

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Ms Bosteyo Ahmed-Ali a prisoner at HMP Downview on 3 April 2018

A report by the Prisons and Probation Ombudsman

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.

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

Ms Bosteyo Ahmed-Ali died on 3 April 2018, when she was found hanged in her cell in HMP Downview. She was 30 years old. I offer my condolences to Ms Ahmed-Ali's family and friends.

Ms Ahmed-Ali's behaviour at Downview was erratic. She made attempts to settle but had problems, both in terms of her behaviour and poor attendance at classes. She took courses to help her manage her emotions and to address her drug and alcohol issues. While Ms Ahmed-Ali was clearly feeling under some strain in the month or so before her death, I am satisfied that appropriate support was given when she asked for it. She had no history of self-harm and I do not consider that staff could have anticipated or prevented her death.

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

Sue McAllister, CB
Prisons and Probation Ombudsman

June 2019

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Summary

Events

1. In 2016, Ms Bosteyo Ahmed-Ali was sentenced to eight years imprisonment. She said that she had no mental health or drug issues, but wanted to address her alcohol use. She also wanted to improve her literacy during her time in prison. She had no history of self-harm.
2. Ms Ahmed-Ali arrived at HMP Downview in May 2017. Records show occasional verbal outbursts against staff and prisoners. She undertook education courses and showed signs of settling but still had problems, both with her behaviour and her poor attendance at classes. She took offender behaviour courses to help her manage her emotions and to help her address her drug and alcohol issues.
3. In February 2018, Ms Ahmed-Ali told her personal officer that she was concerned about her health and mood, and later asked to see the mental health team. A member of the team assessed her and arranged for her to see a community psychiatric nurse, who planned further support and referred her to a psychiatrist. The nurse noted that she had no thoughts of harming herself.
4. In March, Ms Ahmed-Ali told a member of the mental health team that she was stressed, paranoid, and not sleeping well. She saw the prison doctor, who prescribed anti-depressants. He recorded that she was not suicidal. On 27 March, Ms Ahmed-Ali saw a psychiatrist, who added to her prescribed medication.
5. On 23 March, Ms Ahmed-Ali and some friends were involved in a fight with two other prisoners in the exercise yard. Several prisoners, including Ms Ahmed-Ali, were put on disciplinary charges.
6. On 28 March, staff moved Ms Ahmed-Ali's friend to another wing because she and Ms Ahmed-Ali had been antagonising another prisoner.
7. On 31 March, Ms Ahmed-Ali told a prison officer that the two other prisoners involved in the fight had been taunting her. The officer was unable to secure a move for her but submitted a report form, told staff to be aware of the situation, and made arrangements for a move when possible. Ms Ahmed-Ali appeared satisfied with this.
8. On 3 April, Ms Ahmed-Ali was due to attend her disciplinary hearing but it was postponed. Ms Ahmed-Ali then tried to leave the wing, telling staff that she was expected in the education department. They confirmed that this was not the case. A prison officer spoke to Ms Ahmed-Ali while she walked her back to her cell. The officer said that she had no concerns about her at that point.
9. Another prisoner later saw Ms Ahmed-Ali sitting in her cell, listening to loud music. The prisoner assumed that she did not hear her knock because of the music or that she did not want to be disturbed, so she left. She had no concerns about Ms Ahmed-Ali.

10. At 4.57pm, two prisoners went to Ms Ahmed-Ali's cell and saw that she had a ligature around her neck. They alerted staff, who began resuscitation. Nurses arrived and continued to provide medical assistance until paramedics arrived and took over. At 6.15pm, it was agreed that Ms Ahmed-Ali had died.

Findings

11. Ms Ahmed-Ali had some concerns in the month or so before her death: she was struggling with her mental health; she had been involved with a fight with other prisoners on 23 March and, as a result she was on the basic regime and was facing a disciplinary charge; she had complained that she did not feel supported by her personal officer; her friend had been moved to another wing; and she was in conflict with some other prisoners on her wing. Her friends said that she had been unsettled in the days leading up to her death and that she felt paranoid and under pressure from prisoners and staff.
12. However, Ms Ahmed-Ali had no history of self-harm and her friends and staff were taken by surprise when she took her own life.
13. We are satisfied that Ms Ahmed-Ali was receiving appropriate support with her mental health problems and that she was not being treated unfairly by staff. We are also satisfied that when Ms Ahmed-Ali reported tensions with other prisoners to a prison officer, the officer took appropriate action.
14. In the circumstances, we are also satisfied that staff could not reasonably have been expected to have foreseen her death or prevented it.
15. Some prisoners said that roll checks were not carried out in accordance with the usual practice on 3 April and that as a result Ms Ahmed-Ali was not found until it was too late to save her. This suggests that Ms Ahmed-Ali may not have intended to kill herself and may have expected to be found in time.
16. We cannot say how long Ms Ahmed-Ali was hanging before she was found, but we are satisfied that, although the roll checks may have been carried out later than usual, they were not overdue.
17. In addition, once Ms Ahmed-Ali placed a ligature round her neck, death could have occurred very quickly and there could be no guarantee that it would have been possible to resuscitate her successfully even if she had been found earlier.

Recommendations

- The Governor should issue guidance to ensure that staff are clear on the restrictions that apply to prisoners on the basic regime.
- The Governor should ensure that staff are clear on when to deploy body-worn video cameras, and that they do so.

The Investigation Process

18. The investigator issued notices to staff and prisoners at HMP Downview, informing them of the investigation and asking anyone with relevant information to contact him. A number of prisoners responded and were subsequently interviewed.
19. The investigator visited Downview. He obtained copies of relevant extracts from Ms Ahmed-Ali's prison and medical records. He interviewed eight members of staff and seven prisoners at Downview.
20. NHS England commissioned a clinical reviewer to review Ms Ahmed-Ali's clinical care at the prison. She joined the investigator for interviews of healthcare staff.
21. We informed HM Coroner for Surrey of the investigation. He gave us the results of the post-mortem examination and we have sent the coroner a copy of this report.
22. One of the Ombudsman's family liaison officers contacted Ms Ahmed-Ali's sister to explain the investigation and to ask whether she had any matters the family wanted the investigation to consider. Ms Ahmed-Ali's sister asked whether Ms Ahmed-Ali had complained about any members of staff, whether she had recently been prescribed antidepressant medication, and what other support had been provided. The family were also concerned at the length of time before they were notified of Ms Ahmed-Ali's death. We have answered these questions in this report. We provided a copy of the initial report to Ms Ahmed-Ali's family via their solicitors. They raised some minor issues that have been addressed in separate correspondence.

Background Information

HMP Downview

23. HMP Downview is a prison for women in Surrey holding approximately 300 women. Most are serving sentences of four or more years. Healthcare is commissioned by NHS England (South) and provided by a number of specialist healthcare providers.

HM Inspectorate of Prisons

24. The most recent inspection of HMP Downview was conducted in July and August 2017. Inspectors found Downview to be a fundamentally safe prison. There were concerns about equalities and diversity work but work with vulnerable women and those at risk of self-harm or suicide was progressing well.

Independent Monitoring Board

25. 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 annual report for the year to April 2018, the IMB noted that wing staff took note of prisoners they considered to be vulnerable. The standard of healthcare, both physical and mental, was consistently very good.

Previous deaths at HMP Downview

26. Ms Ahmed-Ali was the second prisoner at Downview since 2013 to apparently take her own life. The previous death was in March 2017. Another prisoner was found hanged in her cell in August 2018.

Incentives and Earned Privileges (IEP) Scheme

27. Each prison has an Incentives and Earned Privileges scheme which aims to encourage and reward responsible behaviour, encourage sentenced prisoners to engage in activities designed to reduce the risk of re-offending and to help create a disciplined and safer environment for prisoners and staff. Under the 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 three levels, basic, standard and enhanced.

Key Events

28. On 12 May 2016, Ms Ahmed-Ali was convicted of causing grievous bodily harm with intent. She was sentenced to eight years imprisonment. At her reception interview she said that she struggled with her literacy and wanted to address this. She said that she had used cannabis but particularly wanted to address issues she had with alcohol. She had never had any contact with mental health services and had no history of self-harm.
29. In May 2017, Ms Ahmed-Ali transferred to Downview. Records show that Ms Ahmed-Ali tried to control her behaviour but was sometimes prone to verbal outbursts against both staff and other prisoners. As a result, she was sometimes placed on the basic regime of the Incentives and Earned Privileges scheme. She undertook a hair and beauty course and showed signs of settling, making an effort to choose her friends more carefully. However, she still caused problems on the wing at times and did not always attend education classes when she was supposed to. In September 2017 she began an offender behaviour course to help her manage her emotions. She sometimes continued to behave badly towards prison staff.
30. In November, Ms Ahmed-Ali began a course to help her address her drug and alcohol issues. She was appointed a keyworker.
31. Ms Ahmed-Ali told prison staff that she wanted to move to a different wing. She said that she wanted to behave more maturely and would find it easier to do so if located with more mature prisoners. In December, she was moved to a different wing, 2S.
32. On 19 February 2018, Ms Ahmed-Ali told her personal officer that she was concerned about her health. She said she had recently lost weight, and was also feeling guilty about the effect of her imprisonment on her family as her mother was having to look after her children. The officer said that she would refer Ms Ahmed-Ali to the doctor and the mental health team. Ms Ahmed-Ali said that she had no thoughts of harming herself and was just low in mood.
33. On 21 February, Ms Ahmed-Ali met her offender supervisor. The offender supervisor noted that Ms Ahmed-Ali was placing herself under a lot of pressure to complete the courses she was taking. She appeared paranoid and said she had voices in her head telling her not to trust people. She asked her offender supervisor to refer her to the mental health team. The offender supervisor told the investigator that Ms Ahmed-Ali did not say that she wanted to harm herself or anyone else. She had no history of self-harm, and the offender supervisor had no concerns that she would harm herself.
34. The offender supervisor made the referral and, on 22 February, a psychological assistant saw Ms Ahmed-Ali. She said that she had been feeling paranoid for a few months but had only just decided to ask for help as she was worried that she might harm someone. The psychological assistant made arrangements for Ms Ahmed-Ali to see a community psychiatric nurse (CPN). Ms Ahmed-Ali said she was happy to engage in the process.

35. On 27 February, the keyworker saw Ms Ahmed-Ali to review her care plan. Ms Ahmed-Ali said that she was feeling low and paranoid and was waiting to see the psychiatrist. She said she was joining a prisoner group to work on aspects of forgiveness. They also discussed the need for Ms Ahmed-Ali to consider her own needs and asking for, and accepting, help when she needed it.
36. On 3 March, Ms Ahmed-Ali saw a CPN. She told him that she was not sleeping well but had a good appetite. He assessed that she was not delusional and was alert to time and place. She said she had suffered depression for a long time but had not sought help before. She said she had smoked cannabis and abused alcohol since the age of 14, and had been abused by a former partner. She said she suffered flashbacks at night. She said she had no thoughts of harming herself and he noted that she had no history of doing so. He noted her risk to others as low. As she reported being paranoid and depressed, he said that she would benefit from emotional support and psychological input for her history of domestic abuse. The plan was to continue with ongoing support and monitor her mental health and wellbeing. Ms Ahmed-Ali said she was happy with the plan and she was referred to a psychiatrist.
37. On 5 March, at a mental health triage appointment, Ms Ahmed-Ali told the psychological assistant that she felt negative about herself and was worried what other people thought of her. She said she was feeling stressed and was not sleeping. She had lost weight, felt irritable and was having nightmares. She said that she had been hearing voices since the age of 18, and these had worsened in recent months. She was paranoid, feeling that people were targeting her, and her inner voices were telling her to harm someone. She said she had no thoughts of harming herself. She said she was seeking help because the offence that had led to her imprisonment stemmed from feelings of paranoia, and she did not want something similar to happen again. She said that she would like to be prescribed medication to stabilise her mood. She wanted to see a therapist to work on her traumatic life events and her low mood, and to see the GP about her weight loss and headaches.
38. On 9 March, the psychological assistant discussed Ms Ahmed-Ali's care with the CPN. An appointment had been made for Ms Ahmed-Ali to see a psychiatrist on 20 March, and the CPN said that he would continue to provide support if necessary.
39. On 15 March, Ms Ahmed-Ali saw a prison GP. He prescribed citalopram, an anti-depressant. He recorded that she was not suicidal. Ms Ahmed-Ali had an appointment with the psychiatrist on 20 March, which she did not attend, although it is not known why.
40. On the morning of 23 March, a fight broke out in the prison exercise yard involving Ms Ahmed-Ali and her friend - Prisoner A, and two other prisoners. Staff broke up the fight and, as one of those involved was led away, staff heard Ms Ahmed-Ali and another prisoner shout threats at her. Officers told them to stop, but they persisted. As a result, Ms Ahmed-Ali was placed on a disciplinary charge.
41. The next morning at an IEP review, Ms Ahmed-Ali was placed on the basic regime of the IEP scheme for 28 days.

42. On 26 March, Ms Ahmed-Ali attended a disciplinary hearing, chaired by one of the prison's managers. Ms Ahmed-Ali asked for time to seek legal advice so the manager adjourned the case for a minimum of seven days. He also explained to Ms Ahmed-Ali that as he had been involved in the staff response to the incident on 23 March, he would not be able to conduct the disciplinary hearing.
43. Also on 26 March, a prisoner told a prison officer that she was concerned about some behaviour on the wing. She had heard Ms Ahmed-Ali and her friend mocking and talking disparagingly about another prisoner who said that she had been raped.
44. On 27 March, Ms Ahmed-Ali saw a psychiatrist. She told him she had trouble sleeping, felt paranoid, and had poor concentration which affected her studies and her prison activities. He noted that she had recently been prescribed citalopram. He also prescribed quetiapine (a drug sometimes used as a sleeping aid) and asked the GP to review her dosage of citalopram in due course. He also said that the CPN should continue to provide support.
45. On 28 March, a number of prisoners on the wing told staff that Ms Ahmed-Ali and Prisoner A were antagonising another prisoner. Staff also noticed this and noted it in the wing observation book. A prison manager spoke to the two women and said that he was going to separate them. He said in interview that they understood the reasons behind this decision. Arrangements were made to move Prisoner A to a different wing.
46. Later that afternoon, Ms Ahmed-Ali told prison officers that she had permission to help Prisoner A pack and went into her cell. Officers checked this and found it to be untrue, so Ms Ahmed-Ali was issued an IEP warning. Later that evening, Ms Ahmed-Ali and the prisoner she and Prisoner A had been goading had an argument. The other prisoner was supported by one of her friends.
47. On 30 March, the personal officer went to hold a personal officer meeting with Ms Ahmed-Ali. However, as the officer had been involved in Prisoner A's move to another wing, Ms Ahmed-Ali refused to engage with her.
48. On 31 March, Ms Ahmed-Ali had her IEP level reviewed. It was still within 28-days since she had originally been placed on the basic level, and since then she had received a further IEP warning. She was told that she would remain on the basic level.
49. Later that day, Ms Ahmed-Ali told Officer A that the two prisoners she had been arguing with on 28 March had been taunting her. She said that she did not want to get into a fight with them but was concerned that this might happen. The officer tried to make arrangements for Ms Ahmed-Ali to move to a different wing but there were no available spaces. The duty governor visited the wing and made a note in the wing observation book that, despite the limited options available, consideration should be given to moving Ms Ahmed-Ali as soon as it could be arranged. The officer explained to Ms Ahmed-Ali that she had completed a violence reduction form, so the issue would be investigated, and that staff were aware of the situation and would monitor it. When an appropriate space became available, Ms Ahmed-Ali would be moved to a different location.

50. Officer A said that Ms Ahmed-Ali seemed satisfied with this outcome. She made a note in the wing observation book and informed landing staff and the prison's orderly officer (who was in charge of the day-to-day running of the prison).
51. On 2 April, Ms Ahmed-Ali submitted a formal written complaint about her personal officer. Although her complaint was not very specific, she said that she felt that the officer treated her differently from other prisoners and refused to help her when asked.

Events of 3 April

52. On 3 April, Ms Ahmed-Ali completed the Reflex Managing Emotions course. Her record shows that she had engaged well with the work and identified areas she wanted to continue to address. She had also chosen the next course she wanted to take.
53. Ms Ahmed-Ali was due to attend a disciplinary hearing that afternoon relating to the incident on 23 March. However, as the prison manager taking disciplinary hearings that day was a prison manager who had been involved in the staff response to the incident, he was unable to preside. The hearing was therefore postponed.
54. At 1.40pm, Officer B unlocked Ms Ahmed-Ali's cell and spoke to her in the doorway. Ms Ahmed-Ali then met up with a fellow prisoner and they left the wing.
55. CCTV footage shows that at 3.07pm, Ms Ahmed-Ali returned to the wing and went into her cell to collect a cardigan. She then went to the wing's gate. She told a Supervising Officer (SO) and Officer B that she had to go to the education department. Officer B said that she contacted the education department and was told that Ms Ahmed-Ali was not due to attend that afternoon. The SO told Ms Ahmed-Ali that, as she was on the basic regime, she had to return to her cell. A friend of Ms Ahmed-Ali's told the investigator that Ms Ahmed-Ali was upset about this as she believed that the officers were mistaken.
56. Officer B walked Ms Ahmed-Ali back to her cell and, at the door, they spoke for about three minutes. The officer said in her statement that they had a good conversation about how Ms Ahmed-Ali was taking advantage of courses in prison to better herself, and was looking forward to life after release from prison. She said that she had no concerns about her. They parted at 3.17pm.
57. A fellow prisoner had been helping Ms Ahmed-Ali complete some forms. At 4.10pm, she walked along the wing corridor looking for Ms Ahmed-Ali's cell. When she found it, she looked through the observation panel. The cell was dark, with Ms Ahmed-Ali sitting in front of the window, listening to loud music and rocking back and forth. She knocked on the door but Ms Ahmed-Ali did not respond. She thought that either she did not hear the knock because of the volume of the music, or that she did not want to be disturbed. She therefore left the corridor. She told the investigator that she was not concerned about Ms Ahmed-Ali, and intended to return later.
58. At 4.57pm, Prisoner B and another prisoner went to Ms Ahmed-Ali's cell door. Prisoner B looked through the observation panel, but the cell was in darkness. She turned on the night light using the switch outside the cell and saw Ms

Ahmed-Ali apparently sitting on the floor by the radiator. She called to her but got no response, so she walked away. Almost immediately she stopped and returned, and said that at this point she noticed that Ms Ahmed-Ali had a ligature around her neck.

59. Prisoner B walked away and the other prisoner ran along the corridor and spoke to Officer B. The prisoner said that she told the officer that Ms Ahmed-Ali had hanged herself. The officer said that the prisoner did not say this, but told her that she should unlock prisoners on the basic regime. Because she was supervising the dinner queue, she told her to ask someone else.
60. While this was happening, Prisoner B spoke to Officer C. The officer said in her statement that the prisoner had said, "I think you need to check on Bosteyo, she doesn't look right". She also said that she might have something around her neck. The officer ran to Ms Ahmed-Ali's cell, followed by Officer D and, when she saw her colleagues running, Officer B. Officer C looked through the observation panel into Ms Ahmed-Ali's door, then opened the door and went in. CCTV footage shows this happened at 4.58pm.
61. Ms Ahmed-Ali was at the back of her cell, hanging by a ligature made from her dressing gown cord. Officer C used her anti-ligature knife to cut the cord and lowered her to the floor. As she did so, Ms Ahmed-Ali vomited. Other staff had arrived, and Officer D used her radio to call a code blue emergency. (This means a prisoner not breathing, or having difficulty doing so.) This prompted the control room to request an emergency ambulance. Officers put Ms Ahmed-Ali into the recovery position so Officer C could check for a pulse and for breathing. She was unable to find either, so moved Ms Ahmed-Ali onto her back to begin cardiopulmonary resuscitation (CPR).
62. At this point nursing staff arrived and began to assess Ms Ahmed-Ali. CCTV footage shows that this was at 4.59pm. Officer C asked permission to begin CPR but a nurse said that although there were no signs of breathing, she could detect a faint pulse. She left the cell to collect the defibrillator (a machine to monitor and, in some circumstances, restart the heart). Another nurse checked Ms Ahmed-Ali but, unable to gain a response, told the prison officers to begin CPR as she continued to assess her. As other prison and medical staff arrived they took it in turns to continue with resuscitation. The defibrillator could not detect a heartbeat and advised them to continue with CPR, which they did until paramedics arrived and took over. Staff continued to try to revive her but, at 6.15pm, they agreed that Ms Ahmed-Ali had died.

Post-mortem report

63. The post-mortem report showed that Ms Ahmed-Ali died as a result of hanging. Toxicology reports did not detect any illicit drugs in her system.

Contact with Ms Ahmed-Ali's family

64. The prison appointed a family liaison officer (FLO), who identified Ms Ahmed-Ali's mother as her next of kin. The FLO would normally visit the next of kin as soon as possible after a death and break the news to the family as soon as possible. However, in this case, during the standard risk assessment, the prison

was advised that Ms Ahmed-Ali's mother's address had 'warning markers' on the file, meaning it could be unsafe for the FLO to visit. The prison therefore made arrangements for the police to break the news of Ms Ahmed-Ali's death to her family instead. We consider that this was a reasonable decision in the circumstances, although it meant that the timing was no longer in the prison's hands. We understand the police broke the news about five hours after Ms Ahmed-Ali's death. The police gave the family the contact details of the prison's family liaison officer.

65. In line with Prison Service policy, Downview offered a contribution towards the costs of Ms Ahmed-Ali's funeral.

Support for prisoners and staff

66. After Ms Ahmed-Ali's death, the prison's governor 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.
67. Prisoners were notified of Ms Ahmed-Ali's death in person if they were friends, or by notices posted on the wings. These indicated where they could get support if they felt it necessary. All prisoners subject to ACCT monitoring had their circumstances reviewed in case they had been affected by Ms Ahmed-Ali's death.

Findings

Risk assessment

68. Prison Service Instruction (PSI) 64/2011, *Management of prisoners at risk of harm to self, to others and from others* (Safer Custody), and PSI 7/2015, *Early Days in Custody – Reception in, first night in custody, and induction to custody*, both list a number of risk factors and potential triggers for suicide and self-harm. All staff who come into contact with prisoners are expected to be aware of these risk factors.
69. Although Ms Ahmed-Ali had no history of self-harm, she did have some particular issues in the month or so before her death: she was struggling with her mental health; she was on the basic regime and awaiting a disciplinary hearing; she had complained that she did not feel supported by her personal officer; she was in conflict with some other prisoners on her wing; and she had recently been separated from her friend, Prisoner A. Her friends told the investigator that she had been unsettled in the days leading up to her death and that she felt paranoid and under pressure from prisoners and staff, particularly in relation to the incident in the exercise yard on 23 March.

Mental health

70. The clinical reviewer was satisfied that Ms Ahmed-Ali was thoroughly assessed for her mental health and wellbeing in Downview. She had good relationships with her drug and alcohol worker and her assistant psychologist. She was referred promptly to mental health services when she said she wanted help, and there were no delays in prescribing her medication. The clinical reviewer concluded that Ms Ahmed-Ali's healthcare was equivalent to that she could have expected to receive in the community.
71. We agree, although we have some concerns that healthcare staff placed emphasis on Ms Ahmed-Ali's presentation and assertions that she had no suicidal thoughts or intentions, rather than considering whether she had any risk factors for suicide or self-harm.
72. Some prisoners told the investigator that Ms Ahmed-Ali was unsettled in the days leading up to her death, and that she felt paranoid and under pressure from staff and prisoners. At no point did anybody, staff or prisoner, consider that Ms Ahmed-Ali might be at risk of harming herself.

Incident of 23 March and consequences

73. Ms Ahmed-Ali's friends said that she was upset at having been put on a disciplinary charge for her involvement in the incident in the exercise yard on 23 March. They said that she had not started the incident but had simply reacted to the actions of others.
74. We cannot say what the truth was or whether Ms Ahmed-Ali would have been found guilty if the adjudication hearing had gone ahead. We note, however, that this appears to have upset Ms Ahmed-Ali in the days before her death.

75. We also note that although some staff were wearing body-worn cameras during the incident in the exercise yard, there is no footage available from cameras and it appears that staff had not switched them on. Guidance on body-worn cameras is contained in Prison Service Instruction (PSI) 4/2017, which says that when cameras are worn, they should be deployed when a user is responding to an incident. We make the following recommendation:

The Governor should ensure that staff are clear on when to deploy body-worn video cameras and that they do so.

Allegations of bullying

76. Ms Ahmed-Ali's friends said that friends of the prisoners who had been involved in the altercation had subsequently made Ms Ahmed-Ali's life difficult on the wing. Ms Ahmed-Ali reported this to Officer A.
77. Officer A completed a violence reduction form, informed relevant staff, made a note in the wing observation book, and began proceedings to arrange for her to move to a different wing when space became available. She said in interview that she explained all this to Ms Ahmed-Ali, who was satisfied with her response. We are satisfied that the officer took Ms Ahmed-Ali's concerns seriously.

IEP level

78. Ms Ahmed-Ali's friends said that she was unhappy at being placed on the basic level of the IEP scheme after the incident on 23 March. Her friends were initially under the impression that this was only for seven days, but in fact she was still on the basic level at the time of her death, 11 days after the incident.
79. Prison Service rules on the IEP scheme are contained in Prison Service Instruction (PSI) 30/2013. This makes it clear that the disciplinary system of adjudications and the IEP scheme are separate systems. Privilege levels are determined by commitment to rehabilitation, purposeful activity and good behaviour. The adjudication process helps maintain order and discipline in relation to specific incidents. There are, however, occasions when poor behaviour can legitimately result in both a disciplinary punishment and a downgrading of privilege level, and we are satisfied that that was the case here.
80. The PSI says, "*An immediate IEP review must be undertaken ... for serious single incidents of bad behaviour that would normally lead to an adjudication, such as those involving violence, drugs, mobile phones, abscond or possession of a weapon.* There will be a strong presumption that such incidents will lead to an immediate downgrade to Basic level". Prisoners on basic level must be reviewed within seven days and, if not suitable for progression, informed of the steps they need to take, including realistic targets. They must be reviewed at least every 28 days.
81. Ms Ahmed-Ali was given 28 days at basic level on 24 March. This was reviewed on 31 March, and in the intervening period she had been issued with a further IEP warning. We do not consider that this was unreasonable in the circumstances.

The Personal Officer

82. Ms Ahmed-Ali's friend said that Ms Ahmed-Ali told her that she had told her personal officer about the problems she was having on the wing. The officer said that neither Ms Ahmed-Ali nor anyone else had brought to her attention any specific problems beyond what Ms Ahmed-Ali had told Officer A.
83. On 2 April, the day before her death, Ms Ahmed-Ali submitted a formal complaint about her personal officer. Although she provided no specifics, she said that she felt that the officer treated her differently from other prisoners and refused to help her when asked. The complaint had not been investigated before Ms Ahmed-Ali died.
84. The personal officer told the investigator that the complaint might have been prompted by her telling Ms Ahmed-Ali's friends that they could not congregate around her door and talk to her while she was on basic IEP level. She provided the investigator with a notice that had been in use on the wing that told other prisoners that they should not talk to prisoners on the basic regime through their locked cell doors. The prison has subsequently told the investigator that the notice did not reflect official prison policy.
85. Although the personal officer believed she was following prison policy, she was not. It is important that IEP restrictions are implemented consistently, otherwise prisoners can feel they are being treated unfairly. We make the following recommendation:

The Governor should issue guidance to ensure that staff are clear on the restrictions that apply to prisoners on the basic regime.

86. Given the number of issues Ms Ahmed-Ali had in the period before her death (set out in paragraph 65 above), we have considered whether staff should have thought about opening suicide and self-harm prevention procedures (known as ACCT). It is clear that she was showing some signs of being under stress and, with hindsight, it might have been helpful to have opened an ACCT. If she had had a history of self-harm or suicide attempts, we would certainly have expected ACCT procedures to have been started.
87. However, Ms Ahmed-Ali had a history of emotional volatility which meant that her mood did not strike those who knew her as particularly unusual at the time. We are satisfied that she was receiving appropriate support for her mental health problems and concerns about other prisoners, and was not being treated unfairly. The clinicians who saw her to discuss her mental health problems did not consider that she was at risk of self-harm. She had no history of self-harm and her friends and staff were taken by surprise when she took her own life.
88. In these circumstances we have concluded, on balance, that staff could not reasonably have been expected to have foreseen her death or prevented it.

Roll checks

89. Some prisoners said that although roll checks were usually carried out at approximately 4.15pm, they were carried out late on 3 April and that, as a result, Ms Ahmed-Ali was not found until it was too late to save her. This suggests that

some of Ms Ahmed-Ali's friends did not think that she intended to kill herself because she expected to be found in time. We have, therefore, considered whether Ms Ahmed-Ali should have been found earlier.

90. We cannot say, how long Ms Ahmed-Ali had been hanging before she was found. When staff cut Ms Ahmed-Ali's ligature, one nurse detected a faint pulse, which might suggest she had only been there a short time. Some staff who responded to the emergency call noted a burn on Ms Ahmed-Ali's back that seemed to be a consequence of her leaning against the hot-water pipe, and thought this suggested that she had been in that position for some time. However, there is no mention of a burn on Ms Ahmed-Ali's back in the post-mortem report.
91. We have seen the prison's schedule for the completion of roll checks. This shows that the afternoon roll check should be completed by 5.30pm on weekdays from Monday to Thursday and by 5.00pm on Fridays, Saturdays and Sundays. (Ms Ahmed-Ali died on a Tuesday.) Although the roll check on Ms Ahmed-Ali's wing may have been carried out later than usual on 3 April, it was not, therefore, overdue.
92. We have not been able to establish whether the roll check on 3 April was conducted significantly later than normal because the times of previous roll checks have not been recorded (only the numbers of prisoners on the wing). However, even if it was later than usual, as long as it was completed by the 5.30pm deadline, staff would have done nothing wrong.
93. We also note that death can occur within seconds once someone places a ligature around their neck and that it cannot, therefore, be assumed that it would have been possible to resuscitate Ms Ahmed-Ali even if she had been found earlier.

**Prisons &
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