

First Witness Statement
Her Majesty's Prison Service
Peter Hayward
29 June 2007
Exhibits PH1-PH6

Prisons and Probation Ombudsman

Investigation no 01/2007

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

EXHIBITS TO WITNESS STATEMENT OF PETER HAYWARD

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EXHIBIT PH1

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EXHIBIT PH1
TO FOLLOW
ON 02.07.07

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SPECIAL SUPERVISION

31. The initial medical assessment of all prisoners admitted to the health centre on or shortly after reception into prison, or as a result of concern about their mental state, should include consideration of any special arrangements needed for their supervision to prevent attempts to harm themselves or commit suicide. Where it is considered that special supervision is medically indicated the medical officer will order supervision in one of the following forms:

- (a) continuous supervision, in which the prisoner is observed by a designated officer who remains constantly in his or her presence; or
- (b) intermittent supervision, in which the prisoner is observed by a designated officer at intervals of not more than 15 minutes.

Exceptionally, the nursing officer in charge may order the use of special supervision provisionally in circumstances in which a medical officer is not in attendance. In such a case the instructions of the medical officer on call should be obtained as soon as possible by telephone.

32. Instructions by a medical officer relating to the special supervision, or observation, of a prisoner will be specified in the prescribed form as soon as practicable, and entered in the prisoner's medical record and other appropriate documents. Such prisoners will be visited frequently by medical officers.

33. When a prisoner is in the health centre or under special supervision or observation elsewhere in the prison, the medical officer will be consulted before any news unfavourable to the prisoner is communicated to him or her.

HOMICIDE CASES

34. The location of a prisoner charged with any form of homicide will be specially arranged by a medical officer who will advise the Governor as to what steps should be taken for observation or other purposes. Prisoners charged with murder will initially be placed under observation in the health centre or other location approved by the Managing Medical Officer for that purpose.

SPECIAL MEDICAL ACCOMMODATION AND RESTRAINTS

35. Except in an emergency, a prisoner will be placed in a protective, unfurnished or observation room in the health centre, a cell elsewhere in the prison designated as a medical observation cell or in a loose canvas restraint jacket only on the instruction of a medical officer or other doctor acting as locum tenens or consultant to a medical officer. Account will be taken of current guidelines on the use of protective rooms, unfurnished rooms and loose canvas restraint jackets. Exceptionally, the nursing officer for the time being in charge may authorise such action in the absence of a medical officer. In that event, urgent steps must be taken to seek endorsement of the action by a medical officer or other doctor. The instructions, and endorsement where appropriate, will be recorded in the prisoner's medical record and other appropriate documents. The Governor and Board of Visitors will be notified on the prescribed form when a patient is placed in a protective room or loose canvas restraint jacket. A daily list will be submitted to the Governor and a weekly list to the Board of Visitors of patients confined in unfurnished rooms during the previous 24 hours or seven days respectively. (See Order 3E as regards the use of special non-medical accommodation and restraints.)

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EXHIBIT PH3

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TITLE: LEVELS OF OBSERVATION

PROTOCOL NUMBER: 02/03

INTRODUCTION DATE: 18 MAY 2003

REVIEW DATE: 18 MAY 2004

The Health Care Team are committed to providing and maintaining a multi-disciplinary team approach delivering holistic care, that is sympathetic to individual needs. Communication within the team will be effective, involving Nursing Staff (this term includes Officers working within Healthcare), General Practitioners, Psychiatrists, Psychologists, Community Mental Health Teams, Probation, Chaplaincy and other agencies as necessary. We aim to enable inmates to take a positive approach to their own health. We will make every effort to be supportive and to deliver care with excellent communication between both prisoners and colleagues.

Our goal is to enable all our patients to return to an independent life on the wings or in the community on discharge.

Introduction

All patients located in the healthcare centre are on a 30-minute supportive watch. There may be occasions, however, where it is felt necessary to increase that level of observation.

Increasing the Level of Observation

A decision to increase the level of observation usually, but not always, follows an assessment on initial reception or following an incident such as an act of self-harm, where concerns have been identified. Those concerns are that the patient will make a genuine attempt to commit an act of self-harm or suicide. The decision to increase the level of observation will, in most cases but not exclusively, be made initially by a doctor during the health screening process on reception. That decision must be made in the best interest of the patient and be reviewed at the first opportunity, which will usually be the following day, by a multidisciplinary team from healthcare. It must be borne in mind that any increase in the level of observation is to prevent any/further act of self-harm or attempted suicide. Each patient, therefore, that is on a higher level of observation will, by default, also have an open F2052SH file. The



purpose of increased levels of observation in this situation is not for psychiatric assessment. Consideration must be given to the fact that in most cases the member of staff observing the patient will be a stranger to that patient, which may antagonise an already sensitive situation.

Levels of Observation

There are five levels of observation.

- Level 1** 1:1 observation. Inmate presents such a high and immediate risk of self-harm/suicide that he must remain within touching distance of the observing nurse at all times. Cell door to remain open (even during patrol state)
- Level 2** 1:1 observation. Inmate presents such an imminent risk of self-harm/suicide that he must remain within the eye line of the observing nurse at all times. Cell door may be closed.
- Level 3** Constant watch. Inmate presents such a risk of self-harm/suicide that he must be observed every few minutes but does not required 1:1 observation.
- Level 4** 15-minute *documented* watch. Inmate presents a risk of self-harm/suicide but does not require 1:1 observation or constant watch.
- Level 5** 30-minute supportive watch. This is the standard level of observation. All inmates within healthcare are to commence on this level of observation, from admission, regardless of reason for admission.

Deciding which level of observation to place a patient on is not an exact science. When deciding what level of observation to place a patient on consideration must be given to the needs and wishes of the patient as well as his mental state and safety. It is also necessary to consider what resources are available while bearing in mind that the safety of the prisoner is paramount.

Staffing



All levels of observation are to be carried out by a permanent member of the healthcare staff except where that would result in the staffing level dropping below the minimum.

Level 1 To be carried out by a permanent member of the healthcare staff. In the event that this level of observation is requested, the Orderly Officer, Duty Governor and Security must be informed. Support in staffing may be sought from the prison if not to do so would place healthcare staff at risk. This may be particularly important during patrol states.

Levels 2 & 3 Any member of staff, an OSG or agency nurses of at least grade B can carry out these levels of observation.

Levels 4 & 5 These levels of observation will be carried out by a permanent member of the healthcare staff during the normal course of their duties.

Reviewing the decision to increase the level of Observation

The Nurse or Senior Officer in charge of in-patients will be responsible for ensuring that reviews of each case takes place and that any further recommendations are actioned and recorded in the Inmate Medical Record (IMR) and F2052SH. The reviews will take place at the first opportunity and at least daily. The reviews will be carried out by a multidisciplinary team (MDT) made up of a doctor, a nurse, an officer and any other person that may be able to contribute to the decision-making process, e.g. the CMHT or contracted medical services. The decision to revert to the standard level of observation or remain on the raised level of observation must only be taken by a MDT and not by any individual person.

Documentation

All patients located in healthcare are on a 30-minute supportive watch. A 30-minute watch sheet is to be maintained continuously from the introduction of this protocol. (Annex A) It is the responsibility of the senior officer or nurse in charge of in-patients to delegate to a competent member of staff the task of completing the relevant section of the sheet every 30 minutes. The purpose of the watch sheet is to provide evidence that a member of staff has at least seen all the patients located in the healthcare centre and is satisfied at that point that they appear to be safe and well relative to their individual medical condition.

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Healthcare Protocol

NHS

If a patient has been placed on a 15-minute documented watch a watch form (Annex B) must have an entry made every 15 minutes. This entry is to be made by the person charged with observing the patient. The purpose of the sheet is to provide evidence that a member of staff has actually been observing the patient and that at the time of entry the patient was safe and well relative to their medical condition. The 15-minute watch sheet also has a small space to allow for remarks.

All patients located in healthcare will have care plans and IMRs raised. All patients placed on a higher than standard level of observation will have form F2052SH opened. These forms are to be annotated accordingly following any relevant act or decision made regarding the patient in question.

Head of Healthcare

Lead GP

Lead Nurse

Date

Date

Date

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EXHIBIT PH4

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DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
12/01 84 Jm		Discussed by Staff Team. Settled BPT# OFF 3 STAFF UNLOCK per [Signature]	
1/12/01 936		Due to his aggressive and abusive presentation to members to staff, was placed in 3 staff unlock program per [Signature]	Much settled Cooperative & less hostile off 3 staff unlock M 2/12/01
1-12-01		AGGRESSIVE AND ABUSIVE TO STAFF, UNPROFITABLE, REFUSING TO COMPLY WITH STAFFS REQUESTS DUE TO HIS CURRENT MENTAL STATE RACED ON 3 STAFF - UNLOCK	P3 Seal
1/12/01	D	Apparently, reported by Ward Staff that D was threatening behavior and being disruptive in the ward. D was apparently attempting to throw a chair through the window of a ward office.	37 5

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
12/01		<p>Allocated to M2, for T overcast. Asked for listener, who approached me to say above indefinite intentions to stay self harm.</p>	<p>2052 5025 SK opened. raised to W3 LEAVE PS. W 2 C.</p>
<p>02/12/01 1215 INFO</p>		<p>No chest pain. Ali. Name is with was concerned about him. was told that he had to go to outside hospital the last time he had chest pain. By checked a ECG Carried out, proved within limits & Normal.</p> <p>J. Mervin.</p>	<p>Duty 17.0 D. Mervin informed and instructed him to remain in with ii) To observe minute. some actioned</p>
3/14/01	D	<p>Seen in his cell, reopening a cut on his left arm made previously. Says he will kill himself by Friday next, before he has</p>	<p>① Referred to his doctor (Romanian) 38</p>

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
		<p>PLACED A CHAIR BETWEEN THE BED AND THE DOOR CREATING A BARRICADE. OFFICER PARRY FORCED THE DOOR OPEN AND WE GAINED ENTRY. 'D' HELD AN ITEM TO HIS THROAT. OFFICER PARRY AND MYSELF TOOK THE ITEM AWAY FROM HIM. HE HAD CUT BOTH FOREARMS.</p> <p>P.O. GILLAN.</p> <p><i>[Signature]</i></p>	<p>(3) 'D' WAS RE-LOCATED TO WARD (3). (4) ALL DOCUMENTS COMPLETED.</p>
4/12/01	D 0830hrs.	<p>INMATE HUES FROM WARD 3 TO HI ASS. KICKED TOILET UNIT WHICH FELL APART. PLACES ON REPORT AND MOVED TO HI-24. SEEMS TO HAVE CALLED AND HUESER STILL CLAIMS HE WILL HANDLE HIMSELF GIVES ONE OPPORTUNITY.</p> <p><i>[Signature]</i> HUESER.</p>	
4/12/01	CELL FABRIC CHECK.	<p>ASS AS4 HI09 III-II HI12 ALL OUT OF ORDER CHITIS GONE IN.</p> <p><i>[Signature]</i> RICHARDS</p>	<p>(40)</p>


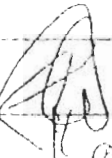
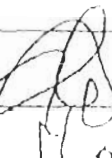
DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
11/12/01	D	<p>INMATES BEHAVIOUR DISTURBING BECOMING PARANOID HEARING VOICES. DR. YISA SAW INMATE, ADMINISTERED MEDICATION, COMPLIANT THROUGHOUT.</p> <p><i>Paul S Richards</i></p>	
4/12/01		<p>RETURNS FROM COURT 3/12/01 EVENING. WAS TOLD TO ADDRESS HIS BEHAVIOUR AND HIS 3 STAFF UNLOCK WILL END. INMATES FIRST OPPORTUNITY TO COME OUT OF HIS CELL HE TH THROUGHOUT CLEANERS AND STAFF WITH VIOLENCE. PLACES ON 3 STAFF UNLOCK UNTIL MORE SETTLED.</p> <p><i>Paul S Richards</i></p>	<p>3 STAFF UNLOCK</p>
4/12/01		<p>INMATES BEHAVIOUR HAS BECOME UNPREDICTABLE. ISSUING EMERGENCY CELL BELL, WHEN ANSWERED TELLS STAFF TO FUCK OFF. KICKING HIS DOOR INTENTLY APPEARS MENTALLY UNSTABLE AT PRESENT.</p> <p><i>Paul S Richards</i></p>	<p>3 STAFF UNLOCK.</p>

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DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
1/12/01	D	I.M. MEDICATION Given Room DR 415B'S INK DO NOT GIVE ANY FURTHER MEDS TODAY OR TOMORROW THE H+S DOC. DUALL	
5/12/01 4786	C	Refused R45 by Cm. Marley. For movement to C wing and to seek staff assistance there then required	Ray ✓ ps pm R
1/12/01	H	Ed Hotel 9 called to D3 had 2 had made superficial cuts to (D) forearm F213 + 20525H Seen in reception by Dr. Phargua. Inmate is in for Racially Aggravated Offence. Located in WP3	42 J (64)

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
6/2/01	D	<p>Returned from court very fearful & complaining of 'lock jaw' Proxodone given and DI to review inmate also self harmed in court using porcelain tile from bathroom</p>	PSN COPEY
7/1/01		<p>is in health care (the Fey) is in DCA SUPPORTIVE WATCH + 3 STAFF UNLOCK PLEASE Verbally aggressive to staff - refused to stand f--- off - you c--</p>	<p>PSN COPEY COM</p>
8/1/01		<p>is in health care (the Fey) is in DCA SUPPORTIVE WATCH + 3 STAFF UNLOCK PLEASE Verbally aggressive to staff - refused to stand f--- off - you c--</p>	<p>COM</p>
8/12/01	0830hrs.	<p>Next Staff reports that SMASHES UP HIS CELL, TABLE LOCKER, AND TOILET PARTICULAR ALL ITEMS REMOVED. Inmate very noisy, disturbing group.</p>	<p>(43)</p>

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DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
12-12-07	52	<p>Approx 10 Johns - found to be making cuts to his left forearm with a razor blade - brought to I. for treatment.</p> <p>W. Ashby, whilst working for attending doctor, manages to cut his arms again - last remnants of blade recovered. Form 213, submitted.</p>	<p> HCO HCO HCO</p> <p> HCO HCO</p>
13-12-07	D	<p>Brought in from exercise wanting to see me, asking me to give him something to help him sleep through the day - when advised as to my position - demanded to see a doctor - inmates informed all doctors unavailable due to clinical meeting - started thrashing his furniture around the cell and using verbal abuse of a highly charged and general nature.</p>	<p> HCO HCO</p> <p>IS BEING [initials]</p> <p>44</p>

at

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
13/12/01		INMATE PLACES IN P.R. 2 SEARCHED NIL FOUND. ONE WHITE METAL BRACKET WHICH REMOVES PLACES IN AND CANCELS IN S.O. ROSS'S DRAWER. <i>[Signature]</i>	THE USE OF THIS BRACKET DR. VISA. N. UNUSUALLY AVAILABLE AT
13/12/01 14:00		 COMMENTS NOTED. A GOOD IMPROVEMENT. - APPEARS TO BE ENTRIES FROM SOME GROUP OF STAFF - ALL ALL STAFF AWARE OF NEED TO COMPLETE? ACTION TAKEN REQUIRED TO BE COMPLETED TIME OF ENTRIES REQUIRED 	 J. A. T. B. R.
13/12/01 13:55	D. 21-24	At Army 13:55 This man was found kneeling By P.O. No. ABANI ACRYLON RAISED AND D. WAS SAVED.	Signed by Dr. VISA. N. Known on CURE TO W. P.
13/12/01		 Inmate found on Cell AND FOUND A PINK SLIP OF CURE READING IT. 	 Dr. VISA. N. P.

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
27/12/01	0840425	INMATE SPITTING AT STAFF MEMBERS AND THREATENING EVERYONE - INMATE NARCS TO AS4 DR KILIAN INSTRUCTIONS INMATE COMPLIANT WITH MRS P. HARRIS	Placed on Report.
27/12/01	L.B.B S 0900425	MEDICATIONS FOUND IN CELLS RAZORS AND A KNIFE P. HARRIS	
27/12/01	10-50425	INMATE BECAME EXTREMELY AGGRESSIVE THREATENING POOL BOYS AT MEMBERS OF STAFF ONE HITTING P. DAVIS ONE NARROWLY MISSING OFFICER MURRAY - WAS RESTRAINED & REMOVED TO CI LANDIAK P. HARRIS	Reviewed by staff team 3/1/02 Mind settled off 3 man unit unwork P. HARRIS
27/12/01	D.	BECAME ABUSIVE & AGGRESSIVE THIS AFTERNOON & SMASHED HIS LOCKER - CLAIMING HE COULDN'T STAND BEHIND BANGED UP ANY LOCKERS P. HARRIS	NO further action 46

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
27/12/01		<p>CLAIMS THAT</p> <p>Has nicked his WATCH - DOES HAVE A WATCH ANSWERING TO THIS DESCRIPTION</p> <p>P. Hayward</p>	<p>CHECK BOTH PROF CARDS</p>
27/12/01		<p>Brought to R1-17 for Refusal to move from R2-17 - No Man Management Problem Just needs firm handling.</p> <p>P. Hayward</p>	<p>No further action</p>
27/12/01	C102	<p>PROPERTY CARDS NOTED</p> <p>IT SEEMS IS IN POSSESSION of WATCH</p> <p>P. Hayward</p>	<p>TO BE PAID ON RESP.</p>
27/12/01	D	<p>GIVEN PHONE CALL</p> <p>APPARENTLY HIS CHILD HAS BEEN TAKEN INTO CARE BY SOCIAL SERVICES - ALREADY ON 15 MIN WATCH - STAFF NEED TO BE VIGILANT.</p> <p>P. Hayward</p>	<p>PROSEC</p> <p>NOTED</p> <p>(47)</p>

DATE/TIME	INMATE NAME/NUMBER	INFORMATION and signature of officer making the entry	ACTION TAKEN OR TO BE TAKEN
7/12/01 1545HRS	D	<p>INMATE FOUND HANGING FROM WEIGHT FITTINGS. STAFF ENTERS CELL SUPPORTS HIS WEIGHT CUT DOWN AIRWAY PUT IN C.P.R. COMMENCED PARAMEDICS ARRIVED ALSO AIR AMBULANCE WAS STRETCHES OUT BREATHING AND A PULSE WITHIN AID. WHEN HE LEFT.</p> <p><i>Pete [Signature] Runners.</i></p>	
7/12/01 1650HRS		<p>INMATE FOUND HANGING FROM WINDOW STAFF SUPPORTED HIS WEIGHT, WEIGHT CUT, INMATE LOST IN BCS CONSCIOUSNESS INTRODUCED HOWEVER DEMANDED A CIGARETTE WITHIN TOLD NO INMATE ATTEMPTED TO ASSAULT STAFF RESTRAINED + MOVED TO C.I.</p> <p><i>Pete [Signature] Runners</i></p>	<p>Placed on Governmental Restraint</p>
27/12/01 2350		<p>Inmate set his cell on fire, was relocated to C.I. is placed on report.</p>	
29/12/01		<p>Seen by <i>Pete [Signature] Runners</i></p>	

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EXHIBIT PH5

28.12.2001

Dept of Emergency Medicine and Prehospital Care
Royal London Hospital
Whitechapel
London
E1 1BB

Mr. Gareth Davies
The Governor
Pentonville Prison
Caledonian road
N781T



Dear Sir/Madam

I am writing to commend the behaviour of your staff during the resuscitation of Mr who suffered a cardiac arrest on the afternoon of 28.12.2001 at 1614. I arrived with the HEMS team at 1628 to find that the patient had been correctly intubated, oxygenated, had received blind cardioversion and adrenaline and also was receiving good CPR. The standard of care appeared to be that of a hospital team and it was very reassuring to observe your officers operating to such a high standard of care in a difficult and emotionally charged environment.

Yours faithfully

Dr. Tim Harris

HEMS SPR

Copy to Area Manager
Peter Hayward

G. S. L. W.

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EXHIBIT PH6

Handwritten notes: a bond (new page) ...
Custody in prison ...



HM Prison Pentonville
Caledonian Road
LONDON N7 817

Telephone: 020
Fax: 020

Handwritten: 2/1/02



INVESTOR IN PEOPLE

Handwritten: Ci. 16/9

Adrian Smith
London Area Manager
Room 726
Cleland House
Page Street
London SW1P 4LN

Your Ref:
Our Ref: GD086 Jan
Date: 7 January 2002

Handwritten: Peter Hayward
PH

Dear Adrian

RE: EMERGENCY RESUSCITATION TEAM - SENIOR OFFICER HAYWARD

You will be aware of the Trauma **Response Team** at Pentonville which is called to resuscitate prisoners who have been subject to incidents which have rendered them unconscious.

The team is largely the brain child of T/HSO Peter Hayward, who has developed the concept, selected and trained the personnel and been instrumental in preparing the **Standard Operating Procedures** for its deployment.

Please find attached a couple of memoranda about the incidents where *attempted to hang himself* on 27th December. *The deployment of the team is not uncommon, and a number of prisoners over the 12 months have been resuscitated when close to death. The paramedics who attended Mr [redacted] were full of praise for the Trauma Response Team's actions*

The prognosis for Mr [redacted] remains uncertain, but I think this does not detract from the team's efforts.

I would be grateful if you would consider a commendation either for Mr Hayward or for the team as a whole.

I will provide more statistics if required.

Handwritten: LA/01/80

LONDON

10 JAN 2002

EA OFFICE

Handwritten signature: Gareth Davies
GARETH DAVIES