

Investigation into the near suicide of Mr [REDACTED] D [REDACTED]

**Date of Interview:** 7 August 2006  
**Name of Interviewer/s:** Stephen Shaw, Prisons and Probation Ombudsman  
Anita Mulinder, Investigator, Prisons and Probation  
Ombudsman's Office  
**Name of Interviewee:** Ruth Kringle

Stephen Shaw For the purposes of the tape the time is now 5.00 pm.  
With me in the room are:

1<sup>st</sup> Female Anita Mulinder.

2<sup>nd</sup> Female Ruth Kringle.

Stephen Shaw and I'm Stephen Shaw and I'm conducting the  
investigation into the circumstances surrounding the near  
suicide of the man known as Mr D [REDACTED] just after  
Christmas 2001. Again, just for the benefit of the  
transcript, just to confirm - before we turned on the tape I  
explained that if at any point you wanted to stop you  
could do so, if you wanted anybody to assist then you  
could do so, and I have outlined to you the terms of the  
investigation I am conducting.

Ruth Kringle Yes, absolutely

Stephen Shaw Thank you very much. First if you wouldn't mind could  
you just tell me your career details for the whole time you  
have been in the Prison Service first of all?

Ruth Kringle OK, I joined the Prison Service in 1992 as a Prison  
Officer on the accelerated promotion scheme at the  
Scrubs and I've worked at Wormwood Scrubs, the Mount,  
Headquarters, Aylesbury, Holloway, before I moved to  
Pentonville as the Deputy Governor in January 2001. I  
worked there until January 2005 and I am now the  
Governor of Latchmere House.

Stephen Shaw Thank you very much. I want to focus exclusively on that  
period of the four years you worked at Pentonville, but  
before doing so could you tell me if you have any  
recollection of [REDACTED] D [REDACTED] at all?

Ruth Kringle I don't have any recollection of him himself.

Stephen Shaw He was held all the time that he was in prison in the then healthcare centre. I assume it is likely that you would have met him or passed by him.

Ruth Kringle Yes, I certainly would have passed him by. I mean I obviously toured the prison daily if I was on, but I don't recall any specific interaction with him.

Stephen Shaw And do you have any specific knowledge of the circumstances surrounding his suicide attempt, just after Christmas 2001?

Ruth Kringle I have some recollection.

Stephen Shaw Could you tell me?

Ruth Kringle There was more than one suicide or attempted suicide at that time, so I think I recall hearing about it from home. I don't think I was in the prison on the day that he did attempt suicide. I'm sure I was involved in some of the collection of information after the event and probably in some of the liaison with the investigation and our own enquiries into what happened and how we can prevent that in the future.

Stephen Shaw Do you remember what form your own internal enquires took?

Ruth Kringle Well I think, I mean my recollection is that someone was appointed to investigate the attempted suicide quite quickly externally, I mean within the Prison Service but externally to Pentonville, and we would have - I wasn't the nominated liaison person I'm sure of that - but I'm sure as Deputy Governor I would have been involved in looking into what had happened and supplying information to that investigation.

Stephen Shaw OK. I want to talk mostly about healthcare and suicide prevention but so far as you know you have no other knowledge of Mr D [redacted] after he left Pentonville?

Ruth Kringle No. I possibly met his family at the hospital, but I'm not sure if I'm talking about the right incident. I do know that there was an incident where someone survived a suicide attempt and I did attend the hospital to meet with the family. But I can't recall whether that was him or not.

Stephen Shaw Or whether it's 2001 or.....?

Ruth Kringle I certainly recall doing that.

Stephen Shaw Which hospital was that?

Ruth Kringle The Whittington.

Stephen Shaw But you can't remember?

Ruth Kringle I can't remember for sure that it was for him.

Stephen Shaw OK. I want to talk mostly about Pentonville as a prison. I mean you were there for four years, and we're talking particularly about the period 11 months after you joined. Just in your own terms describe what you felt about the state of the prison, as far as you can do, at that time?

Ruth Kringle What I recollect is that the Governor, Gareth Davis, had only arrived about six months before me. I think he'd arrived in the June or July the year before, and the prison, it needed a lot of work on it and it was I suppose what we would have to call a very typical local prison. Very set in its ways, lots of good work, but also needed energising I suppose in terms of doing more than just serving the courts and churning through prisoners. The first two or three years that I was there were all about reviewing policies, making it work better, organising staff better.

Stephen Shaw You said it was a typical local prison in your judgement, was it better or worse?

Ruth Kringle It wasn't a bad local prison, but it was a very busy overcrowded prison that didn't have a lot of energy and dynamism. I suppose that would be the best way of putting it. We gradually over the first, I suppose 18 months that we were there, really recycled the senior management team and brought in I think by the time I'd been there two – two and a half years - there had been a new Governor, a new Deputy Governor and three new functional heads. So quite a turnover of senior managers who came in with some energy and determination to improve the place.

Stephen Shaw Do you remember what brief you got from Gareth Davis when you were first appointed?

Ruth Kringle Not very clearly. I think he had found that they had had the same governor before him for five or six years and I think he felt that it was a prison that didn't cause people problems, didn't have any obvious problems but at the same time wasn't functioning as best it could. It was

quite easy and there were no obvious problems but it wasn't as dynamic as it should have been, and there was more that it could be doing for prisoners than it was doing.

Stephen Shaw

Let's focus a bit on healthcare what was your impression of the Healthcare Centre, if you can use that term?

Ruth Kringle

Well, the biggest problem for the Healthcare Centre was, well there were lots of problems. It wasn't in a very good environment for a Healthcare Centre. It was on a regular looking wing and that obviously wasn't the most conducive environment to prisoners with health issues, particularly as the majority of the prisoners in the healthcare centre have mental health issues rather than physical health issues. So that was problematic, I recall that it had staffing issues as well.

Stephen Shaw

Tell me about those.

Ruth Kringle

I think they had staffing shortages. They certainly had I think what the whole Prison Service was experiencing at that time, which was healthcare staff who had been working in prisons for endless years and were maybe not - probably needed more training, and more up to date training and information than they had probably been getting in that environment.

Stephen Shaw

What about the nurses? I'm not sure if you're referring to nurses.

Ruth Kringle

Well I am probably talking more about the nurses. I mean it was jointly run by clinical staff and prison officer staff, and they worked reasonably together but obviously with very different roles and approaches. But the nurses and the doctors that worked in prisons had been there for years and years and years. You know in the way that we've moved in the last five years to try to provide a similar service to a person not in prison that they experience from the NHS, we were nowhere near that at that point. It was a very insular healthcare environment that worked on its own principles and rules. That's not to say it wasn't successful but it was quite separate I think from any other healthcare you'd experience outside of prison, and some of the dynamics in management between prison service staff and nursing prison staff caused difficulties.

Stephen Shaw

Tell me about the difficulties.

Ruth Kringle I think the difficulties were just that the power balance maybe at times between clinicians and operational staff caused issues. The difficulty in having a lot of prisoners that really we all felt shouldn't be in prison at all, but really not having, either not having the links or there just not being the outside options to move people on. It was taking a long time for sectioned prisoners to get moved out, that type of thing.

Stephen Shaw Paint me a picture of the prisoners in healthcare. What proportion of them are people with mental health problems, what proportion of those were people who either had been sectioned or were potentially sectionable?

Ruth Kringle I would say probably about  $\frac{3}{4}$  of the prisoners there were there for mental health issues rather than physical health issues and probably two or three, I'm really guessing, but I would say a small number every month were sectioned and moved out. But that process may well have taken several months. So in that sense the big problem you had in healthcare was that resources were being taken up by people that we shouldn't have been having to deal with, and that diverted attention from other people.

Stephen Shaw Do you recall the cells in healthcare, I think they were called anti-suicide cells, AS1 and AS2, semi furnished rooms? What do you recall about them?

Ruth Kringle All I really recall was that they weren't made for purpose, they weren't purpose built, anti-suicide cells like they have in the new healthcare centre. They were cells that had been adapted for that cause. I think they were obviously adapted with guidance, but they essentially were cells at the end of the day. But they also had wards and they attempted to use the wards more than the rooms I would say.

Stephen Shaw Yes. Did you have a view on the quality of the accommodation represented by the anti-suicide cells?

Ruth Kringle I think really the quality of the accommodation full stop was very poor and that was a part of it. I mean we campaigned very hard to get a new healthcare centre for Pentonville because we felt very strongly that what we had was not fit for purpose and I think that was part and parcel of that.

Stephen Shaw At the time, was it much worse than you would have found or seen in your own experience elsewhere?

Ruth Kringle No, no, it wasn't much worse, because I think a lot of prisons have the same issues. I think most prisons did not have a purpose built healthcare centre that had been designed with the needs of the prisoners who would end up living there in mind.

Stephen Shaw Can I turn now to suicide prevention. I wonder if you could clarify what your own role was in respect of suicide prevention?

Ruth Kringle As I recollect and I haven't obviously been able to look at old minutes to check this because I haven't been in the prison a year and a half, but I think the suicide prevention meetings were chaired by the Head of Residence. I think three different people held that post while I was there. I'm not certain who held it at that particular time, but I was the Head of Residence's line manager. So I certainly had an overview of policy in that area and I certainly recall going to some of the monthly meetings that we held and engaging with the Samaritans and the different agencies that we were involved in. I don't think I chaired, I'm pretty certain I didn't chair the regular monthly meetings, but I attended some of them as the line manager of the person that did.

Stephen Shaw The then Board of Visitors said of suicide prevention in their annual report for this period, that there was little training and that mandatory procedures were not always followed. Was that your impression?

Ruth Kringle I'm not sure what they would have meant by mandatory procedures not being followed. We certainly did do suicide prevention training I think for the whole time that I was at Pentonville. We had 600 staff, so whether that was held often enough to make sure that everybody got refreshed often enough I couldn't say. In terms of not following policies, I'm not quite sure what they meant. We regularly had in the region of 30 open 2052SHs in the prison and certainly I know that the suicide prevention committee had arrangements, or line managers did, and also the committee specifically did have arrangements for checking them and reviewing them. Certainly, there is no doubt that at the meetings people would pick up issues, like seeing a doctor within a particular period or having a case review within a particular period. I'm sure that there were times when those were picked up as not having been followed. So I mean if that's the comment about procedures I think that probably was correct. I think in the management of that number of prisoners on

2052SHs, I'm sure that paperwork and the records and the procedures were not 100 per cent accurate. I think that's very likely to have been the case.

Stephen Shaw

The 2002 report by the Chief Inspector of Prisons talks about prison overcrowding, talks about staff shortages. Also says that vulnerability and risk were not properly identified and refers to poor quality 2052SH procedures.

Ruth Kringle

Is that generally?

Stephen Shaw

I think manifestly not everything was poor but equally not everything was good.

Ruth Kringle

Yes. I think in prisons like Pentonville there is a great difficulty particularly because the most vulnerable time and the most important time to notice someone's vulnerability is when they first come in. Pentonville was experiencing a huge throughput of prisoners probably, you know, in the region of 80 – 100 every single day, and I think that churn factor, as we used to call it, certainly didn't help. It didn't help in making a quality assessment of prisoners and I think in some ways that's why so many prisoners were on the 2052SH, rather than not being. I think probably we had more prisoners on that monitoring than truly needed it. Which brings its own problems.

Stephen Shaw

So you think, or your impression now is that at the time there were more people subject to monitoring.....

Ruth Kringle

I think we probably tended to be more cautious rather than not notice. I mean I'm sure that it was true that in the reception and induction procedure staff probably didn't always have as long as might have been ideal to assess prisoners, but I actually think that they tended to be over cautious rather than not notice. I would say that actually probably we had people on 2052SH monitoring that didn't need to be, but that in its own way causes difficulties.

Stephen Shaw

The Prison Service unfortunately has lost the 2052SH documentation relating to Mr D■■■■. I think we have probably covered this before but just to confirm you have no recollection of what was on his documentation or the quality?

Ruth Kringle

No not at all. Except that I would have seen it, I'm certain.

Stephen Shaw

Yes, yes, that's why I was hoping you might remember it.

Ruth Kringle Yes, certainly as I toured the prison I would look at the 2052SHs that were open in the areas I was visiting, so I'm sure I would have seen his 2052SH and I can't imagine what's happened to it.

Stephen Shaw If you were a prisoner in healthcare and it was felt that you needed to have a permanent one to one watch, do you recall you could authorise that?

Ruth Kringle I think it was the Duty Governor.

Stephen Shaw If I were a prisoner in healthcare like Mr D■■■■, who was known to be at risk of self harm, again paint me a picture of what would have been possible if you are trying to care for somebody who is a risk I'm in the healthcare centre, what sort of things would have been available?

Ruth Kringle The support?

Stephen Shaw Yes.

Ruth Kringle There were clinical and non-clinical interventions available, there were groups and individual counselling available from the doctors and nurses. There was also a big psychology department at Pentonville who provided one to one support for people on 2052SHs. I can't recollect the details of a personal officer scheme in healthcare.

Stephen Shaw Did you have a viable personal officer scheme anywhere?

Ruth Kringle It was hit and miss I think. It probably should have been better in healthcare but I didn't actually directly manage healthcare, so I'm not quite sure how it operated.

Stephen Shaw Should have been better in healthcare because you had a more stable population?

Ruth Kringle Because of a more stable population and more stable staff, so yes I would have thought it would have been better there than other parts of the prison. I'm not sure if it was at that particular period, there was a workshop operating in healthcare specifically to engage prisoners, but that may have been later than this period.

Stephen Shaw You've mentioned the suicide prevention management meetings, what sort of feedback did you get from those meetings?

Ruth Kringle

I'm kind of guessing but certainly I would have got feedback on training, and on how training was progressing and the levels of training. I would have got feedback on the review of 2052SH management, because that was really audited monthly from within the committee. I would have got feedback from the Samaritan liaison who sat on the committee, and the Board of Visitors liaison, and I think they had a rolling action plan on specific areas that they were dealing with at any point in time. So I would have got the update on the progress with those.

Stephen Shaw

And did they receive the reports, Carole Draper's reports, on the deaths and on Mr D [REDACTED]?

Ruth Kringle

I can't say, but I do recall that Carole Draper's reports came very late. So I think probably the action that the committee agreed and progressed was probably more about what we understood and learnt ourselves at the time than what came later in the reports. I'm sure we obviously would have picked up on recommendations in the report but I don't think the report came through for a long time.

Stephen Shaw

What do you recall about Carole's reports? When they came in did you and the Governor whoop for joy? What was the reaction?

Ruth Kringle

No, I don't think we probably whooped for joy. I don't think by the time they came in there was anything that we hadn't already known and tried to address. I think the reports, I don't remember them very clearly, but I do obviously remember that there were some criticisms of how suicide was managed, and suicide prevention was managed in the prison, and certainly some very clear recommendations about how we could improve it. But as I said I think by the time we saw the reports we'd probably addressed a lot of that, because Carole would have kept us informed. You know she wouldn't have come across a failing in the prison and then left us to wait to see the report a year later, she would have brought those to our attention right away.

Stephen Shaw

Can I just refer to some of the things that Carole said and your reaction to them? In no particular order. She talks about the 2052SH reviews and points out that there had been no involvement of probation in those and there doesn't seem to be much involvement of the prisoner either. Do you think that was fair?



Stephen Shaw

Mr D [REDACTED] was checked by an agency nurse, so this is a relevant issue in his case. It's implicit in your answer but is it putting words in your mouth to say that because you were reliant upon agency staff to do the special watches (a) it was expensive and therefore something to be avoided and (b) you couldn't guarantee it was done with quite the professionalism that you might expect from your own staff?

Ruth Kringle

I don't think it was avoided because of the cost, I think we just rung up immense costs, as I remember. I don't think we avoided putting people on watch if it was recommended that they should be.

Stephen Shaw

One of your former colleagues, a man called Dave Leanne, who was an officer who now works for the Metropolitan Police, said that it was all to do with money. Do you disagree with Mr Leanne?

Ruth Kringle

It was all to do with money, because obviously we overspent immensely by having agency staff. But I can't recall from the time I worked at Pentonville that we ever didn't continue to overspend. So in that sense we kept getting the agency staff in. I mean he's right it was all to do with money in the sense that every time someone was on a constant watch, you brought in an agency person, that cost a lot of money, and there were debates about whether that was the right way to be managing it and whether there were alternatives. Obviously it would be preferable from my perspective as a prison manager to have the most vulnerable people in our custody looked after by my staff not staff sent by an agency. But that wasn't the way it did happen and that was because of, well for lots of reasons really. That was about the level at which the watch needed to be carried out, who were the best people to use for that, whether realistically you were going to use a prison officer or a senior nurse to sit outside someone's room permanently for 24 hours a day or you were going to use an agency person. So I mean there were lots of problems around what we call constant watch monitoring. But I don't think the expense stopped us doing it.

Stephen Shaw

Can you give me an idea of what the expense would be. I don't mean exactly, but we're talking these days what we'd call 24/7?

Ruth Kringle

Yes, we're talking 24/7 attendance by a quite low grade nurse or even auxiliary nurse who would literally be sitting on a chair outside the room, watching that prisoner, and

that was something we needed if we felt the prisoner was in a state that we literally couldn't take our eyes off them. Now that shouldn't have been something that was needed for a prolonged period and I think some of the issues that healthcare staff like Dave Leanne might have thought about is the fact that you know we were quite insistent on making sure that people were regularly reviewed if they were in that position. That wasn't just about money, it was also about dignity for the prisoner and a feeling that it was very much a crisis situation that shouldn't last for a prolonged period. That was a very difficult position for a prisoner to be in as well and that really getting a prisoner to the point where we didn't feel we couldn't take our eyes off him for a minute was highly undesirable and something we'd always want to move from as quickly as we could.

Stephen Shaw

What I think will be my final question is to do with the incidence of self harm within Pentonville at this period in late 2001. Again, paint me a picture. Every morning would you come in from the senior management meeting and somebody else has self harmed or is it a rare event? What sort of feel does it have?

Ruth Kringle

It's not every day and it wasn't necessarily, it's very hard to define this, a very determined attempt. There was a lot of self harm that was clearly not designed to achieve suicide. It was about self harm and that you know represents I think the Prison Service's approach to the management of self harm and suicide at the time which wants to be very clear that any incident of self harm wasn't necessarily a suicide attempt. It certainly wasn't on a daily basis, but it probably was maybe up to 20 incidents in a month. Certainly we've collected statistics on self harm, both the frequency, the type and the age of the prisoner, the length of time they'd been in custody, issues like that to try and be clear about the most vulnerable times and what particular period of the prisoner's imprisonment or what particular type of prisoner we should be looking out for more. So I think there were a fair number of self harm attempts, there was not a huge number of very determined suicide attempts.

Stephen Shaw

I said that was the last question. I just wanted to share this characterisation with you. If I said to you that at the time, say late 2001, that healthcare at Pentonville was chaotic, that the accommodation was dreadful, some of the staff were indifferent, the administration in healthcare was in chaos with the paperwork going missing, and the

regime was impoverished, do you think that's a fair characterisation or ....?

Ruth Kringle

I think they're statements that individually have some truth to them but don't overall paint the only picture of healthcare. I think there were some very caring staff and I think there were staff that tried to give prisoners the best regime they could within a very difficult environment physically and in other ways in terms of what they could provide prisoners with. On the other hand, yes some of the comments are true. I mean certainly it was not the ideal place to hold prisoners of that type. The fact that it was within a local prison and within that environment meant that we couldn't give them as supportive a regime as they probably ought to have had, and I think the nature of healthcare in the Prison Service at the time did mean that there would be some staff that you would be very critical of. They had become quite conditioned to healthcare in prisons being of a particular type and obviously everything we've done since then is about trying to make healthcare in prisons, healthcare as it should be anywhere. So I think it's not a total picture but I think in terms of individual statements some of it's very true.

Stephen Shaw

Thank you very much for that. I doubt if Anita has any questions because she's not familiar with any of this. Is there anything obviously that I have missed?

Anita Mulinder

No.

Stephen Shaw

Is there anything that I should have asked or anything that you would like to say more generally?

Ruth Kringle

No, I don't think so.

Stephen Shaw

In that case, the time is now 5.42 pm and I'm going to turn off the tape.

1. I agree that this is a true and accurate record of my interview with Stephen Shaw on 7 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.....