Investigation into the circumstances surrounding the death of a man at HMP Leicester in November 2007

Report by the Prisons and Probation Ombudsman for England and Wales

April 2010

This report considers the circumstances surrounding the death of a man at HMP Leicester on 16 November 2007. The man, who had come to this country from India in 2004, was found hanging in his cell at approximately 7.05pm. I offer my sincere condolences to all those touched by his passing.

The investigation on which this report is based was conducted by two of my senior investigators in succession to one another. I would like to thank the Governor and the Deputy Governor (who was Acting Governor at the time of the man's death) for their cooperation, and that of their staff. I am also grateful to the clinical reviewer from the local Primary Care Trust for a comprehensive and thorough clinical review of the man's care while in custody.

The man who died spoke Gujarati and had no command of English. This made his time in prison difficult. Staff at Leicester experienced great difficulty in communicating with him without the use of an interpreter. This is an increasingly common problem within the prison system, and staff use interpretation services such as Big Word or Language Line. However, these services are impersonal and difficulties can arise when interpreters do not understand prison systems or terminology. As a result, bilingual and multilingual prisoners are often asked to help translate. Such informal arrangements can work well on day to day matters. However, they can be problematic when confidential and medical matters need to be discussed. There is no easy answer to this dilemma. The solution would require language training for staff, increased resources, or a prison specific translation service. In the meantime, staff depend on the goodwill of prisoners to provide communication links.

The language barrier aside, the man did not appear to experience any problems at HMP Leicester. Staff said that he did not seem depressed. He never spoke of intending to harm himself to his peers, staff or his solicitor. It is clear from interviews with his solicitor and his cellmate that his frustrations stemmed from his court case and a deep sense of shame around his offence. Sadly, he hid the extent of these feelings and appeared to be coping. Whether this was due to his sense of pride or because he felt unable to communicate through informal or formal translators is impossible to say.

Since April 2004, there have been nine self-inflicted deaths at HMP Leicester. As I discuss in this report, the family liaison support in this case was not consistent in dealing with next of kin. This issue also arose during my last investigation at Leicester.

I must apologise for the time taken to issue this report. I have made seven recommendations.

This version of my report, published on my website, has been amended to remove the names of the man who died and those of staff and prisoners involved in my investigation.

Stephen Shaw CBE
Prisons and Probation Ombudsman **April 2010**

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SUMMARY

The man who is the subject of this report was arrested in connection with serious offences on 6 August 2007. He was interviewed under caution through an interpreter as he could not speak English, and was represented by a duty solicitor. On 8 August, he appeared in court. He was remanded into custody at HMP Leicester. This was his first time in prison.

The man's family were present at court. He told them that he was unhappy with his legal representation as the solicitor did not speak his native language, Gujarati. The family arranged for him to be represented by another firm of solicitors. No problems were foreseen because he had not yet given any instructions to the first solicitor.

On arrival at prison, the man was both medically and risk assessed. The assessments took place with the assistance of prisoner who spoke Gujarati. The man was happy with this arrangement and staff found it easier than using the telephone translation service.

An officer in reception wrongly recorded the nature of one of his alleged offences. This resulted in him being incorrectly identified as a potentially vulnerable prisoner. The officer completed the process to segregate him from the main part of the prison for his own safety. It is not clear whether he had requested this or if the decision had been made on his behalf. The officer who started the process does not recall what prompted it.

The mistake was quickly realised and the man was not segregated as planned. However, he was still placed in a double cell with another prisoner. My investigator was unable to determine whether his request to share a cell with a Gujarati speaker was fulfilled.

The man spent four uneventful months in prison. He attended English language evening classes and made friends with other Gujarati speaking prisoners. He occasionally shared cells with English speaking prisoners. This made him unhappy. With the help of his peers and his solicitor he asked to share a cell with someone he could speak to. During October 2007, he was moved up to the enhanced prisoner landing to share with a Gujarati speaker.

Aside from the language barrier, the man does not appear to have had any other problems at the prison. He did speak to his peers and his solicitor about the difficulties with his legal representation and the court case. In addition, he expressed deep shame regarding his offence. He was worried about how he would be perceived by his community and the effect it might have on his family.

Although he often spoke about these matters with his solicitor and his peers, it was made clear to my investigator that no one found him to be depressed or suicidal. Had he shown such feelings, his peers and solicitor assured my investigator that they would have felt comfortable in approaching staff for help.

On 14 November, the man attended a court hearing. The issue of securing his desired legal representation remained unresolved. As in previous hearings, the

judge maintained that he should remain with his original solicitor. The man was upset by this. On returning to prison, he spoke to his cellmate about the hearing and reiterated that he was ashamed of his situation and how it was affecting his family. The cellmate told my investigator that although he was upset he did not notice any heightened cause for concern.

Two days later at 7.05pm on 16 November 2007, the man was discovered hanging in his cell by two prisoners who were on the landing undertaking their cleaning duties. He had been alone in the cell for approximately one hour as his cellmate was working. The prisoners alerted staff by shouting. Two officers immediately entered the cell, lifted him up, and cut down the ligature. The officers began cardio pulmonary resuscitation. At 7:10pm, an ambulance was called and prison healthcare staff attendance was requested. Nurse B arrived at the cell at 7.14pm with the emergency response bag. She found that the man had no signs of life and continued resuscitation.

The prison doctor arrived at the cell at 7.18pm. He requested that the defibrillator be brought to the cell. As this request was made, the paramedics arrived. The paramedics confirmed there were no signs of life and that the man had died.

The response to finding the man was quick. Staff acted appropriately and I make no substantial criticism of their actions. However, I have commented on the fact that there was only one defibrillator in the prison and on its location. I have also raised concerns over events after the man's death, namely the family liaison support and the hot debrief held for staff later that evening.

Regarding events prior to his death, I have discussed the difficulties in providing care for prisoners who do not speak English. Whilst he did not have any documented problems with staff care at Leicester, it is clear that his period in custody would have been easier if he had been able to speak directly to staff. Leicester provided an appropriate standard of care within the resources available, and it is not possible to say if events would have been different had he been able to fully communicate with those around him.

THE INVESTIGATION PROCESS

1. One of my Senior Investigators opened the investigation on 20 November 2007 and arranged to visit the prison the following day. During her visit she discussed the issues surrounding the man's death with the Acting Governor. She was provided with all documentation relating to his time in custody. Whilst at the prison, she spoke to the man's cellmate but did not formally interview him.

2. The investigator left my Fatal Incidents Team in February 2008 to take up another post. Her investigation was passed to another of my Senior Investigators in March 2008 for completion. I apologise for the delay this has caused.

3. The investigator conducted interviews at HMP Leicester during May and June 2008. Healthcare related interviews were conducted with the clinical reviewer from the local Primary Care Trust. He submitted his clinical review findings on 17 July 2008.

4. One of my family liaison officers (FLOs) contacted two branches of the man's family – his daughter and his second cousin's family, who were listed as his next of kin on his prison records. This was to explain the scope of the investigation and provide the opportunity to ask any questions or raise concerns for consideration.

5. It has become apparent during the course of the FLOs contact with the family that the prison's FLO has unintentionally given primacy to the second cousin and his wife. The man's daughter's needs were not handled with the same speed or courtesy. This has caused his daughter some distress. My investigator and FLO have had numerous discussions with the prison's family liaison officer to try to make sure that both parties were treated equally. Whilst there were some improvements, I do not believe the way the two branches of the family have been treated was even-handed. This is an issue that I have encountered during an earlier investigation at Leicester, and I have discussed this at greater length in the Issues section of this report.

6. My investigator was asked by the family members to consider the following questions during the course of her investigation:

    - How was the man able to secure a ligature to his cell window?
    - Did he attend education and was he learning the English language?
    - What kind of food did he eat during his time in Leicester?

HMP LEICESTER

10. HMP Leicester is local prison situated in the centre of the city. (A local prison serves the courts and predominantly holds prisoners who have been remanded in custody pending their court cases or who are serving short sentences.) It was built in the Victorian era and has an operational capacity of 385 prisoners.

11. The main residential unit is situated in one building. The first level comprises a first night centre, segregation unit and violence reduction unit. The second level has a self-contained detoxification landing and vulnerable prisoners unit. The third and fourth levels are standard prison accommodation. The upper third level has an allocated area of cells for prisoners who qualify for enhanced status under the Incentives and Earned Privileges scheme (a process to encourage and reward good behaviour in prison). Only prisoners who have been at the establishment for over 12 weeks, and can demonstrate they have earned enhanced privilege status, reside on this part of the landing.

12. The most recent published report (August 2006) by HM Chief Inspector of Prisons comments on incidents of suicide and self-harm at Leicester. The report states that by August 2006 there had been nine deaths in custody over a period of 28 months. She found that the timescale for implementing recommendations from the inquiries into these deaths was unacceptably long and that the processes in place for preventing self-harm and suicide - Assessment, Care in Custody and Teamwork (ACCT) - was not effectively managed

13. HM Chief Inspector of Prisons report found that services to and for foreign national prisoners remained underdeveloped. Although the race relations officer (RRO) post had become full-time, there was still much to do in this area. There was limited evidence that the telephone translation service was used and no overarching policy to ensure that consistent support was available to foreign national prisoners. However, she found the quality of investigation and resolution of reported racist incidents was good. She recommended that a clear foreign national prisoner policy be drawn up and implemented. Another inspection took place in June 2008, but the report has not yet been published and I am not acquainted with its findings.

14. The annual report of the prison's Independent Monitoring Board's for 1 February 2007 - 31 January 2008 found that the role of the RRO had now been well established. At the time of this report, foreign nationals at Leicester made up 24 per cent of the prison's population. Since the beginning of the reporting year, all new receptions had received an induction talk from the race equality officer (REO), and information books were available in 12 different languages. Software had been purchased to translate other documents issued to prisoners into these languages. New staff are also given an induction talk from the REO.

KEY FINDINGS

15. The man was arrested on 6 August 2007 and taken to a police station. At the station, the police interviewed him with the assistance of an interpreter and provided a duty solicitor. The man denied he had committed offences, declined to answer any questions, and refused to give any account for his actions. He was kept in police custody overnight.

16. During the evening, he was given a medical examination and deemed fit for detention. Details of his previous medical history of heart problems, the removal of his right kidney and 'alcohol intoxication' were recorded. He was issued with his prescribed medications:

    - isosurbide mononitrate 60mg (to reduce or prevent angina)
    - atorvastatin 10mg (to lower blood cholesterol)
    - atenolol 25mg (to treat cardiovascular diseases such as hypertension, angina, coronary heart disease)
    - aspirin 75mg (used in low doses over long period as part of managing angina and preventing a heart attack).

17. At 5.15pm on 7 August, the man reported experiencing chest pains and paramedics were called to attend to him. He did not require any further emergency assistance and declined to go to hospital. (The paramedics' paperwork is dated 7 July 2007, but this is incorrect as he was not in custody during July.) The prisoner escort record (PER) form has an entry by escort staff which confirms that the incident took place before his court appearance on 8 August.

18. During his court appearance, the man was charged with threats to kill and attempted murder and remanded in custody. He was taken to HMP Leicester. This was his first time in prison. He had told his family that he was unhappy with his firm of solicitors, as they did not speak his language, and he did not want them to represent him. Later that day, the man's family contacted solicitors that they were familiar with and asked them to provide representation. The firm has a couple of solicitors who speak Gujarati. No problems were expected in revoking the legal aid costs and changing solicitors, as the man had not yet given instructions to the first solicitor.

19. On arrival at prison, a member of prison staff misinterpreted the man's charge and wrongly recorded his alleged offence as being against a child. He was then risk assessed by reception staff. (This assessment is to determine whether a prisoner is able to share a cell and if they have any immediate needs such as medical or mental health concerns). It was noted that he could not speak any English. Fortunately, one of the other prisoners returning from court was a Gujarati speaker. He was able to act as a translator under the man's instruction. (If the other prisoner had not been present, I understand that reception staff would have used a telephone translation service called Big Word.) It was recorded on the man's cell sharing risk assessment form (CSRA) that he would prefer to share a cell with someone who could speak Gujarati.

20. Part of the reception process is to have an initial health screen conducted by a nurse. A second and more in-depth health screen follows the initial assessment within 24 hours. At Leicester, the first and second health screens are held in sequence, during the same sitting. A nurse conducts the first screen followed by the prison doctor. Both are present in the room throughout the two screens. In the man's case, Nurse A and Dr C undertook the assessments with the assistance of the other prisoner. Neither Nurse A nor Dr C was given any documents (a prisoner escort record or police forensic medical examination record) that accompanied the man into prison to inform their health screens.

21. Nurse A stated at interview that the man appeared to be comfortable talking to the other prisoner and that his presence was helpful. She told my investigator and the clinical reviewer that she has used Big Word on a number of occasions. However, she said she sometimes has problems with the interpreter understanding what she is trying to ask the prisoner concerned. Dr C had had no experience of using Big Word to interpret, but had occasionally used other prisoners brought over from the wing.

22. During the health screens, Nurse A and Dr C made a record of the man's existing heart and kidney problems. Part of the health screen process is to identify any mental health issues. He was assessed as having none and gave a negative response to questions about self-harm. He was asked whether he drank alcohol, to which he answered "no". He answered "yes" to the question "do you think there is any reason why you might need to see a doctor?" but did not elaborate. It was concluded by the healthcare staff that no immediate action was required.

23. It is good practice after the health screens take place for a prisoner's community general practitioner (GP) records to be obtained, particularly when there is an existing medical history. The man signed a 'Medical Information Sharing Consent Form', but there does not appear to be any record of contact being made with his GP.

24. After the completion of the CSRA and health screens, the man was placed in a cell in the first night area with another prisoner. My investigator was unable to ascertain whether his cellmate spoke Gujarati. He was taken through the induction process on the first night centre using the Big Word. The induction paperwork relating to him does not indicate whether he received an information pack. Induction officers told my investigator that the documentation is translated into a large number of languages. The man had not signed to confirm that a booklet had been issued to him, and therefore it was not possible to determine whether he received one in his language or not.

25. The following day, based on the incorrect listing of the man's offence, it was decided that for his own safety he should be placed on Rule 45 – segregation for his own safety. (Prisoners are segregated for two reasons, either for their own interests/protection or as a matter of good order and discipline.) It was decided that he should be segregated for his own safety based on the incorrectly noted information that his offence was against a child. Such

offences can attract abuse from other prisoners or lead to other vulnerabilities, such as risk of self-harm. There was added concern over his potential vulnerability due to his limited English language skills.

26. Governor D approved the application for segregation under Rule 45 processed by wing staff. Officer E wrote in the man's history sheet (a record of events kept for each prisoner) that he had asked to apply for segregation. The investigator interviewed Officer E but, due to the time lapsed between his contact with the man and this investigation; he was unable to recall the incident in any detail. Officer E told the investigator that he recognised the man on being shown a photograph, but he did not remember how the application for Rule 45 came about. It is not possible, therefore, to say with any certainty whether staff suggested he should be placed on Rule 45 for his own safety, or whether under guidance from staff he made the request himself. If he made the request, it is probable that he did not fully understand the circumstances surrounding the application as he would have known that his alleged offence was not against a child. I cannot find any logical reason to suggest why he would have made this request.

27. The Rule 45 application was signed and approved by Governor D at 9.20am on 9 August, with a review set for 72 hours later on 11 August. Nurse B completed an initial segregation safety screen. She concluded that there was "no apparent clinical reason to advise against segregation at this time." The cell sharing risk assessment indicated that there was "reason to suspect that the prisoner is abusing drugs/alcohol," but it is not clear what information this was based on because the man's reception health screens make no reference to a history of alcohol misuse. The only place this was recorded was on the police forensic medical examination form, which the nurse and doctor both said they had not seen.

28. Later that day, staff recognised that an error had been made when recording the nature of the man's alleged offence. The decision to segregate was overturned and he was placed in a shared cell. Governor D said during interview that, had he been segregated, he would not have been placed in the segregation unit with prisoners subject to Rule 45 for discipline reasons. He would have been placed briefly in a cell for Rule 45 prisoners in the first night centre. Prisoners are located there if there are no spaces available in the vulnerable prisoners unit. The man would have been placed in a cell with another vulnerable prisoner under Rule 45. It is not known whether his cellmate at this time was a fellow Gujarati speaker. However, Governor D was told by staff that there were other speakers in the prison that the man socialised with during association time.

29. Through access to the man's prison records, the investigator and the clinical reviewer had sight of a handwritten, undated note from the man's solicitor. The note requested "referral to see a Doctor" and notes the man's inability to speak English, his heart condition, high blood pressure and his need for medication. On the note is an entry from prison staff recording cell number L2-06. The investigator cross-referenced this location with his cell movements record. The record does not indicate the date in which he moved into the cell (other than

some time after 9 August), but does show that he moved out of that cell on 24 September.

30. My investigator was initially concerned that the need for a solicitor's note to explain his medical conditions meant there might have been a gap in the man's medication prescription. The investigator and clinical reviewer were told by Dr C during interview that the man's medication was issued after his health screens. The man had a prescription slip on his person on entering prison, which confirmed his medications. As evidenced by his prescription chart, he did not go without medication at any stage.

31. The man was assigned a personal officer during August. (A personal officer is a member of staff on the wing that a prisoner can approach if they have any problems or concerns. In Leicester, personal officers are responsible for a set number of prisoners, allocated by cell number. If a prisoner moves cell they might find that their personal officer changes.) The first personal officer entry in the man's history sheet is by Officer F on 28 August. It reads:

> "A quiet individual who cannot speak or understand English very well. Has been told by other Asian lads the rules and regime and general workings of the prison. No queries and no problems."

32. Officer F made one other entry on 10 September which noted that the man was polite, respectful and adhered to the rules and regimes. The investigator did not interview Officer F, but did speak to two of his other personal officers who said that conversations with the man were either limited to using gestures and miming actions, or using a third party who could translate. This is clearly not an ideal forum for discussing or raising potential concerns. Whether the man genuinely had no concerns or queries at this stage is difficult to determine.

33. The man enrolled with the education department to help him learn English. My investigator was unable to determine when his lessons started, but she did speak to his teacher. The man attended her evening classes. These were held on Monday and Thursday evenings. The class was to help non-English speaking prisoners learn the language. She described the man's English language skills on entering the class as non-existent. She said that, as he progressed, the man was able to give a basic greeting, but she was not confident that he understood what he was saying. His teacher described him as a very pleasant, kind and friendly man who was always smiling during class. She said that he never appeared low in mood or depressed.

34. Although the man was on remand, due to the seriousness of the charges against him he had been identified as a possible life sentence prisoner if convicted. When a prisoner faces such serious charges, the implications of a life sentence are explained in advance. Officer G, a lifer officer (an officer who deals with the needs of life sentenced prisoners), held an initial interview with the man on 1 October. With his agreement, another prisoner assisted Officer G by translating. The prisoner was also a Listener. (Listeners are trained by the Samaritans to offer emotional support to other prisoners.)

35. The investigator asked Officer G about the potential stress caused to prisoners when conducting interviews about life sentences. Officer G explained that prisoners are often aware of the seriousness of their offence. The subject is not, therefore, a surprise to them and it is helpful to talk through what it means. In the man's case, she said that he was a bit tearful during this interview. However, his main concern was not his offence, but that he wanted to share a cell with someone who could speak Gujarati. The investigator asked about the availability of the life sentence information pack in languages other than English. Officer G explained that, at the time of his interview, the material was not available in Gujarati. Although the pack was available in some languages, it had not been translated more widely as the document was being revised. The finalised document was to be translated.

36. The issue of legal representation remained unresolved. The judge presiding over the man's case continued to disallow his appeal to transfer his to preferred solicitor (both in writing and at two oral hearings), and this delayed his trial. No reason was given for his ruling. The solicitor told my investigator that the man became increasingly stressed and upset by the issue.

37. An oral hearing took place on 24 September. During the hearing, the judge said that he did not want to hear from the solicitor. The interpreter provided by the court for the hearing only spoke Punjabi and Hindi. The man could understand a little Hindi, but not enough to fully comprehend what was happening. The solicitor requested that a Gujarati interpreter be provided, but this was not granted. The judge maintained his position on not acknowledging the man's preferred solicitor. (The investigator was given this information by the solicitor and has had sight of documentation in relation to the hearing.)

38. On 5 October, a new prisoner who spoke Gujarati was moved into the man's cell. It was noted in his history sheet, "this should help him to settle as he now has a cellmate who speaks the same language." A week later (12 October 2007), his cellmate informed Officer F that the man wanted to move to the enhanced prisoners landing. This was because he had become friends with some of the Gujarati speaking prisoners on this landing. The man was not strictly eligible to apply for the move because he had not been at the prison for long enough. Prisoners are usually required to have demonstrated good and compliant behaviour for up to 12 weeks as the enhanced status conveys a number of privileges that should be earned.

39. The man's cellmate moved on 25 October and was replaced with another. Unfortunately, the new prisoner unsettled him and Officer I noted in his history sheet that he was "very upset and disturbed and frightened of his pad mate … I have sorted this out with Res S/O [residential senior officer] and moved the man to L3:24." (L3 is the enhanced landing and 24 the cell number.) The man was granted an exceptional privilege in being allowed an early application to move to this landing. The circumstances surrounding his move were not mentioned to other prisoners on the landing so as not to create any undue attention.

40. The investigator asked Officer I about the man's move and his problems with his cellmate. She asked specifically if there was any indication of bullying. Officer I told the investigator that the man had not given any indication of bullying. He was upset because he was unable to understand or speak to his cellmate and this caused him distress. The investigator asked Officer I why this would cause the man to feel frightened. Officer I was unable to offer an explanation, but did say that she acted as soon as his request came to her attention and moved him out of the cell.

41. On moving cell and landing, the man was allocated a different personal officer – Officer H. The first entry in his history sheet by Officer H was made on 4 November. Officer H noted that the man "has problems understanding English. Going to try and move somebody in that speaks the same language."

42. Two days later (6 November), Nurse A saw the man after he reported experiencing chest pains. He communicated this to healthcare through a fellow prisoner who was able to translate. Nurse A examined the man and concluded that no immediate intervention was needed, but suggested a doctor's appointment. The man agreed and an appointment was made for 8 November. With the man's agreement, the prisoner acting as a translator offered to attend the appointment with him. However, the man did not attend. There is no record or evidence of any enquiries into why he did not attend. (I think that making such enquiries would have been good practice. However, prisoners can choose not to attend appointments, as can people in the community.)

43. During that week, the man moved cells on L3. He moved into cell 41 with a Gujarati speaker who was employed as a staff tea orderly. The man appeared happy with this move and reportedly got on well with his cellmate. The investigator interviewed his cellmate. He told her that the man was a quiet and very well respected man who was ashamed of his offence. The man had told him that he was worried about the consequences of his actions upon his family, and was concerned about his own reputation on release from prison. His cellmate told the investigator that he would try to reassure the man and tell him not to worry. He said that, although the man talked about being worried, he never indicated that he felt depressed or intended to harm himself.

44. By moving cells, the man again had a change in personal officer to Officer J. On 11 November, Officer J wrote the following entry – "Its hard to understand the man, however he gave me a thumbs up and says is okay." The investigator asked Officer J about her difficulties speaking to the man. She also asked whether, during her time as his personal officer, Officer J had felt concerned about his wellbeing. Officer J told the investigator that, although she had trouble verbally communicating, she had sufficient contact to gain an impression that he was not low in mood. She added that he often looked a bit lost and confused by his surroundings, but did not seem to be upset.

45. The man returned to court for his trial on 14 November. My investigator interviewed his solicitor. The solicitor said that the man found the court hearing very stressful. He was again told that he could not transfer his legal aid to his preferred solicitor. The man was instructed to work with his original solicitor.

The judge told him that he was causing a delay to his trial by refusing to comply and asking for the transfer in representation. Subsequent to the hearing, The man's family and his solicitor submitted a complaint and requested a judicial review on the basis of unfair treatment.

46. During this court appearance the man saw his family members. This was not the first time that he had seen family members since being remanded into custody, but he found the court setting distressing. On returning to prison he told his cellmate that he felt saddened and ashamed that his family had seen him this way. On speaking to his cellmate, my investigator found there was nothing more significant about the man's mood that evening or in the following days. He spoke about his family and his worry about his position in the community, but did not appear depressed or discuss self-harm or suicide.

47. The man made nine phone calls to family members, including his son, over the next 24 hours. He spoke about the next court hearing that had been scheduled for 28 November. He asked for a visit to be arranged with his solicitor. He also wanted to talk to his daughter, but she was not at home when he called.

48. On Friday 16 November, Senior Officer (SO) L and Officer K were on evening duty serving dinner. At 6.10pm, once the meal had been served, SO L went to L3-44 to unlock the man's cellmate for his tea orderly duties. His cellmate was permitted to leave his cell to do his job before the evening association period started. As he unlocked the cell, SO L joked with his cellmate that he had almost forgotten all about him. As his cellmate laughed, SO L recalled seeing the man also smiling. SO L told the investigator that the man appeared fine and gave him no cause for concern.

49. At approximately 7.05pm, SO L was in the centre office (on Landing 2) with SO M sorting out prisoners' orders from the canteen in preparation for distribution. (Canteen is the term used for the process by which prisoners are able to buy items such as sweets, tobacco, biscuits, toiletries from their own funds on a weekly basis.) SO L heard a shout out to staff and saw Officer K running along Landing 3. He ran to join Officer K and at that point it became clear that there had been an incident in the man's cell. Two prisoners (cleaners that had also been unlocked) who were friends of the man's had looked into his cell to say hello and had found him hanging by a ligature made from a bedsheet suspended from the cell window. The prisoner started shouting, "Hurry, hurry, suicide."

50. Officer K arrived at the cell first with Officer N. They ran into the cell and Officer K lifted the man up whilst Officer N cut through the bedsheet with his anti-ligature knife. As they were laying the man down on the cell floor, SO M entered. Officer K stepped out of the cell as more staff had arrived and were beginning to try and resuscitate him.

51. Officer N checked the man for signs of life by trying to detect any breathing or find a pulse. He noted that his chest was not moving and told other staff in the cell that they needed to start cardio pulmonary resuscitation (CPR). Officer N is trained in CPR and so started giving chest compressions (30 compressions to

every two breaths). As he started, Principal Officer (PO) O entered the cell and instructed Officer P to start writing an incident log. The log was started at 7.07pm.

52. PO O radioed the healthcare centre for "code blue" assistance. ("Code blue" indicates a medical emergency involving breathing difficulties. This signifies to healthcare staff that the emergency response bag, including breathing equipment, is required.) PO O requested that an ambulance be called and then assisted Officer N with CPR until Nurse B arrived at the cell.

53. Nurse B had received the request for healthcare assistance at approximately 7.10pm. At the time, she had been dealing with another medical incident in the first night centre but, confident that the situation was under control, she left to attend the new emergency. The control room log shows that a call for the ambulance was made at 7.12pm. Nurse B arrived at the cell at 7.14pm with the emergency response bag. She checked the man for any pulse or signs of breathing but found nothing. Nurse B noted that the man was cold to touch, that his lips and fingers nails had turned blue (known as cyanosis), and he had been incontinent of urine. These observations indicated to her that there was no sign of life. SO M continued with chest compressions whilst Nurse B used an ambu-bag and oxygen to aid breathing.

54. The prisoners who had discovered the man were both very upset. Whilst staff were attempting to resuscitate him, SO Q took them aside and then to a Listener's cell so that they could be comforted.

55. The Head of Healthcare arrived at 7.15pm. He saw Nurse B and Officer N continuing with CPR. Dr R (the prison doctor on duty) arrived at the cell at 7.18pm and requested that an automatic defibrillator, situated in healthcare, be brought to the cell. In the meantime, the paramedics arrived (7.19pm) and were directed straight to the man's cell. Using their own defibrillator the paramedics confirmed that the man had died. Dr R pronounced his death at 7.20pm.

56. A hot debrief with staff involved on the evening of the man's death was held at 8.35pm that night. (A hot debrief is a meeting convened as soon as possible after a death in custody, or any other significant event. The meeting is used to reflect upon what has happened, staff involvement and whether anything could have been done differently.)

Events after the man's death

57. Reverend S (the coordinating chaplain at the prison) was informed of the man's death at 7.35pm. She arrived at the prison by 8.00pm and was given details of what had happened. Reverend S confirmed the man's religion and notified the Hindu minister. At approximately 10.30pm, Reverend S, the minister and two police officers went to the home of the man's nominated next of kin to break the news.

58. The following day, Governor D telephoned the man's solicitor to notify him of his client's death. His solicitor told Governor D that the man's nephew had already notified him. The solicitor told Governor D that he had seen the man approximately two to three times a week in relation to his court case and had seen him recently. He said that there had been complications with the case, which had unnecessarily drawn out the proceedings.

59. The solicitor had last seen the man during a legal visit on 15 November, the day before his death. He told Governor D that there had been nothing out of the ordinary regarding the man's demeanour, and he had not said that he felt suicidal. However, the man had said, "I'd rather be dead than had to deal with all of this." The solicitor did not register this as a serious risk of self-harm. He told Governor D that the man had been dealing with some serious issues whilst in prison – these being his problems with communicating due to limited English.

60. The solicitor said that since the man had moved into a cell with a Gujarati speaker he had seemed a lot happier. He commented that there was no indication that the man would take his life. The solicitor speculated that the shock of being in prison, the seriousness of the charges against him, and the stress of his court case, might have triggered his actions.

61. On reading Governor D's record of this conversation, my investigator interviewed the solicitor to further enquire about the man's statement. The solicitor told my investigator that he had never found the man to be depressed or suicidal. Although the man had appeared upset at times, his solicitor said that he did not get the impression this was depression or an indication of an intention to harm himself. The solicitor did report that the man sometimes said, "I'd rather be dead" when talking about his case or prison. My investigator asked what he meant by this. The solicitor explained that this is a common expression used by older members in his community to convey shame, embarrassment or hardship. He further explained that it was to do with self-respect. He said that it was not a literal statement and should not be interpreted that way.

62. Governor D had also noted that the solicitor had said, "The man was facing serious threats ..." My investigator asked the solicitor what he meant by this. The solicitor explained that he had been misquoted and he had meant that the man was facing serious charges.

63. The man's funeral took place on 24 November. Ms T, family liaison officer, and a chaplain attended on behalf of the prison.

64. Ms T liaised with the man's second cousin's family (whom he regarded as a brother) and arranged for them to visit the prison on 26 November. The family met with the Acting Governor and were briefed on the purpose of my investigation and the inquest. They were then taken to the wing and met with the family liaison team, the Hindu minister, and another chaplain who welcomed them to the establishment. A meeting was held in the safer custody suite with four of the prisoners who were close to the man, including his last cellmate. Following this, the family was able to speak to a landing officer who

had daily contact with him, before visiting his cell. The Hindu minister led prayers for the man. Flowers were given to the family on their departure.

65. On 27 November, the man's daughter telephoned Principal Officer (PO) U and asked if she could visit the prison as she had felt excluded from the visit on the previous day. The investigator was made aware of the request by email. The prison's family liaison officer, Ms T, told my colleague that she was reluctant to organise another visit because it would be too upsetting for the other prisoners to witness another visit. My colleague reminded Ms T of the guidance on family liaison ("who is the family?") in Prison Service Order 2710 about equal treatment of next of kin. She stressed that the man's daughter should have a visit arranged and that Ms T should enquire with the prisoners as to whether they would be willing to meet her. Ms T said that she would organise this.

66. Section 3.4 of the guidance in PSO 2710 is clear that prisons should be prepared to deal with more than one section of a family. It says:

> "The family may be large, split geographically, at odds amongst themselves. Many modern families are split by divorce or separation and there may be several branches all with equal rights to information. The Family Liaison Officer may be able to get the family to nominate a single point of contact who undertakes to keep other family members up to date. This may not always be possible, or may not work in practice, so the Family Liaison Officer should be prepared to deal with different sections of one family if necessary. The police sometimes deploy more than one Family Liaison Officer to a family. This may be an answer in extreme circumstances of family division."

67. A visit was organised for the man's daughter on 4 December 2007. She was not taken into the prison and only met the family liaison team. This was significantly different from the visit organised for the man's second cousin and his wife. The man's daughter was upset that she had not had the opportunity to visit inside the prison and see where her father had lived.

68. My own FLO remained in contact with both sets of next of kin. In May 2008, the man's daughter returned from a trip overseas and made contact with my FLO. She said that she was still upset by the prison's unequal treatment. My investigator contacted Ms T on 9 May and asked her to facilitate a visit for the man's daughter in accordance with the PSO. My investigator was told that a visit could be arranged, but that this might have a negative impact on the man's daughter and her father's friends still at the prison. My investigator stressed that if a visit was requested it should be facilitated in accordance with the Prison Service guidance. Ms T agreed to make the arrangements.

69. By the end of May, a visit still had not been arranged. The man's daughter told my office that she had not heard from the prison. My investigator again asked for a visit to be arranged. On 4 June, a visit was arranged for 13 July. The man's daughter was told that it would be very low key and she would only meet Ms T. She would be taken into the prison but her request to meet the prisoners who knew her father could not be met as it would be too upsetting for them to

talk about the events. Ms T said that she believed the man's daughter understood her concerns.

70. The man's daughter contacted my FLO to say that she was disappointed at not being allowed access to the one remaining friend of her father's at the prison. She said that she would have understood better if this was a choice made by the prisoner, but felt this decision had been made without consulting him. Both my FLO and my investigator contacted Ms T with concerns that she was taking a decision on behalf of the prisoner without taking into account his views. The visit took place without seeing the remaining prisoner.

71. Neither branch of next of kin had been given the belongings found in the man's cell after his death. This was not brought to my investigator's attention until his daughter asked whether her father had undertaken any English lessons. She wanted any of his English work if it was available. My investigator enquired with Ms T if there was any education work in his cell and whether this might have been given to the other branch of the family. Ms T told my investigator that all his belongings were still at the prison and that they included no education paperwork. My investigator asked that the property be returned to the family as soon as possible as this should have been done much sooner after his death. His belongings were given to his family (but not his daughter) on 27 June.

ISSUES

Healthcare

Reception health screens

72. During interviews with the Head of Healthcare, Dr C, and Nurse A, my investigator and the clinical reviewer explored the reception health screening process. At Leicester, both the first and second health screen are conducted in one sitting. The doctor and nurse are both in the room with the prisoner. The investigator and the clinical reviewer asked why this is done and were told it was to save time. I acknowledge this is done for practical reasons, but in the man's case it meant that there had been four people in the room which is not an ideal arrangement for a personal assessment. (The fourth person was the prisoner the man met in reception who was present to act as a translator.) Although the man asked the prisoner to come with him, it might have hindered how honestly and thoroughly he answered questions, particularly those regarding his state of mind.

73. Although this was not an ideal environment for a medical consultation, I appreciate that it would have been impossible to conduct the health screens without an interpreter. The man had said that he was comfortable with this arrangement and so using Big Word (the telephone language service) was not considered.

74. Prior to conducting the interviews with healthcare staff, my investigator familiarised herself with other investigations undertaken by my office at HMP Leicester. She noted a recommendation made in 2006 regarding nursing staff having sight of prisoner escort forms (PERs) during health screens. The PER should briefly detail any disclosed medical or mental health concerns made known to escort staff by the service with previous custodial responsibility. For example, the police, a court or another prison.

75. In response the Prison Service accepted this recommendation and said:

> "Healthcare staff undertaking reception health screens have access to the PER form, but will now be required to sign and date the PER form for each prisoner seen in reception."

76. It is clear from the man's reception documents that this recommendation had not been implemented. Not only did the nurse not sign the PER, but also during interview she and her nursing colleague said that they were unaware that this was a requirement. I restate this recommendation below, in a slightly revised form, and ask that staff are informed of the requirement to sign the PER once they have seen it.

I recommend that, as a matter of routine, the PER form should be seen by healthcare staff undertaking reception health screens and should be signed and dated.

77. Both Nurse A and Dr C were asked whether they had seen the forensic medical examination record provided by the police. (This medical record would have been with the PER and warrant when the man came into reception.) Both Nurse A and Dr C said that they had not. My investigator showed them the record (which notes that the man had been seen by paramedics for chest pains in police custody) for clarification. They maintained they neither had seen it before.

I recommend that, as a matter of routine, any paperwork containing a medical reference received by staff on reception is made available to healthcare at the earliest opportunity.

Obtaining GP records

78. It should be standard practice that, where details of a doctor in the community are provided by a prisoner, the surgery is contacted and doctor's notes requested. The Head of Healthcare stated that normally the doctor would be contacted by fax, within 24 hours of a health screen, using the standard Information Release form. This would be particularly important to ascertain or confirm whether a prisoner had any regular medication. In the man's case there is no record of any request being made for his GP records. The clinical reviewer checked with his listed doctor and there was no evidence of any request being made for his record or information about him from his GP records.

79. The absence of GP records did not affect him receiving his prescribed medications. When he came into prison he had a prescription counterfoil in his pocket that listed his medications. This appears to have been available to healthcare staff during the reception screens and he was issued with appropriate drugs at the reception.

80. The clinical reviewer says in his clinical review that medical staff have a duty to seek information on new patients as soon as reasonably possible after coming into prison. Recent developments within the National Health Service have seen the early roll-out of 'GP2GP Transfer' (doctor to doctor), enabling the electronic component of patients' records to be acquired within hours of registration at a new practice. Paper records follow later, but the essential up to date information should be readily available.

81. The clinical reviewer suggests that the extension of this facility to healthcare in prison should be investigated nationwide. I think this is a very important proposal and would ask the Department of Health to consider how this could be implemented as a matter of urgency. All too often in my investigations I come across occasions when outside clinical information is not available to prison healthcare staff.

I recommend that the Department of Health consider using the 'GP2GP Transfer' of electronic patients' system in the provision of healthcare in prisons.

Language barrier

82. As the man's first language was Gujarati and he spoke no English, his time in prison was stressful. He required an interpreter for information to be passed to him and to communicate with anyone other than his Gujarati speaking peers. Staff told my investigator that they were able to communicate on a basic level with the man through miming actions or asking very basic questions to see how he was. This was an obvious disadvantage to him, but he never complained via his peers or to his solicitor about his treatment at the prison (apart from when he was not in a cell with a Gujarati speaker). I am disappointed that, at times, he shared cells with English speaking prisoners, particularly when there was the possibility of sharing with those who could speak his language. He could not speak or understand English and told his solicitor and staff, through his peers, that he was upset and frustrated when sharing with someone he could not talk to. Being in prison, particularly if it is a prisoner's first time in custody, can be frightening and upsetting. Where possible, every effort should be made for prisoners to share a cell with people with whom they can converse.

83. It is normal practice across the prison estate for prisoners without English language skills to be spoken to using an official translator or through bilingual and multilingual prisoners. The latter is a quick and effective way of breaking down any language barrier. However, translation is not a service that a prisoner should be relied upon to provide. Any assistance given is a matter of goodwill and should be commended.

84. During the course of this investigation, both healthcare and discipline staff have expressed some frustration with the Big Word service. I am told that the translators on the end of the line are not always familiar with prison or clinical related questions being asked, and this can pose problems with obtaining information from the prisoner. Staff prefer in the first instance to use other prisoners to translate.

85. The number of foreign national and non-English speaking prisoners in custody is growing. I would like to see the Prison Service tailoring its use of the official translation services to reduce the reliance on prisoners for assistance. Perhaps training or briefing could be offered to Big Word or Language Line staff to familiarise them with prison terminology. If prison staff were more confident in the effectiveness of the translation services in conducting interviews, they might be more inclined to use the service rather than relying on other prisoners. I appreciate that prison work may represent only a very small proportion of the overall workload of the major translation services. Nevertheless, I believe it would be worth exploring with them if there are ways of improving their familiarity with Prison Service

I recommend that the Prison Service liaise with translation service providers to improve familiarisation with prison terminology, which will in turn better assist non-English speaking prisoners.

Window bars

86. The man's family have asked why he was not in one of the safer custody cells. (A safer custody cell is one which is constructed in a manner to reduce the risk of self-harm. The fixtures and fittings, including windows, are designed to be ligature-proof so far as this is possible.) The man was in an ordinary cell for double occupancy. He had not presented as a risk to himself and, as far as staff were concerned, he did not need to be placed in a safer custody cell. In hindsight, this was of course mistaken. However, staff made appropriate decisions at the time as there was no evidence to suggest that he was at risk.

87. His family have also asked how he was able to suspend a ligature from his window. My investigator noted on seeing the cell that there are window bars on the cell windows. He had tied a bed sheet to the bars and used them as a ligature point. As this was not a safer custody cell, there were other points in the cell that could also have been used as a ligature point. I have made recommendations in the past to the Prison Service to replace accessible window bars. I reiterate this important recommendation here. Whilst it is true that no cell is ever entirely ligature-proof, it is part of the Prison Service's duty of care to reduce the number of ligature points in cells whenever it can. Window bars are commonly used in deaths by hanging and the Prison Service should have a programme for installing "safer windows" in all cells as quickly as resources allow.

88. My investigator raised this issue with the Acting Governor. He told her that a bid had been submitted at the beginning of 2008 to refit cell windows to bring them in line with those used in safer cells. This is good news and I hope that the bid is successful. I hope the inclusion of a recommendation in my report to remove the bars will support the case for funding if it has not already been made.

I recommend that the Governor installs the same windows used in safer cells throughout the prison.

Literature for life sentenced prisoners

89. My investigator spoke to Officer G, a member of the Lifer Management team, about the difficulties of communicating with the man. The man's offence could potentially have resulted in a life sentence and Officer G's duty was to explain what this meant and what it would involve. Officer G conducted her interview with the man with the help of a prisoner who interpreted for her.

90. My investigator asked Officer G whether she had provided the man with the lifer information pack in Gujarati. She explained that it was only available in English and, that at the time, it was being updated. Given this, the Lifer Management team were not issuing packs to anyone. My investigator asked whether, once updated, the pack would be translated as are the induction packs available in the first night centre. Officer G said that this would be possible. My investigator later raised the issue with the Acting Governor who confirmed that

translations would be available. He said he would check the progress on the draft information pack.

Education

91. The man attended English language evening classes every Monday and Thursday. My investigator tried to retrieve the paperwork relating to his English classes for his daughter. She was told that there was no paperwork amongst his property. The belongings found in his cell after his death were returned to his second cousin's family on 27 June. It is good that his property was eventually returned, but this should have been done at a much earlier stage in the year.

Food

92. At Leicester, prisoners are provided with a weekly menu from which they are invited to choose what food they want to eat. The menu is distributed to each prisoner with their dinner on Wednesdays. There is a choice of five different meals each day and prisoners can pick whichever meal they like. Within the five are Halal, vegetarian and vegan options. If a prisoner comes into the prison after a Wednesday evening they are automatically given the vegetarian meal until the following week.

93. My investigator was unable to determine what kind of meals the man had selected whilst in prison. His cellmate told my investigator that the man did not like English food and that they both spent their money buying extra foodstuffs from the canteen to compensate. It is not documented anywhere in his records that he either refused his meals or did not eat any food he was given.

Hot debrief and defibrillator

94. The hot debrief meeting was held just over an hour after the man's death. It was good practice that the debrief was held so soon. However, not all staff involved were present. Indeed, Nurse B (who performed CPR) was not invited to attend the hot debrief despite still being in the prison at the time it took place. During her interview with my investigator, Nurse B expressed concern about being omitted and said that she would have welcomed the opportunity to comment.

95. Nurse B said that, had she been present, she would have raised her concerns about the defibrillator. First, there is only one defibrillator in the prison and on the day of the man's death it was in the treatment room. Nurse B explained that retrieving the defibrillator, if it was not brought to the cell in the first instance, would take approximately five minutes as there are a number of gates to negotiate en route. The doctor who attended the man asked for the defibrillator to be brought to the cell. It was fortunate that the paramedics arrived at around the same time as the request was made and used their own machine. Nurse B said that it would have been beneficial had a defibrillator been located on the wing. This would have speeded up the response in the absence of the paramedics.

96. My investigator and the clinical reviewer were told at the time of interview that the defibrillator is located on the wing. However, should it be needed in healthcare for an emergency response then the same time delay would apply. A second concern raised by Nurse B was that she was aware that the pads on the prison's defibrillator had expired. (The conductive gel on the pads has an expiry date.)

97. Both of these points were discussed with the Acting Governor. He told my investigator that, if I made a formal recommendation, he would consider purchasing a second machine as they are relatively inexpensive. The Acting Governor said that he believed the existing defibrillator had been serviced. However, he would check that the pads had been replaced and provide my investigator with the date of the last service. (This has not been forthcoming.)

I recommend that the Primary Care Trust supply the prison with a second defibrillator.

The Head of Healthcare should make sure that all emergency response equipment is within expiry date and serviced regularly.

98. Nurse B made one further comment during her interview. She said that it would be useful if discipline staff could be trained to use the defibrillator. The machine at the prison is automated and user-friendly. As staff are already trained in first aid, and some are trained in CPR, I think that this is a sensible suggestion although I make no formal recommendation.

99. The clinical reviewer supports Nurse B's comments that a second defibrillator would be advantageous. Whilst the location of the prison's current defibrillator had no bearing on the outcome in the case of the man, if the paramedics' arrival had not been so timely the healthcare staff's response might have been hindered. Despite this, the clinical reviewer does say that the resuscitation measures initiated and coordinated by prison officers, and the response and actions of healthcare staff, should be considered good practice.

Family liaison

100. As I have outlined earlier in this report, family liaison after the man's death has been complicated. The prison's family liaison officer, Ms T, has undertaken her duties in accordance with Prison Service guidance with some members of his family. However, her liaison with his daughter was not equitable. Indeed, it took six months of correspondence between his daughter and my office for a visit inside the prison to be organised. Even then, the visit was not on the same scale and did not entirely meet his daughter's needs.

101. I appreciate that the Prison Service guidance on family liaison in the event of a death in custody is not prescriptive and it should not be. As the guidance states in section 3.2, "every family is different and has its own dynamics. A family liaison officer needs to be flexible and open-minded and should approach the family in accordance with its individual needs." The guidelines

also say in section 3.4 that, while at times families will be divided, they will all have equal rights to information. Where it is not possible to work with one single point of contact in the family, the liaison officer should be prepared to deal with different sections of the family. As each branch of next of kin is entitled to equal information they should also be treated equally.

102. The guidance used by the Prison Service is based on that used by the Metropolitan Police. Where there are instances of divided families the police sometimes employ the services of more than one liaison officer. Perhaps a similar practice could be adopted by the prison's family liaison team if difficulties were to arise in the future in addressing the needs of more than one branch of a prisoner's next of kin.

103. I ask the Governor to remind her family liaison team of these guidelines and ensure that they are taken into full consideration in any future cases to prevent further upset to next of kin.

The Governor should remind her family liaison team of the Prison Service guidance regarding dealing with more than one branch of next of kin, particularly drawing attention to the right of equal access to information and extending this to equal treatment.

I understand that the Safer Custody and Offender Policy group are in consultation with Area Safer Custody Advisors on introducing area meetings for prison FLOs. These meetings will be used to discuss a range of family liaison issues, including the importance of liaising, where required, with every branch of next of kin.

104. My investigator has spoken to the Governor about the concerns surrounding family liaison. The Governor was not at Leicester at the time of the man's death, but has spoken to the staff involved about the decisions made over family liaison. The staff maintain that they followed the correct protocol by dealing with the next of kin nominated by the man. Whilst it is true that his named next of kin were supported in the correct manner, the Prison Service FLO guidance expressly refers to the need to deal fairly with more than one side of a family where necessary.

105. The Governor said that she was advised that the man's death had a significant impact on the Hindu community within the prison. When his daughter visited, a decision was made by the prison managers that involving other prisoners would risk the prison's duty of care to them. Her staff maintained that they felt this was the right decision at that time. Whilst I of course appreciate the duty of care to prisoners, I do not agree that such a decision should be taken without consultation. The man's cellmate told my investigator that he would have been happy to speak to his daughter.

106. The family liaison team told the Governor that an email had been sent to the man's daughter in December 2007 after her visit earlier that month. The Governor told my investigator that his daughter did not respond until April 2008.

However, the prison's FLO had been made aware that his daughter was out of the country and was unable to respond.

107. The man's daughter told my own FLO that it was she who initiated contact with the prison in the days following her father's death, and then again on her return from India some months later. She said there was only one occasion when she did not respond to an email from the prison's FLO, as she felt their FLO had betrayed her confidence in discussing details of her contact with other family members. His daughter said that she was too angry to respond. Given the prison's lack of response to her requests for a visit, and the fact that these frustrations were communicated by my FLO and both of my investigators to the prison on a number of occasions, it is wholly understandable that the man's daughter asked for the assistance of this office in helping secure a visit that met her needs. Although it could be said that the man's daughter could have done more to raise her concerns with the prison directly, I understand that it would be difficult for anyone in this situation, given the perceived lack of ongoing support from the establishment, to feel able to voice their dissatisfaction in such a way.

Post mortem

108. Professor V, a forensic pathologist, performed a post mortem on 20 November 2007. He confirmed the cause of death as hanging. The autopsy records refer to the man having made eight telephone calls in the 24 hours prior to his death, none of which contained any reference to suicide or death. My investigator has read the translated telephone transcripts and confirms this that this is true. He left no suicide note and there is no evidence of a history of bullying or pressure from a third party.

109. Reference was made in the post mortem report to the man having told his cellmate that he might want to take his life, but that this information was not passed on to the prison authorities. During her interview with the man's cellmate, my investigator asked whether the man had said that he intended to take his life. The man's cellmate said with conviction that the man had never spoken about suicide and he was deeply shocked by his death. My investigator was unable to ascertain where the information in the post mortem report had come from as the man's cellmate was insistent that he had not said it. Although this falls outside my remit, I am concerned that a factual report such as a post mortem includes information that is unsubstantiated.

Conclusion

110. The reason why the man hanged himself remains unclear. His family, cellmate and solicitor have all said that they believe the man's motivation was linked to his court case and the shame he felt regarding his offence. My investigator has been unable to find any evidence to suggest that the man felt vulnerable or at risk at Leicester prison, aside from his language difficulties. It is unlikely that the inability of staff to speak Gujarati had any bearing on his decision to take his life. Nevertheless, had he been able to express himself, his now apparent vulnerability might have been more easily identified. That said, the fact that he elected not to discuss these feelings with the Gujarati speakers he did have

contact with (that is, his cellmate, family and solicitor) indicates that he found it difficult to communicate his problems regardless of language.

RECOMMENDATIONS

Healthcare

1. I recommend that the Department of Health consider using the 'GP2GP Transfer' of electronic patients' records system in the provision of healthcare in prisons.

This recommendation was partially accepted. The response states:

> "The 'GP2GP' electronic patient record system is not currently available within Leicestershire however the Department of Health has commissioned NHS Connecting for Health to deliver the first national clinical IT system across the entire Prison Service estate.
>
> The infrastructure project is almost complete and talks are currently underway with CSC Alliance to deliver TTP System one."

2. I recommend that the Primary Care Trust supply the prison with a second defibrillator.

This recommendation has been accepted. A second defibrillator has been purchased and is available with emergency response equipment.

3. The Head of Healthcare should make sure that all emergency response equipment is within expiry date and serviced regularly.

This recommendation has been accepted. All emergency response equipment at the prison is within expiry date and is service as part of a regular contract.

Prison Service

4. I recommend that, as a matter of routine, the PER form should be seen by healthcare staff undertaking reception health screens and should be signed and dated.

This recommendation has been accepted. All incoming PER forms are routinely seen by healthcare screening staff, who will sign and date the document.

5. I recommend that, as a matter of routine, any paperwork containing a medical reference received by staff on reception is made available to healthcare at the earliest opportunity.

This recommendation has been accepted. Any paperwork containing a medical reference that is received by reception staff is made available to healthcare at the earliest opportunity.

6. I recommend that the Governor installs the same windows used in safer cells in all cells at Leicester.

This recommendation has been partially accepted. A cell strengthening programme, which includes replacing the windows of all cells in the main wing at HMP Leicester, is planned with a start date of June 2010. This will be a two year project.

7. The Governor should remind her family liaison team of the Prison Service guidance regarding dealing with more than one branch of next of kin, particularly drawing attention to the right of equal access to information and extending this to equal treatment.

This recommendation has been accepted. A newly trained family liaison officer is now in place. The right of equally access to information and treatment forms part of the training.

Response to the draft report

The Prison Service's response has been included in the Recommendations section.

The man's daughter has raised a number of concerns regarding the translation services and literature available at HMP Leicester.

She asked why the prison did not consider providing an official translator to assist her father's interview with the lifer officer, particularly given that the life sentence information pack was not available in Gujarati. She said that it is unacceptable that other prisoners are called upon to translate. It should not be acceptable to rely upon another prisoner to relay serious information. His daughter said that her father would have found it difficult to talk about personal and confidential matters in front of another prisoner. She said that conducting an interview or conversation in this way would not afford a prisoner the same confidentiality as anyone who did not require a translator. Of most concern was the fact that healthcare assessments were conducted using a prisoner as a translator.

I refer to my comments in paragraphs 82 to 85 regarding the issue of language and translation in response to these concerns. As discussed, I am concerned about the provision of translation services across the prison estate and would like to see a more sensitive, confidential and professional approach to communicating with non-English speaking prisoners. I have strengthened my point in paragraph 85 by adding a recommendation that the Prison Service explore this possibility by liaising with official translation services it uses. The paragraph now reads:

> "The number of foreign national and non-English speaking prisoners in custody is growing. I would like to see the Prison Service tailoring its use of the official translation services to reduce the reliance on prisoners for assistance. Perhaps training or briefing could be offered to Big Word or Language Line staff to familiarise them with prison terminology. If prison staff were more confident in the effectiveness of the translation services in conducting interviews, they might be more inclined to use the service rather than relying on other prisoners. I appreciate that prison work may represent only a very small proportion of the overall workload of the major translation services. Nevertheless, I believe it would be worth exploring with them if there are ways of improving their familiarity with Prison Service
>
> **I recommend that the Prison Service liaise with translation service providers to improve familiarisation with prison terminology, which will in turn better assist non-English speaking prisoners."**

The man's daughter asked whether publicity material in the prison promoting Big Word was available in languages other than English. My investigator confirmed with the prison that the poster promoting the service is multi-lingual. My investigator also established that the life sentence information pack has been updated by the Prison Reform Trust and is in the process of being translated. It will be available in Gujarati.

The man's daughter found it unacceptable that healthcare staff did not follow up with her father when he failed to attend a doctor's appointment. I appreciate why this of concern given the language barrier; however it is not required of healthcare staff to pursue a prisoner if they do not attend an appointment. As I said in the key findings (paragraph 42), whilst I think that enquiring as to why he did not attend would have been good practice, it was his choice not to attend. The system works in much the same way as a doctor's surgery in the community, it is a patient's prerogative whether or not they choose to seek and receive medical attention.