

**Investigation into the attempted suicide of Mr [REDACTED] D [REDACTED]
at HMP Pentonville on 27 December 2001**

Case Number: B035-06
Date of Interview: 1 August 2006
Name of interviewer: Ali McMurray, Prisons and Probation
Ombudsman's Office
Name of interviewee: Emmanuel Ansong, Registered Mental Nurse
Also Present: Christopher Dzitiki

Ali McMurray: OK, today is Tuesday the 1st of August and the time is just coming up to two o'clock. Present in the room is Emmanuel Ansong, Christopher Dzitiki and Ali McMurray. Stephen Shaw, the Prisons and Probation Ombudsman, is carrying out an investigation into the circumstances surrounding the attempted suicide of Mr [REDACTED] D [REDACTED] at Pentonville Prison on 27 December 2001 and I am assisting him. Would you please confirm that you have received a letter from me setting out the terms of reference for our investigation?

Emmanuel Ansong: Yes I did.

Ali McMurray: OK, thank you. Would you also confirm that you understand that the Prisons Ombudsman's report will be disclosed in due course to certain people that the Ombudsman decides are relevant and that the transcript of your interview may be attached to the report.

Emmanuel Ansong: Yes.

Ali McMurray: OK, thank you. And you understand that you may be accompanied by a work colleague? [Yes.] And you are in fact accompanied by Christopher Dzitiki.

Emmanuel Ansong: Yes.

Ali McMurray: OK. I should just add that if at any time during the interview you want a break, you must just say so and I'll switch off the tape and we'll break. Is that OK?

Emmanuel Ansong: OK.

Ali McMurray: OK. If I can just start with, first of all can you describe what your role was at Pentonville and how long you worked there?

Emmanuel Ansong: I was a Staff Nurse. I think I worked there for nearly four years.

Ali McMurray: From when to when?

Emmanuel Ansong: Oh I can't remember now, from 1999 to, when did I come here? 2000 and...

Christopher Dzitiki. 3

Emmanuel Ansong: 3, 2003.

Ali McMurray: OK, thank you. And I see you are caring for the mentally ill here, are you a Registered Mental Nurse?

Emmanuel Ansong: Yes.

Ali McMurray: You are?

Emmanuel Ansong: Yes.

Ali McMurray: OK. Can you describe for me the physical environment of the healthcare centre at Pentonville, round about 2001.

Emmanuel Ansong: Are you referring to the ugly...

Ali McMurray: The physical building and how it was as a healthcare centre. I mean, was it suitable?

Emmanuel Ansong I would say it wasn't suitable.

Ali McMurray: And in what way would you say not suitable?

Emmanuel Ansong: It was dirty, full of cockroaches and mice.

Ali McMurray: And were there any steps taken to address that issue?

Emmanuel Ansong: On one occasion I remember they came...

Ali McMurray: What, people from outside to do infestation...?

Emmanuel Ansong: Outside, yes.

Ali McMurray: And was it dirty and in that general sort of condition for the whole of the time that you worked there?

Emmanuel Ansong: Yes.

Ali McMurray: It was? And how else would you describe it? Was it noisy? Was it bright? Was it tidy?

Emmanuel Ansong: Well, you don't get natural light.

Ali McMurray: OK. So it's a bit dim, then.

Emmanuel Ansong: Yes.

Ali McMurray: Yes. And was it a noisy place to work?

Emmanuel Ansong: Especially in the healthcare wing. You have patients who are shouting, banging, very noisy.

Ali McMurray: And did you work exclusively while you were there with the mentally ill? Or were you just sort of generally...?

Emmanuel Ansong: I was generally asked to work everywhere.

Ali McMurray: Right, OK. And roughly speaking, I know it's a long time ago, what would you say the proportion of mentally ill to physically ill patients was?

Emmanuel Ansong: I would say about ninety percent were mentally ill.

Ali McMurray: Oh right. And what sort of mental illness were you dealing with?

Emmanuel Ansong: People who have depression, people who are [*schizophrenic/psycho-phrenic*].

Ali McMurray: Were...?

Emmanuel Ansong: Psychotic.

Ali McMurray: Yes.

Emmanuel Ansong: And anxiety problems.

Ali McMurray: And do you think Pentonville was well-equipped for dealing with the mentally-ill?

Emmanuel Ansong: They didn't have psychiatrists.

Ali McMurray: They didn't?

Emmanuel Ansong: No. Only psychiatrists who came from outside. But there wasn't any resident psychiatrist.

Ali McMurray: And do you think the provision of outside psychiatrists was sufficient for the need?

Emmanuel Ansong: No.

Ali McMurray: No. Was that just too few of them?

Emmanuel Ansong: Well, over the weekend, for example, if there's a need for a doctor, you couldn't get a psychiatrist.

Ali McMurray: I see, so you'd only be able to call on them weekdays, 9 until 5.

Emmanuel Ansong: Yes. But even if they came, they come from specific catchment areas. So they wouldn't necessarily see the person. If somebody's from Newham, for example, and the doctor who has come to see somebody from, let's say City & Hackney, will not be prepared to see the patient. Because it's not, they're not employed to look after that person.

Ali McMurray: No, I see.

Emmanuel Ansong: Unless, unless maybe for example there's a change of medication. You can't, you manage to persuade him, you say, "Look, if you don't mind changing it, [*just for me*]" and if the person is willing, then they would do it.

Ali McMurray: So ordinarily, patients would be seen according to their catchment area. So...

Emmanuel Ansong: We're talking about, in terms of mental...

Ali McMurray: Yes.

Emmanuel Ansong: But physically, the GPs, the doctors who are employed would do both the psychiatry and the general nursing and the medical aspect of it.

Ali McMurray: And did any of those GPs have any psychiatric background?

Emmanuel Ansong: No.

Ali McMurray: No. So they'd be not much better equipped to deal with...

Emmanuel Ansong: No, [*than me*], no.

Ali McMurray: OK. And how did the system of referral work at Pentonville? Can you remember the details of how you would actually get a patient in front of a psychiatrist?

Emmanuel Ansong: If they're in the hospital wing, they would be allocated to whoever is on call at the time he came to visit. So there would be a doctor who is on call, they would take on that patient. It doesn't matter whether there is twenty people booked in at that particular time, he would take them.

Ali McMurray: And then they would be their doctor for the whole of their time...

Emmanuel Ansong: ...while they were there.

Ali McMurray: OK. And then it would be the doctor's responsibility to refer...

Emmanuel Ansong: ...them to the psychiatrists, to the outside psychiatrists who would come to see him. Suppose they think that he needs a referral to, let's say East London and the City, then they would make the arrangements, or City & Hackney, to come and see.

Ali McMurray: So the doctor would write directly to...

Emmanuel Ansong: ...to him, yes.

Ali McMurray: OK. And if for some reason the psychiatrist didn't see the patient within a certain amount of time, was it the doctor's responsibility to follow up and make sure that it did happen?

Emmanuel Ansong: Yes.

Ali McMurray: So there was no administrative staff to...

Emmanuel Ansong: No.

Ali McMurray: OK. And do you think the system of referrals worked well on the whole?

Emmanuel Ansong: Not really.

Ali McMurray: And for what reason?

Emmanuel Ansong: If somebody needs urgent medical assessment and the resident psychiatrist comes weekly, it means that that person will have to wait all this time to be seen.

Ali McMurray: And then presumably, if he's not seen for some reason that week he would then have to wait a further week.

Emmanuel Ansong: That's it.

Ali McMurray: And so I take it from that, were there delays in getting people referred on for sectioning?

Emmanuel Ansong: Yes.

Ali McMurray: OK, that's helpful, thank you. And in general terms, working in the healthcare centre, you've said it was dirty. Was it well-organised? Was communication good? Did everybody know what they were doing?

Emmanuel Ansong: I wouldn't say so, no.

Ali McMurray: What were the particular problems?

Emmanuel Ansong: Well, we hardly had handovers.

Ali McMurray: OK. What should have happened?

Emmanuel Ansong: Well if, for example, I'm a psychiatric nurse, and instead of employing me to work in the mental health section, it doesn't happen like that. I could be asked to go and do medical. And then the general nurses could also be asked to come and do mental. Which is stupid.

Ali McMurray: Yes.

Emmanuel Ansong: We've been arguing about it from a long time; they don't care.

Ali McMurray: And who were you taking your complaints to?

Emmanuel Ansong: Well, the healthcare manager and the governors. It looks like, I assume they think that any nurse is a nurse. They don't know the difference between a psychiatric nurse and a general nurse. And unfortunately the bosses were prison officers, you see. So they don't understand.

Ali McMurray: Were there then prison, normal discipline officers working in healthcare as well?

Emmanuel Ansong: At that particular time that this incident happened, no they were not. If I can remember, there were not. We had the prisoner officers who had been trained in healthcare.

Ali McMurray: Is that what you'd call a prison healthcare officer?

Emmanuel Ansong: Officers.

Ali McMurray: But that's not the same as a nurse, is it?

Emmanuel Ansong: No, it's not the same as a nurse. No. But they took on the role as if they were nurses.

Ali McMurray: Right. So were all their responsibilities the same? Or were there certain things the nurses could do.

Emmanuel Ansong: They were the same. The responsibilities were the same. Anything that a nurse would do, they would do it.

Ali McMurray: So they could dispense medication?

Emmanuel Ansong: Yes.

Ali McMurray: OK. And did that system work well, in your view?

Emmanuel Ansong: No I don't think so. Because you need to understand the medication that you are giving to this person, and monitor the side effects, and be able to make an assessment to see whether this medication is working or is not working, and be able to make a recommendation to the doctors.

Ali McMurray: So all the healthcare officers could do, literally, was to hand out the medication that they were told to hand out.

Emmanuel Ansong: That's all. The argument was that I can take a look at them from [*the Street*] and read the chart and it says "two milligrams", or you look on the box and see "two milligrams" and you give them two, and that's it. That wasn't the case, I mean that isn't the case. There are more to that than giving medication, than, what is it called? - dishing it out.

Ali McMurray: And do you think that patient care suffered as a result, then?

Emmanuel Ansong: Definitely, yes.

Ali McMurray: And you mentioned before that the handovers weren't...

Emmanuel Ansong: No, there were no handover.

Ali McMurray: There was no handovers.

Emmanuel Ansong: No handover. You come on that day and then you wait to be allocated. So you wouldn't even know from the day before that you'd be going to, let's say D wing, or E wing. It's on that particular day that you come, there's somebody standing at the centre, telling you: "D wing", "E wing", "healthcare". That's what happens.

Ali McMurray: So even as a psychiatric nurse, you wouldn't necessarily work in the healthcare centre?

Emmanuel Ansong: No.

Ali McMurray: You could go anywhere in the prison.

Emmanuel Ansong: Anywhere. Of which, when I was there, on numerous occasions I did mention that I am a Psychiatric Nurse. I was employed as a Psychiatric Nurse. I was under the impression that I was coming to work in the Psychiatric wing, but it never happened. So it was a big frustration for me.

Ali McMurray: I bet. So was it a deliberate policy at the prison that prisoners with mental health problems should be dealt with on normal location? Or was it a question of lack of space?

Emmanuel Ansong: I wouldn't say that the people with mental health problems would be dealt with in the normal location. I wouldn't say that. But even if they identify these people and they bring them to the healthcare, at that time it was on R1, that's where they had the mental patients, R2 were those with medical problems, and I think R4 were those who were ready to go to the normal location whether they are physical or mental.

Ali McMurray: So approaching discharge.

Emmanuel Ansong: Discharge. That's where they would go. But I would have expected, as a mental nurse, to be working on R1, where the mental patients were.

Ali McMurray: So I infer from that then that there wasn't much continuity in terms of contact.

Emmanuel Ansong: No, there's no continuity. I could come here today, I could chat with somebody; tomorrow I won't be here to continue.

Ali McMurray: Because I mean, it's difficult at the best of times at Pentonville, isn't it? Because with the massive turnover of prisoners, that you've got constantly changing personnel anyway. So if the staff are also changing round in a different direction, then it's quite likely that you won't come across somebody more than a couple of times.

Emmanuel Ansong: That's right.

Ali McMurray: OK, thank you. Paperwork in the healthcare centre, was that dealt with well, do you think?

Emmanuel Ansong: There was paperwork, I don't think there was anybody to see whether everything like care plans and documentations, everything is in order.

Ali McMurray: Right. So it might have been happening but nobody was monitoring it.

Emmanuel Ansong: Monitor, nobody was monitoring.

Ali McMurray: And do you think that, on the whole, staff were doing their job in filling out proper paperwork and doing care plans and doing the suicide prevention forms and that sort of thing?

Emmanuel Ansong: I think it all depends on the interest that the nurses had.

Ali McMurray: So in other words, some are better than others.

Emmanuel Ansong: Yes.

Ali McMurray: And in your estimation, was the general standard of nurses good?

Emmanuel Ansong: I think that's the reason why, that's the main reason why I left. The main reason why I left was there was

no input in terms of continuing education. They would never give you ... even to ask for the day off when you have paid for it yourself, to ask for the day off, it was impossible.

- Ali McMurray: So no in-service training then.
- Emmanuel Ansong: None at all.
- Ali McMurray: And I understand as well that there was quite a heavy reliance on agency staff.
- Emmanuel Ansong: At that time, they were.
- Ali McMurray: Did that work well?
- Emmanuel Ansong: No.
- Ali McMurray: Because?
- Emmanuel Ansong: Well they come with no responsibility.
- Ali McMurray: Right.
- Emmanuel Ansong: And I think on this particular day it was an agency nurse who saw him.
- Ali McMurray: Yes it was. Yes, that's right. Staffing levels: were they sufficient for the need, do you think? And I'm thinking particularly of healthcare.
- Emmanuel Ansong: No, I wouldn't say so.
- Ali McMurray: Overall, you're painting a pretty bleak picture of what healthcare was like at Pentonville.
- Emmanuel Ansong: Of which we have been complaining for quite a long time.
- Ali McMurray: Can you sort of give a rough approximation how long a time you were?
- Emmanuel Ansong: Well basically I didn't get on well with the healthcare manager at the time that I was preparing to leave, because I was complaining a lot and I don't think he did like me.
- Ali McMurray: And presumably that's one of the reasons why you left? Because you were dissatisfied with the general standards.

Emmanuel Ansong: Yes.

Ali McMurray: OK, thank you. If I can just turn onto suicide and self-harm prevention, can you tell me did you get any training from the prison in those things?

Emmanuel Ansong: I did on one occasion.

Ali McMurray: And what sort of things did it cover?

Emmanuel Ansong: Well it covers, I can't remember now, but identifying suicide.

Ali McMurray: And did you know what you were supposed to do once you'd identified that somebody was at risk.

Emmanuel Ansong: Oh yes. Well I'm a psychiatric nurse, I will have learned about it before I went there anyway.

Ali McMurray: But the mechanics of all the form-filling and...

Emmanuel Ansong: Yes.

Ali McMurray: And what options were open to you for actually managing somebody that was considered at risk? What could you do with them to try and prevent them doing something serious?

Emmanuel Ansong: Well, the first thing is to identify that the person is feeling low or feeling suicidal. That is quite difficult. When their [*starting position is low*], most of them are locked up most of the time, and the only time maybe you will get to talk to the person is maybe if I'm on lunch patrol, then maybe I'll go and stand at the door. It's quite difficult to be talking or saying something in confidence.

Ali McMurray: So patients were actually locked up for most of the day were they? In the healthcare centre?

Emmanuel Ansong: Yes.

Ali McMurray: So there was not much meaningful contact then between nursing staff and...

Emmanuel Ansong: Not really, not really. And it made it quite difficult for us, as nurses, because we had that caring attitude. That if you identify somebody as feeling low, you would like to unlock that person, sit him down

somewhere, and talk. Which the prison officers, who only thought about discipline, would not be happy with. Especially when and if it's a lock-up and the staffing level on the prison is low. The impression I got from most people is that this person is being manipulative, attention-seeking behaviour.

Ali McMurray: And so if you identified, taking yourself back to 2001, you identified somebody who you thought was at risk of self-harm, what sort of actions would you recommend?

Emmanuel Ansong: I would have recommended maybe unlock that person, take him somewhere and talk to him and find out. But you wouldn't be able to do that.

Ali McMurray: So in reality what could you do then? What options are available?

Emmanuel Ansong: Not much. The only thing you could do is maybe stand at the door and speak to the person.

Ali McMurray: Right, OK. Now there was a couple of so-called "anti-suicide cells" wasn't there, on the healthcare centre?

Emmanuel Ansong: Yes.

Ali McMurray: What use was made of those? And what was your impression of them?

Emmanuel Ansong: My impression was that, I would only say that in most cases this was used as punishment. That if you are difficult, if you cut yourself, they put you there.

Ali McMurray: As a punishment for causing an inconvenience?

Emmanuel Ansong: Yes.

Ali McMurray: And did people tend to stay in there for a long time? Or was it..?

Emmanuel Ansong: Until you, you complied.

Ali McMurray: Right.

Emmanuel Ansong: My first day working there was a chap who cut himself and where they asked me to sit at the door with him. And I couldn't see this chap, he was hiding at the door. I couldn't see him, have a full view of him. So I asked for help to go in, they said, "No, you can't go

in". Unknown, this man has opened the wound and he was bleeding until the blood was actually coming out. That's when they realised that it's true, we need to go in.

Ali McMurray:

And was there much incidence of self-harm.

Emmanuel Ansong:

Oh yes, definitely. A lot.

Ali McMurray:

So are you talking daily, weekly?

Emmanuel Ansong:

It depends, especially with the drug addicts. I would say almost every day.

Ali McMurray:

Almost every day. So did you feel confident that there was sufficient measures in place that nobody would successfully kill themselves? Or was it a bit of a lottery and was there always a fear?

Emmanuel Ansong:

I think it was a matter of luck.

Ali McMurray:

I think that's probably it on the, sort of, general questions, unless there's any other things that you think are relevant to the, sort of, general terms of our inquiry that I haven't covered.

Emmanuel Ansong:

No. I can't think of any, no.

Ali McMurray:

OK, that's been helpful. Thank you. Now, turning to Mr D■■■■, do you recall him at all?

Emmanuel Ansong:

Briefly, yes, I can faintly recall him. I can remember he was slim, I think he was about twenty-something.

Ali McMurray:

That's right, he was just twenty-one. And can you remember anything about his mental state, or anything like that?

Emmanuel Ansong:

He was generally quiet.

Ali McMurray:

And was he considered to be mentally ill? Was he being treated for mental illness?

Ali McMurray:

Yes he was considered mentally ill, that's why they brought him to the R1.

Ali McMurray:

And can you remember how he was being cared for?

Emmanuel Ansong:

No, I can't remember.

Ali McMurray: OK, that's fine. Do you happen to know if he was referred to one of the outside psychiatrists.

Emmanuel Ansong: No, I can't remember. I remember he came from, I think, Islington area.

Ali McMurray: I think that's right, yes. So do you think you had any conversation with him ever? Or was he just somebody that you were aware of?

Emmanuel Ansong: I had a dealing with him, I had a contact with him, yes.

Ali McMurray: And can you remember about any of the things that he used to talk about, any particular concerns?

Emmanuel Ansong: No I can't remember anything that he said particularly to me.

Ali McMurray: He was quite troubled at the time because he...

Emmanuel Ansong: He had a girlfriend.

Ali McMurray: That's right.

Emmanuel Ansong: Who, I understand the girlfriend left him?

Ali McMurray: His girlfriend was pregnant by his best friend.

Emmanuel Ansong: OK.

Ali McMurray: And there was also a very real possibility that Social Services were going to take...

Emmanuel Ansong: ...the child.

Ali McMurray: That's right, but Mr D [REDACTED] and his girlfriend had a child together, apart from the, that one she was pregnant with. And there was a possibility that Social Services were going to take that child away.

Emmanuel Ansong: I see. OK.

Ali McMurray: You don't remember that?

Emmanuel Ansong: No, I can't remember that. No.

Ali McMurray: OK. Now when I wrote to you, I sent you a couple of Incident Reports. Can you remember anything at all about the incident where Mr D [REDACTED] attempted to kill himself?

Emmanuel Ansong: You mean on, I've got only...?

Ali McMurray: There was just one incident.

Emmanuel Ansong: Yes, one incident when, yes I remember, yes.

Ali McMurray: Were you actually there?

Emmanuel Ansong: On that particular day I wasn't working on R1. I was working on R2.

Ali McMurray: And did you actually respond to the alarm?

Emmanuel Ansong: I did, I did. We had just come from break. But I wasn't involved directly in the resuscitation.

Ali McMurray: Would you normally have expected to be?

Emmanuel Ansong: Yes.

Ali McMurray: Dealing with trauma is different from normal nursing type skills, isn't it? Did you feel that you had sufficient training and experience to deal with those sorts of situations?

Emmanuel Ansong: In terms of resuscitation, I would say no.

Ali McMurray: Now, a couple of particular points that I wanted to check with you, if I may? One is that one of the other officers has described a delay in getting hold of some scissors. Apparently the ligature was very, very tight and they called for scissors but a nurse said that she couldn't find any. Do you recall anything of that?

Emmanuel Ansong: No.

Ali McMurray: And then the other thing was that apparently Dr Khan attended at the cell, looked inside and saw that staff were attempting to resuscitate and started to walk away, and had to be called back. Do you remember anything about that?

Emmanuel Ansong: No I can't remember that, no.

Ali McMurray: OK. Is there anything else about the incident itself that you can recall and you think I should know?

Emmanuel Ansong: If we're to be here in a hospital, after an incident like that, which is a very serious incident, we normally would have had what is called, what is it called?

Ali McMurray: A debrief?

Emmanuel Ansong: A debrief. But nothing like that happened.

Ali McMurray: It didn't?

Emmanuel Ansong: No.

Ali McMurray: And what about support afterwards for the staff? Did anybody come and say...?

Emmanuel Ansong: As far as I am concerned, nobody did.

Ali McMurray: Nobody did.

Emmanuel Ansong: No.

Ali McMurray: So nobody came and said, "That was a horrible experience. If you need any help or ..."?

Emmanuel Ansong: No. Well it was taken as if it was a daily occurrence anyway.

Ali McMurray: So people were pretty, sort of, blasé about it?

Emmanuel Ansong: Hmm.

Ali McMurray: OK. That's everything I wanted to ask you then, in that case. And I'm very grateful to you. Thank you very much.

Emmanuel Ansong: Thanks.

Ali McMurray: It's just twenty-eight minutes past two, and I'm turning off the tape.

END OF TAPE

1. I agree that this is a true and accurate record of my interview with Ali McMurray on the 1 August 2006.

Signed:

NAME IN CAPITALS:

Date:

2. I have read the above transcript and have placed amendments in the margins as shown.

Signed:

NAME IN CAPITALS:

Date: