan submitted a formal complaint to healthcare on 1 August. He complained that he had had a bad back for over five weeks and he was only being given pain killers, which were not helping. He asked that a proper check was done to find out why he was in such pain.
28. On 2 August, Mr Khan attended healthcare for an assessment. He told a nurse that his ribs hurt in the morning and the pain in his back was worsening. He told her that he felt he was becoming more unwell. She agreed that Mr Khan should see a doctor.
29. Mr Khan was seen by a prison GP on 3 August, and they discussed his ongoing back pain and medication. The GP agreed to trial a different type of medication and noted that Mr Khan remained on the list for physiotherapy.
30. On 5 August, Mr Khan met with his DART worker, and he told her that he had a cough which started around the same time as his back pain, which when suppressed caused him additional pain. Mr Khan told her that he was starting new medication and he did not want his move to a category D prison to be put on a hold. She recorded that their meeting was cut short after 10 minutes, as Mr Khan had told her he was in too much pain.
31. On 11 August, healthcare responded to Mr Khan's complaint. They said that healthcare requests should not be made via the complaints process but by using healthcare forms and any future requests made via the complaints process would be rejected. They said that he had an appointment with the nurse the next day and the physiotherapist on 23 August.
32. On 17 August, a nurse was called by wing staff to examine Mr Khan, who was complaining that he was unable to move his head and neck. The nurse advised Mr Khan to apply heat and gently mobilise the area. Later that day the nurse provided Mr Khan with an ice pack.

33. On 18 August, wing staff contacted healthcare to request that Mr Khan be provided with an ice pack. A nurse spoke to the wing staff and subsequently added Mr Khan to the case list for the MPCCC (multi-professional complex care conference) so that his multiple complaints of pain could be considered.
34. On 20 August, the nurse met with Mr Khan to discuss his ongoing back pain. Mr Khan advised her that his back was not a concern at that moment, and it was much better. He told her that he was worried about the prolonged use of taking co-codamol and he would like a scan to find out why he kept experiencing pain in his back, chest and neck. She noted that the physiotherapist was due to review him the following week and she would ask the doctor to consider referring Mr Khan for a scan.
35. On 24 August a prison GP agreed that Mr Khan should be booked for an MRI.
36. Mr Khan was unable to attend his DART review with his DART worker on 26 August as he was in bed with upper back and neck pain.
37. On 2 September, Mr Khan was examined by a nurse, who concluded that Mr Khan looked to be in discomfort, and he should be given a short course of co-codamol.
38. On 6 September, Mr Khan was seen in his cell by a nurse. Mr Khan explained that he was struggling to sit up and unable to tolerate any exercises. He was assessed as being in moderate pain, a score of 9, using the Abbey Pain Scale assessment (a standardised assessment tool to measure pain in patients who may have difficulty in verbalising their pain). She recommended that Mr Khan should be admitted to hospital for further investigation.
39. Mr Khan returned from hospital on 6 September. He did not have any discharge paperwork. He advised healthcare that he was told he needed a scan, which he did not want to wait three hours for. He also said that he had been told that he had sciatica and muscle spasms in his neck.
40. On 11 September at 9.30am, wing staff called healthcare and spoke to a nurse. They explained that Mr Khan felt unable to collect his morning medication due to his pain and they asked if it could be delivered. She told them this was not possible. Wing staff made two further calls to healthcare asking for an assessment on the wing due to Mr Khan's increasing pain and if there was a wheelchair that could be used. Mr Khan attended to collect his medications at approximately 10.45am and he explained that he was having difficulty getting out of bed in the mornings as he was very stiff. The nurse requested for a doctor to review Mr Khan.
41. On 23 September, Mr Khan's case was discussed at the MPCCC. The Head of Healthcare requested for a doctor to review Mr Khan's notes to establish if he was fit to transfer given his ongoing back issues and the MRI being scheduled for October. A prison GP carried out the review and concluded that there was no reason for the transfer not to go ahead, but that his outstanding issues should be handed over to the healthcare department at the receiving prison.
42. On 24 September, Mr Khan was transferred to HMP Leyhill. The Head of Healthcare called healthcare at HMP Leyhill and spoke to a senior nurse. She advised him that Mr Khan was waiting for an MRI due to ongoing back pain and

abnormal liver function tests. (Mr Khan underwent blood tests in hospital, which, due to abnormal results, were repeated at Grendon. The results of the second test indicated a possible problem with Mr Khan's liver. Mr Khan was due to undergo further tests when he transferred to Leyhill.)

43. On 27 September, a nurse carried out the reception health screen. She noted that Mr Khan was unable to walk into the clinic room with a normal gait and he was complaining of pain in his lower back and leg making it difficult to walk. She requested an urgent GP appointment to discuss the back pain.
44. A prison GP examined Mr Khan the same day. She recorded that Mr Khan was clearly in a lot of pain and he was unable to sit down. She diagnosed lower back pain with sciatica and proposed a change to his medications to control the pain so that Mr Khan could mobilise more. The GP recommended a review with a nurse on Monday and if Mr Khan was still in pain that a doctor should see him.
45. On 29 September, healthcare staff at Grendon received confirmation that an MRI has been booked for 25 October. However, as Mr Khan had transferred to Leyhill, they contacted the hospital to explain he would no longer be able to attend.
46. On 30 September, Mr Khan was seen by a nurse for lower back pain. Mr Khan was advised to move and avoid lying in bed. As he was not able to fully stand, she booked a review with a GP for the next day. Mr Khan did not attend the appointment.
47. On 4 October, a prison GP examined Mr Khan. He noted that Mr Khan arrived two hours late for his appointment and was in a wheelchair. Based upon his examination and a review of Mr Khan's history, he made changes to Mr Khan's medication and referred him for an MRI scan and physiotherapy.
48. On 13 October, healthcare staff were notified that Mr Khan had an MRI appointment for 10 November at Southmead Hospital.
49. On 19 October, a nurse sent Mr Khan to hospital because he was coughing up blood and he had a National Early Warning Score (NEWS2, a tool to detect and respond to clinical deterioration) of 4, which required an escalation in his clinical care.
50. On 1 November at 3.54am Mr Khan died in hospital.

## **Post-mortem report**

51. The post-mortem report concluded that Mr Khan died of pneumonia caused by metastatic non-small cell lung carcinoma. Chronic obstructive pulmonary disease was also listed as a contributory factor.

## **Inquest**

52. The inquest into Mr Khan's death was held on 24 August 2023 and a verdict of natural causes was recorded.

53. The coroner concluded that Mr Khan's death was due to pneumonia, caused by metastatic non-small cell lung carcinoma. Chronic obstructive pulmonary disease was also listed as a contributory factor.

# Findings

## Clinical Findings

54. The clinical reviewer concluded that the care extended to Mr Khan was of a good standard and was at least equivalent to that which he would have received in the wider community. This included the management of his COPD, leg issues, mental health and wellbeing. The clinical reviewer also noted the excellent care given to Mr Khan by the DART in respect of his drug addiction issues.
55. However, the clinical reviewer said that his conclusion of a good standard of care did not extend to the management of Mr Khan's back pain from late June 2021 onwards.

## Management of Mr Khan's back pain

56. The medical records show that prior to 2021, Mr Khan complained infrequently about back problems and that when Mr Khan did complain, the prison managed the symptoms using a combination of pain relief, exercises, and physiotherapy.
57. On 28 May 2021, the pain was so severe that paramedics were called to examine Mr Khan. Thereafter, his reports of back pain increased significantly, both in terms of the frequency of him reporting pain and the severity of the pain he was experiencing.
58. On 1 June, Mr Khan was seen by a prison GP, who recorded that Mr Khan's pain was radiating into his legs, that his legs shook and there was weakness. At this time the GP suggested a course of co-codamol and for him to be reviewed and referred for an MRI if there was no improvement.
59. Mr Khan was seen again by the GP on 3 August due to continuing acute back pain. And despite the GP's previous assessment on 1 June that Mr Khan should be referred for an MRI if his condition did not improve, the MRI referral was not made until 24 August.
60. When Mr Khan transferred to HMP Leyhill on 24 September, the Head of Healthcare alerted a senior nurse to the fact that Mr Khan required an MRI and urgent blood tests. However, the referral was not made until 4 October, even though Mr Khan had been seen by a doctor on 27 September for his acute back pain.
61. The clinical reviewer was concerned that investigations into the cause of Mr Khan's back pain should have been instigated at an earlier stage, when it became apparent that the episodes of pain were increasing and becoming more severe. He considered the relevant NICE guidance (National Institute for Health Care and Excellence) and concluded that whilst the guidance did not routinely recommend imaging for people with low back pain, Mr Khan had been exhibiting some red flag symptoms. Given these red flags and the fact Mr Khan had said that the pain was getting worse the reviewer concluded that the symptoms merited investigation sooner.

62. Whilst we cannot say that an earlier MRI scan would have affected the outcome of Mr Khan's illness in a meaningful way, we have concluded that an earlier referral was warranted in the circumstances. We therefore make the following recommendations:

**The Head of Healthcare at HMP Grendon should undertake a review of the clinical care provided to Mr Khan for his back pain to identify areas of learning.**

**The Head of Healthcare at HMP Grendon and HMP Leyhill should ensure that staff review the NICE CG104 red flags for back pain.**

**The Head of Healthcare at HMP Leyhill should ensure that actions identified as necessary by the prisoner's previous establishment are actioned by staff without delay.**

**Adrian Usher  
Ombudsman**

**July 2023**

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