

**Prisons &  
Probation**

**Ombudsman**  
Independent Investigations

# Independent investigation into the death of Mr Shabol Ahmed a prisoner at HMP Highpoint on 19 July 2016

**A report by the Prisons and Probation Ombudsman  
Nigel Newcomen CBE**

## Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

## Our Values

We are:

**Impartial:** *we do not take sides*

**Respectful:** *we are considerate and courteous*

**Inclusive:** *we value diversity*

**Dedicated:** *we are determined and focused*

**Fair:** *we are honest and act with integrity*



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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 Ahmed was found dead in his cell at HMP Highpoint on 19 July 2016. The post-mortem examination concluded that he died of unknown causes. Mr Ahmed was 33 years old. I offer my condolences to Mr Ahmed's family and friends.

Mr Ahmed's use of New Psychoactive Substances (NPS) at Highpoint in the months leading up to his death was clear and I acknowledge the steps which Highpoint have taken to address the problem of NPS. However, we found staff were unclear on the immediate steps they should take to manage a prisoner who they suspect is under their influence.

I note the impact which Mr Ahmed's death appears to have had at Highpoint as evidenced by the significant reduction in the number of NPS related incidents at the prison since July. It is sad that it has taken a death to make a difference to prisoners' behaviour.

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

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

**July 2017**

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# Summary

## Events

1. On 14 January 2011, Mr Shabol Ahmed was admitted to HMP Brixton after being charged with wounding with intent. He had a learning disability, a diagnosis of schizophrenia and a history of substance misuse including heroin and crack cocaine. A GP prescribed antipsychotic medication and methadone for Mr Ahmed. This was not his first time in prison.
2. In April 2011, Mr Ahmed was transferred to HMP Pentonville. In September, he was given a sentence of Imprisonment for Public Protection (IPP), with a minimum term of four years six months and 259 days.
3. In June 2012, he was transferred to HMP Highpoint. Mr Ahmed began to reduce his daily methadone dose and he stopped taking it in June 2015. He continued to be supported by the substance misuse team for relapse prevention until May 2015, when he said he had not taken any substances for some time and no longer required their services.
4. In August 2015, Mr Ahmed was transferred to HMP Grendon. He did not like participating in therapeutic group work at Grendon and, in January 2016, he was returned to Highpoint.
5. Mr Ahmed was managed by the learning disability clinic at Highpoint and received services from the substance misuse team until 11 May, when he told them he no longer required support. He subsequently disclosed that he was worried about debt in relation to tobacco and had been given Spice by other prisoners. He was moved wings and supported under the prison's Violence Reduction policy.
6. On 27 May, Mr Ahmed was found unresponsive in his cell and staff called an emergency code. Healthcare staff and paramedics treated him in his cell and his condition improved. Mr Ahmed was not referred to substance misuse services and his suspected use of Spice was dealt with under the prison's Incentive and Earned Privileges scheme.
7. At 5.08pm on 18 July, Mr Ahmed collapsed on the exercise yard and was taken to hospital by ambulance. The hospital carried out tests on Mr Ahmed, noted that everything was normal and discharged him. Mr Ahmed arrived back at Highpoint around 9.30pm. The hospital did not provide any further instructions for Mr Ahmed's management. Mr Ahmed was locked in his cell around 9.45pm.
8. At around 6.15am, an operational support grade started the morning roll check. At 6.25am, she spoke to Mr Ahmed but did not get a response so she called for an officer to come and check on him. They both entered Mr Ahmed's cell and found him unresponsive on his bed and raised the alarm. They did not try to resuscitate him because they were sure that Mr Ahmed had died. Paramedics arrived approximately fifteen minutes later and confirmed that he had died some time previously.

## Findings

9. Mr Ahmed's cause of death is unknown, and while NPS was not detected in the toxicology report provided as part of the post-mortem report, it was detected in a toxicology report subsequently provided by Mr Ahmed's family's legal representation. We are concerned at the prevalence of NPS in the prison.
10. There was no protocol for managing prisoners suspected of using NPS at the time of Mr Ahmed's death. A policy was implemented in August 2016; however it does not contain specific guidance for staff on the process to follow when a prisoner appears to be under the influence of NPS or other illicit substances, such as when to notify healthcare, where the prisoner should be located and when a prisoner should be monitored or taken to hospital.

## Recommendation

- The Governor and Head of Healthcare should ensure substance misuse strategies provide guidance for staff on the process to follow when prisoners appear to be under the influence of illicit substances, including when prisoners should be monitored, when to refer prisoners to hospital and how to access clinical support and advice.

## The Investigation Process

11. The investigator issued notices to staff and prisoners at HMP Highpoint informing them of the investigation and asking anyone with relevant information to contact her. No one responded.
12. The investigator visited HMP Highpoint on 25 July 2016. She obtained copies of relevant extracts from Mr Ahmed's prison and medical records.
13. The investigator interviewed 11 members of staff and two prisoners at HMP Highpoint on 7 and 8 November.
14. NHS England commissioned a clinical reviewer to review Mr Ahmed's clinical care at the prison. He attended interviews with healthcare staff on 8 November.
15. We informed HM Coroner for Suffolk of the investigation who sent the results of the post-mortem examination. We have given the coroner a copy of this report.
16. One of the Ombudsman's family liaison officers contacted Mr Ahmed's family's legal representation, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. Mr Ahmed's family's legal representation asked to be kept up to date with the progress of the investigation, and they have been given a copy of this report. Mr Ahmed's family's legal representation provided the PPO with results of toxicology testing that was performed after the initial report was issued. These results have been considered as part of the final report.

## Background Information

### HMP Highpoint

17. HMP Highpoint is a medium security prison on two sites; Highpoint South which was the original HMP Highpoint and Highpoint North, previously known as HMP Edmunds Hill. Highpoint holds up to 1,319 men. Care UK provides general and mental healthcare services at the prison. The healthcare centre is open from 7.45am to 6.15pm, Monday to Friday, and from 8.00am to 6.00pm at weekends. GP Services are delivered by Care UK, and there is a range of nurse-led clinics. There are no inpatient beds at the prison.

### HM Inspectorate of Prisons

18. The most recent inspection of HMP Highpoint was in October 2015. The Inspectorate found that the large extended site made supervision a challenge and there was clear evidence that New Psychoactive Substances (NPS), 'hooch' and the associated issues of debt, bullying and intimidation were serious concerns. However, the inspectors noted that there were a number of initiatives in place to better understand and challenge violence and illicit drug supply, and a number of effective actions had been taken to disrupt the availability of Spice and other drugs. Inspectors found that prison staff were in control and intelligence was managed well. There was good information sharing between security, health and substance misuse services.

### 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 December 2015, the IMB reported that their main area of concern was the ready availability of NPS, but that this was being actively addressed by Safer Custody management.

### Previous deaths at HMP Highpoint

20. We have investigated one other death at HMP Highpoint since 2015. There were no similar circumstances to Mr Ahmed's death.

### New Psychoactive Substances (NPS)

21. NPS, previously known as 'legal highs' are an increasing problem across the prison estate. They are difficult to detect and can affect people in a number of ways including increasing heart rate, raising blood pressure, reducing blood supply to the heart and vomiting. Prisoners under the influence of NPS can present with marked levels of disinhibition, heightened energy levels, a high tolerance of pain and a potential for violence. Besides emerging evidence of such dangers to physical health, there is potential for precipitating or exacerbating the deterioration of mental health with links to suicide and self-harm.
22. In July 2015, we published a Learning Lessons Bulletin about the use of NPS and its dangers, including its close association with debt, bullying and violence. The bulletin identified the need for better awareness among staff and prisoners of

the dangers of NPS; the need for more effective drug supply reduction strategies; better monitoring by drug treatment services; and effective violence reduction strategies.

23. NOMS (now HM Prison and Probation Service (HMPPS)) is now able to test prisoners for specified non-controlled psychoactive substances as part of established mandatory drugs testing arrangements. Testing has begun, and HMPPS continue to analyse data about drug use in prison to ensure new versions of NPS are included in the testing process.

## Key Events

24. On 14 January 2011, Mr Shabol Ahmed was admitted to HMP Brixton after being charged with Wounding with Intent. This was not his first time in prison.
25. Mr Ahmed had a history of substance misuse. He said that he occasionally took heroin and crack cocaine and was dependent on methadone, which was managed by his GP. He also had a learning disability and had been diagnosed with schizophrenia, for which he took olanzapine (antipsychotic medication). The mental health and substance misuse team managed Mr Ahmed's care and a GP prescribed olanzapine and methadone.
26. On 1 April 2011, Mr Ahmed was transferred to HMP Pentonville.
27. On 30 September, Mr Ahmed was convicted of Grievous Bodily Harm and given a sentence of Imprisonment for Public Protection (IPP), with a minimum term of four years six months and 259 days, which expired on 14 July 2015. (An IPP sentence is where the court sets a minimum term of imprisonment, after which the offender will be released once they can satisfy the Parole Board that their risk of reoffending has sufficiently reduced.)
28. On 21 June 2012, Mr Ahmed was transferred to HMP Highpoint. The substance misuse team and the learning disability clinic managed his care and he continued to take methadone. A GP continued to prescribe olanzapine for Mr Ahmed when he first arrived at Highpoint, but healthcare ended his prescription in February 2014 after staff discovered other prisoners were bullying him for his medication. However, Mr Ahmed's mental health deteriorated when he stopped taking his medication, so in August 2014, he started taking olanzapine again. In June 2014, Mr Ahmed began to reduce his daily dose of methadone and he stopped taking it in June 2015.

### HMP Grendon

29. On 4 August 2015, Mr Ahmed was transferred to HMP Grendon because he wanted to be part of a therapeutic community to help him progress through his sentence. (Therapeutic communities provide group based therapy within a social climate which promotes positive relationships, personal responsibility and social participation.) While at Grendon, Mr Ahmed asked to change his mental health medication because it was making him gain weight, and, on 1 October, a psychiatrist prescribed risperidone (antipsychotic medication). In November and December, Mr Ahmed told a nurse that he did not like participating in group work at Grendon and he asked to be transferred back to Highpoint.

### HMP Highpoint

30. On 26 January 2016, Mr Ahmed returned to HMP Highpoint. A nurse referred Mr Ahmed to the mental health team and a GP prescribed him tetralysal (medication to treat bacterial skin infections) and risperidone.
31. On 17 February, Mr Ahmed asked a mental health and learning disability nurse in the learning disability clinic if he could change his medication back to olanzapine because he thought that risperidone was affecting his sleep. She noted that she

would discuss this with the mental health team and ask the GP to review his medication. Later that day, staff at the mental health team meeting discussed Mr Ahmed and they noted that she would speak to the GP about Mr Ahmed's medication.

32. On 18 February, a substance misuse worker assessed Mr Ahmed after a prison employment advisor had referred him for support given his history of substance misuse. Mr Ahmed said that he had not taken any NPS or any other illicit substances recently. She gave Mr Ahmed harm minimisation advice, completed a risk assessment and noted that there were no concerns. She completed a care plan for Mr Ahmed that included relapse prevention by working on his motivation to remain drug free through drug swab testing, improving his self-confidence, and ensuring his mental health remained stable. Mr Ahmed tested negative on a swab drug test for amphetamines, cocaine, meth-amphetamines, opiate, cannabis and phencyclidine (a hallucinogen).
33. On 20 February, an officer noted that Mr Ahmed had submitted a Rule 45 request (a request to be segregated for your own safety) and told him that he was carrying a debt of £50. She submitted an intelligence report in line with Highpoint's Violence Reduction Strategy, explaining that Mr Ahmed said that he had been taken into a cell on two or three occasions by other prisoners and given Spice for free. They then asked if he wanted to buy some tobacco to pay for the Spice. The prisoners told Mr Ahmed he had to pay £50 for the tobacco. The report also noted that Mr Ahmed never received the tobacco and he did not have the money to pay this debt. Mr Ahmed was worried about being assaulted and he asked if he could move to a cell where he felt safe.
34. The security intelligence report noted that the prisoner who gave Mr Ahmed the tobacco had been selling Spice on the wing, and that the wing manager, officers, and dog handlers were aware of the situation and staff would conduct a cell search. Two days later, Mr Ahmed was transferred to another wing and Victim Support Procedures were opened in line with Highpoint's Violence Reduction policy.
35. On 7 March, an offender supervisor spoke to Mr Ahmed about his progress through his sentence plan and parole. Mr Ahmed told her that he had last taken Spice a month ago. She noted that Mr Ahmed had been referred to substance misuse services and they were working with him on relapse prevention. He was also taking drug tests regularly because he wanted to remain drug free. She said that it was important for Mr Ahmed to continue engaging with the substance misuse service as part of his sentence plan.
36. On 14 March, the learning disability nurse noted that she had discussed Mr Ahmed in a multi-disciplinary team meeting the previous week and would arrange for Mr Ahmed to see the psychiatrist, rather than the GP, to review his medication. Mr Ahmed continued to be reviewed throughout March and April by the learning disability team.
37. On 31 March, the substance misuse team reviewed Mr Ahmed and noted that he had not been using drugs and was engaging with the psychology team.

38. On 11 May, the substance misuse team reviewed Mr Ahmed's progress and noted that he had not take drugs for five years. Mr Ahmed said that he no longer needed support from the substance misuse team and that he was well. This was the last time Mr Ahmed was seen by the substance misuse team.
39. On 18 May, a psychiatrist assessed Mr Ahmed. He noted that Mr Ahmed had not been taking his risperidone over the last two months but he did not have any symptoms of mental illness and there was no evidence of depression or psychosis. He prescribed olanzapine for Mr Ahmed and noted that he would review him again in three months.
40. At approximately 5.40pm on 27 May, officers found Mr Ahmed unresponsive and called a code blue (an emergency code blue indicates a prisoner is unconscious, not breathing or is having breathing difficulties). Control room staff called an ambulance and healthcare staff responded, but there is no record of this in Mr Ahmed's healthcare notes. A nurse noted that when she arrived, Mr Ahmed was unresponsive and lying on his bed and her colleague said that he was breathing. She recorded that Mr Ahmed remained semi-conscious and responded to pain and loud voices. She also noted that officers said that they thought Mr Ahmed had taken NPS.
41. At around 6.20pm, the nurse said that Mr Ahmed started to come around. At 6.27pm, an ambulance arrived and paramedics assessed Mr Ahmed and provided treatment in his cell. She said that Mr Ahmed's condition improved and he got up and went to get his dinner. There was no NPS policy in place at Highpoint at that time to provide guidance for staff managing prisoners who were suspected to be under the influence of drugs.
42. On 31 May, staff addressed Mr Ahmed's Spice use under the IEP process and his privileges were reduced from standard level to basic (under this scheme, prisoners can earn additional privileges such as extra visits, more time out of cell, the ability to earn more money in prison jobs and to wear their own clothes. There are four levels: entry, basic, standard and enhanced).
43. On 3 June, staff at a multi-disciplinary team meeting discussed Mr Ahmed after he failed to collect his medication. A mental health worker in the learning disability clinic said that when a prisoner stops collecting their medication and is under the care of the learning disability clinic, this will be raised in the multi-disciplinary meeting so that a member of the team can go and speak to them about it. That afternoon, she reviewed Mr Ahmed and asked him why he was not coming to collect his medication. Mr Ahmed said that he had been collecting his medication and that the computers were wrong. She noted that Mr Ahmed had attended the day before to collect his medication, but had been 'very off and on' for the past few weeks. Mr Ahmed promised her that he would come and collect his medication every afternoon.
44. The mental health worker asked Mr Ahmed why he had taken Spice on 27 May and he said that he was sorry, had taken a few puffs of someone else's cigarette, and that it had made him very sick. She told investigators that she could not remember the conversation she had with Mr Ahmed that day, but that when a prisoner is known to take NPS she will go through the dangers of this with them and give them a leaflet that provides facts and the risks of taking substances.

She said that she will also read the leaflet to prisoners with learning disabilities to make sure they have understood it.

### Events of 18 July

45. At 5.08pm, Mr Ahmed collapsed on the exercise yard and staff called a code blue. About five minutes later, a nurse arrived on the exercise yard and found Mr Ahmed unconscious on the ground in the recovery position. He said that he suspected that Mr Ahmed had taken drugs because his pupils were dilated and his oxygen saturation levels were low. He administered oxygen.
46. At 5.22pm, an ambulance arrived and paramedics took over Mr Ahmed's care. The nurse said that he left Mr Ahmed as soon as the paramedics arrived because staff had called another code blue after three prisoners had collapsed on the same wing. At 6.45pm, the ambulance took Mr Ahmed to hospital.
47. The investigator spoke to two prisoners about this incident. A friend of Mr Ahmed said that he was with Mr Ahmed on the exercise yard before he collapsed. He said that he saw Mr Ahmed take a cigarette from another prisoner. Another prisoner was also on the exercise yard when Mr Ahmed collapsed. He said that he asked another prisoner for a cigarette, and the prisoner said he could have some of what he was smoking. He said that he had a smoke, then took a few steps and collapsed. He said that the next thing he remembered was waking up in his cell and that he said that he felt okay afterwards.
48. The prisoner said that prisoners are sometimes offered a smoke by other prisoners to test out a batch of Spice. He said that prisoners sometimes like to watch what happens when a prisoner takes Spice because they think it is funny. He said that he didn't know what he was smoking when he took the cigarette on the exercise yard, and thought that maybe the same thing happened to Mr Ahmed.
49. At 7.10pm, Mr Ahmed was assessed in the hospital emergency room. Mr Ahmed's hospital medical notes recorded that he said that he had taken Spice. His ECG and blood tests were normal, he had no tachycardia (a fast heart rate) and was stable during the time he was observed in the emergency room. Mr Ahmed had something to eat and drink and it was noted that he could be discharged from hospital and return to prison. Mr Ahmed was discharged from hospital at 9.00pm. The hospital did not provide any follow-up recommendations.
50. Mr Ahmed's Person Escort Record (which accompanies prisoners on all journeys between police stations, courts and prisons, to communicate risk factors) noted that he left hospital at 9.00pm and arrived back at Highpoint at 9.25pm. An officer met Mr Ahmed's taxi at the prison gate and walked him back to his cell. The officer said that Mr Ahmed seemed fine walking back to the cell and asked if he had been saved some food because he had missed dinner. He said that he spoke to Mr Ahmed about Spice and how dangerous it was and that it was going to kill someone. He said that he asked Mr Ahmed whether he had any family and how they would feel about his actions. Mr Ahmed said something along the lines of, 'I'm stupid and I shouldn't have done it'.

51. At 9.35pm, Mr Ahmed was returned to his cell. A few minutes later, the officer brought him some food. Mr Ahmed's cell was locked around 9.45pm.
52. The prisoner in the cell next to Mr Ahmed spoke to him after he returned from hospital. He said that Mr Ahmed asked him for some tobacco and rolling papers because he didn't have any in his cell. He told him that he didn't have any and said that he was sure Mr Ahmed didn't smoke anything that night because he would have needed those things to do so. He said that Mr Ahmed sounded like he had been through a hard time that day, and while he didn't sound like he was in pain, he sounded 'tired and hurt'. He said that he last spoke to Mr Ahmed around 11.00pm before going to sleep. He said that he didn't hear anything from Mr Ahmed's cell during the night.
53. An Operational Support Grade (OSG) was working on Mr Ahmed's wing that night. She said that the hospital had not provided any instructions to check on Mr Ahmed, he did not press his cell bell, and she did not hear from him during the night. The Head of Healthcare told investigators that the hospital should not discharge a prisoner unless they are physically fit. She said that when a prisoner returns from hospital after hours this is noted on the daily briefing sheet. Healthcare staff will check the briefing sheet in the morning and review the prisoner.

#### Events of 19 July 2016

54. At around 6.15am, the OSG started to do a roll check of the prisoners. She said that when she looked into Mr Ahmed's cell, she could see him lying on his back with his feet at the end of the bed nearest the door. She continued her roll check, but then decided to go back to Mr Ahmed's cell because she had a 'funny feeling'. She was unable to explain why she went back, but said that she was 'not quite happy about him for some reason'.
55. At around 6.25am, the OSG was unable to get a response from Mr Ahmed so she asked Officer A to check on him. They both went back to Mr Ahmed's cell and banged on the door but he did not respond. The officer noted that Mr Ahmed appeared to be slumped over slightly on his right side, with his right arm hanging over his bed. The OSG called a code blue and used the key in her sealed pouch to unlock the door.
56. The OSG called Mr Ahmed's name and touched his neck, but he was cold and rigid and she could not find a pulse. She noted that he was not breathing and had dried blood around his mouth. She said that it was clear that Mr Ahmed had died so she did not start CPR. Officer A opened the door and called a second code blue to make sure that the message was received and to provide the officer in the control room with more information about Mr Ahmed's condition.
57. At approximately 6.30am, three officers arrived at Mr Ahmed's cell. Officer A told Officer B that Mr Ahmed had died. Officer B asked Officer A and the OSG if they had tried to resuscitate Mr Ahmed, and they said that they had not. Officer B also noted that there was blood around Mr Ahmed's mouth, his neck and on the wall. He checked Mr Ahmed for a pulse, but could not find one and said that it was clear that Mr Ahmed had died.

58. An officer remained in Mr Ahmed's cell. He said that he looked around Mr Ahmed's cell while he was waiting for the ambulance and could not see any cigarettes or any indication that he had been smoking in his cell. Approximately 10 -15 minutes later, the ambulance arrived. The paramedics examined Mr Ahmed and confirmed that he had died some time ago.

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

59. At 11.30am on 19 July, the prison family liaison officer visited Mr Ahmed's family with a prison chaplain to tell them that Mr Ahmed had died. The prison contributed to the cost of Mr Ahmed's funeral, in line with national instructions.

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

60. After Mr Ahmed's death, a prison manager 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.
61. The prison posted notices informing other prisoners of Mr Ahmed's 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 Mr Ahmed's death.

#### **Post-mortem report**

62. The post-mortem report noted Mr Ahmed's cause of death as 'unascertained'. The toxicology report found that there was no alcohol or drugs in Mr Ahmed's system, apart from olanzapine at a level just below the therapeutic range. The pathologist arranged for Mr Ahmed's heart to undergo further tests and no abnormalities were found. The pathologist said that they were unable to rule out that Mr Ahmed died from cardiac death with a normal heart, known as sudden arrhythmogenic death (SAD), or that there were other drugs in Mr Ahmed's system that the toxicology test could not detect using current techniques.
63. Mr Ahmed's family's legal representation provided the results of toxicology testing carried out in June 2017 that detected NPS in Mr Ahmed's blood and urine. The report noted that it was possible that NPS contributed to Mr Ahmed's death due to possible chronic damage to the heart, but that this point may require further discussion with the pathologist who carried out investigations on Mr Ahmed's heart.

# Findings

## Bullying

64. Staff at Highpoint recognised that because of Mr Ahmed's learning disability, he was vulnerable and at risk of being bullied. Mr Ahmed had a history of being bullied for his medication when he was previously at Highpoint, and in February 2016 he told an officer that he was worried about being assaulted after he got into debt. Prison staff investigated the perpetrators and transferred Mr Ahmed at his request to another wing, in line with Highpoint's Violence Reduction policy. The learning disability nurse and the worker in the learning disability clinic provided ongoing support to Mr Ahmed to make sure that his health needs were being met. The worker said that she regularly spoke to Mr Ahmed and asked if he was being bullied and he always said he was not and that nobody made him do anything he did not want to do. She and the nurse told investigators that they had no concerns that he was being bullied around the time of his death and we found no evidence that he was being bullied as part of this investigation.

## Substance misuse

65. Mr Ahmed had a history of substance misuse and at least two reported incidents of suspected recent NPS use, including one the evening before he died. While his toxicology report came back negative for illicit substances and staff did not have concerns about Mr Ahmed's substance misuse since he had stopped taking methadone; subsequent toxicology tests detected NPS in Mr Ahmed's system. We are concerned about the availability of illicit substances at Highpoint around the time of Mr Ahmed's death, and the lack of guidance for staff about what to do when they suspect a prisoner is under the influence of drugs.
66. Throughout May and June 2016, the Head of Healthcare reported that healthcare staff responded to 163 code blues at the prison relating to suspected NPS use, including three incidents involving five patients collapsing at once. In July 2016, there were 63 code blues called which included two incidents where five prisoners collapsed at the same time. She told investigators that since Mr Ahmed's death, the number of reported incidents has decreased significantly. Following Mr Ahmed's death, there were three code blues related to NPS use at the prison in November 2016.
67. There was no protocol for managing prisoners suspected of using NPS at the time of Mr Ahmed's death. In February 2016, Mr Ahmed told staff that he had been given Spice by other prisoners. While he was under the care of substance misuse services at the time, there is no evidence that his substance misuse worker was aware that he had taken NPS. When Mr Ahmed was found unresponsive in May 2016, Mr Ahmed was no longer receiving support from substance misuse services. He was monitored by healthcare and although Mr Ahmed was not referred for substance misuse services, the worker from the learning disability clinic went to speak to Mr Ahmed about the incident the following week and discussed the dangers of taking NPS.
68. In August 2016, Highpoint implemented a NPS strategy aimed at reducing supply and demand of drugs within the prison. The strategy is comprehensive in identifying a number of actions that can be taken to reduce the supply and

demand of drugs, monitor and share information and provide substance misuse treatment to prisoners. However, it does not outline the process that staff should follow when they find a prisoner who they suspect has taken an illicit substance. This includes information on the signs and symptoms that a prisoner may be under the influence of drugs, when to contact healthcare, where the prisoner should be located, the process for monitoring a prisoner (including frequency of checks and what they involve) and when a prisoner should be taken to hospital.

69. The Head of Security and Intelligence told investigators that they provide advice to staff on what action should be taken when they suspect a prisoner is under the influence of substances, including contacting healthcare, but there is no formal process for this in place. We make the following recommendation:

**The Governor and Head of Healthcare should ensure substance misuse strategies provide guidance for staff on the process to follow when prisoners appear to be under the influence of substances, including when prisoners should be monitored, when to refer prisoners to hospital, and how to access clinical support and advice.**

### Discharge from hospital

70. On 18 July, Mr Ahmed was discharged from hospital and returned to prison. An officer escorted Mr Ahmed back to his cell and the escort staff did not give him any instructions to observe Mr Ahmed during the night. The OSG confirmed that she was not given any instructions to observe Mr Ahmed and said that she did not hear anything from him and he did not press his cell bell that night.
71. The hospital did not provide any instructions for Mr Ahmed to be observed during the night, and the Head of Healthcare told investigators that the hospital is aware that the prison does not have 24 hour healthcare and know that when they discharge a prisoner, they will be returned to their cell. She advised that when a prisoner returns from hospital outside of healthcare hours it will be noted on the daily briefing sheet and healthcare will follow-up with the prisoner the next day. She said that Mr Ahmed would have been reviewed by healthcare on the morning of 19 July.

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