

**Investigation into the circumstances surrounding the
death of a man at HMP Cardiff,
in University Hospital of Wales, in January 2007**

**Report by the Prisons and Probation Ombudsman for
England and Wales**

October 2007

This is the report of an investigation into the death of a man who was found hanging in his cell at HMP Cardiff on the evening of 4 January 2007. Staff resuscitated the man and he was transferred to University Hospital Wales just a few minutes away. Sadly, he never regained consciousness and died two days later. His family were with him at the time. The man was 33 years old.

I offer my sincere sympathy and condolences to the man's family and friends for their loss.

The investigation was carried out by two of my investigators. One of my Family Liaison Officers, kept in touch with family members. I am grateful to the then Governor of Cardiff and to the principal officer who acted as liaison officer, for their assistance during the investigation.

Unexpected deaths like that of the man can leave family and friends with many questions. I trust this report answers some of them. However, the man had spent less than two weeks in HMP Cardiff before taking the steps that led to his death. During this time he gave no indication of having any difficulties or problems. Nor did he leave an explanation for his actions.

In this report I make four recommendations about healthcare issues and commend two examples of good practice.

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SUMMARY

The man was born on in July 1973. He died in January 2007 at the age of 33.

The man had criminal convictions spanning two decades and had served several terms of imprisonment. On 23 December 2006, he appeared at Miskin Magistrates' Court in South Wales. He was remanded in custody to HMP Cardiff to appear at Cardiff Crown Court on 2 January 2007.

In reception, the man was assessed by a member of healthcare staff who noted that he had problems with his physical and mental health issues and with substance abuse. With the man's agreement, he was referred to the duty nurse in the detoxification unit. The detoxification nurse did not review the information the man had already given his colleague, but completed a separate detoxification unit assessment. On this occasion, the man did not give details of his depression for which he had received treatment in the community. He gave a positive drugs test and was admitted to the detoxification unit on C wing. There he began treatment programmes for opiate and alcohol dependency.

On C wing, the man shared a cell with a prisoner who had arrived at the same time. On several occasions their cell was searched, and on 30 December drugs and drug paraphernalia were found. The man admitted that the burnt foils were his, while his cellmate said that he was responsible for the drugs. Both men were told they had breached the detoxification compact they had signed and would be removed from the unit. The man's cellmate was relocated to the induction unit later that day, but the man stayed on C wing as there was only one available space. He remained in the detoxification unit and completed his detoxification programmes. On 2 January, he appeared in court and was remanded until a date to be set later.

The following morning, the man was moved to A1-17, a single cell in the progression unit. On 4 January, he spoke to several officers and, for the most part, appeared to be fine. After lunch, he asked for and was given two Paracetamol, as he had flu-like symptoms including a sinus headache. Later that afternoon, the prisoner in the neighbouring cell heard the man pacing back and forth in the cell, talking to himself. Occasionally he kicked the cell door and hit the sink as he passed.

The man rang his cell bell twice during the afternoon. Once he asked for more painkillers, and the other time he said the co-axial cable for his television was broken. On both occasions, officers responded to the bell and the man seemed content with the replies he was given. He also laughed with the cleaning officer over being wet from inhaling steam in an effort to clear his sinuses.

At 5:42pm, the man was found hanging from the top bunk bed by an officer checking if he had collected his tea. The officer summoned assistance and cut the man down. Two officers who are trained first aiders arrived very quickly, as did two nurses. They administered cardio-pulmonary resuscitation for 15 minutes, when they were joined by a First Responder paramedic. They managed to resuscitate the man, although he needed a ventilator to assist his breathing. He was taken to University Hospital Wales and admitted to the intensive care unit.

The man did not regain consciousness and died two days later.

THE INVESTIGATION PROCESS

1. The man died in January 2007. My office was notified and investigators were appointed.
2. The lead investigator opened the investigation on 10 January when she visited HMP Cardiff. She met the then Governor, the liaison officer, and the prison's Family Liaison Officer. She also met the Chair of the Independent Monitoring Board (IMB), the IMB member who was on duty when the man was found and resuscitated, and the Branch Secretary of the Prison Officers' Association. The investigator saw the man's cell and was given copies of his records. At the time of his death, one of the man's brothers and his step-brother were also in HMP Cardiff. The investigator spoke to them both and explained the work of my office and the way the investigation would be carried out.
3. My investigators returned to Cardiff in February and March to interview both staff and prisoners. At the end of the first period, they met with the Governor to report their findings. During the investigation, my investigators received full co-operation from everyone in the prison.
4. One of my Family Liaison Officers contacted the man's family to ask if they had any concerns that they wished to be included in the investigation. They raised a number of issues, including why the man was moved out of the detoxification unit and what happened during his final afternoon on the progression unit on A1 landing. I hope that the explanation for the man's move to A1 and the events of 4 January answer their concerns.
5. My investigators contacted the Investigations Manager for the Healthcare Inspectorate Wales, to request a clinical review of the treatment the man received in prison. The review was completed promptly. I am grateful to the reviewer for her assistance and for her very detailed report and recommendations.

HMP CARDIFF

6. Cardiff prison, situated in the town centre, is a local and training prison. It can hold up to 754 adult male prisoners. The prison has six residential units, one of which is used exclusively to hold life sentenced prisoners. The prison also has a detoxification unit for up to 52 prisoners, as well as a healthcare centre that provides 24 hour nursing and medical cover and beds for up to 16 in-patients.
7. In February 2005, Cardiff was inspected by Her Majesty's Chief Inspector of Prisons, Ms Anne Owers. The report of that inspection commented as follows:

“Two years ago we described Cardiff prison as being at a crossroads as it struggled with competing pressure, including the inexorable rise in population. This unannounced follow up inspection records that Cardiff had achieved a great deal despite these unpropitious circumstances. We found that most of our recommendations had been implemented and in some key areas, the prison had gone significantly further.”

Detoxification unit on C wing

8. The detoxification unit is located on C wing and has space for up to 52 prisoners who need to detoxify from drugs and/or alcohol. Healthcare staff in reception identify new prisoners who would benefit from coming off drugs under medical supervision. If a prisoner agrees to go to the detoxification unit, he is assessed by the duty detoxification nurse and put onto the appropriate treatment programme.
9. There are 14 two-man cells and 24 single cells. Men spend approximately three weeks in the unit until they have completed their detoxification. All prisoners sign a compact that sets out the rules for acceptable behaviour and for participation in the treatment programmes. On completion of their detoxification programme, they go to the induction unit on F wing, before being placed on normal location.
10. Within the unit, there are 12 uniformed staff who are responsible for discipline. There are also four nurses and a nurse manager who deliver the treatment programmes (three of the nursing staff are Registered Mental Nurses (RMNs) and two are general nurses).
11. As in most prisons, space is at a premium and the detoxification and induction units are usually full. At times, a prisoner who has finished his detoxification cannot be moved to the induction unit because it is full. If his place on the detoxification unit is needed by a new prisoner, he may be moved to whatever part of the prison can accommodate him. Such prisoners are generally referred to as 'lodgers'. This denotes that they are at the location only temporarily until a space is available in the part of the prison where, ideally, they should be.

Progression unit on A1 landing

12. The progression unit accommodates prisoners who have not conformed to the establishment's rules or regulations. Most of the prisoners are in single cells and are on the basic level of the Incentives and Earned Privileges (IEP) scheme. (The scheme determines the range of facilities to which prisoners are entitled depending on their behaviour over a period of time.) For this reason, the unit is sometimes unofficially referred to as the "basics landing".
13. When space is short in other parts of the prison, prisoners are sometimes moved to the unit until a more appropriate space for them is found. These prisoners (again referred to as "lodgers") have facilities appropriate to their individual level on the IEP scheme.

KEY FINDINGS

From 23 December 2006 to 4 January 2007

14. On 23 December 2006, the man appeared at Miskin Magistrates' Court charged with burglary and robbery. He was remanded in custody to appear at Cardiff Crown Court on 2 January 2007. It was not his first time in custody and he had served a previous sentence at Cardiff. He arrived on a Saturday afternoon, two days before Christmas.
15. At Cardiff, as in all prisons, prisoners go first of all to reception. Once the administrative procedures are finished, a member of healthcare staff interviews each new prisoner and completes a First Reception Health Screen form to assess their immediate needs. The form records the prisoner's physical and mental health and substance use, using information gained from the prisoner. The duty Healthcare Officer (HCO) assessed the man and highlighted a number of issues on the form.
16. The HCO recorded that the man had injured his knee and elbow the previous day. The man told him that he had a mental health key worker outside as he suffered from depression. He said that, until a month before, he had been taking medication for depression but he could not recall its name. He also said that he had never tried to harm himself, either in or out of prison.
17. When asked about his use of drugs and alcohol, the man said that he used both. He said his daily consumption of alcohol was half a bottle of vodka and eight cans of strong lager. He used unprescribed Valium daily and heroin and crack infrequently. The HCO asked the man if he would like to go to the detoxification unit. The man agreed, so the HCO referred him to the detoxification nurse in reception. He also checked the box on the First Reception Health Screen form referring the man to the doctor, adding a note that this was because of his physical injuries and substance abuse. He did not refer the man for a mental health assessment as the form instructs when a prisoner says they are receiving treatment in the community. (The HCO said in interview with my investigators that he did not make this referral because the man was going to the detoxification unit. Staff there would be responsible for his treatment.) The HCO then referred the man to Staff the duty detoxification nurse and passed the First Reception Health Screen form to him.
18. The detoxification nurse told my investigators that he did not always go through the First Reception Health Screen form again with the prisoner. Much the same information is recorded in the detoxification unit assessment which he completes using information from the prisoner. However, in several instances, the man gave different information to the detoxification nurse. The main difference was that he told the detoxification nurse that he had no mental health problems and had therefore never received treatment for this. The name he gave for his drugs key worker was the same as he had given the HCO for his mental health worker. The detoxification nurse did not remember reading the man's First Reception Health Screen form and so was

not aware of these discrepancies. However, the detoxification nurse is an RMN and he told my investigator that, if he had been worried about the man's mental health during the assessment, he would have gone into matters more deeply.

19. The man then told the detoxification nurse that he drank one litre of vodka (roughly twice the amount he had told the HCO) and eight cans of strong lager a day. When he described his drug use to the detoxification nurse, he added daily use of cannabis to the list of drugs he had given the HCO. (In fact, when he was tested for drugs he was positive for amphetamines, benzodiazepines, cocaine, heroin and cannabis.) The detoxification nurse put the man on the detoxification regimes for both opiates and alcohol.

The man's time on the detoxification unit

20. The man arrived in the detoxification unit on Saturday evening. As it was the Christmas period, there was a programme of events over the following few days. There were also special arrangements in place for supplying canteen items such as tobacco, sweets and toiletries as there was no delivery during the Christmas week. To cover the ten days until the next delivery of canteen orders, the man was given two smokers packs on arrival, rather than the usual single pack. He signed the unit compact agreeing to observe the unit rules and standards of behaviour.
21. For the first week in Cardiff, the man shared a cell with another prisoner who had arrived at the same time. They appeared to get on well. The man's cellmate told my investigators that they spent most of their time chatting generally about prison matters and what to watch on television. They did not discuss personal issues and the man gave no impression of being depressed. Indeed, they would often "have a good laugh". The cellmate also said that, on several occasions, staff searched their cell looking for drugs.
22. On 30 December, during one of these searches, staff found several items that should not have been there. A quantity of Lofexidine tablets, given to prisoners detoxifying from opiates, was found, as were a number of burnt foil papers. The man's cellmate admitted that he had obtained the pills, which was a clear breach of the unit compact and he was moved to the induction unit later that day. The man told staff that the burnt foils were his. This indicated that he had been smoking drugs in the unit which was also a breach of the compact. However, there was no space for the man on the induction unit or elsewhere in the prison, so he was not moved out of the detoxification unit immediately. By then, he had finished the alcohol detoxification medications, although he should have continued to take the accompanying anti-convulsant medication for a further four days. He continued to receive his opiate detoxification medications even though he had breached the compact.
23. On 2 January 2007, the man appeared at Cardiff Crown Court where he was remanded until a date to be arranged later. He completed his opiate withdrawal medications the following day. He had also been taking vitamins as part of the alcohol detoxification but, like the anti-convulsant medication, he

stopped taking them once the main detoxification drug ended. Healthcare staff recorded on the man's medical record that he had refused the anti-convulsant medications and vitamins.

The progression unit

24. The following morning, the man was moved from the detoxification unit to a single cell on the progression unit on A1 landing. Staff told him that the move was only temporary until there was space for him on the induction unit. An entry in the man's Record of Events form repeated this information, and added that staff should be aware that he could try to obtain drugs again. The man spent the rest of his time in Cardiff in cell A1-17 which was at the very end of the unit. Compared to the detoxification unit, A1 is a small and very quiet unit. As it holds only 15 prisoners, staff get to know them individually. Several staff told my investigators they recalled the contacts they had with the man during his short time there.
25. On 4 January 2007, the prisoners were unlocked as usual at 7:45am for about 20 minutes. During this time they can shower, use the telephone and order their meal choices for the following day. The man went to the landing office and a landing officer made a note of the food he wanted on Friday. The officer told my investigators that nothing about the way the man looked or behaved gave him any cause for concern. Later that morning, the same officer unlocked the man's cell. Two officers from the security department searched it but found nothing untoward. After lunch, at about 1:30pm, the cleaning officer collected the man's tray and the man asked him for two paracetamol. The man said that he had flu-like symptoms and was not feeling very well as he had "a bit of a headache". The cleaning officer brought the man the painkillers and the man took them in his presence.
26. The prisoner in the adjacent cell heard the man moving about his cell during the afternoon. He told my investigator that, after lunch, the man appeared to pace up and down his cell for about two hours, talking out loud as he did so. He heard the man's voice moving from the window end of the cell to the door and back again. Occasionally, he heard what sounded like the man kicking the door as he reached it and several times he hit the sink as he passed by.
27. The prisoner in the neighbouring cell said that, because the landing is very quiet, he could hear what the man was saying as he paced. The man used phrases such as: "I'm sick of this place" and "I'm fed up". The neighbour said that these phrases, along with the kicking of the door, made him think that the man was very fed up. However, he decided to inform an officer once he was unlocked for tea when he heard the man say, "I've had enough of this. I can't take anymore."
28. At 3.30pm, the prisoners who are prescribed medication are unlocked and go up to A2 landing to collect it. The man had ended the detoxification process but he was taking medication for acid indigestion. As he walked along A1 he met the landing officer, who gave him his canteen pack. The pack contained only cigarette papers and the officer commented that there was not much in

the order. The man said that it was all he could buy as he had not had enough money to order more. (The prison had received money for the man the previous day and had transferred it to his spending account earlier that afternoon.) The man did not appear upset and continued on to get his medication. A prisoner told my investigators that the man had borrowed some tobacco from him earlier in the day, so it appears that the man had cigarettes to smoke.

29. At 3.46pm, the man rang his cell bell to attract an officer's attention. The computerised log shows that the bell rang for a total of seven minutes. After it had rung for two minutes, it switched to 'priority' mode which means that the bell must be switched off at the cell. The cleaning officer responded to the bell. He told my investigators that he was in a storeroom and did not immediately hear the bell when it rang. When he reached the man's door, the man was not making any noise, unlike some other prisoners who kick their doors to attract attention. The cleaning officer opened the door and the man asked him for more paracetamol because his "head was still hurting". The officer explained that there had to be six hours between doses, so he could not have any more until teatime. He told the man to speak to an officer when he was unlocked for tea. The man appeared to accept this answer without complaint.
30. The cleaning officer returned to the man's cell about half an hour later when he was giving out clean clothing and bedding to the prisoners. When he and the orderly opened the man's door, the man was bending over the sink with a towel over his head. He explained that he had filled the sink with boiling water and was breathing in the steam to try to clear his sinuses. He said to the officer, "It's this flu. It's driving me nuts." The officer said that all three men then laughed at the situation the man was in. At no time during this or his earlier contact with the man did the officer have any cause for concern about the man's mood or behaviour.
31. At 5.08pm, the man rang his bell again and an officer answered it. The prison was in 'patrol state' and so all prisoners were in their cells and each wing patrolled by a single officer. It took the officer just over a minute to reach the man's cell. During patrol state, officers do not open doors except in emergencies, so the officer spoke to the man through the observation hatch. When the officer opened the flap, the man was standing directly behind his door and said that the co-axial cable for his television was broken. The officer said that he would get him a new one at the first opportunity. He told my investigators that it was not an unusual request and that the prison has a supply of the cables.
32. At 5.40pm, prisoners are unlocked for tea. The practice on A1 landing is for two officers to unlock a number of cells and the prisoners go up to A2 landing to collect their food from the servery. As they return to A1, they are locked in their cells and the officers unlock the next cell in turn. The officers do not stop to chat to the men but just open the door and tell them to collect their tea. As the man's cell was at the far end of the landing, it was one of the last to be unlocked. Once all the cells had been unlocked, the landing officer returned

to the man's cell to check that he had collected his meal. It was 5.42pm.

33. When the landing officer entered the cell, the first thing he saw was the man's legs lying almost flat along the floor. He then realised that the man was hanging from the top bunk. He ran into the cell, shouting as he did so for another officer to come and help him. He then radioed the communications centre, using the phrase "Code Blue" to alert staff to the emergency. The second officer arrived as he was doing this. The two officers lifted the man and the landing officer cut the ligature. They lowered the man to the floor and removed the ligature from around his neck.
34. A physical education officer (PEO) was supervising the serving of tea on E4 landing when he heard the emergency call. He did not hear the Code Blue call indicating that it was a person with breathing difficulties. However, when he arrived at the man's cell he realised it was a medical emergency and, being a trained first aider, he began to treat the man. He helped the other officers move the man out onto the landing where there was more room. They laid him on his back in preparation for cardio-pulmonary resuscitation (CPR).
35. The PEO noted that the man's skin was not cold which indicated that he had not been suspended for long. A principal officer (PO) arrived at the same time as the PEO and he went to collect the defibrillator from the central part of the prison. (A defibrillator is a machine that treats victims of sudden cardiac arrest by delivering a shock to the heart if required.) The PEO checked the man and confirmed that he was not breathing and had no pulse. Using a face shield, he breathed into the man's mouth to try to inflate his chest. This was not successful, so he began to give CPR assisted by a third officer who had arrived by this time. The third officer is also a trained first aider.
36. More staff, including two nurses, arrived as did the PO with the defibrillator. The duty governor also attended. When a staff nurse heard the Code Blue call he ran to the treatment room, collected the oxygen cylinder and first response bag, and ran to A1. The nurse noted that the man looked quite blue and his pupils were fixed and dilated. He took over the chest compressions from the third officer. A second staff nurse arrived and used the ambu bag to put oxygen into the man through his mouth. While she and the first nurse continued the CPR, the PEO set up the defibrillator. The machine automatically assessed the man's condition and instructed them to continue with CPR. The nurses and first aiders continued to take turns to administer CPR for approximately 15 minutes. The second nurse fitted a pulse oximeter to the man's finger to monitor how much oxygen his body was receiving. This showed that they were putting in a reasonable amount of oxygen.
37. Staff in the communications centre had called for a 'blue light' ambulance at 5.43pm, and at 5.53pm the first responder paramedic arrived at the gate. (First responders have specialist training to provide vital care and first aid in an emergency, before an ambulance arrives.) He was accompanied to A1 where he set up his equipment. He attached a machine that automatically performed chest compressions to the man and inserted a tube into his throat. This was to ensure that the man's throat was fully open to help the oxygen

enter. The first responder also attached a heart monitor to the man, and this showed that the man had a pulse again which meant that his heart had begun beating. He then tried to inject the man with adrenaline but could not find a vein to use. He therefore administered the medication through the tube in the man's throat. The heart monitor then indicated that the man's heartbeat was fading once more. Staff were again successful in getting it back, although the man was still not breathing on his own.

38. At 6.20pm, almost 40 minutes after the request was made, an ambulance and a further two paramedics arrived. It drove straight into the prison, through gates that had been opened in preparation, and parked at the end of A1 landing adjacent to the man's cell. A door opens directly onto the wing at the end of A1 landing where staff were treating the man. This door had also been opened and the paramedics went straight to the man's side. The paramedics put him onto the stretcher and fastened the straps for his safety. The PEO helped the paramedics carry the man out to the ambulance. At 6.35pm, the ambulance left the prison with the man and two officers as escort. At no time during the journey or in the hospital was the man handcuffed or restrained. As the man left the prison, he had a pulse but was ventilated as his breathing was not strong enough to be unaided. The journey to University Hospital Wales UHW) took only five minutes and the man was taken straight to the resuscitation unit.
39. At 6.41pm, the duty chaplain arrived at the prison and the duty governor asked her to inform the man's family of what had happened. The chaplain did so and then went to the hospital where she was joined by another member of the chaplaincy team. The man's family arrived at 8.50pm. At 9.30pm, the man was moved to the Intensive Care Unit and the officers escorting him stationed themselves in a nearby staff room.
40. At the prison, staff who had been involved in the resuscitation of the man attended a debrief meeting at 8.00pm. This gave them the opportunity to talk through what had happened. Members of the care team were also on hand, then and later, to offer support. Staff were also told how to contact staff welfare services if they wanted further assistance.
41. In the early hours of 5 January, the man was given a CT scan, which involved x-raying him from different angles to help with the diagnosis of his condition. In the afternoon, nurses told the escorting officers that the man's condition had worsened due to the pressure in his head and he was now breathing only with the aid of the ventilator. The following day at 2.45pm, the consultant treating the man told the officers that nothing more could be done for him. An hour later, they were informed that the man had passed away.
42. The Governor provided financial assistance for the man's funeral and arranged for those of his family who wished to visit the prison to do so. The man's mother told my staff that she was very satisfied with the support and information provided by the prison's family liaison officer (FLO). She was particularly grateful for the way in which the FLO made her feel welcome when she visited the prison. During the visit, the family spoke to staff and

prisoners who had known the man. His possessions were returned to them later, once the police had released the cell. The man's funeral was held on 18 January. Several members of staff attended and escorted two of the man's family who were also in HMP Cardiff at that time.

The Governor should commend the Family Liaison Officer, for the sensitive care and support she provided for the man's family.

ISSUES

Healthcare issues

43. In her very detailed review of the man's clinical care (reproduced at Annex 2), the clinical reviewer discusses a number of issues about the screening and treatment he received during his time at Cardiff. I have no separate recommendations but fully endorse her findings and recommendations listed below:

The prison staff who cut the man down and those who performed the cardio pulmonary resuscitation (CPR) on the man are to be commended on their prompt action which enabled the ambulance crew to subsequently obtain a pulse.

The reviewer says it was a serious omission that no one from the prison contacted the man's community key worker to find out more about his illnesses, as specified in HMP Cardiff's 'Healthcare Policy: Reception Duties':

Prison staff must ensure that they make every attempt to get a full picture of a prisoner's significant past.

In view of his past mental health history, the reviewer judges that the man should also have been referred for a mental health assessment by the Cardiff Mental Health In-Reach Team (CMHIRT):

Nursing staff must take more care to ensure that previous medical records are requested and information within acted upon.

The reviewer also finds that the medical record documentation was not always filled in adequately. Neither was the man's decision to refuse some medication examined or the reasons recorded:

Healthcare staff should take steps to ensure they adhere to the guidance on records and record keeping issued variously by the General Medical Council, the Nursing and Midwifery Council and the Royal Pharmaceutical Society of Great Britain.

Staff should note all contacts with primary medical services in a prisoners' medical record or detoxification entry sheet.

Rumours about the man's time on A1

44. Shortly after my investigators arrived at Cardiff, prisoners told them of a rumour that, all afternoon on 4 January, the man had kicked his door and rung his cell bell but no officers had responded. The investigators spoke to both officers and prisoners who were on A1 landing that afternoon. They also obtained a print out of the computerised log of the cell bell system for the man's cell for 4 January. They were informed that the principal officer who printed this log reported that the clock attached to the machine was 14

minutes fast. Therefore all the times on the printout were also 14 minutes fast. The times referred to below have been adjusted to take this factor into account.

45. The printout shows that the man rang his bell twice that afternoon – at 3.46pm and 5.08pm. The cleaning officer responded to the first bell and in reply to the man's request for more paracetamol explained that he could not have more until later that afternoon. By the time the officer turned the bell off at the cell door, it had been ringing for seven minutes. The officer said that he had not heard it immediately as he had been in the storeroom preparing clean bedding and clothes. However, once he heard it he went straight to the man's cell. At 5.08pm, another officer took just over a minute to get from A2 landing to the man's cell on the floor below. On that occasion, the officer promised to get the man a replacement co-axial cable as soon as possible. Both officers said that when they approached the cell, the man was definitely not kicking the door. They said that the man was polite and seemed satisfied with the answers they gave him. Nothing the man said or did had given them any cause for concern.
46. The prisoners who spoke to my investigators said that, either they had not heard any bells ringing, or they had heard bells ringing intermittently. None had heard a bell or bells ringing all afternoon. Neither could they tell which bells that rang during the afternoon were from the man's cell. I conclude that both the computer printout and evidence from staff and prisoners reveal that the man did not ring his bell all afternoon.
47. The second part of the rumour was that the man kicked his door all afternoon without any officers going to see what he wanted. Both officers who answered his cell bells said that, when they went to the man's door, he was not kicking the door or making any other noise. The prisoner in the cell next door to the man said that the man did kick his door occasionally during the afternoon. However, he said that, rather than sustained kicking designed to attract attention the man kicked the door a few times in what his neighbour felt was frustration. The neighbour has served a life sentence and is a very experienced prisoner. He described to my investigator how, when a prisoner wants to attract an officer's attention, he stands with his back to the cell door and kicks backwards so that his heel hits the door with a thud. In his opinion, the man did not do this but rather kicked out so that his toecap tapped the door. He interpreted this as a sign of frustration rather than an attempt to attract attention.
48. Another rumour was that the man, or another prisoner acting on his behalf, had asked for a Listener but had not been given one. (The Listener scheme is supported by the Samaritans who train and support prisoners to help other prisoners who are in distress or crisis and need to talk in confidence.) A prisoner who was on A1 landing at the same time as the man told my investigators that he had told a Listener who worked in the library that he thought the man needed to talk to a Listener. However, when the Listeners were asked at one of their group support meetings whether anyone remembered being alerted to the man, none of them did.

49. When my investigators spoke to a number of the prisoners who were on A1 landing at the time, a number made comments that indicated that they were under the impression that the man had been on the unit for much longer than 36 hours. They also spoke about the prisoner in cell A1-17 being uncommunicative and having problems. However, there is nothing to suggest that they were definitely talking about the man rather than the previous occupant of A1-17. A prisoner who knew the man outside prison said that he spoke to the man on A1 and he did not look depressed or talk of suicide. His opinion was that the man would not have asked for a Listener.

The man's move to the progression unit

50. By using drugs whilst on the detoxification unit, the man breached the compact he had signed. His cell mate was moved immediately as he was in possession of other prisoners' medication. However, the man was left on the detoxification wing as there was only one space on the induction wing. Three days later, he was moved to the progression unit to await a place on the induction unit. Staff told him that his move to A1 was only temporary and noted this in his records. The man wrote to his mother later that day and passed on the information to her.

51. My investigators were given copies of the core days for A1 landing and for F1, the induction landing. These timetables show the routine of the units and the times of the activities, including classes, visits, exercise and association. Comparing the two units, prisoners on the induction wing have more opportunities to be out of their cells, particularly on association. For the man, the main impact of going to A1 rather than F1 was that he was marking time rather than progressing through induction and onto the main landings.

52. A lack of spaces is a feature of virtually every prison and I understand why the man was moved to A1. Indeed the shortage of space actually worked to his advantage in terms of remaining on the detoxification unit for longer than would otherwise have been the case. I have no criticism of the decision to move him off the detoxification unit, given that he had been using drugs illicitly and in breach of the compact.

53. After the man moved to A1 on 3 January, he wrote two letters: to his mother the same day and one to his girlfriend the following day. In his letter to his mother, the man referred to being temporarily moved "down with the basics" as there were no spaces on a normal location. The rest of the letter described his frustration that he had not been given bail when he appeared in court on 2 January. His focus was on people and processes outside prison rather than problems in prison. On 4 January, he started but did not complete a letter to his girlfriend. In it, he again referred to his move to A1 and to his court appearance. However, he then wrote about his plans for his life after his release from prison - including staying away from drugs.

54. Whilst on A1, the only time the man appeared distressed was as he paced back and forth in his cell. His neighbour, heard him as he did this and formed

the impression was that the man was frustrated. The neighbour has served a life sentence during which he worked as a Listener. Using his experience, he decided to alert an officer at teatime but he did not think that the man was in danger of harming himself.

55. In all his interactions with staff that afternoon, the man showed no outward signs of distress. Flu-like symptoms can be a sign of withdrawal from drugs, but the man's detoxification was complete (notwithstanding that he had clearly continued to use some illicit drugs while in custody). He obviously had a bad headache but was doing what he could to alleviate it. Although he asked for painkillers, he did not ask to see a nurse. At 5.08, when the officer spoke to him, the man sounded and behaved normally and the officer thought he was fine.
56. During his time in the progression unit, the man said and did nothing to give the staff any cause for concern. Neither did he leave any indication of why he was to act as he did.

RECOMMENDATIONS

Health

Prison staff must ensure that they make every attempt to get a full picture of a prisoner's significant past.

The prison response was, "The first reception health check was fully completed and the man raised no concerns at the time."

Nursing staff must take more care to ensure that previous medical records are requested and information within acted upon.

The prison response was, "It is accepted that it would have been valuable to have access to previous medical records. However it remains concerning that the prison has no information technology infrastructure that would enable sharing of information with GPs and other agencies. Urgent funding is required from the Welsh Assembly Government for this. All new receptions will have their GPs contacted requesting any relevant information."

Healthcare staff should take steps to ensure they adhere to the guidance on records and record keeping issued variously by the General Medical Council, the Nursing and Midwifery Council and the Royal Pharmaceutical Society of Great Britain.

The prison response was, "We accept the importance of record keeping to show evidence of good practice; however any significant changes would have been documented in the medical records."

Staff should note all contacts with primary medical services in a prisoners' medical record or detoxification entry sheet.

The prison response was, "To improve practice the inmate medical records for all prisoners who request detoxification are now kept on the Detoxification Wing whilst that prisoner remains on that location."

Good practice

The prison staff who cut the man down and those who performed the cardio pulmonary resuscitation (CPR) on the man are to be commended on their prompt action which enabled the ambulance crew to subsequently obtain a pulse.

The Governor should commend the Family Liaison Officer for the sensitive care and support she provided for the man's family.