

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

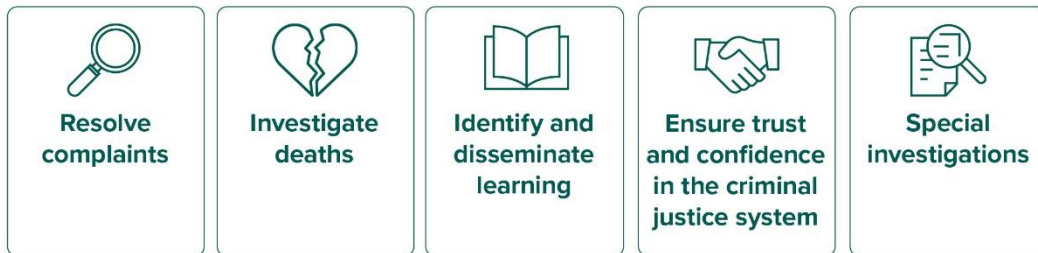
# **Independent investigation into the death of Mr Waqar Younis, a prisoner at HMP Whitemoor, on 17 June 2018**

**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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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 Waqar Younis died of cocaine toxicity, on 17 June 2018, at HMP Whitemoor. A post-mortem examination found that he had ingested several wraps of cocaine. He was 23 years old. I offer my condolences to Mr Younis' family and friends.

Mr Younis was not known to have a substance misuse problem. Although numerous security intelligence reports had implicated him in suspicious activities, none suggested drug taking or dealing in prison. Staff who knew him well saw no signs that he was involved in such activity. We are satisfied that staff could not have predicted or prevented Mr Younis' death.

There was a delay in calling an ambulance when Mr Younis was found. Although this did not affect the outcome, it is crucial that staff comply with the requirement to call an ambulance immediately when a prisoner is unresponsive.

I remain concerned about the ready availability of drugs in prison and the resulting number of deaths. I await, with interest, HM Prison and Probation's national strategy which will aim to address this.

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**

**January 2019**

# Contents

- Summary ..... 1
- The Investigation Process.....2
- Background Information.....3
- Key Events.....4
- Findings .....8

# Summary

## Events

1. On 21 September 2013, Mr Waqar Younis was remanded to prison, charged with murder. He was later convicted and sentenced to life imprisonment, with a minimum term of 25 years. Mr Younis admitted that he had smoked cannabis before he went into prison, but said he had no existing drug or alcohol problems.
2. After short periods at HMP Peterborough and HMP Bedford, Mr Younis was transferred to HMP Aylesbury on 6 June 2014. At Aylesbury, Mr Younis had a poor disciplinary record. On 5 July 2016, he was moved to HMP Whitemoor, on the understanding that his behaviour would improve.
3. Mr Younis settled at Whitemoor and sustained positive relationships with staff and other prisoners. However, on 18 December 2017, he was found with a mobile phone and, on 9 May 2018, unidentified tablets were found in his cell.
4. At 5.35am on 17 June, Mr Younis was found unresponsive in his cell. Resuscitation attempts were unsuccessful and paramedics confirmed his death at 6.35am. A post-mortem examination found several wraps of drugs in Mr Younis' clothing and inside his stomach and bowel.

## Findings

5. Whitemoor has a comprehensive, up to date substance misuse strategy and staff actively try to prevent the supply and demand of illicit substances. Mr Younis was not known to have a substance misuse problem. Although numerous intelligence reports suggested that he might be involved in money laundering and he was once found with a mobile phone, there was no explicit evidence of drug dealing in prison.
6. In May 2018, tablets were found in Mr Younis' cell during a lockdown search of the prison, but it was not clear whether they were illicit drugs or prescription medication. Due to the volume of contraband found in the prison that day, this find was given low priority and had not been fully investigated by the time of Mr Younis' death. Given that there was no substantive evidence of Mr Younis' involvement in drug dealing, we are satisfied that staff did not overlook any action that might have predicted or prevented his death.
7. When Mr Younis was found unresponsive, a code blue emergency was called. Prison and healthcare staff quickly and skilfully attempted to resuscitate him. However, the investigation found that there was a delay of around three minutes in calling an ambulance after the code blue. Although this is unlikely to have made a difference to Mr Younis, it could be crucial in a future emergency.

## Recommendations

- The Governor should ensure that control room staff call an ambulance immediately when a medical emergency code is called.

## The Investigation Process

8. The investigator issued notices to staff and prisoners at HMP Whitemoor informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
9. The investigator visited Whitemoor on 27 June 2018. She obtained copies of relevant extracts from Mr Younis' prison and medical records and spoke informally to prisoners on his wing.
10. NHS England commissioned an independent clinical reviewer to review Mr Younis' clinical care at the prison.
11. The investigator and clinical reviewer interviewed seven members of staff at Whitemoor on 5 September.
12. We informed HM Coroner for Cambridgeshire and Peterborough of the investigation. He gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
13. The investigator wrote to Mr Younis' mother and a nominated family representative, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They did not reply.
14. The initial report was shared with the Prison Service. The Prison Service pointed out a factual inaccuracy and this report has been amended accordingly. The action plan has been annexed to this report.

## **Background Information**

### **HMP Whitemoor**

15. HMP Whitemoor is a high security prison, which holds around 450 men serving long sentences. Healthcare is provided by Northamptonshire Healthcare NHS Foundation Trust.

### **HM Inspectorate of Prisons**

16. The most recent inspection of HMP Whitemoor was in March 2017. Inspectors reported security and intelligence were well managed. There was a good strategic focus, with strong links between key departments in the prison, as well as outside agencies.
17. Although more men than in some other prisons reported that it was easy to obtain drugs and alcohol, positive random mandatory drug test results for ‘traditional’ drugs were relatively low. (They were much higher for psychoactive substances.) Inspectors were concerned that only 48% of requested suspicion tests had been completed in the previous six months. The quality of support for those with substance misuse issues was adequate, but had declined.
18. Relationships between staff and prisoners were good and observations during the inspection indicated that many staff knew about the personal circumstances of men in their care.

### **Independent Monitoring Board**

19. 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 31 May 2018, the IMB reported that Whitemoor is generally well managed and safer than many other prisons, but the availability and use of illegal drugs posed a significant hazard to prisoners and staff.

### **Previous deaths at HMP Whitemoor**

20. Mr Younis was the sixth prisoner to die at Whitemoor since January 2016. Three of the previous deaths were from natural causes and two were self-inflicted.
21. We have previously made recommendations about aspects of the emergency response procedures.

## Key Events

22. On 21 September 2013, Mr Waqar Younis was remanded to HMP Peterborough, charged with murder. He was subsequently convicted. On 26 March 2014, he was sentenced to life imprisonment, with a tariff (minimum term to serve) of 28 years. This was later reduced to 25 years. No health information was recorded during Mr Younis' reception at Peterborough.
23. Mr Younis was transferred to HMP Bedford on 8 January 2014. At reception and mental health screens, he said that he smoked cannabis socially two or three times a week, but used no other substances, or alcohol. He had no physical or mental health problems.
24. On 6 June 2014, Mr Younis was transferred to HMYOI Aylesbury. During his time at Aylesbury, prison staff recorded numerous instances of indiscipline and non-compliance with prison rules. This included possession of a telephone SIM card while in the segregation unit, gang-related fighting and threats from another prisoner over an unpaid debt. He also had fears for his safety due to issues with his co-defendant and associates of the victim of his offence.
25. HMP Whitemoor agreed to accept Mr Younis on transfer, on the understanding that his poor behaviour would improve, or he would be moved out. He arrived at Whitemoor on 5 July 2016 and lived in a single cell on B wing.
26. At Whitemoor, Mr Younis participated in several offending behaviour programmes and completed painting and decorating and plastering courses. He had very little contact with the healthcare department and only for minor ailments.
27. Between February and November 2017, prison staff and Mr Younis' offender supervisor made several entries in Mr Younis' personal record, indicating that he had maintained positive relationships with staff and other prisoners, he was polite, well-behaved and worked well as a kitchen cleaner. At a sentence planning meeting in September, Mr Younis said that he had no issues with drugs and alcohol and it was noted that there had been no recorded drug or alcohol incidents.
28. From September 2017, Mr Younis received £200 per month by postal order from his brother. Mr Younis' canteen record (orders from the prison shop) showed that he bought a few food items weekly.
29. On 18 December, during a lockdown search of the prison, Mr Younis refused to be fully searched (strip searched). He was taken to the segregation unit and, after a further refusal, staff searched him under restraint and found a mobile phone. A disciplinary hearing (held in February 2018) found the charges proven and he received 14 days cellular confinement in the segregation unit. He was also demoted from enhanced to standard on the prison's incentives and earned privileges scheme. During a subsequent discussion, Mr Younis told his personal officer that he had made a mistake and said that he had been holding the phone for someone else.
30. On 30 January 2018, intelligence was received that Mr Younis might be involved in money laundering. (Further intelligence on 3 April, repeated this suspicion.)

31. After a visit on 23 February, staff searched Mr Younis and found a pair of brown gloves that had not been listed on his property card. CCTV footage showed that they had been passed to him by one of his visitors and staff were suspicious that there might have been something illicit in the lining. During the resulting disciplinary hearing, Mr Younis said that he had passed the gloves to his visitor first and they had been passed back to him. No further action was taken as staff could not prove beyond reasonable doubt that he did not have them before his visit.
32. On 7 May, a monitored telephone call between Mr Younis and his mother suggested involvement in money laundering.
33. During a lockdown search of the prison on 9 May, staff found some unidentified tablets in Mr Younis' cell. It was unclear whether it was an illicit substance, or prescribed medication that he had not taken. An entry in the security intelligence system noted that there were no unit observation book entries and no evidence of an adjudication process. It was suggested that the drug strategy team test and confirm the substance.
34. On 25 May, Mr Younis' personal officer noted that it had been a quiet few weeks for Mr Younis, but there was the outstanding issue of the unknown substance/tablets found two weeks before. He intended to speak to Mr Younis to find out what the tablets were.
35. The next day, Mr Younis told an officer that some prisoners held for terrorism offences (TACT prisoners) were "making people do things" and he did not want to be part of it. There is no indication as to the nature of the coercion, whether it applied to Mr Younis personally, or was drug-related.
36. On 7 June, intelligence from a telephone conversation indicated that Mr Younis and another prisoner (with links to phones, drug use and supply) were receiving illicit clothing/money from a third party. The action proposed was that property received for them be stopped and investigated.
37. On 11, 12 and 13 June, Mr Younis attended motivation and engagement group sessions related to the intense violence programme. The facilitator noted that he engaged actively throughout and was in a good mood. On 15 June, Mr Younis received a visit from his mother and other family members.
38. Mr Younis made several telephone calls every day during the week before his death. On 16 June, he made three calls, in which he appeared to discuss the movement of money with his brother.

## **Events on 17 June**

39. A prisoner in a neighbouring cell said that on the day before Mr Younis' death, they had gone to the gym together and completed a full circuit. At around 12.00am/1.00am, he heard banging in Mr Younis' cell and another bang at around 5.00am. He said there had been nothing different about Mr Younis' behaviour in the days leading to his death.
40. At 5.35am on 17 June, while conducting the morning count of prisoners, an operational support grade (OSG) noticed that Mr Younis was lying motionless on the floor in a strange position. She told an officer, who was in the office close to the

cell, and he immediately went to check. He opened the observation panel, called out to Mr Younis and knocked on the cell door. As there was no response, the OSG called a code blue emergency (a medical emergency code to indicate that a prisoner is unconscious or has breathing difficulties). The control room log noted that the code blue was called at 5.36am.

41. Another officer attended and both officers went into the cell. They noticed liquid all over the floor and in the bin, as well as possible vomit. One of the officers thought he could hear shallow breathing, so they placed Mr Younis in the recovery position. They checked his airways, breathing and pulse, while trying to get a response. A supervising officer then arrived. He rolled Mr Younis on his back, checked for vital signs and immediately began chest compressions.
42. As the night nurses do not hold keys, the night manager escorted a nurse from the healthcare department to the wing. He also asked two staff to go the gate to help the ambulance crew to get into the prison quickly. The nurse assisted with the resuscitation attempts. The defibrillator advised no shock and they continued chest compressions. A fire crew arrived at around 5.52am and paramedics at 6.10am. By then, prison staff had been performing cardiopulmonary resuscitation (CPR) for almost 35 minutes. The paramedics continued CPR, but confirmed Mr Younis' death at 6.35am.

### **Contact with Mr Younis' family**

43. An officer was assigned as the prison's family liaison officer (FLO). The FLO, an administrator and an Imam went to Mr Younis' family home to break the news of his death to his mother. They offered condolences and explained the procedures to be followed.
44. The prison paid the full costs of Mr Younis' funeral, which was held on 20 June. A memorial service was later held at the prison, attended by several members of his family. The FLO provided continuing support for several weeks after his death.

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

45. After Mr Younis' death, the Head of Residence and Safer Custody debriefed the staff involved in the emergency response to ensure they had the opportunity to discuss any issues arising, and to offer support. The staff care team also offered support.
46. The prison posted notices informing other prisoners of Mr Younis' 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 his death.

### **Post-mortem report**

47. The report of the post-mortem examination concluded that the cause of Mr Younis' death was cocaine toxicity. During the examination, the pathologist found a large quantity of apparent illicit drug wraps in Mr Younis' clothing, as well as several opened and unopened drug wraps in his stomach and bowel. She noted that:

“Depending on the circumstances this may have been due to ‘body-packing’ or ‘body-stuffing’. In either case, the wrapping of the parcels often fail resulting in an abnormally large load of the drug entering the bloodstream. This results in rapidly accumulating levels which are often fatal even in persons who have become acclimatised to the drug. Given the high concentration of unmetabolized cocaine present it is likely death occurred shortly after the final consumption of the drug wraps.”

# Findings

## Drug strategy at HMP Whitemoor

48. Both HM Inspectorate of Prisons and the Independent Monitoring Board have expressed concern about the ready availability of drugs at Whitemoor. The prison now has a comprehensive substance misuse strategy, highlighting several measures to reduce the demand and supply of illicit drugs and staff are working hard to implement it. A recent development at Whitemoor has been the use of an electronic 'Itemiser' scanning device to detect prisoners' mail sprayed with or soaked in drugs. Despite the efforts of staff, it is a cause for concern that Mr Younis was able to receive and conceal a large quantity of drugs.
49. Whitemoor is not alone in facing this problem – it is a serious problem across much of the prison estate. Individual prisons are for the most part doing their best to tackle the problem by developing their own local drug strategies. However, in the PPO's view there is now an urgent need for national guidance to prisons from HMPPS providing evidence-based advice on what works.
50. In a recent investigation, we recommended that the Chief Executive of HM Prison and Probation Service (HMPPS) should issue detailed national guidance on measures to reduce the supply and demand of drugs in prisons. In the response to recent correspondence between the PPO and the Prisons Minister, raising concerns about the high number of deaths investigated that were drug-related, the Chief Executive has told us that HMPPS plan to issue a national drug strategy in the autumn of 2018. We therefore make no recommendation on this issue.

## Action on security intelligence reports

51. There was a large volume of intelligence reports about Mr Younis. None suggested that he was taking or dealing drugs, but 16 of them over the year before his death referred to possible money laundering activities; possession of SIM cards and USB sticks (often associated with drug dealing); and links to prisoners suspected of drug connections.
52. The Acting Head of Security said that the security department typically received over 1000 intelligence reports per month and with the resources available, it was difficult to prioritise those that required action. The amount of intelligence on Mr Younis was not unusual in the context of Whitemoor, so would not necessarily have triggered specific action. He explained that no action had been taken after finding unidentified tablets in May, as a vast number of items had been found in the lockdown search and there was a prioritisation process for dealing with them.
53. Mr Younis received £200 per month from his brother. His most recent canteen sheets showed that he mainly bought grocery items. The Acting Head of Security said prison staff try to stop movement of money if they think it is illicit, but it is often difficult to prove it is being used for nefarious reasons. In line with the Prison Service policy on finance, they had to accept the money sent for Mr Younis, as it came from his brother.

54. Mr Younis' personal officer said that he was quiet and helpful, but easily led. He believed that Mr Younis had been coerced into holding the mobile phone in December 2017. Neither his personal officer, nor another officer who also knew Mr Younis well, suspected that Mr Younis was involved with drugs, particularly as the group of prisoners with whom he associated appeared to be strongly against drugs and had taken their own action when they became aware of a prisoner on the wing dealing drugs.
55. The adjudicator at the hearing in February 2018 said that Mr Younis' death was a shock to staff and prisoners and there was no intelligence to suggest that he took drugs. If intelligence suggested that a prisoner was using drugs, staff would search the cell and the individual. As she suspected that Mr Younis might have been naively willing to hold smuggled items, she had spent a period alone with him during the adjudication to explore this in confidence. He denied that he had been pressured or bullied.
56. CCTV footage from the visit two days before Mr Younis' death showed possible suspicious behaviour between him and one of his visitors. Cambridgeshire Constabulary are taking action on this. The police also obtained DNA from one of the drug wraps, but they have yet to find a match from their existing records.
57. We do not know how Mr Younis obtained the drugs found in his body. He had admittedly used drugs in the community, but the investigation found no evidence that he was either using drugs in prison, or was subject to coercion or bullying. Although there had been numerous negative intelligence reports suggesting suspicious activities, there was no inference of drug dealing. We are satisfied that staff could not have predicted or prevented Mr Younis' death.

## **Emergency response**

58. PSI 3/2013 - Medical Emergency Response requires prisons to have a medical emergency response code protocol, which contains mandatory instructions for governors and directors to provide guidance on efficiently communicating the nature of a medical emergency, ensuring staff take the relevant equipment to the incident and that there are no delays in calling an ambulance. In line with the PSI, Whitemoor has a local protocol, Emergency Response Code Reminder, issued on 26 April 2018, as well as a protocol with East of England Ambulance Service. Both documents make it clear that an ambulance should be called immediately if a medical emergency code is called.
59. The OSG called a code blue at 5.36am, as soon as it was clear that Mr Younis was unconscious, and the control room log indicates that an ambulance was called at 5.37am. However, the ambulance records show that the call was made at 5.39am, three minutes after the code blue. While it is unlikely to have changed the outcome for Mr Younis, prison staff must strictly adhere to the requirement to call an ambulance immediately on receiving an emergency code, as it could be vital in similar incidents in the future.

**The Governor should ensure that control room staff call an ambulance immediately when a medical emergency code is called.**

## **Clinical care**

60. Mr Younis arrived at Whitemoor with no physical or mental health problems. He had occasional treatment for minor ailments, but otherwise had limited contact with healthcare staff. Wing staff had no concerns about his health and did not suspect any drug use or dealing. We agree with the clinical reviewer's conclusion that Mr Younis' healthcare was equivalent to that expected in the community.

## **Inquest**

61. The inquest, held on 6 March 2024, concluded that Mr Younis died as a result of misadventure (having ingested non-prescribed drugs).

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