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

Date of Interview: 11 July 2006
Name of Interviewer/s: Ali McMurray, Prisons and Probation Ombudsman's Office
Name of Interviewee: PO P Parry
Also Present: Stephen Shaw, Prisons and Probation Ombudsman.

Female: Today is Tuesday 11 July, 2006 and the time is one fifty five. Present in the room is Stephen Shaw, Paul Parry 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. I am assisting him. Paul would you please confirm that you have received a copy of the letter inviting you for interview, the Notice of Investigation and the Notes for Interviewees and that you have had an opportunity to read them or I have explained them?

Paul Parry: Yea I have.

Ali McMurray: Thank you and would you please confirm that you understand that the Ombudsman's report will be disclosed in due course to the people the Ombudsman decides are relevant and that the transcript of your interview may be attached to the report?

Paul Parry: I understand that, yes.

Ali McMurray: Thank you. And would you please confirm that you understand that you may be accompanied by a work colleague or a trade union representative during this interview.

Paul Parry: Yes I do, yes I understand that.

Ali McMurray: And do you want a work colleague or trade union representative present?

Paul Parry: No thanks.

Ali McMurray: And finally will you please confirm that you understand that if during the course of the interview you wish to have a break for any reason you may do so?

Paul Parry: Yes thank you.

Ali McMurray: Perfect, thank you Paul. Okay if I could just start with a little bit about healthcare as it was then. If you can cast your mind back four and a half years, I know that there has been a passage of time and you won't remember everything and obviously where you can't remember if you just say, I don't know, obviously the more you can remember the better. In terms of the physical environment of healthcare, it used to be over in R wing didn't it?

Paul Parry: That is correct, yes.

Ali McMurray: And what was that like sort of physically?

Paul Parry: As a physical environment for healthcare setting, it wasn't ideal although we tried to make it as healthcare orientated as we could but it was an old Victorian wing built in 1842, and it was the rooms there were no different to a cell on a normal wing, so the physical environment, the architecture was very archaic although we tried our best to sort of make it a softer atmosphere and more pleasant to be in.

Ali McMurray: Hmm, hmm, was it a reasonably bright environment and sort of clean or was it a bit on the shabby, ramsackle side?

Paul Parry: There was two levels. There was the R1 level and the R2 level. R2 was certainly brighter because obviously R1 to a degree was underground so there wasn't much natural lighting in there, and R2 was a more of an open, bit more open so it was a bit lighter. The décor was sort of like a ... yellows and magnolias, so it was you know, to say fair it wasn't too bad, but it wasn't great.

Ali McMurray: And the cells, I mean they were fairly sort of transient population I should imagine, so not a great deal of personalisation in the cells, would that be fair?

Paul Parry: Yea that would be fair. Yea some of the cells were in a quite frankly a diabolic state and some were better. So yea I mean the cells especially more on R1 it was, at the time we just used to have a painting programme, you know, every

colour we could get hold of. We would, you know, sometimes I suppose the colour scheme wasn't ideal, perhaps a dark blue is not ideal for a small room like that, so yea the cells weren't that too clever.

Ali McMurray:

Right, and you did have either one or a couple of wards didn't you or sort of areas ...?

Paul Parry:

They were closed. I can't remember the exact closing date. We had two at the time. We had two wards on R1 I think about seven or eight bedded wards, downstairs and upstairs we had an observation ward which was eight beds in there. The two downstairs closed and may well have been closed by the time Mr D■■■■ was in healthcare but I am pretty sure the observation ward was open then, which was kind of a big spacious room.

Ali McMurray:

And what would determine who went in the ward?

Paul Parry:

I think it was just decided on basically it was anyone who felt, was at risk or at risk of self harming, at the time like it is present day we obviously we got financial restrictions, so if someone was a prolific self harmer instead of employing an agency nurse on a one to one system we could use someone to keep ... although it wasn't a one to one it would be a one to eight watch or more of a constant watch on someone there. So anybody who self harmed would go in there, but in my opinion it wasn't a great environment because obviously within healthcare the patients there, the majority of patients in healthcare are in need and you would have, you know, stronger personality, so I found bullying was quite rife in there, which was constantly we were trying to address and you had to keep an eye out for.

Ali McMurray:

And what sort of regime were you running for prisoners, did they spend most of their time out of their cells, in their cells ...?

Paul Parry:

Reflecting back it was just landing association, I can't remember if we had a workshop going at the time because we were making up medical records for Royal Free Hospital, it might have been that ... I can't remember the exact dates, we did that for a little while, we made up medical records as well for the prison, but the regime was, you know, there was gym and a majority of the time was landing association which would have probably been out of the core day I would

say three and a half to four hours tops. There wasn't exactly purposeful activity, but it wasn't ... time out of cell more than purposeful activity, yea.

Ali McMurray: Okay, okay, thanks, and staffing were you fully staffed up or ...?

Paul Parry: As far as I can remember yea it was. Staffing levels then was an SO and an F Grade Charge Nurse, plus three downstairs and three upstairs, if memory serves me correct there.

Ali McMurray: And there was a mixture of discipline and healthcare staff wasn't there, did that work?

Paul Parry: Yea there was. I think the way it sort of worked out that because R1 was used as a psychiatric ward which was and upstairs was more the general, it was a greater discipline influence on the R1 landing than the R2 because the R2 landing was more, you know, people with disabilities and general medical problems, so it was more nursified, if that is the word I am looking for, but downstairs was a bit more regime run because of people with mental illness, more officer led because there were more challenging and more aggressive and bits an bobs like that, but there was obviously nursing input as well.

Ali McMurray: Yea, but roughly 50, 50 split then between physical and mental illness do you think?

Paul Parry: No, it was probably I would say just a bit more than that, because obviously we would have more problems with people ... mental problems upstairs, so I would say about 65, 35 maybe even 70, 30 split.

Ali McMurray: And generally quite a challenging population?

Paul Parry: It actually come in spits and spats. You would have some months which were really hard graft and other months it was quiet, so you know it was just luck of the draw really. Yea, at times, yea, it was very challenging and other times it wasn't.

Ali McMurray: And did it feel like an orderly environment to work in - I mean did everything sort of go according to systems and so on and so forth or were you flying by the seat of your pants or was it there again a bit of both?

Paul Parry: No, pretty structured. It had been there a little while, well I felt it was fairly structured at the time. Although I can't remember, I am sure we had a published regime at the time, so yea, felt fairly structured yea.

Ali McMurray: And the record keeping, I mean Mr D■■■■'s stuff has gone AWOL, was that a problem at the time or is this just an exceptional case would you guess?

Paul Parry: I would like to think it was an exceptional case but documentation is, well, I mean I don't think it is a very good strong point in the Prison Service, I would think hence we are currently looking at installing EMIS system, which is Electronic Medical Information System which would improve documentation, although that makes no relevance to Mr D■■■■'s case right at the moment but it is ,... yea I would say documentation has got better but it has certainly got a long way to go, so at the time I would say no it probably wasn't great.

Ali McMurray: And so did that mean then occasionally when you wanted to write notes about people you couldn't find their particular file or ...?

Paul Parry: ... Yea, I mean at the time we had ... it is called the IMR, the medical record and it was run at the time, if I remember rightly by an OSG, officer support grade and they were just kept in a normal filing cabinets on the 3s landing. There was a tracking system in place but it wasn't very good, and it would only be enforced if that person was working in there that day, since then we have moved on, we adhere to the Caldecutt ... guidelines and we have got admin staff who run down, it is in a lockable room, so we have come a long way certainly with our ... although we manage IMRs, I think we are okay now but at the time it wasn't a great system and you know, yea we did lose a percentage of them, yea.

Ali McMurray: And were staff quite disciplined at that time about writing things down in the log books or in 2052SHs or whatever?

Paul Parry: I think what had happened is it became a cultural thing that, doctors tended to write in the IMR and nursing staff tended to work on a care plan and officers would tend to write in discipline documents at the time, which may well have been a history sheet although some would put entries in a care

plan. So it sort of became this cultural thing, and it stands .. what I call staff laziness where, "I have written it once, why should I write it again", you know, so that is an unfortunate fact of life.

Ali McMurray: Yea, and so did that mean that there were sort of gaps in information because you have come on duty and you ... and one person would look at the history sheet whereas somebody else would look at a care plan or somebody else would look at an IMR, was there a failure of getting the whole picture do you think?

Paul Parry: Yea, I am not too sure if it was like that in Mr D■■■■'s case but I mean and it wasn't in all cases but yea, it was there you would get errors where quite often you would, what you would read in the medical record and what we read in the care plan, you would think, well you know, what is going on here ...

Ali McMurray: ... Check the names on the front ...

Paul Parry: ... Yea.

Ali McMurray: Okay, thanks very much. I have heard quite a bit about the Hotel 9 team that used to operate. Are you or were you a member of that?

Paul Parry: Yes I was, yes at the time.

Ali McMurray: Is it still in operation in the prison?

Paul Parry: Yes it is yes.

Ali McMurray: And still effective - people spoke very highly of it?

Paul Parry: Yea, it has come into some criticism of late, it was headed up by a gentleman by the name of Peter Hayward, who sort of headed and he was the main, you know, he was at the helm of it, it was his baby if you like, so he put a lot of energy and a lot of drive into it. And also at the time we were in the prison and it was very very high profile and you know at the time we did have a lot of what we call level 1 calls and resus and bits and bobs like that and it happened, I mean, it has lost a little bit of its esteem over the last few years, and Peter Hayward did come back for a short period and sort of like it has bumped it up again.

Ali McMurray: So it lost impetus when he left?

Paul Parry: To a degree, yea, it did, yea, because it was, he was on site so he was instructor in it as well, so you were constantly trained and you know, staffing and bits and bobs like that, so yea it has lost impetus

Stephen Shaw: ... You said it had come into criticism recently, what did you mean by that?

Paul Parry: I just think it was some members of staff had the Hotel 9 radio and had been called out Hotel 9 hadn't answered and it ... sounds pretty damning, doesn't it?

Ali McMurray: A little.

Paul Parry: Yea.

Stephen Shaw: Yes

Paul Parry: And you know, it has been noticed and it has been addressed but it has come into some criticism, you know.

Ali McMurray: And when you say there were a lot of incidents at the time, what are you talking about a couple a week, ten a week?

Paul Parry: I couldn't give you a specific number but it ... there was a few, it just seemed to happen a couple of months we had quite a lot of level 1s. I remember a gentleman called Mr [REDACTED] who unfortunately had cardiac (?) ... he died of, but we just seemed to have quite a few after that, but yea it just seemed like a busy time. Sort of died down but yea I am not gonna lie, Hotel 9 has lost some of its sort of you know, it needs ... it is currently being reviewed. A lot of the problems is nursing staff complaining that the bag is too big and too heavy, so many equipment in there they couldn't use anyway because they are not qualified to, so it is being reviewed into a smaller grab bag system, so yea.

Ali McMurray: Okay, and same sort of lines as how many incidents, what sort of proportion of prisoners do you think would be, could be considered to be at risk of self harm at any given time, on average, just in healthcare centre?

Paul Parry: I wouldn't like to give exact figures, it sort of varies, doesn't it, are we talking at that time, 2001?

Ali McMurray: At that time really what I am saying is you know, would [REDACTED] have, because [REDACTED] D [REDACTED] was considered to be a suicide risk and he was on an open 2052, and all I am looking for is to, you know, would he have stuck out like a sore thumb, or were there sort of lots of other prisoners in a very similar way?

Paul Parry: That again would go up and down. It was a bit seesaw. Sometimes you may well have ten 2052s and other times you might only have the three. So it would fluctuate.

Ali McMurray: Thank you. And agency staff, did you draw on agency staff a lot back in 2001?

Paul Parry: Yea we did use them but mainly B grade nurses if I remember rightly, for things like one to one watches and I think we used to use Excel I think it used to be called then, if I remember rightly, yea.

Ali McMurray: And what would the particular nurse be told, just simply to sit and watch that prisoner, or check that prisoner every 15 minutes, or were they given ...?

Paul Parry: No we did have our one to one sort of policy if I remember rightly, it was ... they would be there and they would get a ten minute break every hour and observe, if the patient had his door closed, would have a whistle, was told how to raise the alarm and things like that. If someone wasn't a one to one we tried to keep the door open as much as we could so that agency nurse would interact, so it was, yea again it was one of those things which you had to sort of you would have to make sure that that was being done, you would constantly drive on it, yea.

Ali McMurray: And I understand as well that the agency staff don't carry keys?

Paul Parry: That is correct, yea.

Ali McMurray: So that must have its own drawbacks I would guess?

Paul Parry: Well yea it has its drawbacks, yes, but if ... if they see something happen got instant access rather than having to raise the alarm and get someone there.

Ali McMurray: Okay, thanks. Turning to suicide self harm prevention, what training have you personally had? Well to take it back historically, what was the state of training in the prison around about the time of Mr D■■■?

Paul Parry: There was, we did do, there was a compulsory course if I remember rightly. You had to do suicide awareness training, it was a day course, excuse me it was done by Oh God I don't know who did it now ... I did that, and that probably would have been about it really.

Ali McMurray: And can you remember what sorts of things the course covered?

Paul Parry: Oh it was like you know, what you would be looking for, you would observe whether perhaps he had, if he was normally a fella who had pictures of his family up, and had a lot of personal possessions and all of a sudden he became very withdrawn, his room became barren, you know, whether he just didn't communicate, his stature, his mannerisms, bits and bobs like that which you pick up, which I like to think every prison officer could naturally do anyway. That is your bread and butter in this job.

Ali McMurray: And did it also cover the sort of mechanics of the process like opening the 2052SH?

Paul Parry: Yea we used to open it ...

Ali McMurray: And what ... once you have identified somebody as being a potential self harmer, what sort of options are there, or were there open to you to manage him, I mean did you put him on medication, you have already ...?

Paul Parry: ... I think, I am trying to remember back how it was, I think it would be classed on the severity. I think if someone had self harmed and an open 2052 had been made and it was a real serious attempt, I think your natural instinct was to take that more seriously than perhaps someone who could threatened it but not actually self harmed at the time. I mean we certainly did ... obviously there was a ward round every Wednesday, we had ... the doctors would do a case review

on there but pretty much it was the same as it was in the prison, with the 2052s, you know.

Ali McMurray: And were you involved in those case conferences or was it just doctors or ...?

Paul Parry: I have only ever attended one ward round actually. That is enough for me, thanks.

Ali McMurray: Okay, and once the doctors had done the ward round and especially considered the 2052SHs, what sort of feedback did you get from them, you know, in terms of updating support ..?

Paul Parry: What would happen was, you would have the nurse in charge of whichever level would go to the ward round with the doctors and then the doctors would have the IMRs and the nurse would have the care plans, it would all be read out there and then they would come back and give the feedback from that there.

Ali McMurray: In a sort of structured way or in passing?

Paul Parry: No, then it wasn't too structured, no, it would have been more in passing.

Ali McMurray: Right, okay, thank you. And what sort of physical measures did you have ... I mean you have already talked a little bit about the ward but that had its drawbacks you were saying. There is some reference to Mr D █████ spending some time in a semi furnished cell, what ...?

Paul Parry: ... Ah the re-sub 2, AS cells they were named, anti suicide I think the old terminology used to be, which we had basically, just two cells which were semi furnished, where everything was bolted down, it wasn't a safer custody cell or anything like that, it was really just two old cells where we would just use basically semi furnished conditions, we would perhaps look at the ... strip clothing and give them strip bedding and things like that.

Ali McMurray: And who could authorise use of those cells?

Paul Parry: Nine times out of ten be whoever was in charge that day. There was no structure in place to review and open a thing

and say, "I think it should be" or it would be the GP or Senior Medical Officer as he was known then.

Ali McMurray: And how long would somebody spend in there or did that depend entirely on the behaviour once they were there?

Paul Parry: It was mainly on behaviour, yea.

Ali McMurray: And did they tend to mostly be used for prisoners at risk of self harm or were they predominantly used for prisoners that were a danger to others?

Paul Parry: A lot of it was prisoners who were danger to others and someone who was a real self harmer and we might have looked at putting them in there, but the difference with a AS cell and another cell wasn't much difference except the AS cells at the time was just closer to the office. What we tended to do the layout of R1, I don't know if you have been there, used to have, if you imagine a long landing and there was cells closer to the office which we would use, I can't remember the numbers for the life of me, unless I went over there and had a look.

Ali McMurray: Right, okay, thank you. Did you ... did staff regularly get feedback from suicide prevention management meetings, if there was a sort of policy changes or if they were talking about numbers of incidents of self harm, trends developing or anything like that, did you get any feedback?

Paul Parry: No, it ... no.

Ali McMurray: Okay, and what apparently triggered Mr D■■■■'s attempted suicide on the 27th that was a phone call with his girlfriend, but I notice what I have seen is that he didn't actually have a phonecard, he was allowed to make a call on an official phone, but I mean was there any sort of measures in place to ensure that vulnerable prisoners could always have access to a phone or was it done very much on ad hoc basis?

Paul Parry: At the time I would say and it is pretty much the same now is the majority, everybody I would like to think who works in healthcare, they have got genuine and good concern for patient care, and I certainly, I can't really remember Mr D■■■■, I am ashamed to say, but on recent case scenarios gentlemen who have been sort of highly suicide we are, I

mean what is a phone call, I mean it is nothing, so we used to give them one all the time.

Ali McMurray: Right, I think that is it on the general front. Stephen did you have any ...?

Stephen Shaw: Well I just wondered if I could ask a question, two questions about staffing. The agency staff that you got working in healthcare I mean were they people you had confidence in, were they good quality staff?

Paul Parry: No. No.

Stephen Shaw: Give me some examples of how you knew they were not good quality staff?

Paul Parry: It was just, they ... well you could have been, I mean you are coming into a prison environment. I would imagine it is quite intimidating but there was just total lack of interaction with us and I suppose we were guilty as much as perhaps not participating in it. You know and it was more of a 'here they are', "Right okay, that is what you are doing dadada, off you go". How can I describe it, what it is like, it is like you know you have got your set systems and your set ways and your set staff and then all of a sudden this person would arrive and it would be, 'yea okay, there you go and off you go', you know quite often you would see them just, you would catch them reading the paper when they are on a one to one, or you catch them dozing off or busy filling their time sheet in.

Stephen Shaw: I think this is quite important, that was ... if you put a member of agency staff on say, one to one, or 15 minute watch, if I had been the Manager of healthcare at the time could I be confident that they were doing those jobs properly?

Paul Parry: Hmm, I would say yes and no and I know ... I will try and explain myself. I think when you get put on a one to one watch and you are going to be there for 12 hours, it is hard, it is hard work, especially if the patient is, you know, aggressive or he is not communicating ...

Stephen Shaw: ... Not moving, not talking, it is even worse.

Paul Parry: Yes, it is hard work and you know a lot of the time due to the sort of the architecture of the prison was, you were staring at a patient through a small one inch slit in the door and so to

be able to be fair to agency staff, sat there just staring at that was hard work and so that is what I mean by the yes and no, so yes you were confident for a little while but you were also conscious, "Oh Christ I better give him a break, to keep him switched on".

Stephen Shaw: Well that is very candid, thank you for that. The second question is arguably the more sensitive, which is about the quality of your permanent colleagues in the healthcare. Were they bad, indifferent or what words would you use?

Paul Parry: I use good, I really do think certainly I could vouch for all the officers and all the nursing staff that they had genuine concern for patient care.

Stephen Shaw: So whereas you said that you would, could find agency staff dozing off reading newspaper, filling in time sheets, you wouldn't fine your full time colleagues read the newspaper?

Paul Parry: I can't lie to you, yes you would catch someone, of course you would, yes. Every now and then you know it is I can't sit here and say no, with my hand on my heart, but yea you would catch someone flicking through a paper now and then. Perhaps making a personal phone call, so yea you would.

Stephen Shaw: I ... say I am not trying to trip you out on this. You have ... your career has developed significantly in the last five years. Looking back on the people who were working as healthcare staff, discipline staff and the nursing staff, you ... broadly speaking be happy to see them still work in healthcare or ... employ them. You are now a Manager looking back at people who were your ...

Paul Parry: ... Looking back at where I am now to where I was then, now, some of them, yes I would employ and some of them, no I wouldn't and some of them I would but they would have to pull their socks up.

Stephen Shaw: Alright, I think that is helpful, thank you.

Ali McMurray: Okay, Paul, as I said there is one entry on an incident report form which I will just show you if I may, just to see if it jogs your memory at all about Mr D [REDACTED] or indeed about that particular incident, if you can concentrate with the drill going?

(PAUSE)

Paul Parry: Have you got a picture of him? I really can't remember him, this is ... I am so sorry to say that I ...

Ali McMurray: If you can't, fine, and unfortunately no we don't have a picture of him, but we would ... the most information we have got about him as regards physical appearance was from Pete Richards who described him as a chap about five foot nine did he ...?

Stephen Shaw: ... Five foot nine ...rather immature of attitude, behaviour but quite sort of lively, engage with staff, he thought he was local to London but was less certain about, slim ...

Paul Parry: ... Obviously I am trying to think, I have said it, we took him to ward 3 which is the observation ward upstairs from H109 which was a cell actually adjacent to the office, so we had him in an office close, wasn't an AS cell but it had a porcelain sink, but I actually can't remember doing health actions, which I apologise for.

Ali McMurray: No that's okay, it is a long time. In which case I think that is it, unless you have got anything further Stephen?

Stephen Shaw: No that is everything I think that we covered, we wanted to know, a feel of what healthcare was like and you have been very helpful on that. And we are not surprised you know, five years on you can't ...

Ali McMurray: ... Came more in hope than expectation.

Paul Parry: If I can be of help, give us a shout

Ali McMurray: I need to turn off the tape and seal them before you go.

1. I agree that this is a true and accurate record of my interview with Ali McMurray and Stephen Shaw on 11 July 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.....