

Prisons and Probation Ombudsman

Investigation n0 01/2007

**INVESTIGATION INTO THE NEAR DEATH IN CUSTODY OF 'D' ON 27  
DECEMBER 2001**

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**WITNESS STATEMENT OF JONATHAN MARK WARREN**

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I, Jonathan Mark Warren of *Her Majesty's Prison Pentonville, Caledonian Road, London, N7 8TT*, WILL SAY AS FOLLOWS:

1. I am Healthcare Manager at Her Majesty's Prison Pentonville ('HMP Pentonville'). I am aware of the terms of the current investigation. I did not have any personal dealings with 'D' but am happy to provide a brief statement to assist the Prisons and Probation Ombudsman with his investigation.

**Qualifications, work experience and current role**

2. I qualified as a Registered Mental Nurse in December 1986 and I also hold a Certificate in Health Service Management. I have a BA (Hons) degree in Social Policy (Health Studies) from Sussex University, (grade 2:1 awarded).
3. I took up post as Healthcare Manager at HMP Pentonville in January 2006 and my current employer is Islington Primary Care Trust. I have extensive experience in a variety of healthcare settings. I have held two substantive posts at the East London and City Mental Health NHS Trust from September 2002 until I moved to HMP Pentonville; my first post there was as Service Director and the second posting was as Director of Nursing Practice and Policy. From February 2002 until September 2002 I was a Specialist Adviser to the Health Advisory Service (now

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called the Health and Social Care Advisory Service). At the West London Mental Health NHS Trust I was Deputy Director of Nursing, from September 1999 until February 2002. Prior to that, I was Clinical Services Leader at Ealing, Hammersmith and Fulham Mental Health NHS Trust between October 1997 and September 1999, and from May 1997 until October 1997 I was Research and Development Nurse for the same NHS Trust. I also worked for the Sainsbury Centre for Mental Health as a Researcher from May 1996 until May 1997. Therefore my professional background and experience has fully equipped me to deal with, and proactively manage prisoners with mental health problems at HMP Pentonville.

4. When I started at HMP Pentonville I found the mental health team to be functioning very well and efficiently. Considering all the aspects of my work this required the least input from me. However, I have managed to secure funding for an extra staff grade doctor who works full time and who is responsible for the care of prisoners with mental health problems. This was a positive development for HMP Pentonville. Since taking up post at HMP Pentonville I have also achieved the following --

- I oversaw and managed the move to a complete electronic patient record
- I am developing nurse led primary healthcare services including chronic diseases clinics, minor illness clinics and triage.
- I secured additional funding for and introduced a primary mental healthcare service for prisoners suffering mild to moderate anxiety and depression.
- I ensured that all staff received appropriate training including developing new training packages tailored for prison healthcare.
- I introduced a patient and prisoner involvement group to ensure that the prisoners are able to influence the delivery of care.

#### **The new Healthcare Centre at HMP Pentonville**

5. The new Healthcare Centre is a purpose built, two-storey, centre. It is a pleasant, clean, safe and bright environment. We have two wards upstairs with a total (at present) of thirty-two beds. Mental health patients come under the mental health team and those patients with a physical disorder come under a named GP. Each

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room is single occupancy and a number of the rooms are so called 'safer cells'. This means they are fully furnished but with moulded plastic furniture which does not have obvious ligature points. We have our own exercise yard which is shared with day care centre users.

6. The staffing compliment is a mix of nurses and healthcare officers (discipline officers) many of which have had specific training in mental health issues. While there have been some fluctuations in staffing levels, I believe the wards are adequately staffed with three staff per ward. As far as I am aware morale and enthusiasm amongst staff is good and does not appear to present any problems for the day-to-day running of healthcare.
7. Downstairs, the Healthcare Centre houses a day care centre, a number of offices and some consulting rooms. The day care centre caters for up to twenty-eight patients who are deemed vulnerable or suffering from mild to moderate mental health problems. We offer a range of interventions from art and exercise through to computerised Cognitive Behavioural Therapy for anxiety and depression; this is led by a Health Psychologist and a Registered Mental Nurse. We have also recently secured the services of two counsellors who work one day a week.
8. Each residential wing in the prison, (outside of healthcare), now has allocated nursing and GP staff and a minimum of two GP surgeries a week are held on each wing, therefore, the prisoner can see the same staff most days and the same GP. The system works as follows – any prisoner (or member of staff on behalf of a prisoner) can simply tick a box on a standard application form to request an appointment with a GP. If it is urgent a nurse can call the duty doctor and the prisoner will be seen on the same day. If it is not urgent the request will await the GP surgery which is held two or three times a week. We are also in the process of setting up a nurse led minor illness session three times a week to further develop our primary care services.
9. I consider the Healthcare Centre to be a safe and secure environment for those prisoners with mental health problems. All staff are dedicated and committed to caring for vulnerable prisoners in a holistic and proactive way. We also adopt a team approach with our colleagues from the mental health in reach team and our systems and procedures are embedded within ACCT plans. For example, members of healthcare and/or the mental health in reach team will be involved

with case reviews for any prisoner on an ACCT plan whom they have had significant contact with, either via wing based staff or from within healthcare.

### **The current system of referrals and the mental health in reach team**

10. HMP Pentonville now has a dedicated mental health in reach team (based in HMP Pentonville) consisting of the following.

- 1 consultant psychiatrist (4 days a week)
- 1 Specialist registrar (full time)
- 1 special interest registrar (one day a week)
- 1 Senior House Officer (full time)
- 1 staff grade doctor (full time)
- 1 Full time manager, 1 full time deputy manager, 3 Community Psychiatric Nurses and 3 Approved Social Workers
- 7 sessions a week of consultant time from North London Forensic service offering specialist forensic psychiatric opinion

11. We offer a single point of entry into the team. This corresponds to the single point of entry system used in the NHS outside prisons. In the prison context, it means that anyone (Prison Officers, nurses, managers) can refer a prisoner to the team simply by filling in a form and it will then be prioritised accordingly. A weekly referral meeting is held where each referral is given to an appropriate key worker. Urgent referrals are allocated to the duty worker on a daily basis and the duty worker can see the prisoner immediately if required. All referrals are checked every other day to ensure that any urgent referrals are seen within 48 hours. The maximum wait to see a mental health practitioner is currently estimated to be two weeks.

12. If a prisoner requires treatment or input from services outside those already provided via the in-reach team this can be arranged by appropriate referral. We have excellent relations with, and good lines of communication with, local Mental Health NHS Trusts and local general hospitals. We can also arrange transfers to secure units if that is required. Also, if a prisoner requires input from an outside specialist that can be arranged, too.

13. We have Probation Officers based in HMP Pentonville itself and so communication with our probation colleagues is also relatively simple. We can always speak to them direct or via the telephone. Before a prisoner with severe and enduring mental health problems is released from prison, healthcare staff

and probation staff will be involved in meetings to discuss and consider the prisoner's arrangements post-release.

14. HMP Pentonville currently does not have access to Dr Halsey as a visiting forensic psychologist. However, we have a Health Psychologist based in the day care centre and we can access specialist psychology services via the prison's own Psychology Department. They can arrange for referrals to a specialist Clinical Psychologist. We also have two counsellors who work one day a week in the day care centre.

### **The current system of watches in Healthcare**

15. There are essentially four levels of observation for at risk prisoners in operation in residential wings and the Healthcare Centre at HMP Pentonville. Level 1 is the minimum level of observation and consists of one observation per day or two per night at irregular times. This level will be reviewed as required under the ACCT plan if that is current. Level 2 observations mean an irregular check every hour or two and this should be reviewed on a weekly basis. Level 3 observations means irregular checks in any hour up to and including 5 irregular checks in an hour. This should be reviewed every 72 hours or sooner. Level 4 observations are one to one constant observations and this should be reviewed every 48 hours or sooner. An agency or healthcare nurse may be used to carry out these observations. All observations are documented in the ACCT document.
16. A prisoner will be placed on a watch either because a member of the healthcare team, (for example, a consultant psychiatrist or doctor), considers it necessary and they will specify the level of watch required. This will trigger the opening of an ACCT document. Alternatively, a prisoner will be on observations under an ACCT plan opened by a prison officer, in which case one of the ACCT assessors will determine the level of watch required for the prisoner. Either way the level of watch can be altered according to the changing needs of the prisoner and continuing assessments of him. Healthcare staff hold handovers at the end of every shift and so any key information about prisoners can be passed from one team of staff to the other. In the ward it is very easy for staff to speak to one another immediately to alert any special concerns about any particular prisoner to each other. We also have ready access to the medical records, care plans, observation books and ACCT plans for any prisoner.

## **Emergency medical response team**

17. The current system for emergencies involves the use of Hotel 9 – a radio held by a member of the nursing team/healthcare officer - who has the responsibility of attending both Level One and Two calls that are put out by the radio Communications System (Comms). Depending on the nature of the emergency the person carrying Hotel 9 may then ask for other members of the team or the duty doctor to attend. All Hotel 9 calls will be put out via Comms. Requests for emergency medical assistance must state clearly the exact location of the emergency, whether it is Level One or Two and what type of emergency it is (for example, hanging/burn/cut etc). Both Level One and Two calls may be put out by any staff member within the prison service and Comms will request clarification of the type and level of the emergency and location and ensure that the call is put out to the Hotel 9 nurse, wing nurse and if Level One, the GP.
  
18. Level One calls are life threatening emergencies only and the response time is 5 minutes, with a GP, senior nurse and wing nurse in attendance. Level one emergencies arise when the prisoner/patient is unconscious or semi conscious, has difficulty breathing, has severe chest pain, has severe burns (or burns to the face), has significant blood loss; or in cases of hanging, acute allergic reactions, fitting for more than 3 mins, and stab wounds to the face, neck or abdomen. Level Two are possible medical emergencies, the response time being 5 to 8 minutes, and the senior nurse will attend with a wing nurse. Level Two emergencies are, for example, head injuries where the prisoner is conscious, has difficulty breathing or chest pain (but the prisoner/patient looks well), or in cases of minor burns, deep lacerations, suspected overdoses, allergic reactions with no difficulty breathing, fitting for less than 3 mins, or when someone swallows a foreign body. Depending on the clinical condition of the patient healthcare staff attending an emergency can up or down grade a Level One or Two call or if appropriate cancel it. The first responders attending an emergency situation will be responsible for immediate assessment and management of it as per national resuscitation guidelines and the most senior clinical member of the healthcare team present will be in charge of any given situation.
  
19. All nursing and healthcare officers have accredited and updated training on Basic Life Support. In addition nursing staff and, where possible healthcare officers, will

have training in Intermediate Life Support or its equivalent. All GP's and where possible senior nurses have accredited training in advanced Life support or its equivalent. Resuscitation and medical emergency algorithms as per British and European resuscitation Councils are made available in all treatment rooms. Following a Hotel 9 call the most senior member of the clinical team will be responsible for completing a proforma on EMIS. This enables audit of all the procedures (clinical and non-clinical) related to emergency medical calls as well as contributing to clinical reviews.

20. After a critical incident for example, a hanging incident, all staff involved will be called to attend a debrief with the duty governor. This should happen within 24 hours of the incident. Also, all staff will be referred to the Staff Care Team for counselling and support if they require it.

21. All Prison Officers now carry fish knives (including healthcare officers), but healthcare staff (nurses, doctors, etc) do not carry fish knives.

#### **Training of Healthcare staff**

22. I can say with some pride that our mental health training programme, devised for prison workers and which aims to equip them with the technical knowledge to make accurate diagnoses, (called the 'FACTOR X' project), featured recently in *The Times* newspaper, on the 1<sup>st</sup> May 2007. The article is now produced and shown to me as exhibit JMW1 .

23. Each year the mandatory training and optional training which we make available for staff within Healthcare is listed below. We accommodate as many requests as we can and encourage our staff to attend courses which are beneficial to their development and to the service. Senior Officers will ensure that their staff attend mandatory training. Records of attendees are held by the training department in Haken house and by the Senior Nurse managers within Healthcare. We also encourage staff to bring to the attention of management any courses which we do not yet provide, but which they feel may be of benefit to themselves in continuing to improve patient/prisoner care.



**The following are mandatory courses –**

- Drug Administration Theory
- Drug Administration Practical
- Drug Assessment Test
- Basic Life Support
- Control and Restraint (Personal protection)
- Intermediate Life Support (external at the Whittington Hospital) (mandatory for senior staff)
- Outline of Clinical Supervision
- ACCT training
- Communication and Documentation
- Radio Training
- Care Plan Formulation
- IP Risk Assessment Training
- Understanding Diabetes
- Hepatitis C Training
- Anaphylaxis Training
- Choking
- Diversity
- Fire induction
- Various IT courses
- Report Writing

**The following are optional courses -**

- Understanding Diabetes
- Safer Custody
- First on scene
- Personal protection,
- Substance misuse

- Public protection awareness
- Offender management awareness
- security awareness
- Rub down search & radio training
- Health & safety
- First aid
- Drug & programme awareness

### **Use of Agency staff**

24. The Healthcare Centre currently has about four or five agency nursing staff a week. In the main they can be described as 'regular' staff who all have worked here for at least six months as agency staff but they do not work under a permanent contract with us. We use a single agency provider who assures us as part of our contract with them that professional training for the staff they provide to us is up to date. Emergency procedures are always explained to agency staff. This includes fire and Hotel 9 procedures and they will always be working alongside regular staff.

25. Agency staff will have undergone self-harm and suicide prevention awareness training as part of their basic nursing training. HMP Pentonville does not provide specific self-harm refresher training to agency staff at present. Whilst it may be desirable to provide such training it should also be noted that all agency staff will have supervised training on the job which is a continuing process. The agency staff are always supervised by permanent prison staff. In addition, they will all develop skills in dealing with and managing at risk prisoners from their day-to-day interactions with prisoners, doctors and prison officers. Agency staff may also attend and participate in ACCT case reviews.

26. Agency staff are sometimes used to provide constant observation for prisoners at risk of self-harm/suicide but this is a rare occurrence. We do not often place prisoners on constant observations as this can be very distressing and intrusive for a prisoner and has limited overall benefit. The preferred way to deal with at risk prisoners is by proactive and interactive engagement and trying to identify the underlying problem causing the prisoner's despair or anxiety.

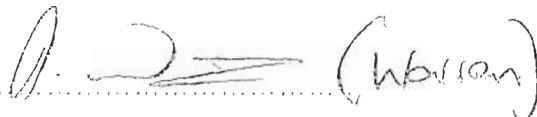
## Records management

27. We are currently moving towards a full electronic prisoner medical record system called 'EMIS'. This is a significant development for Healthcare. HMP Pentonville is one of just several other prisons currently implementing this system at present. Wherever prisoners are seen there is a computer terminal for EMIS. We now have full coverage within the prison and all medical entries as well as initial screenings are completed electronically. The only outstanding paper record is the nurses care plans which we will move to an electronic record in the coming weeks. This development means that missing medical records for prisoners will now be a thing of the past.

## Summary

28. Improvements can always be made to service delivery and this is an on-going process. However I believe that prisoners at risk of self-harm/suicide are now managed at HMP Pentonville in a caring and effective way, and with appropriate input from various professionals. A positive team approach has been cultivated amongst staff. The physical environment of the Healthcare Centre now is well suited to caring for vulnerable prisoners and this does not pose any problems for us.

I believe the facts provided in this statement to be true

Signed.....  (Wilson)

Position..... Head of Healthcare

Date..... 2nd July 2007.

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First Witness Statement  
Her Majesty's Prison Service  
Johnathan Warren  
2 July 2007  
Exhibits JMW1

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EXHIBIT JMW1

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# TIMES

From The Times

May 1, 2007

## What worked for us

**JONATHAN WARREN** head of healthcare at HMP Pentonville, on the FACTER X project, which trains prison officers and nurses to deal with inmates suffering from mental illness

"When I joined the Prison Service from the NHS in January 2006, I was struck by the complexity of delivering healthcare in a custodial setting. Studies show that up to 80 per cent of prisoners suffer from mental illness and the range was astonishing — chronic disease, depression, self-harm. No one had really thought about what prison nurses need to know to work in this environment; many inmates had not sought healthcare for a long time and had undiagnosed conditions. We wanted to give nurses the confidence to make sound clinical decisions.

I asked an external mental health consultant to devise a training programme. She spent a month talking to nurses and officers, finding out what knowledge and skills they felt they needed to provide better care. Everything came from our staff. Delivering training within the confines of the prison was a challenge. With 80 healthcare staff you can't just send 20 out on training. So we devised a seven-day course spread over three months, drawing participants from nurses, healthcare officers and pharmacists. FACTER X aims to equip prison workers with the technical knowledge to help to make accurate diagnoses. It also teaches better interaction, helping officers to be less authoritarian by calling prisoners by their names rather than numbers, for example. It's not a question of simply "being nice", but of talking to inmates as adults. The training also encourages officers to understand prisoners by their stories, not by their crimes. We find inmates respond less aggressively and are more forthcoming about their needs.

We were quite aspirational. We refused to accept that the environment would inhibit everything we wanted to do. Now there are fewer complaints from prisoners and we see staff looking for more innovative ways to deliver healthcare. The rest of the prison took an interest and we're planning to roll it out to the wings soon. With some imagination it's certainly a transferable programme. I also believe that it's an opportunity to reduce reoffending — better healthcare affects prisoners for the rest of their lives. We can't pretend to be a hospital, but we have become much more a place of care."

*If you have an example of good practice to share, contact us at: [agenda@thetimes.co.uk](mailto:agenda@thetimes.co.uk)*

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