

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Alexander Habib-Shaheed a prisoner at HMP Highpoint on 26 May 2017

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.

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.

We carry out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.

Mr Alexander Habib-Shaheed was found hanging in his cell at HMP Highpoint on 26 May 2017. He was 32 years old. We offer our condolences to Mr Habib-Shaheed's family and friends.

We do not consider that Mr Habib-Shaheed was appropriately supported under suicide and self-harm prevention procedures, particularly during the days leading up to his death. The actions put in place were not sufficiently robust and did not consider protective factors.

Although the prison took some steps to keep Mr Habib-Shaheed in safe locations within the prison and responded well to one violent incident, he repeatedly said that he was at risk of bullying and violence. We are not satisfied that the prison properly investigated or addressed these concerns.

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

Elizabeth Moody
Acting Prisons and Probation Ombudsman

May 2018

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Summary

Events

1. On 28 May 2015, Mr Alexander Habib-Shaheed was sentenced to five years imprisonment for possession of offensive weapons and handling stolen goods. He was sent to HMP Wandsworth. While at Wandsworth, staff started suicide and self-harm prevention procedures for him and the mental health team reviewed him, finding that he did not have any acute mental health issues. Mr Habib-Shaheed told officers that members of a gang wanted to kill him.
2. On 21 August 2015, Mr Habib-Shaheed was transferred to HMP Highpoint. He repeatedly told staff that he was under threat. Prisoners assaulted Mr Habib-Shaheed on two occasions and he submitted at least six applications asking to be removed from association for his own safety under Prison Rule 45. As a result, duty governors moved Mr Habib-Shaheed several times to different locations within the prison. Mr Habib-Shaheed tried to kill himself on three occasions while at Highpoint. He also said repeatedly that he wanted to kill himself and self-harmed on at least one occasion. Staff started suicide and self-harm prevention procedures (known as ACCT) on 14 December 2015, 6 January 2016 and 5 May 2017. Some staff regarded his behaviour as manipulative.
3. On 9 March 2017, a duty governor moved Mr Habib-Shaheed to unit B, a residential unit, and dismissed him from his job because staff suspected that he was bullying other prisoners. Mr Habib-Shaheed did not want to move, as he said he felt unsafe on unit B and submitted further Rule 45 applications. A duty governor decided to keep him on unit B, as he was considered to be safe there but made an application for him to be transferred to another prison.
4. On 26 April, an officer downgraded Mr Habib-Shaheed's IEP (Incentive and Earned Privilege) status to standard because he had refused to attend work. Mr Habib-Shaheed told staff that he could not leave the unit to go to work because he was under threat.
5. On 5 May, Mr Habib-Shaheed, who had not eaten for three days, told an officer that he was going to hang himself. Staff had not started food refusal monitoring but recorded that he started eating on 5 May. The officers started ACCT procedures and six multidisciplinary ACCT case reviews were completed before Mr Habib-Shaheed died. Staff initially assessed his risk of suicide and self-harm as high but on the same day reduced his risk to low. Staff generally assessed that his level of risk remained low until he died. On 22 May, a mental health nurse assessed that Mr Habib-Shaheed displayed manipulative and attention seeking behaviour and that he did not have a mental health disorder.
6. On 24 May, an officer went to check Mr Habib-Shaheed in his cell and found him trying to hang himself. On 26 May at 12.55pm, an officer noted that Mr Habib-Shaheed had made a small cut to his right forearm. The officer recorded that Mr Habib-Shaheed did not require healthcare assistance and did not take any further action. Staff did not increase the level of ACCT observations in light of these events.

7. At about 10.40pm, a night patrol officer found Mr Habib-Shaheed hanging in his cell. The officer called a medical emergency, a control room officer called an ambulance and other officers attended Mr Habib-Shaheed's cell. Staff started cardiopulmonary resuscitation. At about 11.06pm, paramedics arrived at the cell and pronounced Mr Habib-Shaheed's death at 11.09pm.

Findings

8. Staff did not properly record that they considered Mr Habib-Shaheed's overall risk factors, his history of suicide attempts and statements of suicide when assessing his risk at case reviews. Staff did not take robust and effective actions through ACCT caremaps to increase Mr Habib-Shaheed's protective factors and did not set up a frequency of observations proportionate to his actual level of risk, particularly after he tried to kill himself on 24 May and self-harmed on 26 May. Staff did not consider including Mr Habib-Shaheed's family in the ACCT process, despite his father expressing concerns about him.
9. Staff did not start a food refusal monitoring form when Mr Habib-Shaheed said that he had not eaten on 3 May and they did not record and share information about the management of his food refusals in accordance with PSI 64/2011.
10. Staff took some restrictive measures to deal with what they saw as Mr Habib-Shaheed's manipulative behaviour (refusal to move from units and non-attendance to work), without properly taking account of his reasons for those actions, history of suicide and self-harm and risk factors. Although staff took some steps to support Mr Habib-Shaheed in relation to his perceived threats, they over relied on the Rule 45 management (removal of association for his own safety). We are not satisfied that such management provided an appropriate long-term solution for his concerns because it did not lead to a robust challenge or investigation of the alleged perpetrators of his threats. Staff did not provide appropriate support to him after he was assaulted on one occasion.
11. Healthcare staff reviewed Mr Habib-Shaheed's mental health at Highpoint on a number of occasions. A prison GP prescribed him sertraline but Mr Habib-Shaheed repeatedly asked for pregabalin because he said that he was taking it in the community. Healthcare staff did not request Mr Habib-Shaheed's community GP records, which could have brought more clarity about his repeated requests for this medication.
12. Night staff asked for a manager's authorisation to enter Mr Habib-Shaheed's cell when they found him hanging. We are concerned that night staff at Highpoint did not follow the local and national policy, as authorisation is not required in situations where entering a cell is necessary for the preservation of life. There was also a delay in getting a defibrillator to the emergency response

Recommendations

- The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines. In particular:
 - A trained ACCT assessor should complete an assessment within 24 hours of an ACCT being opened and use all relevant information to

complete the assessment, including prisoner's core records, wing file and NOMIS.

- The frequency of observations should reflect the prisoner's risk and be adjusted when that risk changes. Staff should adequately note on the face of the ACCT document the frequency of observations.
 - Case managers should complete caremaps at the first ACCT case review, which must be appropriately updated thereafter, setting out specific and meaningful actions, including inviting the family, identifying who is responsible for the actions, and reviewing progress at each review.
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- The Governor and Head of Healthcare should ensure that prisoners who refuse food are managed in accordance with PSI 64/2011, Care UK's food refusal policy and the Department of Health guidelines for the clinical management of people refusing food in prisons.
 - The Governor should ensure that all information indicating bullying and intimidation is fully coordinated and investigated; that alleged perpetrators are appropriately challenged; and that victims are effectively supported and protected with meaningful long-term solutions, which address their individual situation and take into account their risk for suicide and self-harm.
 - The Governor should ensure that restrictive measures taken to address security threats are considered and proportionate, and that their potential impact on the welfare of prisoners with a history of suicide and self-harm is taken into account.
 - The Head of Healthcare should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare for prisoners in line with national standards.
 - The Governor should ensure that all prison staff are made aware of PSI 24/2011 and the prison's night instructions and that they understand that, subject to a personal risk assessment, they should enter a cell at night when there is potentially a risk to life.
 - The Governor should ensure that there are sufficient defibrillators at appropriate locations in the prison to allow speedy access in an emergency.

The Investigation Process

13. The investigator issued notices to staff and prisoners at HMP Highpoint informing them of the investigation and asking anyone with relevant information to contact him. A prisoner contacted the investigator.
14. The investigator visited Highpoint on 13 June 2017. He obtained copies of relevant extracts from Mr Habib-Shaheed's prison and medical records.
15. He interviewed 19 members of staff and five prisoners at Highpoint between June and August 2017.
16. NHS England commissioned a clinical reviewer to review Mr Habib-Shaheed's clinical care at the prison. The clinical reviewer carried out four interviews jointly with the investigator.
17. We informed HM Coroner for Suffolk of the investigation who provided us with the preliminary cause of Mr Habib-Shaheed's death. The final post-mortem report had not been completed by the time we issued our initial report. We have given the coroner a copy of this report.
18. One of the Ombudsman's family liaison officers contacted Mr Habib-Shaheed's father and mother, to explain the investigation and to ask if they had any matters they wanted the investigation to consider. They were concerned about a number of matters but, in particular, wanted to know what steps the prison had taken to keep Mr Habib-Shaheed safe at Highpoint.
19. Mr Habib-Shaheed's family received a copy of the initial report. They did not make any comments.
20. The prison service also received a copy of the initial report. They made some accuracy comments.

Background Information

HMP Highpoint

21. HMP Highpoint is a medium security prison on two sites - Highpoint South and Highpoint North – and holds up to 1,325 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

22. The most recent inspection of HMP Highpoint was in October 2015. Inspectors found that many prisoners did not feel safe, and levels of prisoner assaults and victimisation were high, with specific hotspots on the south site. The number of prisoners at risk of self-harm was comparatively low. The quality of assessment, care in custody and teamwork (ACCT) documents for prisoners at risk of self-harm or suicide was poor but some complex cases were managed well. Security arrangements were mostly proportionate. There were effective measures to incentivise good behaviour. Levels of use of force were low and governance arrangements good.

Independent Monitoring Board

23. 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 2016, the IMB reported that the prison had responded robustly to criticism about the quality of ACCT monitoring. Training for the ACCT procedure was ongoing and there was far more monitoring and quality assurance of the ACCT process. The IMB also reported that there had been an increase in the number of violent and reportable incidents in 2016 and the number of approved Rule 45 requests was 3% from a total of 291 applications submitted. These requests were investigated thoroughly. Where approved, the prisoner was segregated for his own safety and where rejected, the prison looked to manage the issue internally, usually involving a unit move.

Previous deaths at HMP Highpoint

24. We have investigated two other deaths at HMP Highpoint since 2015. In one of these investigations, we were concerned about the support provided to a prisoner under the ACCT process and the management and monitoring of prisoners who had refused to eat.

Assessment, Care in Custody and Teamwork

25. Assessment, Care in Custody and Teamwork (ACCT) is the care planning system the Prison Service uses for supporting and monitoring prisoners assessed as at risk of suicide and self-harm. The purpose of the ACCT process is to try to determine the level of risk posed, the steps that might be taken to

reduce this and the extent to which staff need to monitor and supervise the prisoner.

Rule 45 management

26. HMP Highpoint's violence reduction strategy provides that prisoners who feel that their safety cannot be maintained on a normal location can make an application to be segregated under Prison Rule 45 for their own interest (a Rule 45 application). A Supervising Officer (SO) makes an initial assessment of the application, which includes a review of supporting documentation such as intelligence reports, case notes, alerts and OASys records. The SO passes the form to a duty governor for a review and final decision. The duty governor can make one of the following decisions for the prisoner: 1 - To remain in current location, 2 - To remain on normal location, 3 - Segregation due to identified threat, 4 - Other, such as considering the prisoner for transfer to another prison, looking into alternative employment, opening violence reduction procedures, referring to mental health of chaplaincy for support.

The Incentive and Earned Privileges Scheme (IEP)

27. The Incentive and Earned Privileges (IEP) scheme aims to encourage and reward responsible behaviour. 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.

Key Events

28. On 28 May 2015, Mr Alexander Habib-Shaheed was sentenced to five years imprisonment for possession of offensive weapons and handling stolen goods. He was sent to HMP Wandsworth. While at Wandsworth, officers started suicide and self-harm prevention procedures, known as ACCT, on two occasions because he was very low in mood, anxious and worried about his family. Mr Habib-Shaheed also told officers that prisoners who were members of a gang, wanted to kill him. Healthcare staff assessed him as not having any acute psychosis or mental health issues.

HMP Highpoint

2015

29. On 21 August 2015, Mr Habib-Shaheed was transferred to HMP Highpoint while still subject to ACCT procedures. On reception, he told a nurse that he suffered from psychosis and he was referred to the mental health team. He later said that he did not want mental health support. The same day, Mr Habib-Shaheed told a Supervising Officer (SO) that he was anxious about his mother's health and felt unsafe because he did not know whether any other gang members were at the prison. He explained that he was involved with a gang during a robbery in the community, that prisoners wanted to kill him and that the issue had followed him to different prisons. Three days later, a SO closed the ACCT because Mr Habib-Shaheed said he was feeling better once officers had facilitated phone calls to his mother.
30. On 9 November, officers moved Mr Habib-Shaheed to a residential unit in the south section of the prison (unit 8). Mr Habib-Shaheed told an Officer that he did not want to move because his life was in danger in the south section of the prison. The next two days, Mr Habib-Shaheed submitted two Rule 45 applications and provided the names of the prisoners he felt under threat from but none were on unit 8. The duty governor, decided to maintain Mr Habib-Shaheed in unit 8.
31. On 10 December, a security intelligence report suggests that three prisoners assaulted Mr Habib-Shaheed on unit 8 at lunchtime. Staff did not record the assault in Mr Habib-Shaheed's prison records but an officer submitted an intelligence report, which noted that Mr Habib-Shaheed had submitted a Rule 45 application. The prison did not provide a copy of this application to the investigator. Intelligence analysis linked the perpetrators of the assault on Mr Habib-Shaheed with gang activity on unit 8.
32. On 13 December, Mr Habib-Shaheed handed a letter to an officer saying that he was at risk, needed to move from his unit and felt like hanging himself. The officer submitted an intelligence report and informed Custodial Manager (CM) but did not open an ACCT because a CM told him not to do so. The officer also told the investigator that he was inexperienced at that time and had only recently been employed as a prison officer.
33. On 14 December, an officer found Mr Habib-Shaheed hanging in the shower of his cell. A nurse responded to an emergency code call and checked his vital signs, which were fine, and noted having no concerns about Mr Habib-Shaheed's

neck. The nurse told the investigator that he felt Mr Habib-Shaheed was trying to manipulate staff to move him to another unit and believed that this event was an accident.

34. An officer started ACCT monitoring for Mr Habib-Shaheed. During the assessment interview, Mr Habib-Shaheed told a SO that he had a 'hit put out on him' as other prisoners believed that he was involved in a robbery in the community. He said that he had tried to hang himself because nobody had done anything about the Rule 45 application he had submitted after his assault in December and would self-harm again if staff did not address his concerns. Staff put an ACCT careplan in place, which included reviewing any outstanding applications Mr Habib-Shaheed had made, considering a move to another location, helping him find a job and facilitating activities and exercise.
35. On 15 December, Mr Habib-Shaheed tried to hang himself again with a ligature tied to window bars. The duty governor moved Mr Habib-Shaheed to a constant watch cell on unit 9 where he said that he started to feel better and safer. Unit 9 is a smoke-free unit, which houses prisoners with 'enhanced' level in their IEP status. At unit 9 prisoners are given the opportunity to access certain privileges such as cooking facilities. The next day, two duty governor's moved Mr Habib-Shaheed to the north site of the prison (units 14 and 15).
36. On 31 December, a prisoner assaulted Mr Habib-Shaheed in the healthcare centre waiting area on the north site of the prison. A CM submitted an intelligence report, placed the alleged perpetrator on a disciplinary charge and downgraded his IEP status to basic. The matter was referred to the police but, as Mr Habib-Shaheed did not want to give evidence, the case was not proceeded with. The same day, a nurse examined Mr Habib-Shaheed and noted that his nose was possibly fractured. The duty governor, started victim support for Mr Habib-Shaheed (a procedure where prisoners who have been victims or are vulnerable to violent and/or antisocial behaviour receive assistance and are monitored). Mr Habib-Shaheed remained under victim support measures until he requested they stop on 26 June 2016 (when he said that most of the prisoners that he was at risk from had left Highpoint and he was feeling safe).

2016

37. On 4 January 2016, a CM informed Mr Habib-Shaheed that his Rule 45 application had been approved so he could move to the segregation unit. As no space was available there, however, she moved Mr Habib-Shaheed back to the constant watch cell on unit 9. She recorded that Mr Habib-Shaheed was relieved that the prison had taken his fears seriously. Two days later, a SO closed the ACCT because Mr Habib-Shaheed was happy on unit 9 and said he had no thoughts of suicide and self-harm. She arranged an ACCT post closure review for seven days time. Four days later, Mr Habib-Shaheed told a nurse that he did not need any mental health input because he was stable.
38. On 9 January, Mr Habib-Shaheed told an officer that he was feeling anxious and wanted to hang himself. The officer immediately started ACCT monitoring. Mr Habib-Shaheed said that he was happy on unit 9 and did not want to go to the segregation unit, following the approval of his Rule 45 application. He also said that he was worried about the outcome of an application for re-categorisation to a

- lower security prison (category D conditions) that he had submitted as he said that there was incorrect intelligence linking him with the drug culture that could affect the outcome. Mr Habib-Shaheed said that he felt that nobody was helping him and that nobody believed what he was saying. Two days later, a CM decided during an ACCT case review (which was not multidisciplinary) to keep Mr Habib-Shaheed on unit 9, because he felt safe there and it would benefit his wellbeing. She closed the ACCT because Mr Habib-Shaheed was happy with the decision.
39. On 12 January, a nurse reviewed Mr Habib-Shaheed's mental health. Mr Habib-Shaheed told him that he was feeling anxious, low in mood and was not sleeping well. He said that he had been taking medication for his anxiety in the community (the name of which he could not remember). A nurse discussed the issue with a prison GP who prescribed sertraline (a type of antidepressant) but did not diagnose any mental health issues.
 40. On 26 April, Mr Habib-Shaheed told a nurse that he had stopped taking sertraline and that he felt better without the medication but wanted pregabalin (a medication for anxiety disorders). The nurse advised him to discuss his medication with a GP and discharged Mr Habib-Shaheed from mental health services because he was stable. There is no record that Mr Habib-Shaheed discussed his medication with a GP during this period. Healthcare staff did not request Mr Habib-Shaheed's community GP records to confirm what medication, if any, he had been taking in the community.
 41. On 1 November, a Categorisation Review Board at Highpoint did not recommend Mr Habib-Shaheed for progression to category D status because of his lack of engagement with his sentence plan. (Category D prisoners are those who present a low risk to the public, can reasonably be trusted in open conditions and for whom open conditions are appropriate.) On 7 November, Mr Habib-Shaheed appealed the decision but a duty governor rejected his appeal. Mr Habib-Shaheed complained to the Prisons and Probation Ombudsman (PPO) but the PPO did not uphold his complaint.
 42. On 22 November, Mr Habib-Shaheed admitted that he owned a tin containing tobacco, found in another prisoner's cell. He had already received an IEP warning in August because his cell smelled of smoke and intelligence linked him to the use and supply of tobacco. Unit 9 was a non-smoking unit and Mr Habib-Shaheed had signed the non-smoking policy on 10 February. A Supervising Officer (SO) downgraded his IEP status to standard and told him that he had to move to another unit for breach of the non-smoking policy. Mr Habib-Shaheed refused to move, saying that he was under threat in other units. Mr Habib-Shaheed faced two disciplinary charges as a result, but the charges were not pursued because the hearings did not take place within required timescales.
 43. An officer upgraded Mr Habib-Shaheed's IEP status to 'enhanced' when the hearings did not go ahead. An officer allowed Mr Habib-Shaheed to stay on unit 9. He recorded on NOMIS that Mr Habib-Shaheed gave him the names of five prisoners he said were threatening him. He also recorded that he told Mr Habib-Shaheed that he was going to investigate his concerns and asked him to fill in a Rule 45 application. There is no record that Mr Habib-Shaheed made a Rule 45

application (although he later told staff that he had). The officer told the investigator that he could not remember this conversation. Another prisoner, told the investigator that Mr Habib-Shaheed was scared of moving out of the unit.

44. On 30 December, Mr Habib-Shaheed applied for a transfer to HMP Lindholme saying that it would help him keep family ties. This request was declined because he was in the last 12 months of his sentence. A case administrator at Highpoint, told the investigator that this is the only record they have of an application for a transfer.

2017

45. On 6 March 2017, an officer submitted an intelligence report saying that Mr Habib-Shaheed had been bullying other prisoners in the servery, where he was working. She recorded that a number of prisoners on the unit would not work in the servery unless staff dismissed Mr Habib-Shaheed from his job. She also recorded that prisoners were scared about telling her what was going on in the servery. Intelligence analysis suggested that there was a bullying issue on the unit and that Mr Habib-Shaheed and another prisoner appeared to be the ringleaders.
46. On 9 March, the duty governor moved Mr Habib-Shaheed from unit 9 to unit B (unit B is also a dedicated unit for prisoners who are on the enhanced IEP level and as a result are given the same opportunities to access certain privileges such as cooking facilities) and dismissed him from his job. The Head of Residence and Safety told the investigator that he was asked at a weekly security tasking meeting to move Mr Habib-Shaheed out of unit 9 because he was suspected, with another prisoner, of bullying. He also said that he did not downgrade Mr Habib-Shaheed's IEP level so did not penalise him. He recorded in Mr Habib-Shaheed's prison records that he had spoken to Mr Habib-Shaheed and told him that his behaviour on unit 9 was unacceptable and that he felt that he no longer had cause to remain on unit 9. He also recorded that he felt that Mr Habib-Shaheed was a very manipulative individual who needed to move from the unit.
47. The same day, a Supervising Officer (SO) spoke to Mr Habib-Shaheed. He recorded that Mr Habib-Shaheed repeated that he could not move to unit B because he was under threat, but gave no further details. He told Mr Habib-Shaheed that he had no evidence that he was under threat on unit B but asked him to provide the names of those prisoners who were threatening him through a Rule 45 application. Mr Habib-Shaheed said that he had already submitted a Rule 45 application with those details. The prison did not have a record of it. Mr Habib-Shaheed later complained that nobody considered his application and said that the bullying allegations against him were false. He said that he had behaved well on the unit and The Head of Residence and Safety decision was unfair.
48. On 6 and 24 April, an officer and business administrator recorded that Mr Habib-Shaheed had not attended work. Mr Habib-Shaheed said that he had not gone to work because to do so he would have to leave the unit and pass the exercise yard where other prisoners could attack him. They recorded that there was no evidence of any threat towards Mr Habib-Shaheed, but the officer asked Mr

Habib-Shaheed to complete another Rule 45-application, so that officers could identify any possible aggressors and locate him in a safe unit.

49. On 25 April, Mr Habib-Shaheed submitted a Rule 45 application. He repeated that he had ongoing problems at Highpoint and provided the names of the prisoners who were threatening him. He also mentioned that he had been assaulted on 31 December 2015. A SO interviewed Mr Habib-Shaheed and checked his records. She established that the named prisoners were not in the prison. The Head of Residence and safety reviewed Mr Habib-Shaheed's Rule 45 application and decided that he should stay in the same location, noting that he had been located on various units in Highpoint without problems and that there was no evidence to support his application.
50. On 26 April, a SO downgraded Mr Habib-Shaheed's IEP status to standard because he had not attended work. The next day, a prison's chaplain recorded that he had received a phone call from Mr Habib-Shaheed's father stating that he was very concerned because Mr Habib-Shaheed had called him in a desperate state, as there were prisoners who wanted to harm him. He recorded that Mr Habib-Shaheed's father did not provide any names. He submitted an intelligence report, made a note in Mr Habib-Shaheed's prison records and informed a SO. He said that he was going to speak to Mr Habib-Shaheed and he did so. Officers did not review Mr Habib-Shaheed's IEP status, which remained as standard until he died.
51. On 2 May, an officer spoke to Mr Habib-Shaheed in his cell and asked him if he was going to collect his tea. Mr Habib-Shaheed told her that staff were going to 'find him swinging' in his cell. Mr Habib-Shaheed said that he was frustrated because he was always trying to conform to the regime but only received warnings. She told the investigator that although she thought that Mr Habib-Shaheed was suggesting that he wanted to kill himself, he was also saying that he was determined to see a governor about his concerns in the future. She saw this as him sending mixed messages. She did not start ACCT monitoring but asked a SO to speak to Mr Habib-Shaheed about his concerns. She told the investigator that during this period, Mr Habib-Shaheed stayed in his cell and did not associate much, apart from occasionally talking to another prisoner.
52. The same day, Mr Habib-Shaheed submitted an amendment to his Rule 45 application and provided the names of the prisoners he felt under threat from. (These were different names from those he had provided on 25 April.) A SO found that the prisoners were at Highpoint but none of them lived on unit 9 or B. A duty governor, decided Mr Habib-Shaheed should remain on unit B, as there was no risk to his safety there. She also asked a case administrator, to arrange Mr Habib-Shaheed's transfer to HMP Thameside.
53. On 3 May, an officer recorded that Mr Habib-Shaheed had stopped eating the night before when he refused tea, and noted that if he continued for three days, staff should inform healthcare staff in line with the prison's food refusal policy. Staff did not start food refusal monitoring.

5 May to 25 May

54. At around 9.40am on 5 May, Mr Habib-Shaheed told an officer that he was going to hang himself. She started ACCT procedures and noted on the concern and keep safe form that Mr Habib-Shaheed had been refusing food for the past three days. A SO completed an immediate action plan, which included five staff random observations every hour. She also wrote that, by 5.00pm, Mr Habib-Shaheed would have completed three days of refusing food. The SO asked a nurse to examine Mr Habib-Shaheed. The nurse told the investigator that Mr Habib-Shaheed did not want to engage with mental health services and that she assessed that he did not present with mental health issues.
55. At 5.15pm, a SO carried out Mr Habib-Shaheed's ACCT assessment interview. Mr Habib-Shaheed said that he was depressed because he was under threat from other prisoners. An officer noted that Mr Habib-Shaheed had not eaten and that a SO had downgraded his IEP status because he had not attended work. Mr Habib-Shaheed told him that he had tried to hang himself at Highpoint and had previously been monitored under the ACCT process. The SO told the investigator that he assessed Mr Habib-Shaheed's level of risk as raised. He did not gather any preliminary risk pertinent information about Mr Habib-Shaheed from his prison records before the assessment interview.
56. At 6.00pm, a SO and an officer carried out Mr Habib-Shaheed's first case review. They reduced Mr Habib-Shaheed's observations to once every hour because he had started to eat and had calmed down. They assessed Mr Habib-Shaheed's level of risk as low. The SO completed a caremap in which he assessed that Mr Habib-Shaheed's only issue was his location, which was going to be reviewed during a disciplinary hearing on 9 May. The prison did not provide the investigator with any documentation about the disciplinary hearing but the ACCT records showed that on 20 May, the charges against Mr Habib-Shaheed were dismissed.
57. On 9, 15 and 22 May, two supervising officers (SO), three nurses and an officer carried out the second, third and fourth multidisciplinary ACCT case reviews. There were six reviews in total. Mr Habib-Shaheed told the officers that he was depressed because his IEP status had not been upgraded but that he had no current thoughts of self-harm and felt safe on unit B. The officers assessed Mr Habib-Shaheed's level of risk for suicide and self-harm as low and reduced the level of staff observations and conversations to one quality recorded conversation in the morning, one in the afternoon, one in the evening and one at roll check during the night state. The level of observations and conversations remained unchanged during this period and staff made random observations and had conversations with Mr Habib-Shaheed (recorded in the ACCT observation book), noting no concerns.
58. During the third ACCT case review, Mr Habib-Shaheed repeated that he wanted to be prescribed pregabalin. A nurse made a referral to the GP and updated the caremap to include this as an issue. (Mr Habib-Shaheed did not attend his GP appointment on 25 May.) During the fourth case review, a nurse carried out a mental health assessment of Mr Habib-Shaheed. He assessed that Mr Habib-Shaheed displayed manipulative and attention seeking behaviour but did not have a mental health disorder.

59. On 24 May at 8.45pm, an officer went to check Mr Habib-Shaheed in his cell. She saw that he had put his bed on end and put a ligature made from torn bed sheets around his neck. She called for staff assistance and staff removed the ligature. Two prisoners, told the investigator that Mr Habib-Shaheed had tried to kill himself that day. One of the prisoners said that he saw marks around Mr Habib-Shaheed's neck and asked him why he had them. He told the investigator that Mr Habib-Shaheed said that he wanted to express his disagreement with how the prison was treating him. A SO increased the level of ACCT observations to once every hour.
60. The next day at 11:20am, an officer, a SO and a nurse asked Mr Habib-Shaheed to attend the fifth ACCT case review because of his attempt to take his own life the previous day. Mr Habib-Shaheed refused to attend and said that he had not eaten for three days. The officer started a food refusal log. The SO recorded in the ACCT document that Mr Habib-Shaheed's level of risk of suicide and self-harm 'had not changed'. The officer and SO noted in the ACCT document that the level of staff observations should remain at once every hour. Staff did not update Mr Habib-Shaheed's caremap with any actions to address his suicide attempt or follow up on his food refusal.

Friday 26 May 2017

61. On 26 May at 11.00am, during the sixth multidisciplinary ACCT case review, attended by a SO, a nurse, a custodial manager (CM) and an officer. Mr Habib-Shaheed did not want to discuss his mental health state, thoughts of suicide and self-harm or his previous attempt to kill himself. He told staff that he had not received any support from the prison to address the threats he was receiving or to regain his enhanced IEP status. The CM told Mr Habib-Shaheed that the prison was considering his transfer to another prison but Mr Habib-Shaheed said that he wanted to stay at Highpoint for the rest of his sentence. The SO recorded that Mr Habib-Shaheed said that he was on 'hunger strike'.
62. The SO told the investigator that she assessed Mr Habib-Shaheed's level of risk for suicide and self-harm as low at this review because of the way he presented. A nurse told the investigator, however, that her assessment was that Mr Habib-Shaheed's level of risk was raised and that she therefore suggested that he should be observed once every two hours during the night state. Staff reduced the level of observations to one conversation in the morning, one in the afternoon, one in the evening and, during the night state, once every two hours.
63. At about 12.13pm, a nurse tried to review Mr Habib-Shaheed in his cell, in line with the prison's food refusal policy. She recorded that Mr Habib-Shaheed did not want to engage and told her that he was not eating but was drinking. She also recorded that she saw food wrappings in Mr Habib-Shaheed's bin and asked officers to inform healthcare staff if he collected his canteen. (An officer later recorded Mr Habib-Shaheed collected tobacco but no food.)
64. At 12.25pm, an officer went to check Mr Habib-Shaheed. Mr Habib-Shaheed had obstructed his cell door with his bed and told the officer to 'get the fuck out'. A CM asked staff to monitor Mr Habib-Shaheed every 30 minutes (over lunchtime only). At 12.55pm, the officer recorded in the ACCT observation book that Mr Habib-Shaheed had made a small cut to his right forearm and told him

that he was doing it 'for fun'. He also recorded that Mr Habib-Shaheed did not need healthcare assistance.

65. At 1.20pm, the duty governor spoke to Mr Habib-Shaheed who repeated that he felt he had been treated unfairly because he had been moved from unit 9 to unit B in March and had his IEP status downgraded in April. The duty governor recorded that Mr Habib-Shaheed did not present as someone who wanted to self-harm and told the investigator that he appeared to be positive, was talking about the future and looking forward to his release in October. The duty governor asked Mr Habib-Shaheed if he wanted to be transferred out of Highpoint. Mr Habib-Shaheed said that he did not want to transfer to a different prison. He recorded that he supported Mr Habib-Shaheed's request to stay on a unit where he did not feel threatened and told the investigator that he assessed that Mr Habib-Shaheed's level of risk of suicide and self-harm was low.
66. From 2.00pm to 5.55pm, an officer checked Mr Habib-Shaheed on five occasions. She recorded that Mr Habib-Shaheed was fine, agreed to come out of his cell and was speaking to another prisoner. The prisoner told the investigator that he spoke to Mr Habib-Shaheed before officers locked them in their cells. He said that they had joked, laughed and talked about watching the FA cup final together the next day. At 8.40pm, a night patrol officer, started working on unit B and checked Mr Habib-Shaheed as part of the ACCT observations. She recorded no concerns.
67. At about 10.40pm, two-night patrol officers, went to check on Mr Habib-Shaheed. One of them opened the observation panel and saw the back of Mr Habib-Shaheed's head with a ligature around his neck made from sheets attached to the frame of his bed. She called a code blue (indicating that a prisoner is unconscious, not breathing or is having breathing difficulties). Another night patrol officer working in the control room, called an ambulance. Closed Circuit Television (CCTV) shows that an officer arrived at the cell about one and half minutes later, one of the night patrol officers asked a CM over the radio for permission to open her sealed pouch to enter the cell. At about 10.42pm, having obtained authorisation, she used her key and tried to open the door but it would not open because Mr Habib-Shaheed had obstructed it with his bed and locker.
68. At about 10.43pm, a CM arrived and entered the cell with an officer who cut the ligature. The CM placed Mr Habib-Shaheed on the floor. An officer checked for a pulse but found none and started cardio pulmonary resuscitation (CPR). He described Mr Habib-Shaheed as pale, blue around his mouth and cold to touch. Shortly afterwards, three officers arrived at the cell and helped remove the barricade from behind Mr Habib-Shaheed's door. At 10.56pm, an officer brought the defibrillator from a nearby office (there were no defibrillators on unit B) and attached it to Mr Habib-Shaheed's body. Ambulance records show that at about 11.06pm, paramedics arrived at the cell. They pronounced Mr Habib-Shaheed's death at 11.09pm.

Contact with Mr Habib-Shaheed's family

69. On 27 May at about 10.15am, The Head of Residence, broke the news of Mr Habib-Shaheed's death to his father (his nominated next of kin) over the telephone and appointed a SO as the family liaison officer (FLO).

70. On 1 June, a prison's chaplain, replaced the SO as family liaison officer (FLO) and continued to maintain contact with Mr Habib-Shaheed's family.
71. Mr Habib-Shaheed's funeral was held on 4 August. The prison offered to contribute to the funeral costs in line with national guidance but the family did not accept the offer.

Support for prisoners and staff

72. After Mr Habib-Shaheed's death, the head of residence, 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.
73. The prison posted notices informing other prisoners of Mr Habib-Shaheed'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 Habib-Shaheed's death.

Post-mortem report

74. A Home Office pathologist carried out a post-mortem examination of Mr Habib-Shaheed. He found 'hanging' as the cause of Mr Habib-Shaheed's death. Toxicology results showed no presence of alcohol or any illegal drugs in Mr Habib-Shaheed's body.

Findings

Management of risk of suicide and self-harm

75. Prison Service Instruction (PSI) 64/2011, which covers safer custody, provides a non-exhaustive list of a number of risk factors and potential triggers that might increase the risk of suicide and self-harm and requires staff to take appropriate action, including starting ACCT procedures, if necessary. These risk factors were also listed in our thematic report published in 2014.
76. Mr Habib-Shaheed presented with a number of risk factors for suicide and self-harm at Highpoint, including acts of self-harm, suicide attempts, feelings of frustration, refusal to eat and involvement with mental health services, although he was never diagnosed with acute mental health problems. He was assaulted by other prisoners in December 2015 at least on one occasion and continued to express fear that he was a risk of further assaults throughout his time at Highpoint. Whether or not this fear was well-founded, it made him vulnerable and resulted in several moves to different locations within the prison. This situation created instability for him, which increased his risk of suicide and self-harm.
77. We found that staff identified that Mr Habib-Shaheed was at risk of suicide and self-harm and appropriately began ACCT monitoring for him on 9 January 2016 and 5 May 2017. However, we found a number of deficiencies in the management of the ACCT process:

Level of risk and observations

78. In the weeks before his death Mr Habib-Shaheed submitted a Rule 45 application, twice told staff he was going to hang himself, started food refusals, refused to go to work, and reported feeling depressed. Two days before his death he was found with a ligature round his neck and told staff he was refusing food. On the day of his death, he blocked his door, refused to discuss his mental state, told staff he was on hunger strike and made a superficial cut to his arm.
79. When on 26 May at 12.35pm Mr Habib-Shaheed barricaded in his cell (two days after he tried to kill himself), a CM asked staff to monitor him every 30 minutes but over lunchtime only. Mr Habib-Shaheed self-harmed at 12.55pm, albeit not seriously, but no one changed the frequency of observations or assessed that his level of risk had risen. A duty governor spoke to Mr Habib-Shaheed at 1.20pm. Although he told the investigator that he had read the ACCT document before speaking to Mr Habib-Shaheed and that he was aware that he was found with a ligature two days before he died and that he knew Mr Habib-Shaheed's history well, he said that he believed that Mr Habib-Shaheed did not have any risk factors for suicide and self-harm and assessed that his level of risk was low because he presented well.
80. Staff carried out observations thereafter at 2.00pm, 3.00pm, 4.00pm, 4.55pm, 5.55pm, 7.30pm, 8.40pm and 10.40pm, as recorded in the ACCT document and in line with what was set out during the last ACCT case review at 11.00am.

81. We are concerned that, notwithstanding Mr Habib-Shaheed's escalating pattern of suicide attempt and self-harm, staff continued to assess his risk as low and that the frequency of observations did not reflect Mr Habib-Shaheed's actual level of risk on that day.

Caremaps

82. PSI 64/2011 requires caremaps to reflect the prisoner's needs, level of risk and the triggers of their distress. They should aim to address issues identified in the ACCT assessment interview. They must be tailored to meet prisoners' individual needs and reduce risk. They must be time bound and say who is responsible for completing the action. They should also be updated following every case review.
83. Mr Habib-Shaheed's caremap in the ACCT document of 5 May 2017 included only one issue and one action to address the practical matters related to his location. There were no actions to follow up his food refusal, strengthening protective factors or to build on any interests Mr Habib-Shaheed might have had, and no consideration was given to follow up or support him with a review of his IEP status, which would have helped him relieve some of his frustration. After Mr Habib-Shaheed tried to kill himself on 24 May, staff did not update the caremap to include actions to encourage alternatives to self-injury or disable any suicide plan he might have had.
84. At no point was consideration given to involving Mr Habib-Shaheed's family in the ACCT process. This can be beneficial to prisoners with suicide and self-harm risk factors and those who refuse to eat, as the people who know them best can provide vital insight and information about their risk of self-harm and suicide. It is particularly troubling that this did not happen given that Mr Habib-Shaheed's father had been in touch with the prison to raise his concerns about his son's welfare.

ACCT assessment and reviews

85. The Head of Healthcare told the investigator that it is regular practice at Highpoint for healthcare staff to attend all ACCT case reviews and take an active part in the ACCT process. A number of case reviews during the ACCT process, which started on 6 January 2016, were not multidisciplinary. We are pleased to note, however, that the ACCT opened on 5 May 2017 had clear input from healthcare staff.
86. We found inconsistencies in case review managers. Although a SO was the named ACCT case manager for the ACCT opened on 5 May 2017, he only attended two of the six reviews. We found no evidence that some of the staff who chaired or attended the reviews did not take into account Mr Habib-Shaheed's full history of suicide and self-harm and did not know that he had tried to take his own life while at Highpoint, to assess his level of risk.
87. We also found little evidence that staff gathered risk pertinent information from Mr Habib-Shaheed's records before assessing his risk. A SO, who carried out Mr Habib-Shaheed's ACCT assessment interview on 5 May 2017, told the investigator that he did not check Mr Habib-Shaheed's NOMIS record or ask healthcare staff whether they had any concerns about him.

General conclusions about ACCT procedures

88. Staff judgement is fundamental in operating ACCT procedures. The system relies on staff using their experience and skills, as well as local and national assessment tools to determine risk. We are concerned that staff might have focused on Mr Habib-Shaheed's practical concerns, presentation, and demands rather than focusing on his overall welfare needs. Some members of staff felt that Mr Habib-Shaheed's behaviour was manipulative and that he was not at risk of suicide and self-harm.
89. Staff should have considered all his risk factors, his history of suicide attempts and statements of suicide to ensure that his level of risk was judged holistically and with regard to past events. Staff should have taken robust and effective actions to increase Mr Habib-Shaheed's protective factors in the days leading up to his death, in particular, clearly setting and carrying out observations in which the frequency was proportionate to his level of risk. We consider that better suicide and self-harm management might have changed the outcome for Mr Habib-Shaheed at Highpoint. We make the following recommendations:

The Governor should ensure that staff manage prisoners at risk of suicide or self-harm in line with national guidelines. In particular:

- **A trained ACCT assessor should complete an assessment within 24 hours of an ACCT being opened and use all relevant information to complete the assessment, including prisoner's core records, wing file and NOMIS.**
- **The frequency of observations should reflect the prisoner's risk and be adjusted when that risk changes. Staff should adequately note on the face of the ACCT document the frequency of observations.**
- **Case managers should complete caremaps at the first ACCT case review which must be appropriately updated thereafter, setting out specific and meaningful actions, including inviting the family, identify who is responsible for them and review progress at each review.**

Food refusal

90. Care UK issued a food refusal policy in February 2017, '*Care of the Person Refusing Food*'. The policy is in line with PSI 64/2011 and the Department of Health's food refusal guidance. It states that in the first 72 hours of a prisoner refusing food, staff should attempt to establish why he is not eating; address the causes where possible; inform healthcare staff of the potential food refusal; start a food refusal monitoring log; and consider starting ACCT monitoring. After 72 hours, healthcare staff should carry out a physical examination of the prisoner (if he consents), including checking weight, blood pressure, pulse and respiratory rate. In addition, staff should consider referring the prisoner to mental health services and review the prisoner's mental capacity.

91. PSI 64/2011 says that it is important that prisoners' wishes to either refuse food and/or fluids or medical treatment are taken seriously and properly recorded. The information must be recorded, shared and remain accessible to all relevant staff. It also says that the ACCT process may provide a useful way of recording the care offered to such a prisoner and facilitate the sharing of information.
92. Mr Habib-Shaheed refused food from 2 May to 5 May 2017 and from 22 May for at least four days. Generally, staff were aware of the terms of the policy and discussed the reasons for Mr Habib-Shaheed's food refusal during ACCT case reviews. Staff also assessed that Mr Habib-Shaheed did not lack mental capacity and a nurse tried to review his physical state (although Mr Habib-Shaheed did not want to engage with her). We are concerned that staff did not start food refusal monitoring within the first 72 hours of the first food refusal event and in the second event, the food refusal log, which had been opened was not properly updated. Staff did not properly record the occasions when Mr Habib-Shaheed had stopped eating, in line with the local policy and did not use the ACCT process to facilitate the sharing of information or record the care offered to him in this regard. We make the following recommendation:

The Governor and Head of Healthcare should ensure that prisoners who refuse food are managed in accordance with PSI 64/2011, Care UK's food refusal policy and the Department of Health guidelines for the clinical management of people refusing food in prisons.

Safety of Prisoners

93. In April 2016, the prison issued a comprehensive violence reduction strategy. The strategy aims to provide a supportive environment to victims of violence and anti-social behaviour. It recognises that, if the prison does not manage violent behaviour and bullying adequately, it can lead to prisoners self-harming, withdrawing from their regimes or activities and social interactions. The strategy describes different methods for prisoners to report instances of violence or anti-social behaviour, the procedure to investigate these incidents and the support available to the victims. Victim support measures include interviewing the victim, creating alerts in their prison records, submitting intelligence security reports and starting ACCT monitoring.

Assaults

94. On 10 December 2015, intelligence reports suggested that three prisoners assaulted Mr Habib-Shaheed. Three days later, Mr Habib-Shaheed told an officer that he was under threat and felt like hanging himself. The officer nor his manager, a CM, did start suicide and self-harm prevention procedures and did not investigate his concerns. Mr Habib-Shaheed submitted a Rule 45 application but there is no evidence that the prison considered it and they did not provide a record of it to the investigator. Officers submitted intelligence reports on the perpetrators of the assault who they had identified as members of a gang within the prison. The head of safer prisons, told the investigator that managers moved the perpetrators to other units around Highpoint in order to disrupt the group. However, the prison did not offer appropriate victim support to Mr Habib-

Shaheed on this occasion, which contributed to Mr Habib-Shaheed's feeling unsafe and afraid at Highpoint, and increased his risk for suicide and self-harm.

Rule 45 Applications

95. Mr Habib-Shaheed made at least six Rule 45 applications while at Highpoint. The prison provided the investigator with a copy of four of the applications, as they could not locate the applications made on 10 December 2015 and 4 January 2016. We are concerned that each time that Mr Habib-Shaheed said that he had a problem or felt under threat, the response from staff was to ask him to fill in a Rule 45 application. We note that the main purpose of the Rule 45 management is to segregate prisoners when there is an identified threat, but segregation may not have been appropriate for Mr Habib-Shaheed who had several risk factors for suicide and self-harm.
96. Once Mr Habib-Shaheed submitted the Rule 45 applications, duty governors made decisions without regard to his previous applications, previous assaults, or history of self-harm. Staff did not offer a long-term solution to Mr Habib-Shaheed's concerns. Mr Habib-Shaheed was either moved to a different unit or stayed in the same part of the prison. The prison's violence reduction strategy stipulates that the duty governor, who reviews and makes the final decision on a Rule 45 application, can make 'other' decisions, such as considering a transfer of the prisoner out of the prison, looking into alternative employment, opening violence reduction procedures, referring to mental health or referring to chaplaincy for support. We are not satisfied that the duty governors who reviewed Mr Habib-Shaheed's Rule 45 applications (with the exception of a duty governor on 2 May 2017) considered other options available and we are concerned at the limited consideration of and weight given to Mr Habib-Shaheed's overall risk of suicide and self-harm.
97. A SO, who was the supervising officer responsible for the initial assessment of the Rule 45 applications on 24 April and 2 May 2017, told the investigator that she had identified the prisoners that Mr Habib-Shaheed named as those he was under threat from but staff did not directly speak to them. The SO and an officer said that speaking to these prisoners would not have been appropriate, as it would have alerted them to Mr Habib-Shaheed's allegations, placing him at further risk. We are not satisfied that staff acted in line with the prison's violence reduction strategy, as it clearly states that prisoners who are identified as a bully by another prisoner or is witnessed demonstrating violent and antisocial behaviour should be made aware and overtly challenged (without mentioning the name of the victim). It also says that perpetrators will be challenged with consideration of the risk presented to the victim.

Restrictive steps

98. Some of the restrictive steps taken by the prison in response to what was considered to be Mr Habib-Shaheed's manipulative behaviour did not take into account the potential impact on his welfare and risk of suicide and self-harm or have regard to his risk and history of suicide attempts and self-harm. We think that the head of residence and safety did not fully consider Mr Habib-Shaheed's risk and protective factors for suicide and self-harm when on 9 March 2017 he made the decision to move Mr Habib-Shaheed to another unit and dismissed him

from his job. Prisoners told the investigator that this decision marked the start of Mr Habib-Shaheed's decline at Highpoint. We note however, that B wing and Unit 9 are both enhanced units where the prisoners located in these units are afforded the opportunity to access certain privileges. The head of residence and safety did consider this fact, when making the decision to move him and said that he did not want to penalise him.

99. Similarly, a SO's decision on 26 April 2017 to downgrade Mr Habib-Shaheed's IEP status and staff not following up an IEP review as an action of the ACCT caremap, did not address the impact on Mr Habib-Shaheed's welfare and feelings of frustration. Mr Habib-Shaheed refused to go to work and on occasions isolated himself in his cell because he said he was afraid, and felt unsafe. Staff did not consider his reactions as a sign of vulnerability but of indiscipline. The prison's violence reduction strategy highlights that self-isolation could indicate vulnerability and that staff should identify and offer adequate support to prisoners who self-isolate.
100. In a review of self-inflicted deaths in a number of prisons that we published in June 2011, we found evidence of bullying and intimidation in 20 per cent of the cases we reviewed. In a follow-up report of October 2011, 'Violence reduction, bullying and safety', we identified the importance of implementing local violence reduction strategies, investigating all allegations of bullying and recognising that individuals who have been the victim of bullying are potentially at greater risk of suicide and self-harm. We repeated similar messages in our review of all self-inflicted deaths in prisons in 2013/14 and pointed to the need for all reports or suspicions that a prisoner is being threatened or bullied to be recorded and thoroughly investigated and for the potential impact on the victim's risk of suicide to be considered.
101. Although we recognise that the prison took some steps to respond to Mr Habib-Shaheed's concerns, we are not satisfied that they were comprehensive and holistic as they failed properly to take into account Mr Habib-Shaheed's risk of suicide and self-harm. We are not satisfied that the management of Mr Habib-Shaheed's violence reduction issues through Rule 45 applications were appropriate responses or solutions to his concerns as they did not lead to a robust challenge or investigation of the alleged perpetrators of his threats and assaults. We make the following recommendations:

The Governor should ensure that all information indicating bullying and intimidation is fully coordinated and investigated; that alleged perpetrators are appropriately challenged; and that victims are effectively supported and protected with meaningful long-term solutions, which address their individual situation and take into account their risk for suicide and self-harm.

The Governor should ensure that restrictive measures taken to address security threats are considered and proportionate, and that their potential impact on the welfare of prisoners with a history of suicide and self-harm is taken into account.

Clinical Care

102. The mental health team regularly reviewed Mr Habib-Shaheed while he was at Highpoint. They assessed that he did not present with psychotic symptoms. The clinical reviewer concluded that the mental health team appropriately assessed Mr Habib-Shaheed's mental health but said that it was apparent throughout the latter ACCT reviews that healthcare staff did not fully consider or explore his medication-seeking behaviour within a less hostile environment.
103. In addition, healthcare staff did not request Mr Habib-Shaheed's community GP records while he was in Highpoint. This might have provided answers to Mr Habib-Shaheed's repeated requests for pregabalin. We make the following recommendation:

The Head of Healthcare should ensure that community GP records and other relevant records are routinely requested to ensure continuity of healthcare for prisoners in line with national standards.

Entering Mr Habib-Shaheed's cell

104. Officers have a cell key in a sealed pouch for use in an emergency at night. Prison Service Instruction (PSI) 24/2011, which covers management and security at night, states that staff have a duty of care to prisoners, to themselves, and to other staff. The preservation of life must take precedence over the usual arrangements for opening cells and where there is, or appears to be, immediate danger to life, cells may be unlocked without the authority of the night orderly officer and an individual member of staff can enter the cell on their own. Staff are not expected to take action where they feel it would put themselves or others in unnecessary danger. What they observe and any knowledge of the prisoner should be used to make a rapid dynamic risk assessment.
105. HMP Highpoint's night instructions state that where there is, or appears to be immediate danger to life, cells may be unlocked without the authority of the night orderly officer and an individual member of staff may enter on their own.
106. A night patrol officer, did not enter Mr Habib-Shaheed's cell immediately after she saw him hanging in his cell on 26 May because she thought that she needed authorisation from managers before she could enter the cell. Herself and the other night patrol officer working in the control room that night, told the investigator that they believed that such authorisation was always required, even in situations where entering the cell was necessary for the preservation of life. We are concerned that staff at Highpoint did not appear to fully understand or comply with national and local instructions. We make the following recommendation:

The Governor should ensure that all prison staff are made aware of PSI 24/2011 and the prison's night instructions and that they understand that, subject to a personal risk assessment, they should enter a cell at night when there is potentially a risk to life.

Emergency Response

107. It took approximately 16 minutes for a member of staff to bring a defibrillator to Mr Habib-Shaheed's cell from the time the emergency code blue was called. Defibrillators are not available on every unit at Highpoint and the closest defibrillator to unit B was in the gym. An officer said that he did not have a key to access the defibrillator and had to go to another office to get one.
108. There is no indication that Mr Habib-Shaheed died from cardiac arrest or that earlier intervention with the assistance of a defibrillator would have made a difference in his case, but it could do in other emergencies. HMP Highpoint is a large establishment and there is a need to ensure that a defibrillator is brought to an emergency as quickly as possible. As healthcare staff are not available overnight at the prison, it is important that officers on the units have easy access to appropriate emergency equipment during night state. We make the following recommendation.

The Governor should ensure that there are sufficient defibrillators at appropriate locations in the prison to allow speedy access in an emergency.

Contact with Mr Habib-Shaheed's next of kin

109. The prison said that due to the time Mr Habib-Shaheed's death and the location of the family being some distance away they made the decision to ask the police to deliver the news of Mr Habib-Shaheed's death. When the police attended the address, no one was at home. The prison said that the police then asked the next shift to deliver the news. At approximately 8:30am the next day, the Police informed the prison that they had attended the address for a second time to no avail. At this point, a duty governor, contacted three other prisons to ask them if they could assist in delivering the news however, they were unable to help. She could not tell the investigator the name of these prisons. After discussion with the Regional Safer Custody lead, she contacted Mr Habib-Shaheed's family by telephone to deliver the news. Mr Habib-Shaheed's father said that he had not been at home overnight as he was travelling.

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