

If this Transcript is to be reported or published, there is a requirement to ensure that no reporting restriction will be breached. This is particularly important in relation to any case involving a sexual offence, where the victim is guaranteed lifetime anonymity (Sexual Offences (Amendment) Act 1992), or where an order has been made in relation to a young person.

This Transcript is Crown Copyright. It may not be reproduced in whole or in part other than in accordance with relevant licence or with the express consent of the Authority. All rights are reserved.

IN THE CROWN COURT AT NEWCASTLE

Case No. T20227051

The Law Courts, Quayside
Newcastle upon Tyne
Tyne & Wear
NE1 3LA

Monday, 14 August 2023

Before:

HIS HONOUR JUDGE SLOAN KC

R E X

- v -

AHSAN ZIA

MR N DRY (instructed by the Crown Prosecution Service) appeared on behalf of the Prosecution.

MR A HEDWORTH KC and MR A BIRKBY appeared on behalf of the Defendant.

SENTENCING REMARKS

(Transcript prepared without the aid of documentation)

(10.45 a.m.)

JUDGE SLOAN: Mr Zia, would you stand again? I am aware that revisiting what occurred on this particular occasion is liable to have an adverse effect upon you and in particular upon your mental health, and so I am going to invite you to withdraw just for the first part of my sentencing remarks whilst I rehearse what did occur and then I am going to ask you to come back into court.

(The Defendant left court)

Ahsan Zia, you're 33 years of age. You fall to be sentenced in respect of an offence of manslaughter. The deceased, Michael Matthews, was 55 years of age when you killed him. It is right to say at the very outset that you were acutely unwell at the time of the killing.

You have a long history of serious mental illness and you have been prescribed anti-psychotic medication for a number of years, in particular clozapine, which is used for treatment-resistant schizophrenia. In recent years the dosage of prescribed clozapine had been steadily reduced. In February 2002 you informed those responsible for your treatment that you wished to stop taking clozapine and at the end of March you let the clozapine clinic know that you had stopped taking medication.

On the 7 April 2022 you spoke to the psychiatric liaison team. At that time, you were expressing suicidal ideation and you yourself requested hospital admission. You were assessed and, owing to the decline in your mental health, it was recommended that you be detained pursuant to s.3 of the Mental Health Act. At that time there was no psychiatric bed available in the whole of the United Kingdom and so you had to remain at the Royal Victoria Infirmary in Newcastle. However, the following day you were admitted to the Acute Fellside Ward at the Hadrian Clinic in Newcastle.

On the 9 or 10 April last year you agreed to recommence and were prescribed the anti-psychotic medication, aripiprazole. Then, on the 12 April last year, having confirmed your willingness, your treating team arranged for you to recommence clozapine. On that day you appeared settled and quiet, not angry, nor looking to harm yourself or others.

A On the 13 April last year you politely asked to leave the distress tolerance group. Later that morning a patient reported that you had pushed him forcefully in the chest. You were spoken to by staff about the incident. You engaged with staff during that conversation and you accepted that you had acted as alleged by that other patient. Throughout that conversation you were calm and there was no evidence of increased agitation nor aggression. At about that time a female member of staff had observed you pacing the corridor and then staring at her.

B
C
D
E Another patient on the ward at that time was the deceased, Michael Matthews. He occupied a room which was just a few doors down from your room. That afternoon, accompanied by a support worker, he had gone to the barbers. He arrived back on the ward not long after 3.00 p.m. and returned to his room. Minutes after his return, CCTV footage shows you attempting to open the door to Mr Matthews' room before knocking on the door. Mr Matthews allowed you entry and the door was closed to. Some 28 seconds later, you emerged from Mr Matthews' room. In that short space of time, you launched an attack upon Mr Matthews. It was a ferocious, violent attack. He ended up on the floor in this room. The attack continued whilst he was on the floor and included stamps, kicks and punches to the head, neck and body. Injuries were inflicted using significant force to the extent that patterned linear bruising was subsequently noted upon the deceased's forehead. Having left Mr Matthews' room, you remained at the scene and were heard to say, "I did it".

F Staff, including medical staff, rushed to the aid of Mr Matthews. He was found lying on his back in his room unconscious and bleeding. Every effort was made to revive him. He was taken by ambulance to hospital. Sadly, his condition deteriorated and death was certified four days later on the 17 April last year. He died as a result of severe blunt force trauma to the head, which, in turn, caused very significant brain injury. There were no defensive injuries to suggest that Mr Matthews had been able to put up any resistance whatsoever.

G You were arrested at the scene. When interviewed, you answered some questions, saying that there had been a fall-out between you and Mr Matthews and that you were sorry for what had happened.

H

A Victim personal statements have been prepared in this case. A statement prepared by Edith Rogers, Mr Matthews' mother, has been read on her behalf by Mr Dry this morning, and Mr Martin Matthews, brother of the deceased, has read the statement he prepared himself.

B “Michael was a much loved son, brother and uncle, an individual with a particular love of the outdoors, someone who never forgot a family birthday or other special occasion. Edith Rogers went through the truly dreadful ordeal of seeing her son following the attack, then having to accept that the life support system would have to be switched off, an ordeal no mother should ever have to endure. The family have been left devastated.”

C No sentence I am permitted by law to impose could ever begin to ease their pain and suffering. Their lives will never be the same again.

D In passing sentence, I have had particular regard to the psychiatric reports that have been prepared on both sides, the references, the mitigation note and the oral submissions advanced on your behalf by Mr Hedworth KC this morning. You have pleaded guilty to the offence of manslaughter at the first reasonable opportunity once you became fit to plead and you're entitled to full credit in respect of that guilty plea.

E You have four previous convictions for possession of cannabis. The last such conviction was in January 2015. You have no previous convictions for offences of violence, albeit you did receive a reprimand for common assault way back in 2003.

F Your case has been very carefully considered by two highly experienced consultant forensic psychiatrists. They are agreed upon the diagnosis in this case, namely treatment-resistant paranoid schizophrenia, a chronic, functional psychotic illness that is of a relapsing nature. The psychiatrists are also agreed that at the time of the killing you were suffering from acute severe psychosis arising from paranoid schizophrenia. You were experiencing delusional beliefs and hallucinations of an extremely bizarre nature involving the late Queen but also involving the deceased, who you believed in your delusional state to be part of a conspiracy to rape and kill you.

A

Both psychiatrists concluded that at the material time you were suffering from an abnormality of mental functioning that arose from a recognised medical condition, namely the mental illness, paranoid schizophrenia. Both also concluded that the abnormality of mental functioning substantially impaired your ability to form a rational judgment and provides the explanation for the killing that occurred. It was in the light of those conclusions that the plea of guilty to manslaughter by reason of diminished responsibility was accepted, and properly accepted by the prosecution. When not unwell, as the references made clear, you present in a very different light. Those references detail your achievements, including a university degree and work achievements, and I note also that you have a very supportive family.

B

C

In passing sentence, I have followed the relevant Sentencing Council Guideline relating to the offence of manslaughter by reason of diminished responsibility. I must first assess the degree, the level of responsibility retained by you at the time of the killing. That includes consideration of whether your own actions or omissions contributed to the seriousness of the mental disorder at the time of the offence and, in that regard, there are two matters to which I have had particular regard.

D

E

First, you have a poor history of compliance with prescribed medication and, in the lead-up to the commission of the offence, you had stopped taking medication against medical advice. That said, it is clear that medical staff responsible for your treatment had already been reducing the dosage of clozapine prescribed to you and steadily reducing it over a considerable period of years. Your decision to come off clozapine was communicated by you to your treating psychiatrist, you didn't hide it, and was accepted by the psychiatrist. When your mental health then began to deteriorate, you yourself immediately requested hospital admission and thereafter you agreed to recommence and were prescribed one anti-psychotic drug and you had agreed to recommence clozapine. It's also noteworthy that your decision to stop taking medication will have been linked to your poor insight into your mental health difficulties. In those circumstances, I do not consider that you deliberately contributed to the seriousness of your mental disorder by deciding not to take medication for a period.

F

G

H

Secondly, you have a history of harmful use of cannabis. It is well recognised that the use of illicit drugs such as cannabis can be associated with the emergence of psychosis or lead to a

deterioration of the mental state of people suffering from chronic functional psychotic illnesses such as paranoid schizophrenia, but, again, that said, there is no evidence whatsoever that you took cannabis on the day in question. Even if you had taken cannabis that day, both psychiatrists are of the opinion that your psychosis at the material time was the result of your paranoid schizophrenia rather than the direct result of any such drug usage, if such drug usage occurred.

Both psychiatrists have therefore concluded that the level of your retained responsibility was low on a scale of high, medium, low. The major factor contributing to your condition and the commission of the offence was your very marked and bizarre delusional belief system at the relevant time which was due to your mental illness.

Having considered all the relevant information, I concur with the conclusion reached by the psychiatrists. Where, as in this case, the evidence provided by the psychiatrist confirms that a defendant is suffering from a mental disorder, treatment is available and the court considers that a hospital order, with or without restrictions, may be an appropriate way of dealing with the defendant. The court must consider all sentencing options, including a section 45A direction, in other words custody with a hospital limitation direction. I must also consider the importance of a penal element in the sentence, taking into account the level of retained responsibility.

I confirm that I have considered all sentencing options including a s.45A direction. In my judgment, there are sound reasons for departing from the usual course of imposing a sentence with a penal element. I agree with the conclusion reached by the psychiatrists that the overwhelming factor directly contributing to the commission of the offence was your mental illness at the material time. The offending was, for the most part, attributable to your paranoid schizophrenia. Moreover, a hospital order with restrictions is, in my view, likely to provide the best protection for the public because of the applicable regime, should you ever be released from hospital into the community. I am going to invite the defendant to come back into court, please.

(The Defendant returned to court)

Mr Zia, would you remain standing, please? In conclusion, I am satisfied on the written evidence and the oral evidence I have heard this morning of the psychiatrist, that you are suffering from a mental disorder, namely paranoid schizophrenia, that the mental disorder

from which you are suffering is of a nature and degree which makes it appropriate for you to be detained in a hospital for medical treatment and that appropriate medical treatment is available to you.

I am of the opinion, having regard to all the circumstances, including the nature of the offence, your character and antecedents and to the other available methods of dealing with you, that the most suitable method of disposing of your case is by means of a hospital order pursuant to s.37 of the Mental Health Act 1983. I am satisfied on the written evidence received from Rampton Hospital that arrangements are being made for your immediate admission to that hospital, a maximum, secure mental health facility.

Furthermore, having heard oral evidence this morning from Dr Vandenabeele, I am satisfied, having regard to the nature of the offence, your antecedents and the risk of your committing further offences if set at large, that it is necessary for the protection of the public from serious harm that you be subject to a restriction order pursuant to s.41 of the Mental Health Act 1983. Accordingly, I make a s.37 hospital order and a s.41 restriction order. You are to be taken directly from this court to Rampton Hospital. You may leave the dock.

(11.06 a.m.)

A

CERTIFICATE

Opus 2 International Limited hereby certifies that the above is an accurate and complete record of the Proceedings or part thereof.

B

*Transcribed by **Opus 2 International Limited**
Official Court Reporters and Audio Transcribers
5 New Street Square, London EC4A 3BF
Tel: 020 7831 5627 Fax: 020 7831 7737
criminal@opus2.digital*

C

D

E

F

G

H