

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

**Date of Interview:** 12 July 2006  
**Name of Interviewer/s:** Ali McMurray, Prisons and Probation Ombudsman  
**Name of Interviewee:** PSN Japaul

Female: Today is Wednesday 12 July, 2006 and the time is eight thirty. Present in the room is Nurse Vicky Japaul and my name is Ali McMurray and I am an Assistant Ombudsman. 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. Vicky could you please confirm that you have received a copy of the letter inviting you for interview, the Notice of Investigation and the Notes of Interviewees and that you have had an opportunity to read them?

Vicky Japaul: I did.

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?

Vicky Japaul: I do.

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 and that if you become unhappy at any time we will suspend it until you can be?

Vicky Japaul: I am.

Ali McMurray: 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.

Vicky Japaul: I do.

Ali McMurray: Okay, thank you. Vicky if you could start off just by describing what the old healthcare centre was like sort of around 2001, 2002. So it was over in R wing - describe the sort of physical surroundings, what was it like, was it dark, was it clean, was it bright, was it noisy, was it quiet?

Vicky Japaul: It was dark and very crowded but in a sense that we had more staff available to assist us when there was an incident. There was much more staff available in those days and we were actually more happier and we felt more comfortable and happy at the time.

Ali McMurray: Right, because you had more staff?

Vicky Japaul: Because we had more staff and the presence of the officers - they were always there even though it was a smaller building environment ... to us the staff there were more happier.

Ali McMurray: And as a healthcare centre because it was just a wing really wasn't it?

Vicky Japaul: It was a wing, it was a wing.

Ali McMurray: And how did it work as a healthcare centre, what ... were there any disadvantages?

Vicky Japaul: Okay, if there was an incident for instance, a patient had cut up or self harm the officer from the wing of the inmate would have actually coming from, they would be escorted over to the healthcare, so if any of them would self harm, placed in a cell for a few hours or days, then we will inform the Board of Visitors that an inmate came from the wings and he is placed in so and so cell in the hospital ground on R1, then the officer would do a check on him and he would be isolated on his own, in a cell on his own where staff would continue monitoring his presence or his condition, situation.

Ali McMurray: Right, and so inmates at risk of self harm were always placed on R1 were they?

Vicky Japaul: Yes, yes and then we had this document called 2052, F2052 which is a self harm documentation and he would be obviously monitored, so we would have the regular staff monitoring him or if they are placed on either 15 minute watch or half hourly watch, if again staff availability, then

they would have agency nurse, or care support worker or if they would have staff, they would have regular staff monitoring his progress his condition and his medical state and things like that.

Ali McMurray: And did you employ a lot of agency staff at the time?

Vicky Japaul: At that time we were actually, yea.

Ali McMurray: And I mean were they good?

Vicky Japaul: To my standard, yes, the ones who were with me I could say, yes.

Ali McMurray: And was there any problems with agency staff from the point of view of consistency?

Vicky Japaul: No we had a regular supply, we were always in regular supply of agency nurses. They played an important part because as I say apart from regular staff they were always available, at one time they would say, (inaudible) so then the regular staff would be able to concentrate on the other patients and then you know that the support was going to be there, attend to their needs, hot water, or cigarette lighter, things like that, just actually seeing to their needs, just keep an eye on them.

Ali McMurray: Right, and so if you have people coming back repeatedly, there was no difficulty with people just not understanding the sort of ..?

Vicky Japaul: ... no, it was well understood

Ali McMurray: So they were pretty much similar to permanent staff?

Vicky Japaul: Yea, that is right, there would be a handover and assigned to this particular patient at the time, and then of course an agency nurse would come and overlap the previous one and again handover. They would be dedicated to that particular patient constantly until they get relieved, and so on and so on.

Ali McMurray: Right, and what were agency staff told about the watches, were they simply to ensure that the prisoner ... ?

Vicky Japaul: .. they didn't harm themselves

Ali McMurray: .. but were they also told to engage with the prisoner?

Vicky Japaul: Yes, yes, yes, you know, talk to them, just actually keep them active and anything seem to ... just one cup of tea, conversation anything, you know, just general well being of the patient

Ali McMurray: Okay, and you said that staffing levels were much better back then?

Vicky Japaul: Oh yes, even though it was an old hospital ... well an old wing, again somehow we were much happier, much much happier I mean you could always count on your colleague to help you out. I mean there was a continuous presence of staff there and the officers would, we were much happier, even it was an old hospital, care was much better, care was much better.

Ali McMurray: So you ... right, I mean was it an orderly environment, everybody knew what they were supposed to be doing ..?

Vicky Japaul: ... Oh yes, get in in the morning and there would be handover in the what they call the Wendy house or the office and you would just be delegated to D wing or, once they sorted the primary care outside on the wings, then they concentrate on the staff, prison officer and three or four nurses and we give medicine, you know, everything went quite good and the ... engage in exercise now, they don't go out in the yard anymore, there we are, and it was just naturally a happy environment.

Ali McMurray: Oh that is good.

Vicky Japaul: Yea it was, you see that every day here, I mean this hospital is new but I think it is so distant, so open they are losing sight of the actual point of, the type of people we are actually admitting to hospital. There are people with serious problems, people re-offending, we have the poor copers, we have people who just naturally first time, oh it is a lot of things, mixed environment now.

Ali McMurray: And that is a lot different from how it was four years ago?

Vicky Japaul: Oh God yes. Completely, don't forget a lot of staff have left and it is not like, because I have been here nine years

already and I have seen a lot of changes. I have seen ... seen a lot of staff leave and just feel like God ... yea, it is sad, it is not the same, it has reached ... this hospital and I don't want to think negative, because it is meant to be specifically for the mentally ill patients, well we have the order physical, specifically we were told, that is why they reduced the bed size even though the hospital itself is bigger, it is more, as I say they have cut off a lot of things, a lot of things. And of course we don't have a suicidal cell we used to have in the ... we had about four ..

Ali McMurray: ... oh right, what were they then?

Vicky Japaul: They were cells just with a bed, everything was actually grounded into the cell itself, but it was specially for inmates that self harmed, cut up, injury things like that, really self cutting and they would be placed ... given proper clothing to avoid self harm and destructive clothing. And it was a ... now we don't have that so you find that people come from the wings with serious mental problems and just housed in whatever cell is available. It is like we are literally doing musical chairs with the inmates and I find it is a lot of activity, a lot of turnout because there are so many people waiting to come in to the hospital and it is like we constantly have to juggle, juggle, juggle everyday, whereas before it was specifically for self harmers and suicidal, things like that, so it was more or less continuous.

Ali McMurray: So they were actually better geared up for ...?

Vicky Japaul: ... oh yes everyone will tell you that.

Ali McMurray: Right, so back then what do you suppose was the proportion of mentally ill to physically ill?

Vicky Japaul: Not as many now, not as many I mean we see ...

Ali McMurray: ... Not as mentally ill patients?

Vicky Japaul: ... They ... they were more or less on the community or they won't enter prison I should say, maybe they were outside on the community and better managed, I don't know I am just saying that, that is from my experience and the difference now is there are a lot of inmates literally waiting for transfers on the wings but again it is accommodation, we have a long list here so it is ... but before we never saw that many, we

never saw that many particularly a lot of people inmates coming with schizophrenic and mental ill issues and you know, the odd ... it is amazing.

Ali McMurray: So back when we are talking about 2001, you didn't have that many inmates with mental health issues?

Vicky Japaul: No I remember it was mostly psychotic, the odd one, it was everything was well organised, yea.

Ali McMurray: So how, I mean what was available for the mentally ill patients then, did you have visiting psychologists and psychiatrists?

Vicky Japaul: Yea, yea, every day they used to come, psychiatrists would come every day, in the morning they would come, to the hospital, see the inmates, that was a priority and then of course the others would go up on the wings occasionally, you know, because I used to run the clinics so I know, yea I was actually running the clinic for three and a half years so I used to go collect the doctors from the psychiatry, visiting psychiatrists, social workers, community ... everything was on the wing. The hospital R1 was known to be the patients that come from the wings and everything was contained there.

Ali McMurray: Right and the system of referrals to the psychologists and psychiatrists that all worked quite smoothly?

Vicky Japaul: Yea, much much better.

Ali McMurray: What was better about it then?

Vicky Japaul: Well the ... the inmates were seen every day, they had the priority. That is what the doctors would come see the patients in the hospital first and then of course the inmates from their wings would turn up after lunch or morning, as it were ...

Ali McMurray: ... There iwa a lot of psychiatric and psychological input then?

Vicky Japaul: It was much better, I was the forefront of it.

Ali McMurray: Yes, that is interesting.

- Vicky Japaul: We had more psychiatrists then, Dr (?) there was Dr ... we had so many then because every day there was psychiatrists, three or four would be here.
- Ali McMurray: Okay, and what sort of regime operated over in the old healthcare centre, were patients out of their cells most of the time or in their cells?
- Vicky Japaul: Oh yes, oh yes I mean free showers, shaves, exercise, morning and evening, association the whole day except when the weather was inclement, literally had more ... I mean we used to be on the 1s and 2s which listed ... the patients would play pool, television, it was very hard to cut up, the cut up came from the actual wings, yes. The hardest known psychiatric patients in-house and they were seen, it was much much better, yea, definitely.
- Ali McMurray: And did they have any access to the structured activities, like gym and education?
- Vicky Japaul: Oh yea, they had education, library, ... service, exercise, they had everything, everything.
- Ali McMurray: Right, thank you. And how was ... were your patients constantly changing I mean was there a lot of turnover or did you tend to have longer term people who you got to know?
- Vicky Japaul: ... until they were actually transferred it was very well organised, yea.
- Ali McMurray: Okay, now if I can just turn a little bit to suicide prevention and self harm, what training would you have had back then?
- Vicky Japaul: Right, on Thursdays was known to be training day so for the ... they would actually put names down, nurses names down if we have had training in suicide awareness, mental health issues, or anything on a Thursday afternoon ... among the nurses, three or four and it was Heaken House, so it was like once a month or, they had it all organised so you would get the opportunity to attend.
- Ali McMurray: Right, so they had lists of what people had done and so they could make sure that you didn't fall through any gaps?
- Vicky Japaul: Yes, yes, yes, make sure, yes we had a lot of that and nurses meetings of course to discuss any issues ...

Ali McMurray: ... Right and the actual training in suicide awareness what did that involve, what did they teach you?

Vicky Japaul: If a patient is at harm, what the patient says to you you document it, and you express your concern, take it further, to the Manager and we had Wednesday meetings that you actually give the patient's progress, do you think he is ... his condition and things like that.

Ali McMurray: Right and were you involved in those meetings?

Vicky Japaul: Oh yea, yea. Not often but as the case may be.

Ali McMurray: Right, so if you were responsible for a particular patient ...?

Vicky Japaul: ... Yea the doctor would expect you, attend the ward round they call it and you would get the chance to go, you would have that patient x, y amount of days whatever, so you just give your input and you know.

Ali McMurray: Right, so if you were there then any decisions that were made about that particular patient, you were immediately ...?

Vicky Japaul: .. yes, yes, you are the best one to see about, you know, the situation.

Ali McMurray: Right, okay and who was actually responsible for drawing up support plans for patients that were thought to be at risk of self harm?

Vicky Japaul: Well if they come from the wings obviously it would be hospital, when they arrive in healthcare. I remember we would actually, those admitting them would have all the plans, give them to the psychiatrist, as soon as the psychiatrist reaches you, you say this patient came from mental health issues, he cut up or he has been known schizophrenic and these are the things you would interact with the psychiatrist So you would make it known that this ... especially about the healthcare and they would just, yea.

Ali McMurray: Right, okay, and you spoke a little bit before about the anti suicide rooms, how often would they have been used do you think?

Vicky Japaul: Not very often, and they would not be housed in there long, they could be just sometimes a day, but the moment they arrive they have ... they are allowed out on their own, I say on their own with an officer or nurse and you monitor, but they are allowed out, they have showers and everything it is just that they don't associate with the other inmates because of the risk. Yea you don't have everything done to them same amount of time and everything and you would inform the Independent Monitoring Board, the Board of Visitors ... and phone them we got ... and they would come the following day, straightaway, for instance if they came, say last night, of course they have got a nurse watching them and they are allowed everything, the room and then by the afternoon they would be out, it is very short. I have never known any, most two or three days for the most but it wasn't ever a week I remember.

Ali McMurray: Right and as a healthcare professional you were happy with the way that all that worked?

Vicky Japaul: I found it was good, it did work.

Ali McMurray: Kept people safe?

Vicky Japaul: Yes because very rare to see an inmate come into 2052 self harm documentation, now we have got so many, it was literally ... if I remember about two it was a thing of the past. We hardly saw it, now we have got something like half of the ward here presently, I think we could have many as six, yes.

Ali McMurray: What now?

Vicky Japaul: Yea, comparing it to when it was 2052

Ali McMurray: Very stressful isn't it?

Vicky Japaul: Very stressful, going from different monitoring, for instance you will have one, apart from the 15 minute watch you could, we do a general half hourly check, so of course you go to the cell and see what they are doing, right, then you have ... oh documentation, the ACCT, some hourly, some two hourly, so constantly.

Ali McMurray: So who decides the level of watch?

Vicky Japaul: Nurse and the officer, everybody gets involved.

Ali McMurray: So it is sort of shared responsibility?

Vicky Japaul: Yes, it is a team spirit

Ali McMurray: And who ... and could you authorise the use of the anti suicide room or did that have to be authorised by, I don't know, a governor or doctor?

Vicky Japaul: Yes, I mean all you do is that once a patient comes in and ... in those days I am talking about ... inform the proper directives but it has to be discussed with the Governor, the PO, SO, all the Managers and monitor, review it, how much time allowed out, and you extend it or decrease it as the case may be.

Ali McMurray: Right and back on the old R wing you had a couple of wards didn't you or some rooms where you had more than just a few beds, is that right?

Vicky Japaul: On the second which is R2 we had initially, we started off as one I remember of course as a man came starting to see more people, bunks, sorry not bunks, single beds but yea not on R1 though it was always a single, they never shared cells ...

Ali McMurray: ... Right, okay, so you didn't use those wards, if you like they ...

Vicky Japaul: ... No, we had a eight bed ward, yes, we had eight bed ward for the really psychotic ones, constantly, I mean I had ... because I mean every Saturday I was there and I have seen a lot.

Ali McMurray: Okay, I think that is most ... Hotel 9 team that, does that still exist?

Vicky Japaul: Yes. But at that time it wasn't Hotel 9, it was level 1, level 2 and if I remember you would have a training in radio response and then whenever a level 1 is called, obviously you know, it used to be kept on R1, so every morning the bag ... would be checked, oxygen, gloves everything and officer or nurse would go, a medical team goes straightaway and we just monitor the patient, and if you think it is obviously it needs (inaudible) matter of life and death, of course all the Managers are there, medical team, doctor on

call that day they would have to come and assess and say .. straight to outside hospital

Ali McMurray: And a chap I was speaking to yesterday showed me his big fish, the ...?

Vicky Japaul: Yes the emergency, to cut down, hanging they go with it ... yea always call for help though.

Ali McMurray: Right, okay, and did you have those knives back in 2001?

Vicky Japaul: We had scissors I remember, the shape the same way, and cut down anything but not ... I don't know when the fish I must admit, I haven't a clue when the fish was introduced. Maybe they had it on the wings but the hospital we always used scissors.

Ali McMurray: Right and was that kept in the bag?

Vicky Japaul: Oh yes, kept in the emergency room, so you know automatically oxygen, scissors and you just ... as many people ..

Ali McMurray: Right, and apart from your general nurse training, were you given any training in responding to attempted suicides, you know, did anybody say this is what you do if you find somebody hanging?

Vicky Japaul: When you go on suicide prevention they give you scenarios, and they talk you through and sometimes you do ... however I think it is just a general advice, you see the inmate, call for help, press the alarm bell, in the meantime you are, stay with the patient and of course you are calling for help and everybody comes and do the necessary thing, it is just something that you automatically over the years ...

Ali McMurray: ... and would you ... once you have pressed the alarm would you actually enter the cell by yourself or wait until somebody to come?

Vicky Japaul: No, no, wait for somebody, always do, yes because we have been told, it could happen we don't ever ...

Ali McMurray: .. and that is in case of a hoax is it?

Vicky Japaul: Oh yea because it is ... your safety is important isn't it, and your colleague's, so obviously you don't go in, you don't move from the scene, you just shout for help, press the alarm, help and by that time you see everybody coming, you know, the person ... bring the oxygen, scissors, everything is going but you stay there and you just start ...

Ali McMurray: Yes, on a wing like R wing was, nobody was going to be far away anyway?

Vicky Japaul: No, always office keys, I mean I was actually coming down going for my tea break and I just saw the agency nurse shout, he was just doing his round, help and I just dropped everything and just ... gone and somebody got the oxygen and by that time everybody is participating, which is a good response.

Ali McMurray: Agency nurses never used to carry keys did they?

Vicky Japaul: No it is something that they didn't, something with the system.

Ali McMurray: Yea, I mean I would have thought there was some drawbacks to that are there not?

Vicky Japaul: It has been ... I think when it comes to agency ... they have to be trained like everybody else because they come in a secure environment. It is not everybody knows what goes on in prison. However the process does take a long while even for staff who is actually joining it is just something with the system, the prison, procedure and plans, that is all the document things, even though it has been discussed several times, especially in the healthcare, agency nurse ... I feel sorry for them because they want to go to the toilet, got to get the consent, and the pharmacy and they are really, I feel sorry for them, I wouldn't like to be subject to that sort of thing. Sometime it could be somebody knocking on the door, nobody hears you.

Ali McMurray: No, it must be very awkward. I just read through my questions, I think I am probably there on the general stuff ... yes that is good. As I explained beforehand I have got this incident report I will give it to you to have a look at, I will actually turn the tape off while you are having a read so you can take your time. That is it. I am turning the tape off now.

(PAUSE)

Ali McMurray: The tape restarted after a break of a couple of minutes while Vicky read the incident report. Vicky does anything there ring any bells with you?

Vicky Japaul: I can't remember it at all sorry.

Ali McMurray: You can't remember the inmate ..?

Vicky Japaul: ... Was on duty but not to help, I can't remember at all, I can't recollect anything about, absolutely nothing at all.

Ali McMurray: Okay, well Vicky that, I mean that is fine, it is a long time ago. That is all the questions I wanted to ask you. Is there anything else you think I should know just by way of general background or ...?

Vicky Japaul: Pertaining to the, it is ... I am baffled I am still trying to recollect, I don't know if I was on duty, just around but not actually ... it doesn't ring a bell at all, I say I remember clearly [REDACTED] because I wrote my statement and at no time I cannot remember being asked, that is why I am trying to figure how did my name appear on this? I can't recollect anything or being asked, if I thought I was on duty or maybe even around, at that time why wasn't I asked to write a statement, that is what I am thinking, so maybe at random, I am just saying I don't know.

Ali McMurray: Well perhaps it just listed the other people on duty?

Vicky Japaul: That is what I am thinking because I will say this, it doesn't ring a bell at all absolutely nothing at all, about the date, time, inmate, it means nothing at all. Even Mrs Boateng was saying this. I don't know, I really do not know.

Ali McMurray: Okay, that is fine Vicky. Is there anything else you would like to add more generally?

Vicky Japaul: No, not really. What is your first name again?

Ali McMurray: Ali

Vicky Japaul: Ali, so I am quite happy to say what I did there, to the best of my knowledge and I can only say, but this documentation here I cannot recollect anything at all and I must be honest

with myself, I don't know at what time or date the inmate does not ring a bell. Last week I was just going through my papers. I keep all my work papers and I have always kept [REDACTED] incident, and I said to myself, I wonder if they are mixing up [REDACTED] and D [REDACTED], and it was just by coincidence ... then of course yesterday morning I was handed the memo and I thought to myself, hang on, I am trying, trying and I said, "No" I said, "I am sorry how my name .. random, to make up a number or if it is just by I really ..."

Ali McMurray: ... No it is just because your name was listed on there and I thought ... and unfortunately ...

Vicky Japaul: ... I am sorry but I stick to what I said to you, what is documented, what is on the tape and this I have no knowledge, no nothing about the inmate. I know it is five years ago, but I still remember [REDACTED], so obviously I remember [REDACTED], but this one I haven't been asked to write a statement ... say that is my alibi, that is my logic, you know summing up the whole thing.

Ali McMurray: Absolutely, well it makes sense when you think of the numbers of people who pass through your hands over the course of five years...

Vicky Japaul: ... Yea, maybe it is just .. I can't recall anything about this and I will just have to say what ...

Ali McMurray: No that is fine, I mean the other background information that you have given me is really helpful, so thank you very much. Well thanks very much indeed I am going to stop the tape there. I should say it has just gone nine o'clock.

1. I agree that this is a true and accurate record of my interview with Ali McMurray on 12 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.....