

Prisons and Probation Ombudsman

Investigation no 01/2007

INVESTIGATION INTO THE ATTEMPTED SUICIDE OF 'D' WHILST IN
CUSTODY AT HMP PENTONVILLE ON 27 DECEMBER 2001

WITNESS STATEMENT OF DAVID LEANE

I, David Leane of *Holborn Police Station, London, WC1N 3NR*, WILL SAY AS
FOLLOWS:

1. I was a discipline officer at Her Majesty's Prison Pentonville ('HMP Pentonville') in December 2001..I am afraid that I no longer have a clear memory of the events leading up to D's attempted suicide on 27 December 2001 given the passage of time. I am aware of the terms of the current investigation and I am happy to assist the Prisons and Probation Ombudsman in his investigations wherever possible.

Background and qualifications

2. I joined the Prison Service as a prison officer on 10 July 1995 and was based at HMP Pentonville until I left the Prison Service in 2002. I was an officer on C wing between 1995 and 1997. This was home to the Segregation Unit, Detoxification Unit and the Vulnerable Prisoner Unit. I was then transferred to

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the Visits department for 6 months. I was then moved to work on A Wing in 1998 and stayed here until I applied to become a discipline officer in the Healthcare Centre in 2000. I left the Prison Service in March 2002 to join the Metropolitan Police as a Police Constable.

Roles and responsibilities

3. In December 2001 I had been working as a discipline officer in the Healthcare Centre at HMP Pentonville for at least a year. As a discipline officer my duties involved supporting the nurses and the clinical staff. I was responsible for cleaning the Healthcare Centre and healthcare cells, organising meals, exercise and association and transporting prisoners. I did not have any medical training so, unlike the healthcare officers, I was not able to give patients medication or carry out any medical procedures.

Healthcare at HMP Pentonville in 2001

4. In 2001, the Healthcare Centre at HMP Pentonville was based on R wing. This was a small wing which had been converted when the old hospital was closed down. It was not ideal but we made the best of it. It was kept tidy and reasonably clean. It is fair to say that the physical environment became nicer, the higher up you went on the landings. I think that this was mainly because there was more natural light on the upper landings.
5. D was located in a healthcare cell on the R1 landing. This landing was dedicated to the care of vulnerable, psychiatric prisoners. The R2 landing housed prisoners who were physically ill or who were disabled. The doctors'

offices were located on the R3 landing. I am not sure if the R4 and R5 landings were in use in 2001.

6. On R1, where Mr. D was located, it could be noisy. Much would depend on the prisoners down there at any one time. Prisoners on R1 were often quite demanding and challenging. The R1 landing was in the basement which was mainly lit by artificial lighting. There were 12 cells on R1.

Working culture in Healthcare

7. When I joined the Healthcare Centre in 2000 as a discipline officer, I felt that there was a bit of a 'them and us' culture between the officers and the nurses. I got the impression that some nurses did not like it when discipline staff were first brought onto Healthcare. This was because they had a way of doing things. There were prisoners who disliked the nurses and liked the officers and vice versa. I think that this was because there was a difference in the approach taken by the nurses and the discipline staff. Prisoners tended to take the Officers more seriously than the nurses, which may have been because we were in uniform.
8. I think that some of the nurses would find the prisoners intimidating, especially nurses who had not worked in a prison environment before. Sometimes if there were difficulties with a particular prisoner, the nursing staff would just stand back and leave the discipline officers to sort out the problem. When the officers were introduced in healthcare, discipline really improved and the number of alarms raised by the nurses went down a lot because we were there to keep an eye on things.

9. Some of the nurses in healthcare at HMP Pentonville at that time were very good and very professional. However, I think that there were others who were just there for the money and would do as little work as possible. I think that they could earn quite a lot of money from doing overtime.

10. In spite of these tensions, I felt that staff morale was generally quite good in the Healthcare Centre at HMP Pentonville. I was quite happy, as were the other prison officers. As for the nurses, it is hard to say but I think that some were happy but others were not.

11. Staffing levels generally were not too bad. There were about eight or nine officers who worked in healthcare at about that time. On each shift, there would generally be about four or five officers on duty. There was quite a high level of sick absence among staff at HMP Pentonville and this was also true in the Healthcare Centre. I could not say with any certainty whether the level of sick absence was higher in healthcare than elsewhere in the prison.

Healthcare regime

12. If I was working on the day shift, my day would start with a handover from the night shift. They would pass on information on the patients and alert us to any particular problems.

13. During the day, the prisoners would be let out of their cells to such extent as was possible. This would often depend on staffing levels and the incidents which occurred on any one shift. Some prisoners could be on 3 or 4 man unlock which was quite a strain on our resources as this meant that 3 or 4 officers would have to be present whenever such a prisoner was taken out of

his cell. When they were in their cells, prisoners could read or maybe listen to the radio. They would also be able to interact with the staff on duty. The prisoners were unlocked for exercise once a day and association twice daily. During this time they could interact with staff and other prisoners and could use the pool table or watch television on the landing. Prisoners were also encouraged to attend education and workshops if they were well enough.

The Emergency Medical Response Team

14. At the time of D's attempted suicide in 2001, the prison relied heavily on the skills and experience of Senior Healthcare Officer Hayward. He was a fully qualified paramedic and was very good at coping with emergencies. He set up the Emergency Medical Response Team ('EMRT') at HMP Pentonville in 2001. As far as I am aware, this was a new initiative. The team was set up to respond to serious incidents including, but not exclusively, suicide attempts. The team was used to respond to both prisoner and staff incidents. It was there to provide a quick and efficient response to emergencies prior to the ambulance and paramedics arriving. Certain officers were designated to the team on each shift.

Training

15. I was trained to be a member of the EMRT by Senior Healthcare Officer Hayward when I became a discipline officer in healthcare. He had trained all staff who worked on healthcare and provided refresher training in resuscitation and life support. I cannot recall much about the training we received now. I always felt that I could have benefited from more training in this area to help me respond to emergencies.

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16. I am sure that I would also have done some training on suicide and self-harm awareness during my time at HMP Pentonville. Unfortunately, I cannot recall what this consisted of now.

Identification, assessment and care of those at risk of suicide or self harm

17. Although I would have been fully familiar with the systems for identifying and assessing those at risk of suicide or self-harm when I was at HMP Pentonville, I am afraid I cannot really remember all that much about them now. I remember that if a prisoner was considered to be at risk of self-harm or suicide, then a suicide self-harm at risk form ('F2052SH') would be opened by a member of staff. This meant that an F2052SH could be opened as a precaution, without the prisoner having self-harmed at all. I cannot really recall in more detail the procedure governing how these forms were opened or how they worked. If I had concerns about a prisoner, I would inform a more senior member of staff or a member of the clinical staff. I think that perhaps a doctor or a Senior Healthcare Officer would then open an F2052SH.

18. I do remember that I used to make entries into the F2052SH. I would make entries explaining what the prisoner had been doing during the course of the day and the conversations I had with them. I would also note any concerns I had about a prisoner and pass these on to a senior officer. I would have read and been familiar with the comments made by others in the F2052SH so that I knew about the prisoners in healthcare. In addition, if I had concerns, I would make similar entries in the Observation Book. This was a book that we kept in the office on the R1 landing where we would record any concerns we had about prisoners and details of any incidents that occurred. If someone

was self-harming or thought to be a suicide risk, they would often be put under observations and/or referred to a doctor, psychologist or psychiatrist.

19. Sometimes prisoners from the wings were transferred to healthcare if they were at risk of suicide or self-harm. When this happened, the staff who brought the prisoner in to healthcare would alert us to this when they arrived with the prisoner.

20. I remember that meetings were held to discuss the care of prisoners on open F2052SHs but I cannot now recall getting involved in these. I think that such meetings were usually undertaken with doctors and psychologists present. I would not have received personal feedback from those meetings but would be given information about the patients in healthcare at the start of my shift and would read the entries that had been made into the F2052SHs of any prisoners I was responsible for observing.

21. If a prisoner had severe mental health problems he would be assessed by a specialist and then transferred to an outside hospital. Some of these prisoners would be on a 3, 4, 5 or even 6 man unlock until they could be transferred to a secure unit.

22. There were two cells in healthcare, which I always referred to as special cells. They were semi-furnished cells, which may have contained a bed or some cardboard furniture. These cells were used to manage prisoners who had become violent and sometimes also those who were violent and at risk of suicide or self-harm until such time as they calmed down. We would only put prisoners in these cells for a short period of time. I would not make the

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decision to put a prisoner in one of those cells. This would have been up to a more Senior Healthcare Officer or a member of medical staff.

23. There was also a ward on the R 1 landing in healthcare in 2001 which we referred to as the anti suicide ward. This was a room with about 10-12 prisoners in. All these prisoners would have been assessed as a suicide risk. These prisoners would be constantly observed by an officer or a nurse. I believe that the use of this ward was phased out, as it was difficult to care for a group of vulnerable prisoners under constant watch in the same room.

Record Keeping

24. I have been told that Mr. D's Inmate Medical Record ('IMR') has gone astray. The IMRs used to be stored in orange folders so that they were easy to recognise. They were stored in offices on the R2 and R3 landings. However, sometimes we could not find a prisoner's IMR and it would turn up in a treatment room on a different landing as prisoners moved around so much. Part of my job was to organise and supervise the clinics. This meant that I would get a list of patients who were due to attend the clinic that day. I would then have to find all of their IMRs before I unlocked the prisoners and escorted them to their appointments. It was annoying when records went missing but it did not compromise my ability to do my job.

Observations

25. Prisoners in healthcare were all under general observation every 30 minutes. If I was concerned about a prisoner, I would inform the Senior Officer and then he or the doctor would decide whether they should be put on to either

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documented 15 minute observations or constant observations or whether he should be placed in one of the special cells.

26. When I undertook documented observations at HMP Pentonville, I would complete a watch sheet every 15 minutes to show the exact times that I checked the prisoner. I would vary the times that I checked so that the 15 minute observations were not too predictable. This is something I picked up during my service. However, I think that the difficulty with any system of observations is that a prisoner can still try to kill themselves between observations, even if they take place at irregular 15 minute intervals.

27. Constant observations became more common at the prison towards the end of my service. These necessarily put severe pressure on the prison's resources. If a prisoner is put on constant observations, an extra member of staff would have to be found to do it. That said, I do not think that there was anyone who needed to be put on constant observations who was not put on one. Sometimes these observations could be counter-productive because some prisoners found that being constantly watched was distressing.

The Operation of the Prisoner Escort Record

28. I cannot recall how the Prisoner Escort Record worked or what forms were used at the time. I did not work on reception and therefore I doubt that I would have used it.

D's attempt

29. I remember D quite clearly. He was a white man in his early twenties. I believe he was from London, as HMP Pentonville served the local area. I understand that D came to the prison from Thames magistrates' Court on the 30 November 2001. When D first came into Healthcare he was vulnerable and volatile. He had been self-harming and had visible scars on his arms. He got a lot better over time and as he calmed down he stopped self-harming and the scarring on his arms went down.

30. My general impression of D when I first met him was that he found it very difficult to cope. He was a very vulnerable prisoner. He clearly had drug or alcohol problems and problems at home. I think that he was quite frustrated. It was not uncommon for frustrated prisoners to smash up their cells or self-harm, as a way to release their tension. However, he was always polite to me and I had no problems with him. He was co-operative and fitted in well with the prison regime. I had no problems with D, though I believe he could be quite a demanding prisoner.

31. I do not now remember the details of D's previous acts of self-harm but I would have been aware of these in December 2001, from talking to other officers and from reading the Observation Book. I cannot now remember what who did the cell fabric checks on 27 December 2001 and I have no memory of a razors or a noose having been found in the healthcare cells on that morning. I have been referred to the Observation Book and note that there

are a number of entries relating to D but none of these entries were made by me.

32. I was on the day shift on 27 December 2001, so I would have normally have come on duty at about 07.30. On the morning of the 27 December 2001, I recall promising D that he could have a telephone call. I went off the wing, possibly for my lunch break, I cannot really recall now. On my return to Healthcare at about 14.00, D had smashed up his cell. He had done this because he had not had his phone call. I was not happy that he had smashed up his cell. I told him that I knew I had promised a phone call and that I would therefore have made sure that he got one.

33. I still allowed D to have the phone call because I had promised him that he could have one. I told him to calm down and I would come back in about 10 minutes to get him from his cell. He did not have his phone card. Senior Healthcare Officer Hayward gave me the authority to let D take the phone call in the Senior Healthcare Officer's office on a prison phone. I supervised the phone call. I recall that it was a phone call to his girlfriend. I would have dialed the number and spoken to her before handing the phone to D. I believe that the call was about D's daughter. He was on the phone for about 5 minutes. Initially, I think that he said he had 'lost' his daughter and so I thought that his daughter had died. However, he then told me that social services had taken her into care.

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34. After taking the phone call, D was distressed and tearful. There was nothing extreme about his reaction but he was a vulnerable prisoner and he was distressed. I returned D to his cell and then immediately went to Senior Healthcare Officer Hayward and informed him of the situation with regard to the telephone call because I was worried about him. However, I did not think D would try to commit suicide.

35. Senior Healthcare Officer Hayward made an entry in the F2052SH and the Observation Book. D was already on a 15-minute watch at the time I reported my concerns to Senior Healthcare Officer Hayward. This watch was being conducted by an agency nurse. It would not have been my decision to increase the level of watch or move him to a different cell but I would have discussed what we should do with Senior Healthcare Officer Hayward. I cannot now remember the details of this conversation.

36. I would still have been in the office with Senior Healthcare Officer Hayward when the agency nurse who was checking on D shouted for help. The office was very close to D's cell so it took a matter of seconds for us to respond to the nurse's shouts. The agency nurse had no keys for D's cell, as she was not a permanent member of staff. It cannot have been more than half an hour to three-quarters of an hour after the phone call when we heard the nurse shout.

37. When D's cell was opened we found him hanging from the light fitting attached to the ceiling in his cell. He had used a bed sheet to make a noose. He had fed the hem of his sheet through a gap at the top of the light, in between the light and the ceiling. He must have stood on the bed to hang himself as his legs were suspended in mid-air. He was quite high off the

ground so I jumped onto the bed. Officer Murray, Officer Richards and Senior Healthcare Officer Hayward were all in the cell.

38. I think that D was held up by Officer Murray and Officer Richards. Neither Senior Healthcare Officer Hayward nor I could get the noose off the light, as it was too tight to undo. I recall shouting out for some scissors to cut the noose. I shouted something along the lines of, 'someone get some scissors or this bloke is going to die'. My perception at the time was that it took about 3 to 5 minutes for someone to locate the scissors, but I cannot be certain. The emergency response bag used by the EMRT was thrown into the cell at around the same time.

39. I know that there were some anti ligature scissors in the emergency response bag. A pair was also kept in a locked box in the office on the R1 landing. One person would have had the key to the office where they were stored and would have had to use another key to open up the box. I do not know who got the scissors on the 27 December 2001 or where they got them from.

40. We cut D down and put him on to the floor of the cell. Senior Healthcare Officer Hayward gave mouth-to-mouth resuscitation and either Officer Murray or Officer Richards gave him compressions. They may have tubed him as well but I am not sure. I was passing the items that they requested from the kit bag. He gave D an injection, which I believe was adrenaline.

41. The air ambulance crew arrived and D was moved from the cell onto the snooker table on the landing. I cannot recall how long it took for the air ambulance to arrive. I think that a land ambulance also arrived. I believe that Officer Murray and I went to the hospital with D in the land ambulance.

However, I cannot recall doing this now. I was not too distressed to go to the Hospital with D and I felt all right afterwards because, as far as I was concerned, everyone had done all they could to help him.

42. I understand that two officers came to relieve us from the bed watch at the hospital at about 18.00 or 19.00. I returned to the prison for about half an hour but was able to go home at about 19.30.

43. My colleagues asked me how I was after the incident. The care team got in touch with me about 4 to 5 days later. My personal officer, Mr Gillam, also came to see me. He saw me as soon as he could and asked me if I was OK and whether I needed any support. I informed him that I was fine. The deputy Governor also took time to speak to me some time later. She checked that I was all right and asked whether I needed anything. I said that I was fine.

44. I do not recall there being any de-briefing after D's attempted suicide. I was not offered any counselling or time off. However, if I had needed to take time off, I am sure that I could have taken it.

Changes in policies, practices and procedures made in 2002

45. As far as I can recall, there were no changes in policies, practices or procedures were brought in as a result of D's suicide attempt before I left HMP Pentonville in March 2002. However, I vaguely recall volunteering to undertake some training on the use of defibrillators in early 2002. It was good


to have this training as it increased my confidence in responding to HOTEL 9 calls as part of the EMRT.

Changes in operational methods, policy, practice or management arrangements to help prevent suicide and self-harm in Pentonville and other prisons

46. As I only ever worked at HMP Pentonville during my time in the Prison Service, and as I left the Prison Service nearly 5 years ago, it is difficult for me to say what changes could be made to help prevent suicides and incidences of self harm in the Prison Service. However, at the time of D's attempt, I remember that I was concerned that not all members of staff had access to anti ligature scissors. I understand that prison officers now have a cut down tool, known as a fish knife. These have also been issued to police officers who work in police custody suites.

47. I also feel that training is very important and I personally think that you can never have enough training. As a prison officer in 2001, I felt that I would have benefited from further trauma training, as we were quite heavily reliant on the skills of Senior Healthcare Officer Hayward. I remember thinking at the time that we needed more people with his training in the Prison Service. He always knew what to do in an emergency and was good at encouraging his team and keeping everyone together.

I believe the facts provided in this statement to be true.

Signed 

Position Police Constable

Date 28/6/2007

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