Prisons & Probation
Ombudsman
Independent Investigations

Independent investigation into the death of Mr Ahmedreza Fathi, a prisoner at HMP Gartree, on 13 May 2015

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.

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We are:

Impartial: *we do not take sides*
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Inclusive: *we value diversity*
Dedicated: *we are determined and focused*
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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 Ahmedreza Fathi died of suffocation and multi-drug toxicity, at HMP Gartree, on 14 May 2015. He was 28 years old. I offer my condolences to Mr Fathi's family and friends.

Mr Fathi had been at Gartree since April 2014, and staff had managed him under Prison Service suicide and self-harm prevention procedures for much of that time. A wide range of professionals supported Mr Fathi for an extended period and invested a great deal of time in his care and management. His problems were complex and managing his distress over such a lengthy period was difficult for staff who, ultimately, could not prevent his actions. Overall, I am satisfied that Mr Fathi received good care at Gartree, although emergency response procedures require improvement.

This version of my report, published on my website, has been amended to remove the names of the staff and prisoners involved in my investigation

Nigel Newcomen CBE
Prisons and Probation Ombudsman **January 2016**

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Summary

Events

1. In May 2009, Mr Ahmedreza Fathi was sentenced to life imprisonment. On 9 April 2014, he transferred from HMP Frankland to HMP Gartree. Shortly after he arrived, Mr Fathi began to complain of pain in several areas of his body. Prison GPs found no abnormalities, but prescribed painkillers and recommended exercises to alleviate the pain.

2. Mr Fathi had a history of self-harm and had received psychiatric care for anxiety and stress. During an assessment with a psychiatrist on 29 May 2014, he threatened to kill himself and healthcare staff began Prison Service suicide and self-harm prevention procedures, known as ACCT. Staff ended ACCT monitoring on 30 May, but restarted it the next day, after Mr Fathi self-harmed by cutting himself. This further period of ACCT monitoring ended on 2 July.

3. On 27 August, Mr Fathi said that he would rather be dead than endure his mental and physical pain. Staff began ACCT procedures again which, apart from ten days in October, remained in place until his death. Nurses saw him daily and mental health staff attended most of his ACCT case reviews. Mr Fathi harmed himself by cutting several times and alternated between threatening and denying thoughts of suicide and self-harm.

4. Mr Fathi continued to complain of unbearable pain and believed that he had an undiagnosed medical condition, which healthcare staff were not treating appropriately. Prison GPs referred him to consultants in neurology and rheumatology, who identified no cause for his pain and discharged him.

5. In April 2015, Mr Fathi's solicitors applied for him to have private healthcare. This was agreed, subject to Mr Fathi bearing the costs of security arrangements as well as the treatment. The prison informed him of the decision shortly before his death.

6. At 5.15am on 13 May, Mr Fathi appeared unresponsive, when a night patrol officer checked him. She called an emergency medical code, but the control room did not call an ambulance until a manager requested one, two minutes later. Staff responded quickly to the emergency call and found that Mr Fathi had a clear polythene bag over his head and upper body. Resuscitation attempts were unsuccessful and, at 5.45am, paramedics recorded that Mr Fathi had died. A post-mortem examination found that Mr Fathi had died from a combination of

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asphyxia and an overdose of a mixture of drugs. None of the drugs had been prescribed to him.

Findings

7. Prison staff assessed Mr Fathi as a long-term risk of suicide and self-harm and staff closely managed him as such for several months. Overall, we consider that Mr Fathi received good support and care at Gartree with a high level of mental health staff input into his management.

8. Although this would not have affected the outcome for Mr Fathi, there was a delay of several minutes in calling an ambulance as, contrary to national and local instructions, staff in the control room sought further information before doing so.

Recommendations

- The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies and that control room staff call an ambulance as soon as an emergency code is used.

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The Investigation Process

9. The investigator issued notices to staff and prisoners at HMP Gartree informing them of the investigation and asking anyone with relevant information to contact him. One prisoner responded.

10. The investigator visited Gartree on 18 May. He obtained copies of relevant extracts from Mr Fathi's prison and medical records.

11. NHS England commissioned a clinical reviewer to review Mr Fathi's clinical care at the prison. In her review, the clinical reviewer has made recommendations on clinical issues, not included in this report, which the Head of Healthcare will need to address.

12. The investigator interviewed 20 members of staff at Gartree in June. He and the clinical reviewer interviewed healthcare staff together.

13. We informed HM Coroner for Leicestershire of the investigation who gave us the results of the post-mortem examination. We have sent the coroner a copy of this report.

14. Mr Fathi's family live abroad and nominated a family representative and solicitors to act on their behalf. One of the Ombudsman's family liaison officers contacted the family's representative and solicitors to explain the investigation. Mr Fathi's family raised no specific matters for the investigation to consider, but asked for an account of his time in prison and the events leading to his death.

15. Solicitors representing Mr Fathi's family received a copy of the draft report. No comments have been made.

Background Information

HMP Gartree

16. HMP Gartree is a category B Prison, near Market Harborough in Leicestershire, which holds up to 708 men sentenced to life imprisonment and other indeterminate sentences. Leicestershire Partnership Trust is responsible for delivering primary physical and mental health services in the prison and Northamptonshire Healthcare NHS Foundation Trust runs secondary mental health in-reach services.

HM Inspectorate of Prisons

17. The most recent inspection of HMP Gartree was in March 2014. Inspectors were positive about the range and standard of health services. Prisoners' access to healthcare services was very good and waiting times for all clinics were short. Nurses held triage clinics daily with open access for prisoners with urgent needs. Prisoners were able to see a GP routinely within three days.

18. Inspectors found that the management of prisoners under ACCT procedures was generally good, but prisoners' had mixed views about the level of support they received.

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 November 2014, the IMB reported that the mental health in-reach team attended all ACCT reviews and the prison was trying to improve the quality of ACCT documents. The IMB also identified the need for staff to follow the prison's emergency protocols when a prisoner appeared ill or in distress.

Previous deaths at HMP Gartree

20. Mr Fathi's was the first self-inflicted death at Gartree since September 2012. In that investigation we made a recommendation about calling an emergency ambulance immediately. This also arises in this investigation.

Assessment, Care in Custody and Teamwork (ACCT)

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21. ACCT is the care planning system the Prison Service uses to support prisoners at risk of suicide or self-harm. The purpose of the ACCT is to try to determine the level of risk posed, the steps that staff might take to reduce this and the extent to which staff need to monitor and supervise the prisoner. Checks should be at irregular intervals to prevent the prisoner anticipating when they will occur. Part of the ACCT process involves assessing immediate needs and drawing up a caremap to identify the prisoner's most urgent issues and how they will be met. Staff should hold regular multidisciplinary reviews and should not close the ACCT plan until all the actions of the caremap are completed. Guidance on ACCT procedures is set out in Prison Service Instruction (PSI) 64/2011.

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Key Events

22. In May 2009, Mr Ahmedreza Fathi was convicted of murder and sentenced to life imprisonment, with a minimum period to serve of 18 years before he could be considered for release. On 9 April 2014, Mr Fathi transferred from HMP Frankland to HMP Gartree to do further offending behaviour work.

23. At an initial health assessment, Nurse A recorded that Mr Fathi had self-harmed by cutting himself two months earlier, due to anxiety and had cut his wrists 3 years before. Mr Fathi had previously seen a psychiatrist for anxiety and stress. He said he had no current thoughts of suicide or self-harm. In view of his history, the nurse referred him to the GP.

24. On 11 April, Mr Fathi told Dr A, a prison GP, that he had multiple joint pain and that he had been due to have an X-ray before leaving Frankland. The doctor examined him, but found no abnormalities. She re-prescribed pregabalin (a painkiller for nerve pain) which had been prescribed at Frankland, on a gradually reducing basis. Additionally, she prescribed nefopam (a non-opiate painkiller). She referred Mr Fathi to a colleague for a second opinion. On 17 April, Dr B, another prison GP, gave Mr Fathi advice on exercises and stretches to help alleviate his pain.

25. On 16 May, Mr Fathi told Nurse B that he was unable to walk very well, due to pains in his legs and he had not taken the nefopam as it had previously made him feel paranoid. Mr Fathi became upset. He told the nurse that all his family lived in Iran and he had no visits or communication with them. He said he had tried several different antidepressants, but had stopped the last one as it made him feel sleepy. Due to his emotional state, the nurse referred him to the mental health team for an urgent assessment.

26. On 17 May, Nurse C from the primary care mental health team began assessing Mr Fathi. He told her that he had no thoughts of suicide or self-harm and agreed to contact the team if his mood worsened. The nurse did not have enough time to complete the assessment, so she arranged to see Mr Fathi again two days later. On 19 May, Mr Fathi again said he had no thoughts of suicide or self-harm but said his mood was up and down. The nurse noted there was no evidence of anxiety but, in light of his psychiatric history, she referred him to the mental health in-reach team for a medication and psychiatric review.

27. On 29 May, Dr C, a forensic psychiatrist, assessed Mr Fathi. Mr Fathi described feelings of low mood, loss of energy and motivation and said he had flashbacks to childhood trauma, and occasional thoughts of harming himself. The doctor noted that he did not appear to be depressed, but discussed a trial of antidepressants. Mr Fathi asked for pregabalin. The doctor explained that his symptoms did not indicate the need for pregabalin for anxiety, so he would not re-prescribe it. He advised him to speak to GPs if he needed it for physical health problems. Mr Fathi threatened to kill himself if he did not prescribe it and left the room. In view of Mr Fathi's comments, staff began ACCT suicide and self-harm prevention procedures. GPs continued to prescribe pregabalin for pain relief.

28. On 30 May, at an assessment as part of ACCT procedures, Mr Fathi said that he was frustrated that healthcare staff wanted to change his medication, and he had made the comments about taking his life, as he was angry. Mr Fathi said he had no thoughts of harming himself and his previous self-harm had been a mistake. Custodial Manager, A, held the first ACCT case review with Mr Fathi. (The ACCT document showed Nurse A had attended but she told the investigator that the review had finished by the time she arrived.) Mr Fathi apologised for his behaviour, and said that he was fully aware of the support available to him, if he required it. The custodial manager closed the ACCT.

29. On 31 May, another prisoner told staff that Mr Fathi had made cuts to his neck. Nurse C assessed Mr Fathi, who said that he had broken his television and had used the glass to stab his neck the previous evening and in the early hours of the morning. He had not told anyone and had cleaned his cell before he was unlocked. The nurse recorded that Mr Fathi apologised for inconveniencing staff and appeared bright in mood, with no signs of depression. Mr Fathi said that his actions were due to thoughts of his family, continued pains in his legs and his dissatisfaction with the psychiatrist. Staff reopened the ACCT procedures and sent Mr Fathi to hospital for further treatment of his wounds.

30. When Mr Fathi got back to the prison later that day, prison manager, A, held an ACCT case review with custodial manager, B, and Nurse C. Mr Fathi said that he had joint pain and just wanted it to stop. The nurse agreed to look into further pain relief. Prison manager, A, assessed Mr Fathi's risk as high and required staff to check him four times an hour and arranged a further review the next day. She set caremap actions for Mr Fathi to have a further mental health assessment and for management of his pain. She made appointments with the mental health and primary care teams.

31. At an ACCT case review on 1 June, with prison manager, A, custodial manager, B, and Nurse C, Mr Fathi again said that his pain had triggered his actions. He said he had no thoughts of self-harm, and that he had 'tried and failed'. He was due to see the GP on 5 June. The review reduced observations to two an hour.

32. On 2 June, Custodial Manager, B, held an ACCT case review with Operational Manager, A and Nurse D (from the mental health in-reach team). Mr Fathi asked them to close the ACCT. However, he presented as flat in mood, and admitted that he had woken in the night with thoughts of self-harm. Mr Fathi was animated when he discussed his physical pain and said that he felt healthcare staff did not believe him. He made a veiled threat to harm himself, when he told the review team that they could not keep him on the ACCT document forever. Mr Fathi said that he did not want to see Dr C again, as he wanted to stop his medication. The review assessed his level of risk as raised. The frequency of observations remained the same.

33. On 3 June, Mr Fathi told Nurse D that he still had thoughts of self-harm and hurting others, but had no plans to act on them. He said he felt that nobody cared, but did not know what staff could do differently and agreed to see Dr C. Nurse D told him that both the mental health teams would continue to support him. The nurse said that Mr Fathi often changed his mind and this was a regular pattern of his behaviour. He would often complain about issues and make threats, but, after he had the opportunity to think more clearly, he would recognise that he had made decisions in the heat of the moment and, usually, agree to the plans discussed.

34. At an appointment on 5 June, Dr C again advised Mr Fathi that pregabalin was not the correct medication to treat his anxiety, but acknowledged that the primary healthcare team was prescribing this for pain relief. The doctor found no evidence of mental illness, though he thought Mr Fathi might have elements of borderline personality disorder traits. Mr Fathi was discharged from the in-reach team and referred back to the care of the primary mental health team.

35. Mr Fathi referred himself to the substance misuse team. On 9 June, he told support worker, A, that pregabalin was not sufficient to manage his pain and he had been using illicitly obtained subutex (a drug used for opioid addiction).

36. On 12 June, a GP referred Mr Fathi to a rheumatology specialist for further advice on his joint pains.

37. ACCT reviews were held on 6, 9, 14, 21 and 25 June. Mr Fathi said he would not self-harm and wanted the ACCT to be closed, but staff were concerned about his mood. Healthcare staff were present at each review and the caremap was updated with targets to address his physical health. On 25 June, his risk was assessed as low, with hourly checks required.

38. At a case review on 1 July, Mr Fathi said he had no desire to self-harm or take his own life and would deal with any frustrations about his medical care by talking to nurses. Staff closed the ACCT, as all actions on the caremap had been addressed and they considered that Mr Fathi's risk had reduced sufficiently.

39. On 29 July, Nurse E recorded that Mr Fathi would be discharged from their mental health team caseload. He noted that Mr Fathi was unable to engage with the team as his mood was directly related to physical pain, for which he was waiting for a hospital assessment.

40. On 27 August, Mr Fathi told his offender supervisor that he would rather be dead than carry on in physical and mental pain, which he described as unbearable. He did not feel that staff were listening to him. Staff began ACCT procedures, and checked Mr Fathi hourly. When assessed the next day, Mr Fathi said that this had been an off the cuff remark and he felt nurses were not taking his physical complaints seriously. He said that he had had thoughts of suicide for years, but would not act upon them, as it would be selfish and he wanted the ACCT to be closed.

41. Custodial Manager, C, held a case review immediately after the assessment. There were no healthcare staff present. Mr Fathi said he had family support, although they lived in Iran. He said that he was frustrated that his medical treatment was taking so long. The custodial manager noted that Mr Fathi's main issue was pain relief and ongoing health treatment.

42. On 2 September, a forensic psychiatrist, Dr D, assessed Mr Fathi and considered that there might be a genuine physical cause to Mr Fathi's pain, made worse by psychological symptoms of anxiety because of severe post traumatic stress disorder (PTSD). Mr Fathi was very unhappy as he felt that he was not getting help from the primary health care team for his physical symptoms. The doctor recorded that Mr Fathi's medication at the time was sertraline, fluoxetine, citalopram, and olanzapine for his mental health problems and pregabalin for pain relief. He recommended a short term increase in pregabalin, for anxiety symptoms and quetiapine for PTSD and paranoid thoughts. He referred Mr Fathi

to a clinical psychologist because of his PTSD and continued to review him at least monthly.

43. ACCT case reviews were held weekly. Mr Fathi's main concern continued to be about his health. A member of the mental health team usually attended case reviews. Although Mr Fathi denied any thoughts or intentions to self-harm, the level of observations remained hourly. On 14 September, a supervising officer (SO) held an ACCT case review with no other member of staff present. The SO noted that, if Mr Fathi remained positive at the next review on 29 September, consideration could be given to ending ACCT procedures.

44. On 16 September, Mr Fathi complained to NHS England about the quality of his medical care. (NHS England replied in January 2015, that a review had concluded that his care and treatment at Gartree had been appropriate and his complaint had not been upheld.)

45. On 29 September, SO A and Nurse D held an ACCT review. Mr Fathi refused to attend as he felt it was unnecessary. The SO recorded that the recent information gave no cause for concern and that other staff did not consider an ACCT was necessary. She ended the ACCT procedures.

46. Nurses took Mr Fathi's medication to his cell daily, as he had said that he was in too much pain to walk. He complained about a lack of care and said there was a conspiracy against him and that appointments had been cancelled on purpose. Mr Fathi threatened to refuse food if his appointments did not happen, but later told Nurse D that he ate food in his cell when he did not collect meals.

47. During the night of 10 October, Mr Fathi pressed his cell call bell and asked for a nurse, as he could not feel his legs. Night Manager, A, opened the cell for a nurse to examine him. He noticed a torn bed sheet tied to the wall cabinet. Mr Fathi said that he had done this earlier that evening, as he had found it hard to manage his pain. The night manager removed the torn sheet and began ACCT procedures, with five checks an hour for the rest of the night.

48. At an assessment later that morning, Mr Fathi denied that he had made a ligature, and said it was a washing line. He said he had pains in his arms and legs and wanted to go back to hospital so that his problems could be addressed. The assessor noted that Mr Fathi had been managed under the ACCT procedures seven times before and that he had previously self-harmed shortly after denying any intent. Mr Fathi said that his health had deteriorated, he was unable to leave

his cell due to his pain and he was finding it difficult to sleep. He insisted that he did not want to kill himself.

49. Nurse F, from the mental health in-reach team, attended the case ACCT case review and agreed they should have a medication review to increase Mr Fathi's pain relief and to get him a walking aid. The review agreed to allocate him a buddy to help with cleaning his cell and collecting meals. (Buddies are volunteer prisoners who assist prisoners with physical disabilities.) The review assessed his risk of suicide and self-harm as low and reduced observations to hourly during the day and twice an hour at night.

50. On 14 October, Mr Fathi told Dr D and Nurse F that the higher dosage of pain relief had helped his back pain, but he was still waiting for a rheumatology appointment. He said he was fed up and felt like giving in.

51. ACCT case reviews took place every two or three days for the rest of October, and mental health nurses attended most of them. Mr Fathi continued to complain of pain as well as symptoms of depression and hopelessness. He believed that he was not receiving the correct medical treatment. During this period, Mr Fathi self-harmed three times by cutting his arms and stomach. On 19 October, he was found with a ligature. Staff were responsive and held case reviews promptly, noting a raised level of risk. They reviewed the caremap actions and adjusted the level of observations according to his level of risk at the time. They arranged for him to have a wheelchair so he could spend time in the open air and rearranged the furniture in his cell so that it was easier to observe him.

52. The primary care team advised case managers that, until they established whether there was an underlying physical cause for Mr Fathi's pain, they had to treat it as genuine rather than a mental health problem. They had referred Mr Fathi to specialists and were waiting for appointments.

53. During the night of 31 October, Mr Fathi cut his wrists. At an ACCT review in the morning, staff assessed his risk as high and removed all medication and razors from his cell. A member of the mental health in-reach team suggested he should be constantly supervised and staff checked him every five minutes, until this could be arranged. However, an hour later, a further multidisciplinary case review reduced his risk to raised and decided that constant supervision was unnecessary. The review set observations at every 15 minutes. At 10.40pm on 1 November, a member of staff found that Mr Fathi had aggravated an old wound and written in blood on his cell walls. Staff reviewed his risk and constantly supervised him for the rest of the night.

54. The prison's Head of Safety, held an ACCT case review the next morning, which nurses attended. Mr Fathi again complained about his medical treatment. He said that he was hearing voices that were telling him to do bad things. He was unhappy about being constantly supervised and did not want a buddy to clean his cell. The prison's Head of Safety arranged for him to have a television as a distraction and constant supervision continued. On 3 November, the prison's Head of Security held a further case review, attended by representatives from the chaplaincy, mental health and safer custody teams. Mr Fathi said that he was fighting the voices in his head, he did not have the guts to harm himself and he had no plan. Staff told Mr Fathi that his access to razors would be controlled and supervised. Observations were reduced to four an hour. Mr Fathi had further case reviews on 4, 5 and 6 November, which members of the in-reach team attended. Staff continued to check him four times an hour.

55. On 5 November, Mr Fathi went to the musculo-skeletal clinic at Market Harborough Hospital, where a doctor diagnosed fibromyalgia. (One of the main symptoms of fibromyalgia is widespread pain. It can only be treated by medication and coping strategies.) Mr Fathi was discharged from the clinic as no further tests or invasive interventions were considered necessary.

56. On 7 November SO B held an ACCT case review attended by staff from the in-reach team. Mr Fathi had broken his television and tried to stab himself in the neck. One of the nurses agreed to speak to the GP about prescribing medication to help Mr Fathi to sleep. At further ACCT reviews on 10, 11 and 13 November, staff reduced his observations gradually to hourly during the day and twice an hour at night.

57. On 13 November, Mr Fathi started weekly cognitive behaviour therapy sessions with Dr E, a clinical psychologist. The doctor developed a good relationship with Mr Fathi, but said he was never completely able to explore the experiences that had caused his PTSD, as Mr Fathi was preoccupied with physical health problems.

58. ACCT case reviews took place at least weekly during November, attended by members of the in-reach team. Mr Fathi continued to complain about his physical health and staff tried to assure him that his concerns were taken seriously. They gradually reduced observations to hourly, day and night.

59. On 18 November, Mr Fathi told Dr A, a prison GP, that he was disappointed with the outcome of the rheumatology appointment and had expected a referral for a full body scan. The doctor noted that Mr Fathi appeared to have lost weight and requested a blood test. The results showed no abnormalities.

60. On 26 November, Mr Fathi made superficial cuts to his arm and staff increased his observations to every 30 minutes. On 29 November, Mr Fathi mentioned that he was planning to have private healthcare. He said that he had no intention of further self-harm, and was 'going to let nature take its course', in reference to his belief that he had a serious physical health problem.

61. On 1 December, Dr A referred Mr Fathi urgently to a neurologist about his pain and advised him to speak to Dr D, the psychiatrist, about changing his medication. At ACCT reviews over the next few days, Mr Fathi said that he had no desire to self-harm, and agreed that he needed to focus on getting better. He was happy that he had been referred to another specialist about his pain and spoke positively about making efforts about getting to the point where he no longer used his wheelchair. By 10 December, observations were reduced to once every two hours.

62. At an appointment with Dr D on 16 December, Mr Fathi was positive and said that he had decided not to take his own life. He said his pain was generally better and under control. He asked whether he could keep supplies of his medication, except pregabalin, in his cell. The doctor recorded that as Mr Fathi appeared more positive, it was a reasonable request, and suggested he should have daily packs initially, but Pregablin would remain supervised.

63. At an ACCT review on 19 December, Mr Fathi said his sessions with Dr E, the psychologist, had helped his mental health, although his physical health problems remained. He said that he was no longer a risk to himself and had no thoughts of self-harm. The review decided to keep observations at the same level.

64. Blood test results in December had indicated unexplained anaemia (iron deficiency) and Dr A urgently referred Mr Fathi to a gastrology clinic to rule out cancer. On 5 January 2015, a consultant gastroenterologist recommended repeat blood tests, an urgent endoscopy, and a colonoscopy.

65. Mr Fathi continued to speak positively about his future at weekly ACCT case reviews, although he still believed that he was not receiving adequate healthcare. Due to his positive outlook, staff considered that his risk was lower. They

gradually reduced his observations to three at night with two meaningful conversations during the day.

66. On 12 January, instead of going to an ACCT case review, Mr Fathi went to the healthcare centre. On her way to the review, Nurse G, a mental health nurse, met Mr Fathi. He told her that due to the pain he was in, he intended to kill himself before the six month timescale he had set himself. He insisted on seeing the GP, and said he would not leave and would have to be taken to the segregation unit. He threatened to cut himself, but told the nurse that he had no means to do so. The nurse spoke to Mr Fathi about increasing his ACCT observations, and he then said that he was only joking. SO C increased Mr Fathi's observations to one every two hours.

67. After he had spoken to Nurse G, Mr Fathi tied himself with bandages to a gate in the healthcare centre and refused to move as he felt that his concerns were not being taken seriously. Eventually, he agreed to return to his wing. Later that afternoon, the Acting Primary Mental Healthcare Manager, went to see Mr Fathi to try to reassure him that the clinical team took his concerns seriously and were making efforts to address his needs. After this meeting, SO C held a further ACCT review, which the Acting Primary Mental Healthcare Manager attended. The level of observations remained the same.

68. On 13 January, Mr Fathi was in an agitated state, and told Nurse G that he no longer wanted to see Dr E and only trusted Dr D. He said he still had suicidal thoughts, but had no plan to put them into action. The nurse asked Mr Fathi for all his unused bandages. He refused and said that if he wanted to kill himself he would 'rip up a bed sheet'.

69. At 9.25pm on 14 January, Nurse H went to speak to Mr Fathi, who had threatened to kill himself. He had made a superficial cut to his stomach with a small nail, which he had since thrown away. After consulting the nurse and wing staff, the duty manager agreed that observations should remain at every two hours.

70. On the morning of 15 January, Dr E recorded in the ACCT document that Mr Fathi was angry and frustrated about his healthcare. This had made him feel hopeless and want to end his life. The doctor alerted wing staff to what Mr Fathi had said, and planned to see Mr Fathi again in a week. At an ACCT case review that afternoon, staff assessed his risk as raised and increased his observations to hourly, day and night. At the next review on 19 January, Mr Fathi said that he

still had thoughts of harming himself every day. Staff continued to check him every hour.

71. On 21 January, staff recorded that Mr Fathi was abusive to Dr F, a prison GP, and demanded private healthcare. The doctor told Mr Fathi that he would discuss his care with Dr A. Mr Fathi refused to leave the consulting room and Dr F asked officers to take him back to his wing. The next day, Dr F and Dr E went to see Mr Fathi to agree a care plan. Dr F agreed to refer Mr Fathi to another rheumatology clinic for a second opinion, chase up the neurology referral, repeat blood tests, and arrange for an X-ray of his left ankle. Mr Fathi said that he was happy with the plan and would try not to be abusive. (The results of the blood tests and X-ray indicated no abnormalities.)

72. Later on the afternoon of 22 January, SO D and Nurse I, from the in-reach team held an ACCT review. The SO noted that Mr Fathi was in good spirits about his meeting with Dr F and Dr E. He felt that people were listening to him and things were moving forward. The review assessed his risk as low and reduced the level of observations to every three hours during the day and every two hours at night.

73. SO E and Dr E held an ACCT review on 26 January, and noted that Mr Fathi no longer had the support of a prisoner buddy, as he had been abusive to the prisoners who were trying to help him. Other prisoners still helped him clean his cell.

74. On 4 February, Mr Fathi cut his arms, shoulder and chest. An ACCT review increased his assessed risk to raised and his observations to every two hours during the day and hourly at night and during patrol states (when prisoners are locked in their cells). Staff removed razors and other objects which he could use to harm himself. At an ACCT review 6 February, with SO D and Nurse G, Mr Fathi said that he had thought about cutting off his penis. Staff continued to assess him as at raised risk of suicide and self-harm and increased his observations to hourly. At 7.10pm, that evening, an officer found that Mr Fathi had cut his scrotum with a razor. Mr Fathi told staff that it was an attempt to kill himself and he was taken to hospital for emergency treatment.

75. Mr Fathi returned to Gartree the next day. Prison Manager, A, chaired an ACCT review, at which Mr Fathi said that the trigger for his self-harm had been his problems with healthcare. He said that he did not realise the implication of his actions, as he was now in pain. He said he had no immediate thoughts of harming himself or wanting to die. The prisoner manager noted that Mr Fathi remained at raised risk, and set observations at four an hour.

76. On 8 February, Mr Fathi made superficial cuts to his arm, elbows and stomach, with a blade he had hidden in his cell. Prison Manager, A, on held a further ACCT review on 8 February, attended by Custodial Manager, D, and Nurse E. The nurse raised concerns about Mr Fathi's pattern of self-harm and potential for further serious injury. The review agreed that staff should continue to check Mr Fathi four times an hour and that if he harmed himself again within the next 24 hours, they would constantly supervise him.

77. An ACCT case review at 2.50pm on 9 February, recorded that Mr Fathi said that he was unsure whether he would harm himself again. His observations remained at four an hour. At 5.00pm, Mr Fathi cut his other testicle and his wrist and was taken to hospital for further emergency treatment. Prison Manager, A, held a further case review and recorded that Mr Fathi's triggers for self-harm remained the same with no short-term solution. She considered his risk was high and decided he should be constantly supervised when he got back to the prison.

78. Mr Fathi arrived back at Gartree from hospital, in the early afternoon of 10 February. Custodial Manager, E, held an immediate ACCT case review with Nurse I and Nurse G. The review team agreed that he would not be allowed sharp items in his cell. They also removed his shoelaces and kettle and issued a flask. They agreed he should be constantly supervised. On the way to the constant supervision cell on D Wing, Mr Fathi tried to assault an officer and had to be restrained. He later said that he had done this because he was scared and confused.

79. The acting deputy governor chaired an ACCT review on 11 February, attended by primary and mental health nurses. Mr Fathi said that he wanted a fresh start and was looking forward to seeing doctors in the forthcoming weeks. He said that he had no intention of harming himself and asked to go back to his cell on G Wing. The staff agreed and set observations at four times an hour. Staff held ACCT case reviews every two or three days for the rest of February and his observations reduced to three and then two an hour. Towards the end of February, Mr Fathi said he was losing faith in the healthcare team. He denied any immediate thoughts of harming himself, but said that he had a plan and a date to kill himself. Mr Fathi refused to discuss this further when staff asked further questions about this. Observations remained at two each hour.

80. On 2 March, at an ACCT review with SO D and Nurse G, Mr Fathi spoke of having a plan to kill himself, but said he would not do it during the Iranian New Year period (a four day national holiday from 21 March) as it would upset his family. SO D wrote alerts about this for staff in the ACCT record and the wing

observation book that it might be a potential trigger date. Staff held ACCT reviews on 5, 10, 13, 17 and 20 March, and recorded that Mr Fathi still had issues with healthcare and spoke of having a plan and a date to kill himself. Observations remained at two per hour.

81. On 24 March, just before a planned ACCT review, Mr Fathi gave his television to staff. He told Custodial Manager, C, and Nurse G that he did not want to speak to them or take part in the review. He said that he wanted to die, but that it would not be days or hours. He refused to clarify what he meant. Staff assessed his risk as high and increased checks to four each hour.

82. At 12.30pm on 26 March, an officer checking Mr Fathi, found him unconscious in his cell and nurses could not rouse him. He was taken to hospital as an emergency. Mr Fathi stayed in hospital until 29 March, but doctors found no cause for his collapse. Blood tests were inconclusive about whether he had taken an overdose of drugs. On 30 March, at an ACCT review with a custodial manager and Nurse D, Mr Fathi was adamant that he had not taken an overdose. He said that he had previously lost consciousness in prison a few years before. No new concerns or triggers were identified. His risk had been assessed as low the previous day and was judged to have remained low. The observations remained at hourly.

83. On 31 March, Dr E saw Mr Fathi and noted that there appeared to be no explanation for his recent collapse, but nurses would need to chase the outstanding external clinic appointments. The doctor recorded that Mr Fathi remained a long-term risk of suicide and self-harm.

84. ACCT reviews on 3, 6 and 8 April noted that Mr Fathi still spoke of having plans to kill himself, but not for the 'next few months'. Staff recorded Mr Fathi's issues at each review, as his ongoing frustration about his health. Observations remained at hourly.

85. On 8 April, at an outpatient appointment at Leicester Royal Infirmary, a consultant rheumatologist found no physical problems with Mr Fathi and discharged him.

86. On 11 April, Mr Fathi cut his arm and was taken to hospital for treatment. During an ACCT review with two managers later that day, he said he had paranoid thoughts. The review assessed his risk as raised and increased his observations to four an hour. At an ACCT review the next day, Mr Fathi appeared brighter and

said he had promised his mother that he would not take his own life for at least the next two months. Observations were reduced to two an hour.

87. Mr Fathi continued to express paranoid thoughts at ACCT case reviews in April. He said he felt no one cared about his mental or physical well-being and that he intended to write to the Governor to explain his situation.

88. Mr Fathi had medical reviews with Dr G and Dr D on 23 and 30 April. He spoke to Dr D about taking his life at some point, but said he had promised his mother he would not. He said that he had promised his mother that he would not give up and would fight his situation. Dr D noted that he was “tolerating amitriptyline and pregabalin and feels that they have been of some help.” The staff reduced checks to every two hours.

89. On 1 May, an investigator from this office telephoned the prison after receiving a letter of complaint from Mr Fathi, in which he stated an intention to kill himself. As a result, SO D held an ACCT case review with another senior officer. Mr Fathi explained that he had written the letter before he felt there was some hope and that nothing had changed since the last review. Mr Fathi said that he had a target to resolve his healthcare issues, and hoped not to have to resort to extreme measures. Observations remained at two an hour.

90. On 8 May, Mr Fathi told the Service Manager for Leicester Partnership NHS Trust, who was visiting Gartree and Gartree’s healthcare manager that he wanted to` get private healthcare. Gartree’s healthcare manager to him on 11 May, to say that the NHS Trust and the prison would hold a meeting to arrange this.

91. The Governor of Gartree said that she had received letters from Mr Fathi and his solicitor, expressing concerns about his treatment and asking if he could use private healthcare. She had shared the letters with the healthcare provider and the commissioners, who said that Mr Fathi had made a series of complaints. After investigating his concerns, they considered that there were no further treatment options. The Governor of Gartree had also spoken to the lead GP, who reviewed Mr Fathi’s medical record and said that the healthcare team had made extra efforts and done everything they could. They had offered Mr Fathi second opinions on several of his problems.

92. The Governor of Gartree replied to Mr Fathi’s solicitors. She agreed to their request and explained that they would have to make the necessary arrangements. Mr Fathi would have to pay the costs of the medical care and

prison escorts. She arranged a case conference with those involved in Mr Fathi's care, including representatives from the primary care and mental health teams, ACCT case managers and staff from the security department, to discuss the arrangements.

93. Mr Fathi continued to talk about his frustration about the lack of progress in resolving his health issues, at ACCT case reviews on 5 and 12 May. He also said that he had promised his mother that he would not harm himself. Nurse G noted that he did not mention anything of concern to justify increasing his observations, which remained at every two hours.

94. Around 5.45pm on 12 May, a prisoner told Officer A that he thought Mr Fathi might do something "silly", as he had been talking as if "he would not be here tomorrow". The officer A asked Nurse J to speak to Mr Fathi and reported it to the orderly officer (the manager in charge of the daily operation of the prison). The orderly officer increased Mr Fathi's observations from once every two hours to three an hour.

95. Nurse J said that he had spent around 30 minutes with Mr Fathi, discussing his health problems. He told Mr Fathi that he had seen a fax that day which was positive about his access to private healthcare and Mr Fathi said he was due to have a meeting with the Governor and healthcare managers to discuss this. Mr Fathi told Nurse J that he had no thoughts of suicide and self-harm and spoke about protective factors, such as his family and the steps his solicitors had taken to resolve his medical care. He said he had spoken to his mother and felt better. Nurse J's manager, joined them in the cell for around 10-15 minutes. They told Mr Fathi that things were progressing. After their conversation, Nurse J and his manager told wing staff that Mr Fathi felt low and noted this in the ACCT record.

Night of 12/13 May 2015

96. Mr At 8.35pm on 12 May, the night patrol officer, A, on G Wing, began ACCT checks and recorded that Mr Fathi was sitting on the floor writing a letter. When she checked Mr Fathi a third time at 9.10pm, he gave her a letter addressed to Nurse J and asked her not to open it, but to make sure that it was passed to healthcare staff. The night patrol officer contacted the duty manager, A, who told her to open the letter and read to him what it said. Mr Fathi had written to Nurse J that, in the past, people had made promises, but that he had been lied to. He had asked for help, but no one cared and he could not go on anymore. The duty manager knew that a prisoner had earlier raised concerns about Mr Fathi and

that his observations had been increased as a result. He increased the observations to four an hour.

97. At 10.10pm, the duty manger held an ACCT review with two officers attending. He did not ask a nurse to attend as the nurses on duty were issuing medication around the prison. The duty manager said that he was mindful of how he broached the letter with Mr Fathi, as he did not want that to antagonise Mr Fathi or break the trust he might have built with night patrol Officer, A. Mr Fathi explained that he had written it as a way of getting off his chest his issue with healthcare staff the previous day.

98. The duty manager told Mr Fathi that as the security manager, he knew about the multidisciplinary meeting planned to discuss his private healthcare. They spoke at length about how it was a good thing as it indicated his concerns had been taken seriously and showed that his parents supported him. The duty manager said that, when he asked Mr Fathi directly about thoughts of harming himself, Mr Fathi said that he was going to die eventually from his medical problems as staff did not believe him. He did not comment on whether he had any current intentions or thoughts of suicide. The duty manager told Mr Fathi to press his cell bell if he needed to speak to staff at anytime during the night. He assessed his risk as raised and asked staff to observe him three times an hour.

99. The Night Patrol Officer, A, had no other verbal contact with Mr Fathi. She said that he usually slept on his mattress on the floor, under his covers, as he did not like the light turned on during ACCT checks. At an ACCT check at 11.42pm, he was on his chair having a drink. He looked up at her when she opened the door observation panel, but did not speak and did not appear upset or distressed.

100. The Night Patrol Officer checked Mr Fathi, three times an hour at irregular intervals throughout the night. Each time he appeared asleep under the covers. She said that at 5.15, when she turned the light on to check Mr Fathi, his arm was sticking out of the covers and it appeared shiny. She looked closer and saw that it was polythene pulled tightly over his arm. She then flicked the light on and off to try to get a reaction from him. When Mr Fathi did not respond, she immediately radioed an emergency medical code blue (to indicate circumstances such as when a person is unconscious or has breathing difficulties).

101. The duty manager said that when he heard the code blue, he went to the cell with Officer B and Officer C straightaway. The night patrol Officer, A, was standing outside the cell and the duty manager opened the door immediately. Mr Fathi was lying on the bed. Officer B said he removed the bed covers and found

that Mr Fathi had a clear bag over his head and upper torso. He pulled the bag off, checked for signs of life, and thought he could feel a pulse. The duty manager checked Mr Fathi and said his body was warm. Officer B said Nurse K arrived about a minute later.

102. The incident log shows that the duty manager contacted the control room at 5.17am, to request an ambulance. Officer D, the control room officer, said that after he received the code blue call, he directed Nurse K to G Wing and the duty manager also acknowledged the call. A short while later, duty manager, A asked him to call an ambulance. Officer D said he then telephoned the wing and spoke to the night patrol Officer, A, for further details as he knew the ambulance service would ask for this. He then called for an ambulance at 5.20am. A first responder arrived at Gartree at 5.28am.

103. Nurse K said she arrived at the cell at 5.20am, with emergency medical equipment. The officers were standing outside. She assessed Mr Fathi and found he had no pulse and his pupils were fixed. She began cardiopulmonary resuscitation (CPR) and connected a defibrillator to Mr Fathi. The defibrillator found no shockable heart rhythm so the nurse, assisted by the officers continued CPR. When the first responder paramedic arrived, he checked Mr Fathi and advised them to stop CPR. At 5.45am, the paramedic recorded that Mr Fathi had died.

Contact with Mr Fathi's family.

104. Mr Fathi's family live in Iran and the prison Imam spoke to Mr Fathi's father on 13 May to notify him of his son's death. Mr Fathi's family gave the contact details of a family friend living in the UK to deal with matters on their behalf, and they appointed a solicitor. In line with Prison Service instructions, the prison contributed to the costs of the funeral.

Support for prisoners and staff

105. After Mr Fathi's death, Operation Manager, A, debriefed the staff involved in the emergency response and offered his support and that of the staff care team.

106. The prison reviewed all prisoners assessed at risk of suicide and self-harm, in case they had been affected by Mr Fathi's death. Staff offered the support of the chaplaincy team to prisoners on the wing who knew Mr Fathi.

Post-mortem report

107. A post-mortem examination found that Mr Fathi had died from a combination of plastic bag asphyxia and multi-drug toxicity. The toxicology report noted that there were fatal concentrations of amitriptyline and codeine in Mr Fathi's blood. Mirtazapine and pregabalin were also present. The toxicologist noted that the combination of the drugs was potentially fatal.

108. Mr Fathi had been prescribed codeine, amitriptyline and pregabalin but there is no record of him being prescribed mirtazapine. Gartree confirmed to us that all his medication was administered daily under supervision. We have not therefore been able to establish where he obtained the medication on which to overdose. It is possible that he obtained medication from other prisoners who were prescribed them or feigned taking his codeine and amitriptyline and stored it. .

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Prisons & Probation
Ombudsman
Independent Investigations

Findings

Management of Mr Fathi's risk of suicide and self-harm

109. Prison Fathi was first assessed as at risk of suicide and self-harm at Gartree, at the end of May 2014 and managed and supported him under ACCT procedures for most of his time at Gartree.

110. Mr Fathi's main stated problem was his belief that he was not receiving the medical care that he thought he needed. Staff held eighty-four ACCT case reviews from the time the second ACCT was opened on 10 October 2014 to the time of his death on 13 May 2015. These were at least weekly and sometimes daily, depending on his assessed level of risk at the time. There was a frequently reviewed and updated caremap, which highlighted the issues that caused his distress and the actions identified to address them. Mr Fathi often said that he had no intention of harming himself, but then would self-harm soon afterwards. Staff recognised this pattern, and set levels of observations taking account of appropriate factors and altering their frequency as Mr Fathi's circumstances changed, regardless of his reassurances that he would not harm himself.

111. A wide range of staff including mental health and primary care staff, consultants, GPs and other prison staff worked together over a long period to try to address Mr Fathi's needs and given him the support he needed. Although there were some occasions, when case reviews were not fully multidisciplinary, as PSI 64/2011 requires, mental health staff attended most of the reviews. Ideally, as Mr Fathi had identified physical health problems as the main source of his anxieties, it would have been helpful for a member of the primary healthcare team also to attend case reviews, but we recognise that there was good communication about these matters, which were addressed through caremap actions.

112. A number of different staff acted as case managers. Given the duration and frequency of Mr Fathi's management under the ACCT procedures and, as reviews were often conducted at short notice in response to acts of self-harm or other concerns, this was inevitable. However, it would have been helpful to have a clearly identified case manager in the lead, to help ensure as much consistency and continuity of care possible.

113. Under Prison Service procedures, prisons have the discretion to manage the most severely disruptive, volatile and difficult to manage prisoners using an enhanced case review process. Mr Fathi was not an automatic candidate for this

intense level of supervision, but he might have benefitted from the process, which brings with it a higher level of coordination between the different teams involved in the prisoner's care. This does not appear to have been considered. This is not a criticism of Gartree's management of Mr Fathi's risk, but we would remind the prison of the availability of this process to coordinate the care of more complex cases of prisoners at risk of suicide and self-harm. Overall, we consider that there was a good a caring approach to supporting Mr Fathi. Mr Fathi was always at long term risk of suicide; the prison recognised that risk and managed it accordingly. Ultimately, it is very difficult to prevent someone who makes a determined decision to kill himself from carrying out that plan, without making living conditions so restrictive as to be inhumane.

Clinical care

114. Mr Fathi had chronic pain with no clear evidence of a physical cause. This was heightened by deteriorating mental health and conversely, his mental health seemed to affect his level of pain. The healthcare team gave him a great deal of support. They made appropriate referrals and managed him according to his physical presentation at the time. As Mr Fathi did not fully engage with therapy, the clinical psychologist, Dr E, changed his contact to weekly monitoring of Mr Fathi's ongoing high risk of self-harm.

115. The clinical reviewer commented that this was a complex case that would have been challenging in any clinical setting. The clinical reviewer recognised that, logistically, it is difficult for prison healthcare teams to meet together at one time. However, she noted that as Mr Fathi's health problems were considered to be equally physical and mental for most of the time, staff should have organised joint case management planning sessions and the physical health team should have been better represented at the ACCT case reviews. This would have improved both reported communication gaps between the teams and holistic best practice.

116. The clinical reviewer concluded that Mr Fathi received a regular and good standard of care by both the mental and physical health teams at HMP Gartree, which was equivalent to that he could have expected in the community.

Emergency response

117. There were some inconsistencies between the accounts of the prison officers who discovered Mr Fathi unresponsive and the emergency response nurse. The officers said that they immediately removed the plastic bag from Mr Fathi's head and thought they had found a carotid pulse. The nurse, who reportedly arrived about a minute later, could not detect any pulse and started cardiopulmonary resuscitation. However, the clinical review considered that the gap between finding Mr Fathi unconscious and starting CPR was unlikely to have made a difference to the outcome for Mr Fathi, due to the toxicity from the drugs he had taken.

118. Prison Service Instruction 3/2013 requires prisons to have a medical emergency response code protocol, which ensures that staff call an ambulance automatically in a life-threatening medical emergency. The PSI explicitly states that when a medical emergency is called over the radio network, staff must call an ambulance immediately. Control room staff should not wait to check with managers, healthcare staff, or others at the scene before calling an ambulance, but they should wait for updates and keep the ambulance service informed. The PSI notes that it is better to act with caution and request an ambulance that can be cancelled later if it is not needed. In December 2014, Gartree issued revised local guidance for staff, detailing the correct actions to be taken during medical emergencies. The guidance is displayed in the communications room.

119. When the night patrol Officer A found Mr Fathi unresponsive, she immediately radioed the appropriate emergency medical code. The control room should have called an ambulance immediately. However, the control room officer responsible for calling an ambulance first telephoned to get further information. This is not in line with the PSI, and Gartree's own local policy. This led to a delay of five minutes between the initial code blue call and the request for an ambulance. There is no evidence that this delay affected the outcome for Mr Fathi but in other emergencies, checking with staff at the scene first could cause a critical delay. We make the following recommendation:

120. The Governor should ensure that all prison staff are made aware of and understand PSI 03/2013 and their responsibilities during medical emergencies and that control room staff call an ambulance as soon as an emergency code is used.