

**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:** PSN Smith  
**Also Present:** Stephen Shaw, Prisons and Probation Ombudsman

Female: Today is Tuesday 11 July 2006 and the time is nine fifteen. present in the room is Stephen Shaw, Tony Smith 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. Mr Smith could you 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?

PSN Smith: 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?

PSN Smith: I am aware of that.

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?

PSN Smith: I am.

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

PSN Smith: No thank you.

Ali McMurray: Okay. Would you, finally, would 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.

PSN Smith: I understand

Ali McMurray: Okay, thanks very much. As I say, what I would like to do is to kick off with just, to get a general feel for what healthcare was like in 2001. So I have got some pointers down here. Healthcare was actually based in a different wing, wasn't it, was it R wing?

PSN Smith: Yes, that is correct. I mean when I started here in November '92 we were in the old healthcare centre that was built with the prison. As time went on ...

Ali McMurray: ... was it built, sorry, was it built as a healthcare centre or was it just an ordinary ...?

PSN Smith: No it was built separate to main prison. Like anything with a building of that age becomes more derelict and whatever, so we moved into what is now R wing which is basically a refurbished prison wing and we were there temporarily for a number of years until we moved into this present building, some sixteen months ago.

Ali McMurray: Okay, and what was R wing like I mean physically was it ...?

PSN Smith: .. As I say, it was a prison wing with a few coats of paint, there was no special adaptations made to it to facilitate its use as a healthcare centre.

Ali McMurray: So to all intents and purposes it looked like, exactly like another, any other wing so not desperately bright, not airy ...?

PSN Smith: ... Magnolia was nice but that was about it. It was a prison wing.

Ali McMurray: And noise wise, I mean was it a noisy wing particularly or ...?

PSN Smith: It could be because of the number of landings we had, there was ... four landings within there, we only occupied two of them. Above those on the 4's and 5's were the vulnerable prisoner unit, so obviously it wasn't just specific for healthcare, it was two wings in one.

Ali McMurray: I see, okay, and what sort of regime was in operation for the prisoners? I mean did they spend any time out of cells, or how much time did they spend?

PSN Smith: They did spend time out of their cells. Again that would be determined by what was going on in healthcare centre at the time, when a specific patient needed more interaction if not, you know, we got them out as much as we could with staffing levels and what is happening in the prison as a whole.

Ali McMurray: And can you recall what staffing levels were like were they generally sort of adequate or was there a lot of absenteeism?

PSN Smith: I am shooting in the dark but because it is about five years ago but we have never had our full complement of staff, it being just under what we need to fulfil every staffing detail.

Ali McMurray: So always a little bit pushed then in terms of ... okay, thank you. What sort of impact did that have on the staff morale, is management support very good?

PSN Smith: Are you talking about healthcare or the main prison?

Ali McMurray: Healthcare

PSN Smith: Yea. I mean everyone would like to make sure that you have got sufficient staff to do everything but you have got to live in the real world, you know, and you have got to decide what you can dispense with and what must continue if necessary it is a juggling act to give as much as you can for as long as you can.

Ali McMurray: And I mean I should imagine it was a busy wing, pretty rapid turnover of prisoners, was there?

PSN Smith: It was, I mean when we first moved in there we had something like 36 patients and then one of the previous Senior Medical Officers had a bright idea that we would open the 4's as well so at one point we had 76 patients.

Ali McMurray: Was that manageable?

PSN Smith: No.

Ali McMurray: So I mean what were the implications of that?

PSN Smith: On the R4 that was you could have one member of staff albeit a nurse or officer working around, checking, doing the 15 minutes checks whatever, sometimes you could have two depending on what was going on.

Ali McMurray: And that was a for a whole landing or the whole healthcare?

PSN Smith: The whole landing.

Ali McMurray: Right, okay, and ... so staff presumably is a mixture of nursing staff and discipline staff, was it?

PSN Smith: Yes

Ali McMurray: And what is the relationship between the two, I mean do they work well together or is it them and us or ...?

PSN Smith: No, no, they worked together, they do, on the whole. Obviously you are going to get, when you get people together, you are going to have confrontations on an individual basis but generally, no, they work together.

Ali McMurray: Okay, and share the same sorts of responsibilities, so everybody for example would be involved in 15 minute watches or was that just nursing staff?

PSN Smith: No, everyone.

Ali McMurray: Right, okay, so what are the essential differences between the work of the healthcare and the work of the discipline staff, if there are any?

PSN Smith: The only real difference would be dispensing medication. Obviously you need a registered nurse to do that, whereas the officers would insist that they are not the predominant dispensers in medication. There is always a first level nurse to dispense the medication. Officers still got involved in changing the dressings, assisting with the injections whatever, and that is the only real difference, because prior to that the place ran on hospital officers because there is only relatively in the last fifteen years or so that nurses have worked within a prison and being employed by the prison. Prior to that it was the odd agency nurse.

Ali McMurray: And I understand that there was at least some use of agency nurses at the time, given that the staffing levels were down. Did it draw on agency staff a lot?

PSN Smith: We drew on agency staff but again depending on the day what is happening, depended on how many staff we needed, you know, if some of our staff were on leave, sick or whatever, depended ...

Ali McMurray: ... With the agency staff, what tended to happen, did you get people that came back time after time or ... complete stranger?

PSN Smith: ... usually, no, nine times out of ten we would get the same person coming back. Obviously if they weren't available and the agency could only send a new face as it were then maybe we would.

Ali McMurray: Yea, and have you any idea what sort of training a new agency person would get - I mean to what extent were they told about, I don't know, 2052 and 15 minute watches and all that sort of thing?

PSN Smith: That would be, you know, on the job training as such. The staff they would be deployed to, whatever landing and then the staff there would say, "Right you are here for today, this is what we need to do, you will be responsible for dddddd" and go through it that way.

Ali McMurray: So it was just to get them through that shift, there was no sort of overview given of how it all worked?

PSN Smith: No.

Ali McMurray: And the prisoners you have in healthcare, I mean was it the whole range of sort of physical and mental illnesses or was it predominantly mentally ill or predominantly physically?

PSN Smith: I would say that sixty forty erring on the side of psychiatric patients. I mean what we did is if you run over to R wing now, on the 1s we would house patients with psychiatric illnesses because that is where the main wing offices were, you know, and where management was based as well so if they needed to they could draw on extra resource as such. On the 2s which is, for the want of a better word, flat location for patients with medical problems, people in wheelchairs,

people on crutches, the only reason why it is a flat location right through the whole prison so they can get from A to B without encountering any steps or things like that. On the third level is or was x-ray, dentist, admin and whatever and consulting rooms and on the floors when it was open, that was patients who were coming to the end of their stay in the healthcare centre.

Ali McMurray:

Getting ready for discharge?

PSN Smith:

Yea.

Ali McMurray:

Okay, right and did you tend to have people with you for a matter of days, a matter of weeks or did it just vary depending on the individual as it were?

PSN Smith:

We had some patients that were here a matter of days, then others depending on what is wrong with them a matter of weeks, you know it was a mismatch as it were, you couldn't actually say ... be admitted on a Monday and you will be discharged on the Wednesday.

Ali McMurray:

And given that staffing levels were on the low side, I mean to what extent did you actually, were you able to build up relationships with those prisoners?

PSN Smith:

That didn't hinder that. I mean again the majority of patients that we had they understood, we do as much as you can but then it is up to the individual on how you interact with people, you know.

Ali McMurray:

I mean is there sort of time built into your day to just talking to people or ...?

PSN Smith:

Not as such no, but even if the patients were locked up it doesn't stop you talking through a door.

Ali McMurray:

And you would try and do that, you were, sort of, be proactive about that or would you wait until there was somebody to say, you know, for a prisoner to say, "I want a chat" or whatever?

PSN Smith:

Well no because you still be doing 15 minute watch and landing checks wouldn't you? As you went round someone may ask you the time of day, you know, "Have you got a

light", as well as having a structured 15 minute watches and checks whatever, you are still walking round.

Ali McMurray: So you are actually engaging with people not just looking at them as it were?

PSN Smith: Yea.

Ali McMurray: Okay, thank you. Thinking about the mentally ill patients, what sort of provision was there for psychiatric and psychological input from ... presumably you had visiting psychiatrists and psychologists?

PSN Smith: Yes

Ali McMurray: And was that adequate?

PSN Smith: Well speaking as a general trained nurse as opposed to an RMN as an outsider as it were, I would say no, they would do a couple of sessions a week. You could have, the list could be full for as many patients as they see but then depending on bringing in from the wings, reliant on officers on the wings bringing them, or at short notice they may be required for court or police production.

Ali McMurray: So, I mean do I take it then there were delays in people getting psychiatric care?

PSN Smith: Delays on a domestic front as in a logistics on getting people from A to B, not delays in ... how can I put it ... actually being put in front of a psychiatrist, we did have psychiatrists here ..

Ali McMurray: ... what actually working within the prison?

PSN Smith: They came on a sessional basis, yes

Ali McMurray: And the system of referrals did that sort of work quite smoothly?

PSN Smith: On the whole yea.

Ali McMurray: And what percentage of prisoners would you say were vulnerable in terms of risk of self harm at any one time, there again during that period end of 2001?

PSN Smith: Are you talking about healthcare or the main prison?

Ali McMurray: Just in healthcare

PSN Smith: Again to give, if I gave you a figure now that would be for the whole period, again depending on what patients we had admitted and at what time and given the shake up of 60, 40, you know, I would say about 20 to 30 percent, because at times you could have eight, nine people on the old F2052SHs, other times you could have one or two.

Ali McMurray: Right, okay, and as I said earlier on we actually don't have any of Mr D■■■■'s records because they have all gone missing. Is that something that you find surprising or would it have been a, sort of, fairly common at the time for records to have gone astray?

PSN Smith: No it wasn't common

Ali McMurray: It wasn't?

PSN Smith: No.

Ali McMurray: So record keeping was efficient was it?

PSN Smith: It was and given an incident like this, if it was a major incident, I mean since ever I have been here once all the forms A, B, 213s, the whole paraphernalia is filled in, copies are kept by the Governor as well as a copy of the IMR is kept.

Ali McMurray: Okay, right, so there are no issues around records not being accessible or ...?

PSN Smith: ... Not as far as I am aware.

Ali McMurray: Okay, that's fine, thank you. Moving on more to suicide and self harm prevention, if you can remember what training would you have had in the sort of the management of the 2052SH system?

PSN Smith: As far as I can remember when they rolled out the 2052SH because previously 1997 whatever form, everyone in the prison were encouraged to go to morning, if not a day session on the whole new system, the whole point of why we need to change and for the documents to become a landing

based document, a working document, so people did have training sessions on it.

Ali McMurray: You say they were encouraged to go, I mean was there any follow up to say "You haven't been on it yet, can you make sure you get to a session next week" or ...?

PSN Smith: In healthcare we did, we did. But I can't comment on what happened on the wings

Ali McMurray: Sure, and the 2052SH was that a living, working document, is it something that you would use regularly in your day to day work?

PSN Smith: Yes we would.

Ali McMurray: In terms of both reading it to see what happened the previous day and in making entries yourself about how people are getting on?

PSN Smith: Yes

Ali McMurray: And observation sheets as well?

PSN Smith: Yes we had them as well.

Ali McMurray: And who was responsible actually for devising support plans in an individual's case?

PSN Smith: On a 2052?

Ali McMurray: Yea

PSN Smith: We were.

Ali McMurray: Nursing staff?

PSN Smith: Nursing and hospital officers. I mean it depends when ... where the fellow was located when the 2052 was opened, because you know, to tell you what is in your book, you open it, you have to put your concerns, the reasons why you feel the man is at risk, he sees the doctor, and then decide where the best location for him and how best to support him.

Ali McMurray: Right, and how are those plans communicated? Is, was it each person's responsibility to read the 2052SH or did you have sort of verbal hand overs every day or ..?

PSN Smith: Yes, I mean it is up to the individual if you are given a number of patients to look after, as you would do in a hospital you would check their care plans anyway, you say, you see what has happened preceding 24 hours if you have been off. Also we always have verbal hand overs in the mornings as well, again to recap on events the previous evening.

Ali McMurray: And you had those hand overs back in 2001 as well?

PSN Smith: Hmm hm

Ali McMurray: And case conferences, who convened those and how did they work?

PSN Smith: Case conferences were at that time in Dr Yisa's office who was the SMO and the responsible doctor was there, members of the nursing or hospital officer staff who were looking after him, the psychiatrist may be involved, people from mental health, you know, even members of the IMB and probation would turn up depending who was in and whatever.

Ali McMurray: Ohh, I see, and the prisoner himself was ... did he sit in as well?

PSN Smith: Initially, no. Just for the staff to recap on what has been happening, but prisoners were invited in to see how, again just to get a verbal hand over from him, how he is feeling and what he thinks he may or may not need.

Ali McMurray: Thank you. And there is something in the papers here about the guy in the cell next door to Mr D [REDACTED] saying that Mr D [REDACTED] had been saying, "I am going to kill myself, etc etc". Was any ... what were prisoners told about letting staff know if they had concerns about another prisoner, I mean was it formally covered on induction or with a notice ...?

PSN Smith: On induction for the prisoners?

Ali McMurray: The prisoners, yes.

PSN Smith: That I couldn't tell you what goes on in induction.

Ali McMurray: Right, okay, and in terms of managing prisoners at risk of self harm, what options were there open to you to physically manage somebody?

PSN Smith: There was a range of them, they could be put on a 2052, hourly observations, half hourly, 15 minute watch, continuous watch, whether they remained within the main prison, or they came into healthcare, you know there were a number of things that we could do.

Ali McMurray: Could anybody authorise any of those range of options or were, I don't know, constant watch did that have to be authorised by somebody more senior?

PSN Smith: Yes, the constant watch did because then that involves bringing in agency staff and whatever.

Ali McMurray: And use of the semi furnished room, I mean, I know Mr D [REDACTED] spent some time in that room, was that something that was used a lot at the time?

PSN Smith: Yes. To use a semi furnished room you would have to involve the Duty Governor and the medical officer, they both signed to say ... the 1991.

Ali McMurray: And there wasn't, you had some sort of wards as well didn't you, I have seen some references to some wards, but I can't sort of figure how they would work?

PSN Smith: Right, okay, right on the 1s you would have a landing with single cells but behind you between healthcare and the segregation unit, we had pharmacy staff rooms whatever, but before you got there you had two five bedded wards. Basically they were large rooms that five beds could be added into. Initially, we had them, they were closed but then we opened the eight bedded ward upstairs on the 2s. There is a room for staff who could be there 24 hours a day to keep an eye on patients who may be on a 2052, but then rather than segregating them if they are depressed and whatever, that way they are in a room in a community, they have got someone to talk to, you know, they had a television just trying to build up that, you know, come out of your shell a bit more, you are not the only one with problems, the fellow next

door to you may have the same and he may be able to tell you some sort of mechanism to cope with it.

Ali McMurray: Okay, thank you. Did you ever get any feedback, I mean staff generally, healthcare staff generally, did you get feedback from the suicide prevention management meetings?

PSN Smith: I can't remember, sorry.

Ali McMurray: Okay, and there was something called a Hotel 9 team involved in ... or saved Mr D■■■■'s life after his suicide attempt, was that ... were the members of the team always on duty or was it a bit of sort of pot luck really whether ...?

PSN Smith: The whole point of Hotel 9 was, prior to that we only had Hotel 1, which is one member of staff attending alarm bells, whistles, whatever within the jail in case a prisoner or member of staff had been injured, and there was, when we had Peter Hayward here who has done a lot of work outside in his own time about trauma and resuscitation, he put it to the SMO that we have a Hotel 9 team specific, designated staff on a daily basis should the need arise they would attend to the incident.

Ali McMurray: Were you a member of that Hotel 9?

PSN Smith: Yes. What he did, he ran a three day basic prison trauma life support course and as far as I remember a majority of the staff attended it.

Ali McMurray: Good. So that training was readily available to all healthcare staff?

PSN Smith: Yes

Ali McMurray: Okay, good. Mr Hayward's ... from what I can gather from interviews carried out by Carol Draper at the time everything revolved very much around Mr Hayward on the Hotel 9 thing. I mean how have things moved on in his absence, sorry this is moving into the present a bit now which I didn't intend to do, is Hotel 9 now still on the go and is it still working?

PSN Smith: Yes.

Ali McMurray: Right, okay. I would like to move on now to Mr D [REDACTED] personally, if that is okay. Do you remember him at all?

PSN Smith: To be honest five years ago, I remember the name but the circumstances around what happened, they are very very shallow.

Ali McMurray: Right, can you remember anything about Mr D [REDACTED], if I say the name, what sort of comes to your mind?

PSN Smith: Again it is just the name. I am sorry to say, you know, that is something I should remember but I can't.

Ali McMurray: No, that's fine, now as I say the reason why you have got collared, as it were, is your name is on the incident sheet. Now this was something that happened on the 13<sup>th</sup>, so two weeks before the attempted suicide that we are interested in, and Mr D [REDACTED] was found hanging in his cell. Looking at that do you remember anything about that incident?

PSN Smith: Nnnno.

Ali McMurray: Doesn't ring a bell?

PSN Smith: It doesn't, sorry.

Ali McMurray: There is another form you completed as well (RUSTLING OF PAPER) ...

PSN Smith: That is my writing.

Ali McMurray: But you don't remember it?

PSN Smith: No, I am sorry.

Ali McMurray: Okay, no that is fine. As I say, I would rather you say you didn't know than you just made it up.

PSN Smith: No I mean, as I say, it is my handwriting but I can't remember the incident.

Ali McMurray: Right, thank you very much, we will move on from that then, thank you. As I say really just to go through the same sorts of things about healthcare that we have already been through, but you know, what it is like now, so the physical

environment, the regime, communication, those sorts of issues.

PSN Smith: Right, okay.

Ali McMurray: Stephen and I have been around the new healthcare centre which is mightily swanky and nice and clean and bright. What sort of environment does it provide for working in?

PSN Smith: At least it is lighter and although, yes, you are still in a prison it doesn't look so much like a prison wing. Again just walking into it, I mean the sort of men that are located here, they get their own rooms, the doors are bigger so we can get people in and out of cells in a wheelchair. I mean previously, as I said earlier, there is a refurbished prison wing and they left the normal size prison cell doors, so if you had a man in a wheelchair, I mean we came up with a good way of getting them in, what would have to happen, someone would hold the wheelchair and someone took a wheel off to get him through the door, but we don't have that here. You can get beds through the door, now, it makes a whole lot of difference.

Ali McMurray: Yea, I say generally speaking from a working point of view the whole environment is just more appropriate to healthcare?

PSN Smith: Yes, yes, I mean you will always get niggling things as I said earlier, they still have not finished the air conditioning, there is problems, but yea, it is light, bright we have space of our own, we don't share it with another unit, it is ours.

Ali McMurray: Yea, and how many patients would you have, tend to have on the healthcare, presumably it is always full isn't it?

PSN Smith: Well initially when we opened and it was commissioned we had space for 32 beds, recently that has been reduced to 22.

Ali McMurray: For what reason?

PSN Smith: It was just, you would have to speak to Jonathan and Gary but it was a case of you know, we don't run that level of service for 32.

Ali McMurray: So by reducing the number of patients you are actually better able to care for the ones you have got?

PSN Smith: Yes.

Ali McMurray: And what sort of regime do patients follow at the moment?

PSN Smith: In the morning staff will attend for work again a verbal hand over, verbal events of the night before, once that is completed the staff are detailed ... whether they work in the treatment room, in the main prison or on East Ward or West Ward, and then it is a case again review any ACCT documents, medication, unlock the fellows for a shower, and then depending on what is happening again, is out for association because we now have ... when we first moved in we had one room for the 32 men which was no bigger than about twenty foot by twenty feet. Now what happens is we had two five bedded wards when we moved in, those are the two that have been de-commissioned to bring us down to 22, so each ward now has their own association room with televisions, toilets, whatever, so they have got somewhere.

Ali McMurray: Right, good.

PSN Smith: And that is where the out of cell dining will be when the tables have arrived.

Ali McMurray: And staffing levels are still low by what you say or lower than they ... lower than the complement?

PSN Smith: Yes. I mean we have had a number of officers and staff leave because one of the knock down effects of our staff is, a large proportion of our staff are reaching the end of their career, their nursing career, so evidently they are going to retire and whatever and it is easier for someone to retire than it is to recruit, that happens so quickly to retire than the recruitment process and the security checks and what have you.

Ali McMurray: And what would you say the level of prisoners or patients on the healthcare centre at risk of self harm nowadays?

PSN Smith: I would say 20% of them but then ...

Ali McMurray: .. is that consistent with what it was before ..?

PSN Smith: Yea, as an average, I mean obviously you have troughs whatever and then peaks.

Ali McMurray: And you mentioned ACCT, has everybody been trained in ACCT?

PSN Smith: *Again the same sort of process came in as with the 2052s you know, new document, people were trained by SO Lee Lawrence and he was assisted by one of the officers Grant Toughton, to roll it out. Some people, a majority of people, were given training on how to fill it in and the reasons why you fill it in and what sort of content you need to put in and others went on further training to be ACCT assessors.*

Ali McMurray: Oh right, good training?

PSN Smith: Yes.

Ali McMurray: So you feel that ... you feel confident that you understand it and you know how it works and your colleagues will know how it works?

PSN Smith: Yea, I mean I am not an expert on them but at least you can instigate a document, you know and start the ball rolling.

Ali McMurray: And how much refresher training do you get between these big blitzes on training so when there are new initiatives is there a sort of a constant top up of the refresher training?

PSN Smith: Not of the ACCT, no.

Ali McMurray: No, okay and are all staff trained in what to do when someone actually does self harm, or does that devolve onto the Hotel 9 team?

PSN Smith: As far as I understand like for officers in the prison, they get some form of first aid training, their nine weeks at the college so I presume they do. With those over here we have ran regular updates with CPR, choking anaphylaxis training. However because with our nurses they have to do five days update every three years to keep their training relevant, so as well as making the training available to the nurses, you have to make it for the officers as well.

Ali McMurray: Yes, and do staff carry scissors for cutting ligatures or are they kept ...?

PSN Smith: No, no they carry a big fish.

Ali McMurray: Right, but everybody carries one do they?

PSN Smith: No.

Ali McMurray: No, who has them?

PSN Smith: Certain designated people on the wing.

Ali McMurray: Right, okay, and presumably care is taken to make sure that there is always somebody on the wing that is carrying a big fish?

PSN Smith: As far as I am aware.

Ali McMurray: And agency staff, do you still go ahead with agency staff now?

PSN Smith: Yes.

Ali McMurray: And does that have repercussions in terms of standards of care because sort of lack of consistency or ..?

PSN Smith: Lack of consistency, obviously to get anywhere in a place like this you need a set of keys, if you are agency staff and you are only going to be for the day, there is no way they are going to have keys, so they are reliant on, if they were to go to the toilet, a member of staff to escort them, if they have to go anywhere, so yes it would do.

Ali McMurray: Yes, and they still get the sort of briefing for the day, do they, "This is what you are going to be doing today" ..?

PSN Smith: Hmm hm, I mean as far as I understand what they try and do ... agency staff will be deployed into a treatment room with another member of staff, so we try and keep our staff over here because they have got keys, obviously that doesn't happen all the time depending on how many members of staff you have got with keys and whatever.

Ali McMurray: Okay, and would ... at the time that Mr D [REDACTED] attempted to kill himself, it was actually an agency nurse that was doing the 15 minute watches. Is that just as it happened do you think on that day or would you tend to use agency staff for that particular purpose?

PSN Smith: A bit of both. It could have been, you know without seeing the staffing figures for that day and what we had, a breakdown of it, but they could be used for either.

Ali McMurray: I see, but you don't think there would have been a sort of policy to use agency nurses on that particular duty?

PSN Smith: No

Ali McMurray: Okay, thank you very much. I think that is probably everything from me, thank you very much indeed. Stephen do you have anything?

Stephen Shaw: Just a, if you don't mind just a couple of things. The semi furnished cell - I wonder if you could describe what conditions were like in the semi furnished cell?

PSN Smith: Dark in that the windows were the opaque type, you know the glass brick type bearing in mind the cells were below ground level on the 1s so of course outside the window you would have the walkway and then the exercise yards, but the same height, the height of the window, so you are going to get limited light in there. No toilet, no sanitation and just horrible.

Stephen Shaw: And they were used quite frequently?

PSN Smith: Yes

Stephen Shaw: And in what circumstances would they be used?

PSN Smith: Patients who were not compliant with medication as in people with mental health issues, if they were self harming, remove everything we could to prevent them from harming themselves.

Stephen Shaw: Was most days there would be someone in there?

PSN Smith: No. Again it is dependent on the individual and how he is progressing or regressing as the case may be. Depending on how many people we have within healthcare and what ever reason they are in healthcare for.

Stephen Shaw: More generally you talked about the conditions on R wing. I wonder if you could say what difficulties the physical

conditions the fact that healthcare was on R wing presented for the care of those with mental health problems?

PSN Smith: The actual cell doors themselves was still cell doors in the main prison so if you were doing a 15 minute check say at night you still had the two, three inch wicket in the centre of the door which didn't lend itself to good observation of the whole of the cell.

Stephen Shaw: So that was a problem that if I have got somebody on 15 or indeed on any watch during the night I have just got the ... to look through?

PSN Smith: Yes

Stephen Shaw: Anything else in terms of treatment ...

PSN Smith: Sorry

Stephen Shaw: Anything else in terms of treatment and the mentally ill which was made more difficult by the fact that it was R wing rather than here?

PSN Smith: No.

Stephen Shaw: And one final question, I mean we had a characterisation of healthcare which I will read to you if I may, just welcome your comments on it, it says here, "Healthcare at Pentonville was chaotic, the accommodation was dreadful, some staff were indifferent, administration in healthcare was in chaos with paperwork going missing, regime was impoverished. Is that a fair characterisation?"

PSN Smith: Personally because I work here, nobody likes to be described as that, but I would say yes it is a fair overview. It was impoverished, as I said in the beginning it was just a refurbished prison wing, you know. Access to cells with for patients in wheelchairs, you know, you couldn't do it, if you had a patient who didn't use a wheelchair but found it hard to get to the bed to the toilet, there were no grab rails so he could steady himself, you know, just the simple basics.

Stephen Shaw: That account also talked about the administration being in chaos, was the phrase used here, do you think that was fair?

PSN Smith: Chaos, no. They were stretched, they were stretched.

Stephen Shaw: And how did that manifest itself?

PSN Smith: Yes you could find the odd referral did go missing but not ... it wasn't on a daily basis, you know, everything went missing.

Stephen Shaw: Okay, that is all I want, don't know if Tony has got things to ask, no?

Ali McMurray: Or anything else you wanted to add?

PSN Smith: Not really.

Ali McMurray: Okay, well thank you very much indeed, in that case I will stop the tape. It is now nine fifty five.

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.....

Day 4. BUNDLE 2. Page 328.

**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 [redacted] 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 27<sup>th</sup> 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.....

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