PRISONS AND PROBATION OMBUDSMAN for England and Wales

Independent Investigations

A Report by the Prisons and Probation Ombudsman Nigel Newcomen CBE

Investigation into the death of a man at HMP Gloucester in January 2013

Our Vision

‘To be a leading, independent investigatory body,
a model to others, that makes a significant contribution to
safer, fairer custody and offender supervision’

This is the investigation report into the death at HMP Gloucester of a man, who was found hanging in his cell in January 2013. He was 58 years old. I offer my condolences to his family and friends.

A clinical review was carried out on the man's clinical care and treatment on behalf of the local Primary Care NHS Trust. Gloucester prison cooperated fully with the investigation.

The man was remanded to Gloucester on 5 July after being charged with the attempted murder of his estranged wife and her new partner. He was subject to self-harm monitoring for his first four weeks in custody, but this stopped when he was considered to be no longer at risk. In January, he was found hanging from his bed frame. Staff tried to resuscitate him, but their attempts were unsuccessful.

I am satisfied that the man received a good standard of healthcare at Gloucester. He had a number of risk factors when he arrived at Gloucester which indicated that he was at risk of suicide and self-harm and appropriate steps were taken to support him. Monitoring ended when it was considered his risk had reduced. While it was always likely that he was at some degree of risk, this appears to have been appropriately considered and I believe it would have been difficult for prison staff to have predicted or prevented his actions.

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.

Nigel Newcomen CBE
Prisons and Probation Ombudsman **August 2013**

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SUMMARY

1. On 5 July 2012, the man was remanded into custody at HMP Gloucester. He had been arrested four days earlier and charged with the attempted murder of his estranged wife and her new partner.

2. The man had harmed himself after allegedly committing the offences and when he arrived at Gloucester, staff opened an ACCT[1] plan to support him. The ACCT remained open for four weeks and was closed when staff determined that he no longer appeared to be at risk of harming himself. Soon after this, he moved to a single cell.

3. Within a few days of his arrival, the man was also assessed by a mental health nurse and a psychiatrist. He was treated for depression and continued to see the mental health nurse for several months for ongoing support.

4. In January 2013, the Ministry of Justice announced the closure of several prisons, including Gloucester. The prison began transferring prisoners to other prisons and, as prisoner numbers fell, some of the wings at Gloucester were closed. There is some evidence that the man was a little unsettled about moving to a new prison and he was particularly concerned about the prospect of having to share a cell. With the prisoner population at Gloucester falling, staff attempted to reassure him that he would not have to share while he was there.

5. One evening in January, during a check of prisoners, the man was found hanging in his cell. Staff responded quickly and tried to resuscitate him. Paramedics attended and assisted with efforts at resuscitation. Sadly, all efforts proved unsuccessful and he was pronounced dead. Because of poor weather conditions and the distance to his family, the prison arranged for the police to break the news of his death to his family.

6. The investigation found that Gloucester cared for the man appropriately throughout his time at the prison.

[1] ACCT (Assessment, Care in Custody and Teamwork) is the process used for monitoring and supporting prisoners at risk of self-harm or suicide.

THE INVESTIGATION PROCESS

7. The investigator visited HMP Gloucester on 25 January 2013, when he met the deputy governor, another of the prison's operational managers, a representative of the POA trade union and a member of the Independent Monitoring Board.

8. The investigator collected copies of the man's prison and health records and visited his cell. Notices were issued to staff and prisoners informing them of the investigation and inviting them to contact the investigator if they had relevant information. He subsequently interviewed 11 members of staff and one prisoner.

9. The investigator informed the Coroner's office of this investigation and a copy of this report has been sent to the Coroner.

10. The clinical reviewer reviewed the man's clinical care and treatment at the prison on behalf of the local Primary Care NHS Trust.

11. One of the Ombudsman's family liaison officers contacted the man's sister to inform her of the investigation and offer the opportunity to identify issues for the investigation to consider. She said that her brother was in a single cell but was extremely anxious about his wing being closed. She asked if he had been monitored under suicide and self-harm procedures. She later received a copy of the draft investigation report and told the family liaison officer that the family were satisfied with the information provided and with the findings of the investigation.

HMP GLOUCESTER

12. HMP Gloucester was a local adult male prison and young offender remand centre which served the courts of Gloucestershire and Herefordshire. The prison closed in March 2013. At the time of the man's death, it held up to 321 prisoners. Health services at Gloucester were commissioned by the Primary Care Trust and provided by a NHS Foundation Trust.

13. Between the Ombudsman taking over responsibility for investigating deaths in prison custody in 2004 and Gloucester's closure, there were nine deaths, of which four were self-inflicted (including that of the man). Three of these other four prisoners had previous histories of deliberate self-harm, one was on an open ACCT at the time of his death and one had been monitored under ACCT procedures during his time at the prison.

HM Inspectorate of Prisons

14. HM Inspectorate of Prisons' final inspection of Gloucester was an unannounced inspection in July 2012. In the introduction to the report, the Chief Inspector said:

    "Gloucester is one of the oldest establishments in the prison system … with many issues and concerns … raised in previous reports still to be addressed …

    "Gloucester's best features are that it remains to a great extent a safe place, predicated on the quality of staff-prisoner relationships …Prisoners told us that they felt safe in Gloucester and there were relatively few incidents of recorded violence … The incidence of self-harm was similarly low, despite two … self-inflicted deaths since we last visited [in August 2010]. Support for those in crisis appeared to be good.

    "The accommodation in Gloucester is among the poorest in the prison system … As with safety the worst consequences of this poor environment were mitigated by remarkably good staff-prisoner relationships. In our survey … 91% of prisoners felt staff treated them with respect …"

Independent Monitoring Board (IMB)

15. Each prison has an Independent Monitoring Board of unpaid volunteers from the local community who monitor all aspects of prison life to help ensure that proper standards of care and decency are maintained. Due to the announced closure of Gloucester, the IMB's final report for the prison covered the period 1 December 2011 to 31 March 2013. The IMB commented on the Chief Inspector's findings that more prisoners at Gloucester reported feeling safe in the prison when compared to similar prisons. They were not surprised at that finding, saying that it was the norm for staff to take quick action to keep individuals safe and to generally challenge inappropriate behaviour. The IMB also noted that the anti-bullying programme had been updated and was used to monitor identified bullies by addressing their behaviour. Within the programme,

there was a victim support document which was used to support vulnerable victims.

Assessment, Care in Custody and Teamwork (ACCT)

16. Assessment, Care in Custody and Teamwork (ACCT) is the Prison Service process for supporting and monitoring prisoners at risk of harming themselves. The purpose of ACCT is to try to determine the level of risk posed, the steps that might be taken to reduce this and the extent to which staff need to monitor and supervise the prisoner. Checks should be irregular to prevent the prisoner anticipating when they will occur. Part of the ACCT process involves drawing up a caremap to identify the prisoner's most urgent issues and how they will be met. Regular multi-disciplinary reviews should be held. The ACCT plan should not be closed until all of the actions on the caremap have been completed.

KEY EVENTS

17. The man was born in June 1954. On 1 July 2012, he was arrested for the attempted murder of his estranged wife and her new partner. At the time of his arrest, he was in his car and had self-inflicted knife wounds to his hands, wrists and groin and had taken an overdose of alcohol. He was taken to hospital for treatment, where he stabbed himself in the neck with a plastic knife. He remained in police custody for the next four days, during which he was assessed by a custody doctor as being profoundly depressed with suicidal thoughts.

18. On 5 July, the man was remanded to HMP Gloucester. When he arrived at the prison, reception staff immediately began monitoring him under Assessment, Care in Custody and Teamwork (ACCT) procedures, the Prison Service system to help prevent suicide and self-harm. His immediate support plan included placing him with a cell-mate, observing him at hourly intervals through the day and night and for staff to have three meaningful conversations with him each day. He was allocated a shared cell.

19. A mental health nurse carried out a first reception health screen, when the man told him that he had not suffered any mental health problems until his marriage began to fail the previous Christmas. Since then, his life had taken a "downward spiral". His GP had prescribed anti-depressants, which he had stopped taking due to an adverse reaction. He said he had no current thoughts of self-harm. The nurse referred him to the mental health team and to a prison doctor.

20. An officer interviewed the man for an ACCT assessment on 6 July. He said that his wife had left him in January 2012 and since then, he had had suicidal thoughts. After attacking her, he had cut himself, taken a drug overdose combined with alcohol and had attempted to put a plastic bag over his head but the bag was too small. He described this as a planned suicide. He said he had been disappointed when his attempt failed but now, at the ACCT assessment interview, thoughts about his young children were preventing him from wanting to kill himself. However, he did not want any contact with family, friends or prison support such as through the prison chaplaincy, Samaritans or Listeners[2]. The ACCT process includes construction of a caremap which identifies the prisoner's issues and problems with a plan about how the issues will be resolved. The issues on his caremap included potential mental health issues, a need for him to keep busy and to have contact with his family.

21. Later that morning, one of Gloucester's doctors had a long discussion with the man about his circumstances. The doctor diagnosed depression but noted that he was being supported through the ACCT process.

22. A Senior Officer (SO) chaired the first ACCT case review that afternoon which the man and a nurse attended. He said that he was having difficulty coming to

[2] Listeners are prisoners trained by the Samaritans to provide the same service as Samaritans offer in the community. Conversations between a Listener and a user of the service are confidential, just as are conversations between the Samaritans and a member of the general public.

terms with what he had done, but reiterated that he did not have current thoughts of suicide or self-harm. He said he had felt much better after speaking to the doctor and would think about contacting his family over the weekend. The ACCT was kept open with the same level of observations and interactions. His level of risk was identified as 'raised'. (Risk is identified for the purpose of this assessment at one of three levels: low, raised or high.)

23. The man was moved to another shared cell on the afternoon of 6 July. He told one of the officers that he would prefer a cell on his own, but was advised that he would have to continue sharing for the time being but this would be reviewed if there was an improvement in his wellbeing[3].

24. On 8 July, a mental health nurse was called to see the man. The nurse noted that he had thoughts of self-harm and was prepared to take his own life due to feeling hopeless and worthless. He added that he appeared detached and his cell mate needed to prompt him constantly to carry out routine tasks such as collecting meals. His ACCT observations were increased from hourly to twice per hour and arrangements were made for him to be reviewed by a mental health nurse the next day.

25. A nurse carried out a "detailed high risk assessment" with the man on 9 July. He noted further information about the factors that had led to the charges against him and his subsequent attempt on his life. He spoke about his children, including how they were protective factors in his life. He said that he would be able to cope better with prison life if he had greater control of his own environment through being allowed a single cell. It would make him feel worse if he had to share a cell with smoker or with a young (and noisy) person. The nurse noted his view that his request for a single cell seemed reasonable, but added that it would need to be monitored. He also recorded that he would be taken on by the mental health team and would be assessed by a consultant psychiatrist the next day.

26. The psychiatrist's assessment of the man on 10 July included:

> "… [On examination] generally flat affect, intermittently tearful. Subjectively and objectively depressed. Little hope for future but says won't try to kill himself … at present but will if he gets a sentence he can't cope with (which he expects he will [get] e.g. 10 years) … No psychotic symptoms … accepts he's depressed, willing to have treatment. Risks: High suicide/self-harm risk based on actuarial factors … serious charge, 1st time in prison, male, depression … recent serious self-harm … depressed, [feeling] fairly hopeless ..."

The management plan included prescribing propranolol for symptoms of anxiety and for him to have daily support from the mental health team.

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[3] Cell sharing is a recognised safety precaution for prisoners deemed at risk of suicide or self-harm.

27. The man was moved to a cell in the healthcare unit at some stage on 10 July. No specific reason for this was recorded. An entry in his healthcare record noted:

> "… has been admitted to healthcare following discussion … He is settled, pleasant and polite on approach. He has been reading a book in his cell and while out of cell has read the newspaper and ate [well]. He has started [receiving] propranolol and states his anxieties have gone however he is feeling a little spaced out. I have discussed with him [that he can take this medication only when needed] …"

All the cells in Gloucester's healthcare inpatient centre were single cells so his ACCT observations were increased to four times an hour at night.

28. During a conversation with a healthcare worker on 11 July, the man said that on the previous night he had had his first night's sleep for months. He attributed this to his medication.

29. After a remand hearing at Crown Court on 12 July, the man was taken to the local prison for the Worcester area, HMP Hewell in Redditch. He remained in Hewell, with the ACCT procedures in place, for the next five days before returning to Gloucester on the evening of 17 July. After a health screen assessment in reception, he went to the healthcare unit for overnight observation.

30. An ACCT review was held on 18 July, when monitoring was set at three meaningful interactions per day with two observations an hour during patrol state (the periods when prisoners are locked in their cells). An entry about this review in the man's clinical records noted that he was not feeling as low as previously and that he knew he needed to move out of the healthcare centre and on to a standard residential wing but he was not keen to share a cell.

31. Entries in the man's ACCT document over the following days show that he remained settled. At an ACCT review on 23 July, his mood was noted to have improved. He was discharged from the inpatient unit the next day and moved to a single cell on B wing. He continued to receive support from healthcare staff, including the chance to spend time in the healthcare centre during the daytime.

32. At an ACCT review on 27 July, the man was noted as having no thoughts of suicide or self harm. His ACCT observations were reduced to five each night.

33. On 29 July, the man told a nurse that he was feeling much improved. The nurse thought that he appeared well.

34. The man's ACCT monitoring ended on 3 August. By then, all the actions listed on his caremap had been resolved. He told the ACCT panel that he was feeling 100 per cent better and said that he would ask for help if he had difficult times in the future.

35. A nurse visited the man on B wing on 12 August. He noted that the man was engaging in wing activities and reported how much better he was feeling. However, he had recently had to share a cell which he said was affecting his sleep and causing him to "feel a little more on edge". He told the nurse that he had asked for a transfer to C wing, a wing only containing single cells. (He moved to C wing on 17 August.)

36. The nurse next saw the man on 27 August and noted:

> "He seems much happier now that he has transferred to C wing, he spoke about how much happier he is in his own company … He was well presented and getting ready to attend work for the day … He states that he likes to get out of his cell and he appreciates that it is of benefit to have gained this employment but … explained that he doesn't really get any pleasure from anything … Spoke about how he spends the majority of his time thinking about [his offence] and the shock of having done it. States that he feels a lot better and more able to think clearly since he stopped taking his antidepressants and states that he would rather try [to] continue without them ... "

37. At interview with the investigator, the nurse said that it took the man around six weeks to begin to settle after he arrived at the prison. He continued to see him but as time moved on he left it for him to ask for a consultation as and when he needed one. The nurse said that his trial was due to start in the spring of 2013 and he would have increased their level of contact at that time.

38. At a consultation with the man on 7 October, the nurse noted his impression that while he was continuing to cope well, his mood was beginning to dip. He agreed to the nurse's suggestion to restart taking mirtazapine (an antidepressant).

39. Their next consultation was on 21 October, when the nurse noted that:

> "He continues to manage reasonably well and is engaging with the prison regime: work, activity, exercise and library etc. States that he has started to feel a little better since the reintroduction of mirtazapine ... Discussed how this medication is making him sleep for almost 12 hours per night … Feels better for the sleep but … has decided he would like to try the dose being [doubled] to 30mg as I informed him that the medication is less sedative at this higher dose. No [current] thoughts of [self-harm or suicide]. He has decided to change his legal team …Although [he] realises that he is inevitably to receive a long sentence he feels his legal team could help shorten this …"

40. On 22 October, a member of staff wrote in a Security Information Report (SIR)[4] that another prisoner had made entries in the man's canteen sheet[5]. When she

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[4] Staff use Security Information Reports to record any event that might suggest a security risk to the prison, its staff or to other prisoners.
[5] Canteen refers to the prison shop from which prisoners can purchase items such as tobacco, toiletries, sweets etc. Prisoners submit canteen sheets each week with their orders.

challenged the prisoner about this, he said that the man's eyesight was poor so he was assisting him with it. When the member of staff checked the sheet, she noted that it included an order for tobacco costing £21.93 which he had not bought previously (he was a non smoker). An SO spoke to the man, who said that he had not been able to see the form properly. He denied that he was being bullied and declined the offer of support. Despite this, the SO asked staff to continue to monitor him and the prisoners with whom he was associating. The SO added that he later received a postal order from the partner of the other prisoner and he speculated that the other prisoner had asked him to buy additional tobacco on his behalf.

41. At a consultation with a nurse on 22 November, the man reported that his mood had improved since the increase in his dose of mirtazapine. However, he also reported suffering anxiety attacks which appeared to be triggered by trivial issues. The nurse suggested that he could attend a prisoner support group, which he declined as he did not think it would be of benefit. He was later prescribed herbal based anti-anxiety and sleeping medication.

42. The officer, who had carried out the ACCT assessment interview in July, was a C wing landing officer. He made three entries in the man's P-NOMIS electronic record between 11 November and 1 December. In the first of the entries, he referred to him having "gone through a bit of a phase where he has been on a bit of a downer for a few weeks". The officer's two subsequent entries indicated an improvement in his mood. He told the investigator that in his experience it was not unusual for prisoners, particularly those such as the man, to go through times of lowered mood before picking up again. He was not surprised that he went through this phase, which had not lasted very long.

43. Between 5 and 15 November, staff completed four SIRs recording unusual contact between the man and three brothers, two of whom had previously been prisoners at Gloucester and the third being a current prisoner there. The two, who were no longer at Gloucester, were booked to visit him. Staff were concerned because they and the man were not obvious associates. When staff spoke to him he appeared to have little, if any, knowledge of the visits and denied knowing these people so the visit did not go ahead. He said that the brother still at Gloucester had been asking him for advice on how to set up a charity, something that he (the man) had done in the past. The prison's plan for dealing with the apparent incongruity was to monitor him for signs of bullying and to monitor his future visitors. After this, no further apparent irregularities were noted.

44. On 18 December, a prisoner reported to staff that the man had made threats to kill himself. However, the man denied making such comments and said that the other prisoner has misinterpreted a conversation they had been having. Nevertheless, an ACCT plan was opened. At an ACCT assessment interview the man repeated that the other prisoner had misinterpreted the conversation. A Principal Officer (PO) chaired an ACCT review that afternoon. The PO told the investigator that the man was adamant that he would not do anything to harm himself. He said that he understood the benefits of the ACCT process, having had ACCT supervision in the past, but that it would not be of benefit this

time. The PO was aware that the man had been participating in the prison regime, had not harmed himself since he had been in Gloucester and was content that the ACCT could be closed.

45. In early January 2013, the Ministry of Justice announced the closure, by the end of March 2013, of a number of prisons, including Gloucester. Gloucester began transferring prisoners to other prisons. A note in the man's clinical records on 11 January indicates that he was unsettled by the news but was assured that he would be advised about the plans when more was known.

46. As prisoner numbers at Gloucester fell, C wing was closed and the remaining prisoners transferred to other wings. The man moved to A wing on 17 January. A nurse saw him as he was anxious about the move. She told the investigator that he was quite agitated as he said that wing staff had told him that he might have to share a cell. He said he was not sure how he would react if he had to share and said he might end up banging his head on a wall so he could go to hospital. She asked him if he intended to harm himself but he said that he was just explaining how he would feel if he was asked to share a cell. He asked her for a short-term prescription of medication to help him sleep. She told him she would speak to the healthcare team. He said he was feeling less anxious after their discussion but asked her to see him again the next day, which she agreed to do.

47. The nurse spoke to wing staff, who agreed that the man would not have to share a cell, as well as a prison doctor who prescribed diazepam[6] for that night. She then telephoned the wing to ask the staff to let him know about the diazepam and that he would not have to share a cell.

48. The nurse was unable to visit the man on 18 January, as promised. Owing to heavy snowfall, her journey to work was severely delayed. Very few healthcare staff managed to get to work that day so they were only able to carry out urgent duties, such as delivering medication. She had no concerns that he was at risk of harming himself, but agreed with the investigator that it would have been good practice to ask wing staff to pass a message to him that she would not be able to see him that day.

49. An A wing officer, told the investigator that the man had spoken to him on 17 January about his concern that he might have to share a cell. He assured him that he would not have to share. He said that staff were conscious that he had been used to having a single cell and there was no need to place another prisoner with him as the numbers at Gloucester were low and decreasing.

50. The investigator spoke to a prisoner who became friendly with the man at around Christmas time. He had talked to the prisoner about the impact his actions had had on his life: that he was expecting a ten year sentence and had lost contact with his children. He told the prisoner that he had attempted suicide after his alleged offence and had consumed cleaning fluids while at Gloucester. The prisoner was concerned about the man's wellbeing and said he had asked

[6] Diazepam is a sedative used to treat symptoms of anxiety.

him if he could speak to staff but he pleaded with him not to do so. Although this placed him in a dilemma, he respected his wishes.

51. The A wing Officer was also on duty on 18 and 19 January, but had no significant interaction with the man. He said that the man went to collect his meals but then returned to his cell where he spent most of his time. Over those days, he had no concerns about his safety and considered there were no grounds to consider opening an ACCT.

52. A second Officer who was also on duty during that period, gave similar evidence about the man seeking reassurance that he would not have to share a cell and him keeping to himself and engaging little with others.

53. At around 6.45pm, the second Officer began a roll check (to ensure that all prisoners are present and in the correct cells). When he checked the man's cell, he saw him kneeling at the bottom of his bed hanging from a noose made from bedding material and tied to the bed frame. He radioed a Code Brown message (to indicate a prisoner with severe breathing problems requiring urgent assistance). He went straight into the cell and cut the noose. He was joined by the A wing Officer. Between them they laid him on the floor, checked for signs of life and then started cardiopulmonary resuscitation (CPR).

54. A nurse arrived within a minute or so. She advised the second Officer to increase the rate of chest compressions. She checked the man for signs of breathing and found none. She then used a defibrillator[7], which advised that no shock should be given and CPR should continue. She and the two officers took turns in giving chest compressions. An emergency ambulance had been called by the control room when the Code Brown message was received and first response paramedic arrived just before 7.00pm and others arrived two minutes later. Resuscitation efforts continued until 7.23pm when death was pronounced.

55. The man's next-of-kin, his sister, lived in a village in Yorkshire. Gloucester's Governor telephoned the duty governor of HMP Full Sutton (a prison near York) to ask for trained family liaison officers to visit her to break the news of his death. There had been heavy snowfall in Yorkshire at that time and Full Sutton's duty governor did not believe that his sister's home could be reached without a four wheel drive vehicle. Arrangements were made instead for local police officers to make the visit and break the news.

56. Gloucester's family liaison officer telephoned the man's sister the next morning to introduce himself and arrange a follow-up meeting at her home on 22 January. Again, due to poor weather conditions, he was unable to visit but two members of staff from Full Sutton went to see her on his behalf. They explained to her the processes after a death in prison custody and offered assistance with funeral expenses.

[7] An automatic external defibrillator measures electrical activity in the heart and gives audible instructions on management of the patient, such as whether or not an electrical shock should be given to re-establish an effective rhythm.

57. Staff involved in the emergency response were spoken to and offered support by the care team. Staff spoke to prisoners on open ACCTs individually and increased their levels of observation in case they had been adversely affected by the man's death.

ISSUES

Suicide and self-harm monitoring

Closure of the first ACCT

58. The man had harmed himself after his assault on his wife and her new partner. He arrived at Gloucester with warnings about his suicide risk at the time. Staff at Gloucester monitored him under the ACCT procedures for just over four weeks. The ACCT plan was closed on 3 August at a case review chaired by Gloucester's safer custody manager. The record of the review indicated that he was feeling much better, that he was making plans to start a prison job and he spoke about his court case. He said that he would speak to staff if he needed support in the future. He had not harmed himself since arriving at Gloucester and all the issues listed on his caremap had been resolved.

59. The panel's view was that the man's risks had reduced and that it was safe to close the ACCT. He had a number of factors which would suggest he was at risk of suicide and self-harm, including the circumstances of his charges, the fact that he was in prison for the first time and that he was being treated for depression. These factors continued at the time the ACCT was closed, but we consider that this was an appropriately considered decision.

Opening and closure of the second ACCT

60. On 18 December, a prisoner reported to staff that the man had been threatening suicide so an ACCT was opened. His explanation then and at an ACCT case review chaired by a PO that afternoon was that he had been misinterpreted and he said that he did not want to be subject to ACCT procedures again. The panel was satisfied that there had been a misunderstanding and that his meaning had been misinterpreted by the other prisoner. As he appeared settled they decided that the ACCT should be closed.

61. There was no reason for staff to have disbelieved the man's assertion that the other prisoner had misinterpreted something that he had said to another prisoner. The decision to close the second ACCT seems a reasonable one, especially since nothing else had occurred since the closure of the first ACCT for staff to believe that he was again at risk of self-harm or suicide.

Possible bullying

62. The investigator explored with staff the possibility that the man might have been bullied or targeted by other prisoners. There were a number of reasons for this. First, his profile was not that of a typical prisoner, he was an older man who had never been in prison before, he would generally be described as middle-class, and had been reported in the newspapers to be a millionaire. A number of Security Information Reports (SIRs) were raised to record visits booked for people known to the prison to visit him but with whom he had no obvious connection. Another SIR was raised when another prisoner was seen

completing his canteen sheet. From almost the first point of his arrival into Gloucester he sought to be placed in a single cell.

63. Prison staff recognised that these were possible signs of bullying, but each time they asked, the man denied that he was being bullied. The need to monitor him for possible bullying and intimidation was identified but, other than the potential behind the two incidents above, no other incidents of bullying were recorded.

64. At interview, staff consistently described the man as a person who preferred his own company but was not reluctant to come out of his cell to collect food, exercise, work or attend prison courses. Occasionally he mixed with other prisoners during association periods. As he had little in common with most of the other prisoners the fact that he preferred a single cell was to be expected and not necessarily a sign of bullying or suicidal intent. His records show that he spent most of his time reading quietly.

65. We are satisfied that the prison took appropriate steps to explore and monitor potential bullying. It is apparent that prison life was not comfortable for a man of the man's background but there is little indication that bullying played a part in his actions.

Clinical support

66. The clinical reviewer is a community based GP. He explained that the man had no previous forensic or enduring mental health history but had been prescribed anti-depressant medication by his community GP after the breakdown of his marriage. He considered that the records made by the mental health nurses at Gloucester, in particular those of a nurse, were thorough and showed ongoing attention both to risk management and monitoring his mood when he was on and off antidepressant medication. He concluded that the man received good physical and mental health care at Gloucester and that the drug prescribing decisions were appropriate.

Informing the man's family of his death

67. Prison Service instructions state that where possible, news of a death in custody should be broken to the next-of-kin in person by a family liaison officer accompanied by a second member of staff. Where the next-of-kin lives too far from the prison, assistance must be sought from the prison nearest to the family. Gloucester contacted HMP Full Sutton, which was nearer to his family, but because of difficult weather conditions at the time we consider it was reasonable for them to suggest to Gloucester that the local police should break the news. Gloucester's family liaison officer followed this up with a telephone call to the family the next day and a home visit was made by staff from Full Sutton two days after that. We consider this was an appropriate response.