



# **Independent investigation into the death of Mr Mohammed Azizi, a prisoner at HMP Norwich, on 15 May 2023**

**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



**OGL**

© Crown copyright, 2024

This report is licensed under the terms of the Open Government Licence v3.0. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

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.

If my office is to best assist His Majesty's Prison 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.

Mr Mohammed Azizi died in hospital of heart failure on 15 May 2023, while a prisoner at HMP Norwich. He was 32 years old. I offer my condolences to Mr Azizi's family and friends.

The clinical reviewer concluded that the healthcare Mr Azizi received at Norwich was of a very good standard and equivalent to that which he could have expected to receive in the community. She found that the healthcare team at Norwich cared for Mr Azizi with compassion and dignity in difficult circumstances.

I make 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.

**Adrian Usher  
Prisons and Probation Ombudsman**

**November 2024**

## Contents

Summary .....	1
The Investigation Process.....	3
Background Information.....	4
Key Events.....	5
Findings .....	8

# Summary

## Events

1. On 24 September 2021, Mr Mohammed Azizi was sentenced to five years imprisonment for arson. On 11 August 2022, he was moved to HMP Norwich.
2. Mr Azizi had Crohn's disease (inflammatory bowel disease). Before he arrived at Norwich, he was admitted to hospital for treatment of intra-abdominal sepsis (a life-threatening inflammation of the stomach) and a suspected bowel obstruction. Mr Azizi refused to take medication for his Crohn's disease, iron tablets, or blood thinning medication for a diagnosed blood clot. While he was in hospital, the mental health team assessed Mr Azizi and deemed that he had capacity to make decisions, including unwise ones, about his care.
3. Throughout his time at Norwich, Mr Azizi repeatedly declined medical treatment, including clinical observations and blood tests, and refused medication. He was selective in the medication he took (usually he took only his steroid tablet, prescribed to help with his Crohn's disease).
4. On 25 August, a GP saw Mr Azizi to as he refused to have his clinical observations taken by the healthcare team. Mr Azizi told the GP that if he got his category D status (which would mean he could be placed in an open prison), he would cook for himself and start eating his own food. He said that he did not like the prison food and did not want the iron supplements or medication he was prescribed as he did not need them. The GP told him that with his Crohn's disease, not eating enough would place strain on his heart.
5. Despite attempts from healthcare staff to encourage Mr Azizi, he continued to eat only a limited amount and frequently refused blood tests and clinical observations.
6. On 22 September, Mr Azizi was admitted to hospital with a suspected deep vein thrombosis (DVT – a blood clot in the vein). While in hospital Mr Azizi refused to comply with treatment for DVT. A consultant spoke to him to warn of the risks to his health if he did not accept treatment, however, he declined. Mr Azizi was discharged from hospital on 13 October as he was not compliant with treatment.
7. On 27 October, a nurse and GP saw Mr Azizi as he was complaining of pain and was feeling weak and dizzy. The nurse took his clinical observations, which showed his heart rate was high, and his blood pressure was low. Mr Azizi asked to be taken to hospital and told healthcare staff that he would now agree to treatment. The healthcare team called an ambulance, and he was admitted to hospital.
8. On 3 November, a nurse at Norwich spoke to a nurse on the ward who said that Mr Azizi was not complying with nursing staff and was refusing blood tests. He was refusing the hospital food that was specifically made for him and was asking officers to buy food from outside the hospital. He refused to have a CT scan (as he would need to be nil by mouth) but agreed to have antibiotics. He was discharged from hospital on 17 November as he would not comply with treatment.

9. On two occasions in March 2023, Mr Azizi was taken to hospital after healthcare staff recorded abnormal clinical observations. However, on both occasions, Mr Azizi refused treatment at hospital and was discharged back to the prison the same day.
10. On 24 April, Mr Azizi rang his personal alarm, and a nurse attended his cell. Mr Azizi was short of breath and said he was feeling unwell. The nurse took his clinical observations and Mr Azizi asked to go to hospital. The nurse called an emergency ambulance which took Mr Azizi to hospital.
11. Mr Azizi was admitted to hospital. He was diagnosed with a lung infection, chest infection and DVT. He continued to refuse certain aspects of care, despite doctors explaining to him the risks of his behaviour. The hospital mental health service assessed him and found that he had no acute mental illness and had capacity to make decisions.
12. Mr Azizi's condition continued to deteriorate, and on 15 May, he died in hospital.
13. The post-mortem report concluded that Mr Azizi died from heart failure caused by malnutrition, Crohn's disease and self-neglect.

## Findings

14. The clinical reviewer found that the care Mr Azizi received at Norwich was of a very good standard and was equivalent to that which he could have expected to receive in the community. She found that the healthcare team at Norwich cared for Mr Azizi with compassion and dignity in difficult circumstances.
15. The clinical reviewer found that there were several areas of good practice in Mr Azizi's care including comprehensive mental capacity assessments and multidisciplinary team working.
16. We make no recommendations.

## The Investigation Process

17. HMPPS notified us of Mr Azizi's death on 15 May 2023.
18. The investigator issued notices to staff and prisoners at HMP Norwich informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
19. The investigator obtained copies of relevant extracts from Mr Azizi's prison and medical records.
20. NHS England commissioned an independent clinical reviewer to review Mr Azizi's clinical care at the prison.
21. We informed HM Coroner for Norfolk of the investigation. The Coroner gave us the results of the post-mortem examination. We have sent the Coroner a copy of this report.
22. The Ombudsman's family liaison officer contacted Mr Azizi's brother to explain the investigation and to ask if he had any matters he wanted us to consider. He was concerned that Mr Azizi had not received the correct medical care, which has been addressed in this report and the clinical review. He raised several issues which fell outside the remit of our investigation, which we have addressed in a separate letter.
23. We shared our initial report with HMPPS. They found no factual inaccuracies.
24. We sent a copy of our initial report to Mr Azizi's brother and a translated copy to Mr Azizi's parents. Mr Azizi's brother raised several concerns about Mr Azizi's care. The clinical reviewer reviewed these comments and assessed that no factual inaccuracies had been raised and no changes were required to her report. Mr Azizi's brother made some other comments which we have responded to in separate correspondence.

## Background Information

### HMP Norwich

25. HMP Norwich is a multifunctional local prison and young offender institution (YOI) holding remand and sentenced category B, C and D prisoners. It holds up to 733 male prisoners. The physical health care provider is Health Care Resourcing Group Limited. Mental health services are provided by Norfolk and Suffolk NHS Foundation Trust.

### HM Inspectorate of Prisons

26. The most recent inspection of HMP Norwich was in August and September 2022. Inspectors reported that the inpatient unit on L Wing delivered good, personalised health and social care, however the environment was shabby and not therapeutic for sick patients.

### Independent Monitoring Board

27. 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 28 February 2023, the IMB reported that healthcare was broadly equivalent to that available in the community. They noted that caseloads for the mental health team were very heavy. They also commented that accommodation on L Wing and in the healthcare centre was outdated and would benefit from refurbishment and modernisation.

### Previous deaths at HMP Norwich

28. Mr Azizi was the fourteenth prisoner to die at Norwich since May 2020. Of the previous deaths, 10 were from natural causes and three were self-inflicted.

## Key Events

29. On 24 September 2021, Mr Mohammed Azizi was sentenced to five years imprisonment for arson. On 1 June 2022, Mr Azizi was moved to HMP Highpoint.
30. Mr Azizi had Crohn's disease (inflammatory bowel disease). While at Highpoint, he became unwell with intra-abdominal sepsis (a life-threatening inflammation of the stomach) and was admitted to hospital for treatment on 6 June. Mr Azizi refused treatment for a suspected bowel obstruction, despite doctors advising of the dangers of this, and was discharged back to Highpoint on 11 July.
31. Mr Azizi's health deteriorated over the next few days, and he was admitted to hospital on 16 July. While he was in hospital, the mental health team assessed Mr Azizi and deemed that he had capacity to make decisions, including unwise ones, about his care. Mr Azizi refused to take medication for his Crohn's disease, iron tablets, or blood thinner medications for a diagnosed blood clot.
32. On 11 August, Mr Azizi was discharged from hospital and moved to HMP Norwich, where there was a 24-hour healthcare service. He was admitted to the prison's healthcare unit.
33. On 14 August, a nurse saw Mr Azizi and took his clinical observations, which were all within the normal range. Mr Azizi continued to decline to take medication that was prescribed for intra-abdominal sepsis.
34. On 25 August, a GP saw Mr Azizi as he had refused to have his clinical observations taken by the healthcare team. Mr Azizi told the GP that if he got his category D status (which would result in a move to an open prison), he would cook for himself and start eating his own food. He said that he did not like the prison food and did not want the iron supplements or medication he was prescribed as he did not need them. The GP warned him that with his Crohn's disease, he could cause harm to his body by not eating enough as this would place strain on his heart.
35. Despite attempts from healthcare staff to encourage Mr Azizi, he continued to eat only a limited amount and frequently refused blood tests and clinical observations.
36. On 5 September, prison staff started suicide and self-harm monitoring (known as ACCT) as Mr Azizi told both prison and healthcare staff that he wanted to die. Prison staff started hourly observations and the healthcare team referred him for a mental health review. (Staff continued ACCT monitoring until 5 November.)
37. On 20 September, a psychiatrist saw Mr Azizi for a capacity assessment due to him refusing treatment and medication. The psychiatrist found that Mr Azizi was very physically unwell but had the capacity to make decisions about his care.
38. On 22 September, Mr Azizi was admitted to hospital with a suspected deep vein thrombosis (DVT – a blood clot in the vein). While in hospital Mr Azizi refused to comply with treatment for DVT. A consultant spoke to him to warn of the risks to his health if he did not accept treatment, however, he declined.
39. On 13 October, Mr Azizi was discharged from hospital as he was not compliant with treatment.

40. On 25 October, a consultant psychiatrist saw Mr Azizi. He told her that he would eat, drink and take his medication if he was moved to a category D prison. He was aware of the potential consequences of refusing treatment, including worsening of his Crohn's disease, blood clot, hospitalisation and even death.
41. On 27 October, a nurse and GP saw Mr Azizi as he was complaining of pain and was feeling weak and dizzy. The nurse took his clinical observations, which showed his heart rate was high, and his blood pressure was low. Mr Azizi asked to be taken to hospital and told healthcare staff that he would now agree to treatment. The healthcare team called an ambulance, and he was admitted to hospital.
42. On 3 November, a nurse at Norwich spoke to a nurse on the ward who said that Mr Azizi was not complying with nursing staff and was refusing blood tests. He was refusing the hospital food that was specifically made for him and was asking officers to buy food from outside the hospital. He refused to have a CT scan (as he would need to be nil by mouth) but agreed to have antibiotics. Mr Azizi was discharged from hospital on 17 November as he would not comply with treatment.
43. Between 18 November and 29 December, the healthcare team assessed Mr Azizi's mental capacity to make decisions on his healthcare six times and each time assessed that he had capacity.
44. On 31 January 2023, Mr Azizi was moved to L Wing at Norwich where he could have social care support with activities of daily living.
45. On 14 March, a nurse saw Mr Azizi and took his clinical observations, which were abnormal and indicated that he needed to be reviewed at hospital. The nurse called an ambulance, and Mr Azizi was taken to hospital. Mr Azizi declined all treatments that were offered in A&E and was therefore discharged the same day.
46. On 21 March, a healthcare assistant saw Mr Azizi as he had been unresponsive following a bath. She took his clinical observations which were abnormal and indicated he needed an urgent transfer to hospital. She called an ambulance and Mr Azizi was taken to hospital. He was discharged back to Norwich the same day as he refused all treatment.
47. On 26 March, prison staff started ACCT monitoring for Mr Azizi as he refused to attend hospital for medical treatment. When staff told him that he could die if he did not go, he said he was fine. Staff stopped ACCT monitoring the next day as Mr Azizi assured staff that he had no thoughts or intentions of suicide or self-harm. He was assessed as having mental capacity.
48. On 5 April, a psychiatrist assessed Mr Azizi and deemed that he had mental capacity to make decisions about his health.
49. On 24 April, Mr Azizi rang his personal alarm, and a nurse attended his cell. Mr Azizi was short of breath and said he was feeling unwell. The nurse took his clinical observations and Mr Azizi asked to go to hospital. She called an emergency ambulance. The paramedics arrived and took Mr Azizi to hospital where he was subsequently admitted.
50. Mr Azizi remained in hospital. He was diagnosed with a lung infection, chest infection and DVT. He continued to refuse certain aspects of care, despite doctors

explaining to him the risks of his behaviour. He was assessed by the hospital mental health service and was found to have no acute mental illness and had capacity to make decisions.

51. On 12 May, staff submitted an application for Mr Azizi's early release on compassionate grounds (ERCG) to the Public Protection Casework Section (PPCS) of HMPPS. The same day, PPCS responded and asked for a report from Mr Azizi's consultant. This was still outstanding when Mr Azizi died.
52. Mr Azizi died in hospital on 15 May.

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

53. The prison appointed a Supervising Officer (SO) as the family liaison officer (FLO) for Mr Azizi. The FLO contacted Mr Azizi's family on 21 March to let them know that Mr Azizi had been taken to hospital.
54. On the day of Mr Azizi's death, the FLO contacted Mr Azizi's parents to discuss his declining health. His mother was staying at the hospital with Mr Azizi and did not want anyone else from the prison to attend or contact her at this time.
55. The FLO arranged for Mr Azizi's belongings to be returned to his brother. The prison contributed towards Mr Azizi's funeral costs in line with HMPPS policy.

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

56. After Mr Azizi's death, a prison manager debriefed the officers who were on bed watch with Mr Azizi at the time of his death 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 Azizi's death and offering support.

### **Post-mortem report**

58. The post-mortem concluded that Mr Azizi died of cardiac atrophy (decrease in size and function of the heart muscle) and heart failure caused by malnutrition, Crohn's disease and self-neglect. Pulmonary thromboembolism (a blood clot in the lung) and infarction (death of the lung tissue) were listed as contributing factors.
59. At the inquest, held on 17 April 2024, the jury concluded that Mr Azizi died of cardiac atrophy and failure with contributing factors of malnutrition, Crohn's disease, self-neglect and a pulmonary thromboembolism and infarction due to his continuous refusal of treatments. They found that Mr Azizi repeatedly refused food, monitoring, investigations and treatment. The risks to Mr Azizi's physical health were known to him and he was judged by multiple professionals to have the capacity to understand that the outcome of his decisions could result in death.

# Findings

## Clinical care

- 60. The clinical reviewer found that the care Mr Azizi received at Norwich was of a very good standard and was at least equivalent to that which he could have expected to receive in the community.
- 61. The clinical reviewer found that the healthcare team at Norwich provided compassionate care to Mr Azizi and treated him with dignity, particularly towards the end of his life.
- 62. Mr Azizi had comprehensive mental capacity assessments while at Norwich, from both healthcare and mental health teams, and from external psychiatry. This ensured accuracy and fairness in his assessment.
- 63. The clinical reviewer found that healthcare staff from HMP Highpoint travelled with Mr Azizi from West Suffolk Hospital to HMP Norwich to oversee his transfer of care. This was very good practice.

## Compassionate release application

- 64. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release are set out in the Early Release on Compassionate Grounds (ERCG) Policy Framework. Among the criteria is that the risk of reoffending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of HMPPS.
- 65. Paragraph 4.25 of the ERCG Policy Framework says, 'The application must include a multidisciplinary report completed by all roles currently caring for the prisoner. This must include, but is not limited to, a report from the prison GP/locum and an additional report from the medical specialist(s) – this is usually a consultant – involved in the care of the prisoner. The reports should provide a diagnosis, assessment of incapacity/frailty, prognosis, treatment pathway/plan and, where applicable, a clear indication of life expectancy'.
- 66. On 12 May 2023, the prison submitted an application for Mr Azizi's release on compassionate grounds to PPCS, however they did not include a consultant's report as required. A PPCS caseworker responded the same day to request a consultant's report with the application.

While we accept that this omission had no impact as Mr Azizi's health deteriorated rapidly and he died three days later, staff should know the documentation required when submitting an ERCG application. We bring this to the attention of the Governor and Head of Healthcare.



Third Floor, 10 South Colonnade  
Canary Wharf, London E14 4PU

Email: [mail@ppo.gov.uk](mailto:mail@ppo.gov.uk)  
Web: [www.ppo.gov.uk](http://www.ppo.gov.uk)

T 020 7633 4100