

**Investigation into the circumstances surrounding the
death of a man at HMP Manchester in
October 2008**

**Report by the Prisons and Probation Ombudsman
for England and Wales**

October 2009

This is the report of an investigation into the death of a man. His cell mate found him hanging in the bathroom of their shared cell at HMP Manchester in October 2008. He had a ligature made from two shoelaces tied around his neck. Despite efforts to resuscitate him, he was pronounced dead shortly after arrival at hospital. He was 46 years old.

I would like to extend my sincere condolences to the man's family and to all those touched by his passing. He was British, but had lived in Zimbabwe for much of his life. His wife and daughters still reside there.

The investigation has been undertaken on my behalf by one of my senior investigators. I am also very grateful to the clinical reviewer of the local Primary Care Trust for carrying out a comprehensive clinical review of the healthcare the man received whilst in custody. I would also like to thank the Governor of Manchester and his staff for their help and co-operation.

From the time he came into custody, the man expressed concerns for the safety of his family. However, it was only after he was sentenced to six years imprisonment that he openly voiced his fears to his cell mate that he could not survive being parted from them. His death, a week after being sentenced, appears to have been meticulously planned. He left individual handwritten notes addressed to separate family members expressing his love and affection for them and acknowledging the heartache they would feel as a result of his death.

Manchester is formally recognised as a high performing prison. I am therefore both surprised and dismayed that in what was otherwise exemplary management of the events described in this report, the decision was taken to handcuff the man until the moment of his death. This was frankly macabre. I am certain that the Governor and his management team will wish to implement the lessons of this investigation as quickly as possible.

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.

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CONTENTS

Summary

Investigation Process

HMP Manchester

Key Events

Issues

Recommendations

SUMMARY

The man was born in Britain but had lived in Zimbabwe with his family for many years. He regarded Zimbabwe as his home but he was worried about political unrest there, particularly as a white former landowner. He wanted to accumulate as much money as he could to enable his family to leave the country if it became necessary.

On 27 July 2008, he was arrested at Manchester Airport and charged with drug importation and money laundering. After appearing in court the next day, he was remanded in custody and taken to HMP Manchester. He was not regarded as a foreign national by Manchester because he had the right to live in the United Kingdom. This meant that the Foreign Nationals Officer was not aware of him and his particular needs as a person living abroad were not recognised initially. After leaving the induction unit (for prisoners new to Manchester), he moved to B wing. Although he was allowed at least one telephone call to his wife on an ad hoc basis, his application for extra telephone credit was turned down because he had received visits in the previous month.

The man told the Healthy Prisons Co-ordinator that he was feeling under stress and could not sleep because he was concerned about his family's safety in Zimbabwe. The Co-ordinator contacted the Foreign Nationals Officer on the man's behalf and urged him to make a healthcare appointment regarding his insomnia. He was given an appointment to see a nurse specialising in insomnia on 13 October 2008.

In order to gauge how long his prison sentence was likely to be, the man canvassed opinion from several prisoners who told him to expect around four years. However, despite pleading guilty, he received a sentence of six years on 6 October. This left him feeling stunned as it was longer than he had expected. Nevertheless, he told a nurse on his return from court that he did not have any concerns. As there is no specialised induction for convicted/sentenced prisoners, he returned to B wing. He told the library orderlies that other prisoners had told him he would have to serve his whole sentence in the United Kingdom instead of returning to Zimbabwe after the custodial portion was served. The library workers asked him to go back when it was less busy so they could explore what legal avenues were open to him but he did not return. Instead, he asked the Foreign Nationals Officer, who told him that it was not an automatic matter but one that could be explored.

Some prisoners described the man's physical appearance after he was sentenced as subdued, older and that he acquired a "lost look of desperation." He told a couple of fellow prisoners that he was annoyed that international telephone calls were so expensive and that staff had ignored his queries about the cost. He told his cell mate several times during the week after he was sentenced that he was at the end of his tether. He could not survive his sentence and being apart from his family for so long.

In October 2008 the man's cell mate awoke and discovered him hanging from the bathroom window. The ligature was cut and he was placed lying down by officers. Efforts were made by the Senior Officer, healthcare staff and ambulance personnel to resuscitate him and he was taken to hospital attached to an officer by an escort

chain. He was pronounced dead shortly afterwards without regaining consciousness.

I am acutely conscious of the fact that the man died just one week after he was sentenced and have little doubt that his death was brought about in part as a response to the length of his sentence. My report makes recommendations on the lack of a structured induction process for convicted and sentenced prisoners. I also consider whether there is scope for widening the definition of foreign national prisoners at Manchester. Finally, I strongly criticise the use of handcuffs on an unconscious man who has hanged himself.

THE INVESTIGATION PROCESS

1. My investigator visited HMP Manchester three times. She was given access to all prison records relating to the man. These included his clinical record, initial statements from staff and his prison core record.
2. She met representatives from the Independent Monitoring Board and the Prison Officers Association to offer them the opportunity to raise relevant issues. Notices publicising the investigation were displayed around the prison. Three prisoners and three members of staff were interviewed by my investigator as a direct response to these notices. Contact was also made with a Sergeant of Greater Manchester Police who confirmed that there was no evidence of third party involvement in the man's death.
3. The man's family was offered and accepted the opportunity to contribute towards the investigation process. One of my Family Liaison Officers contacted his family to discuss the issues the family wished to raise. They could not understand how he had managed to end his life using shoelaces and they wanted to know whether anyone else, apart from his cell mate, had picked up on how he was feeling.
4. The clinical reviewer from the local Primary Care Trust has provided a clinical review which is annexed to this report. It examines whether the man's healthcare needs were met whilst he was in custody. I am grateful to him for undertaking such a comprehensive review.

HMP MANCHESTER

5. HMP Manchester is a large prison which holds up to 1,269 prisoners. It is Victorian in external appearance but has been refurbished internally. Cells have televisions, electric sockets and sanitary facilities. Manchester holds both unconvicted and sentenced prisoners as well as a small number of high security (category A) prisoners. For this latter reason, it is part of the high security estate and security within the prison reflects this.
6. The prison is divided into two main blocks. The upper prison contains four wings (G-K) which include the First Night Centre and the induction wing. The lower prison has five wings (A-E). B wing, where the man spent most of his time at Manchester, operates as a Voluntary Testing Unit for prisoners who wish to live in a supportive environment away from drug use. Prisoners sign a compact agreeing to be tested for drugs at random. The Voluntary Drug Testing Unit has a reputation as a stable and quiet wing. Older first-time offenders often find it a more suitable environment than the rest of the prison.
7. The man's death was the second apparently self inflicted death to occur at Manchester in 2008 and the fourteenth such death since I took over responsibility for investigating all deaths in prisons in 2004. Few, if any, of my recommendations in previous reports are relevant to the circumstances of his death.
8. HM Chief Inspector of Prisons (HMCIP) carried out an unannounced inspection of Manchester in May 2007 as a follow-up to her 2004 inspection. Her report in 2007 said in relation to safety at Manchester that "the application of category A procedures to the small number of category A prisoners had implications for the quality of life for all prisoners, 630 of whom were merely category C prisoners. Better and more equitable risk management was required." Her report spoke about the improvement in staff-prisoner relationships, and in particular the impact of the group officer scheme which meant that prisoners would be allocated a named officer who would be responsible for engaging proactively with them. However, her report also commented on suicide and self-harm procedures that required further work, especially that insufficient profiled time had been allocated to staff involved in safer custody. (I understand that the profile of safer custody issues has risen markedly since 2007 and that improvement measures have been initiated on many of the points raised in her report in this regard.)
9. The prison's Independent Monitoring Board (IMB), is comprised of unpaid members of the local community appointed by the Secretary of State for Justice, and is required to satisfy themselves that prisoners are being treated properly. In its most recent annual report covering the period 1 March 2007-29 February 2008, the IMB said:

"Manchester is a well-run prison which is meeting most of its Key Performance Targets ... The Board has witnessed many occasions when staff have demonstrated sensitivity to prisoners' needs. e.g. in Reception

on arrival at prison, officers giving information on what was happening and answering any questions ..."

10. In relation to safer custody issues, the IMB commented that "staff do everything they can to prevent prisoners harming themselves." The First Night Assessment and Induction form was described as "working well."

KEY EVENTS

11. The man was born in Sheffield in February 1962. He grew up in Zimbabwe, married and had two daughters. He was arrested at Manchester Airport in July 2008 after arriving on a flight from Zimbabwe. He was charged with drug importation and money laundering. The next day, he was taken to Manchester Magistrates Court where he was remanded in custody. He was moved to HMP Manchester later that day.
12. On arrival at Manchester, the man was assessed by a Reception Officer using a Cell Sharing Risk Assessment (CSRA). (This is a standard procedure to assess a prisoner's suitability to share a cell with another prisoner.) The man was assessed as low risk. The Reception Officer told my investigator that he regularly dealt with many prisoners coming through Reception so he could not specifically remember him. However, he was confident that he would have been able to spot signs of vulnerability if they had been evident at that time. He told my investigator that he had been a Reception Officer for three and a half years and had worked in the Prison Service for 16 years in several large, busy urban prisons similar to Manchester. He said he had experience in opening many Assessment Care in Custody Teamwork (ACCT) documents on newly received prisoners. (ACCT is the Prison Service's process for supporting and monitoring prisoners who may be at risk of self-harm or suicide.)
13. The man was also seen in Reception by a Healthcare Assistant (HCA) who discussed his healthcare history by way of a First Reception Health Screen. This is designed to find out whether a prisoner has medical needs and to provide appropriate treatments. The HCA took the man's medical history and noted in his electronic clinical record that he had suffered a number of fractures when he was younger, was a heavy smoker and had a family history of cardiovascular disease. My investigator asked the HCA about spotting a prisoner at risk and whether he would be able to detect signs of distress. He said he would be confident about doing so.
14. The man was taken to H wing to spend the night as there were no spaces on the First Night Assessment and Induction Centre on G wing (a specific residential area set aside for prisoners who have newly arrived at Manchester). Prisoners who have been to Manchester before usually follow a fast-track process whereas first-time prisoners may remain in the induction unit for up to two weeks. An Officer asked him a series of questions designed to highlight if there were immediate concerns that needed to be addressed. In response, he said that he was British and his family knew where he was as he had been given the opportunity to telephone his brother-in-law whilst in Reception. He said that it was his first time in prison. The Officer asked him whether he had ever harmed himself, attempted to commit suicide or whether he felt at risk of self-harm or suicide. The man replied "No" to these questions.
15. The section in the booklet concerning foreign national prisoners was not completed. At interview, the Officer said that he had not completed that

section because the man held a British passport and thus according to his understanding of Prison Service policy he was not a foreign national. In section five of the First Night Assessment and Induction booklet he completed on the man, the Officer described him as cheerful, co-operative and polite. He added, "The man is a polite, well spoken individual, no issues or concerns raised." The Officer explained about Listeners (who are prisoners trained by the Samaritans to support their peers experiencing anxiety or distress by talking in confidence with them), the Samaritans telephone and the emergency cell bell. He told my investigator that the man had chatted to him about his work as a car mechanic and owning a garage.

16. The day after his arrival, the man moved to G wing. He was visited by a minister from the chaplaincy team, as he was new to Manchester. He told the minister that he was a British-born Zimbabwean and he was concerned about his family in Zimbabwe as they did not know where he was. The minister wrote in the man's Record of Events, (where any significant occurrences or observations are recorded), "Advised him to request international call from officers. Agreed also to phone his solicitor to come in. No apparent risk of self-harm but advised of support available. Not been in prison before. He's managing to cope, but finding it difficult." The man was interviewed by an Induction Officer as the second part of the induction process. He said he was not concerned about being in Manchester and that he did not feel at risk of harming himself.
17. On 31 July, the man attended the Education Department for induction. This consisted of a basic skills assessment and information on services available. An officer, who works in the Information Advice and Guidance section of the Department, assessed him. At interview with my investigator, she described him as willing to engage and complete the assignments he was given. He told her of his fears for his family abroad and spoke of a time when he used to sleep at night holding a gun in case his family was attacked. After being sent to Manchester, he had told his wife to try and sell as many of their possessions as she could in order to come to Britain. (He said his family were all British citizens.) He asked the officer if she could assist him in retrieving his wedding ring from Customs as it had been seized when he was arrested at the airport.
18. An Information Technology trainer taught a class on the European Computer Driving Licence which the man attended each weekday morning. He told my investigator that the man had a very positive attitude, was keen and used to be the first to arrive in class. Often they would chat for 5-10 minutes before the lesson. The man would talk about his daughters and life in Zimbabwe.
19. The man kept appointments for hepatitis B vaccinations on 1 and 7 August. Two of his brothers-in-law, who are resident in England, visited him on 2 August.
20. As noted above, B wing is a Voluntary Testing Unit for prisoners who wish to be in a supportive environment away from drug use. Around 50 per cent of its prisoners do not have a substance abuse history. It also welcomes older and

first-time prisoners who may find the faster pace, turnover and activity on other wings a more challenging experience. Prisoners on G wing may apply to move to B wing or they may be recommended by staff. It is not clear by which means the man heard of B wing but after spending eleven days on G wing, he moved to B wing on 9 August.

21. A wing officer helped the man settle on to the wing and allocated him cell B3-15 with another low risk prisoner. The Senior Officer (SO), one of three senior officers on B wing, told my investigator that he got to know him well. On one occasion, the SO arranged for him to telephone a friend in Zimbabwe to check on his children's safety when his wife was visiting South Africa. The man had acknowledged that his lifestyle in Zimbabwe had been good but the political difficulties white people were experiencing there made him increasingly concerned about his family without him.
22. The SO described the man as being "perfect for B wing." Asked why that was, he replied: "He was of a middle age with a lot of sense, quite obviously he wasn't the type of character to cause any sort of disruption to the regime. And in time it proved correct because you could see the possibility of him having a positive impact on the regime as being a more mature character. Well spoken, well educated guy, a likeable character."
23. B wing practices Peer Group Induction which involves selected prisoners (managed by a Senior Officer) introducing new arrivals to how it operates. This includes the prison policies with particular relevance to B wing such as Voluntary Drug Testing, alcohol awareness, where to seek help for issues of substance misuse and how to make an application to access facilities and services. My investigator interviewed a prisoner on B wing who is part of the Peer Group. He described some of the tasks that the group undertakes. He said that not only is peer support useful for those who may feel uncomfortable talking to an officer about their personal issues but it also gives peer supporters a feeling of self respect in being able to help others.
24. The prisoner said that he chatted with the man frequently. They became friends on learning that they had a shared interest as ex-soldiers. They would talk about military life and the man would paint mental pictures of Zimbabwe which he described as a lovely country to see. However, he told the prisoner of his safety fears for his family in Zimbabwe, whom he was very close to, and he was concerned about violence towards white Zimbabweans. Asked by my investigator about the man's general demeanour, the prisoner said:

"He'd have a laugh and a joke like anyone else. Everyone, all the lads on the wing thought he was a nice guy, he played pool with the lads and things like that. But then you would notice every now and again he'd slip into his own world ... he'd walk up and down, not really going anywhere but just walk up and down. And because I've done it myself, it's when you know someone's got a lot on their mind ... I try and grab his attention and maybe occupy his mind in other ways."

25. The prisoner thought that the man was very upset at being in prison but he never mentioned harming himself or taking his life. In interview, the prisoner recalled the man describing imprisonment as “a walk in the park” compared to their pasts as soldiers. The prisoner had agreed, saying that because they had experienced active service they were probably more adaptable than most people.
26. The man received visits from two friends from Derby. They saw him on 10 and 15 August and again on 3 September. His brothers-in-law arranged to see him on 6 September but the visit did not take place.
27. The Healthy Prisons Co-ordinator told my investigator that he came into contact with the man on four occasions in September. The Co-ordinator is employed full-time by NHS Manchester (formerly Manchester Primary Care Trust) to deliver health promotion programmes to HMP Manchester. He explained that each session is on a different topic such as alcohol awareness, smoking awareness, sexual health, testicular and prostate cancer, hepatitis awareness and healthy eating. He also runs a course called the Campaign Against Living Miserably (CALM) which was developed by a charity of the same name and is a nationally recognised mental health intervention. It encourages people to talk about the way they are feeling instead of bottling themselves up, and to forge healthy friendships and offers general coping mechanisms. CALM apparently found that 70 per cent of young men who took their own lives did not talk to anyone about it.
28. The man attended a smoking awareness session on B wing at the beginning of September. During a break in the smoking awareness session, he said that he was smoking a lot due to the stress he was experiencing after leaving his wife and children in Zimbabwe. He said he could not consider giving up as he had a lot on his mind.
29. On 24 September, the man took part in CALM. After the session, the Co-ordinator asked him how he was as he knew from previous conversations that he had been feeling under stress. The man told him that he was not sleeping and was still feeling stressed as his main focus was getting his family out of Zimbabwe. The Co-ordinator said he would make an appointment for him to see a doctor concerning his insomnia and he would refer him to the Foreign Nationals Officer. He also thought that he would benefit from being able to talk to others in a supportive setting so he referred him to the mental health day centre. The man seemed receptive to the Co-ordinator’s suggestions. The Co-ordinator told my investigator that he was struck by the man’s focus on the future in terms of wanting to be sentenced so he could plan his future and get his family out of Zimbabwe. He said he had no reason to consider that he would take his life. The man attended four health promotion sessions in total in September.
30. The Co-ordinator emailed the Foreign Nationals Officer on 24 September to say that he had been working with the man. The man was worried about his family’s safety in Zimbabwe and as a result he was not sleeping due to stress and feeling powerless. He was concerned because it was expensive to ring

Zimbabwe and he wanted to know whether there was a special rate available for international telephone calls.

31. Manchester allows foreign national prisoners to apply for a telephone call up to the value of £10 if they have not received a visit in the preceding month. (UK citizens can make a call up to £5 under the same conditions if their family lives 100 miles or more away.) The man had made an (undated) application for a telephone call to his wife but was turned down on the grounds that he had received visits on 2, 3 and 6 September. (In fact, the visits booked for 2 and 6 September did not take place.)
32. The man received a legal visit from his solicitor on 25 September and from two investigation officers with HM Revenue and Customs on 26 September.
33. On 29 September, the man had an appointment with a prison doctor. She noted in his electronic clinical record that he had seen her concerning after effects of having fractured some bones when he was 20 years old. She prescribed diclofenac, an anti-inflammatory medication. She noted that he needed to see a physiotherapist for an assessment. She recorded his mood as "euthymic but lots on his mind regarding family stuck in Zimbabwe." (Euthymic means a normal, non-depressed, reasonable mood.) The prescription chart in his clinical record showed that she also prescribed seven days of Zopiclone (a medication for insomnia) on the same day.
34. On 1 October, the man was seen by a physiotherapist. She wrote in his clinical record that he had a chronic long-standing injury in his left knee which would not improve with an exercise regime.
35. In the run up to the man's appearance in court for sentencing, his cell mate told the SO that the man was feeling down. The SO encouraged the man to chat and share his problems which, as before, he expressed as concern for his family's welfare. The man told one of his teachers that the National Probation Service had not yet prepared a Pre-Sentence Report but his solicitor was encouraging him to be sentenced on 6 October as the judge sitting in court that day was lenient.
36. A second prisoner on B wing told my investigator that he began to chat with the man after another prisoner told him that the second prisoner had committed a similar offence to his. According to the second prisoner, the man would try and gauge from other prisoners the likely length of his prison sentence. They told him he would get about four years and the second prisoner thought the man had told him his solicitor had mentioned that figure. He seemed to have it fixed in his head that he would receive four years. The second prisoner thought this rather low and after reading (for his own case) how the tariff was calculated, he felt that the man would receive seven years. He told my investigator that he told the man "You need to get it in your head that you're getting six years so at least it doesn't shock you when, if you do get it."

37. On 6 October, the man was taken to Manchester Crown Court. He pleaded guilty to the offences he had been charged with. In sentencing, the judge said he acknowledged his personal circumstances, the failure of his business, problems with his farm and anxieties over his family that had led him to commit his offences. He also recognised that he had no previous convictions. The judge explained that 12 years would have been an appropriate sentence for both his offences but he would regard nine years as a starting point due to his immediate co-operation after arrest. He would give a further one-third credit for his guilty plea, leaving a sentence of six years on each offence to run concurrently. The judge did not comment on whether he should face any travel restrictions after serving the custodial part of his sentence.
38. On his return to Manchester, the man was seen in Reception by a nurse who wrote in the healthcare reception book that he did not have any concerns. Asked some time later by my investigator whether she recalled talking to the man, she said she did not remember seeing him at all. She said that 12 new prisoners had arrived at Manchester that afternoon and evening and her priority would have been to interview them rather than deal with the 27 prisoners (like the man) who had returned from court that day. She added that practice at Manchester had changed in the last couple of months and Reception nurses were now required to speak to all returning prisoners. My investigator asked a second (SO) for an overview of the systems to identify issues with returning prisoners. The second SO said that there was not a formal system in place but ideas were being discussed. I understand that a Change of Status Identification Form devised by the Safer Custody Team is now in place which requires various departments, starting with staff in Reception, to make a record of any conversations they have had with a prisoner whose circumstances have changed, bearing in mind the possible risk of self harm and suicide.
39. The man returned to B wing as there is no formal induction for prisoners returning from a court hearing where their status may have changed from unconvicted to convicted and/or sentenced. He made a brief telephone call to his family and another to his friends in Derby. He told the second prisoner about his sentence and said he was thinking about appealing because he was expecting less. He asked the second prisoner to show him the sentencing guidelines and complained about his legal representation.
40. When the first SO was next on duty after the man was sentenced, on 7 October, he asked him how he was feeling. He replied that he was shocked because he had expected a sentence of around four years. The SO sat down with him and they looked at the computer breakdown of how much time he would actually serve (three years including time spent on remand.) His conditional release date would have been 28 July 2011. The SO told my investigator that he tried to show him a positive way of looking at his time in custody. He explained to him that by taking various courses and offending behaviour programmes, he would soon reach a period when he could be considered for a lower security category prison and that he could get through the sentence.

41. The man wondered whether he should try and encourage his family to move to Britain as he wanted to see them regularly. On the other hand, he was concerned that house prices had severely depreciated in Zimbabwe and, in any event, it would be extremely difficult to get any money out of the country. He also worried about the wisdom of having his children grow up in Britain, which he thought might have a detrimental effect on them. He had told his teacher that his daughters were in good schools and he wanted them to continue their schooling. He made brief telephone calls to his family on 7 and 8 October. His telephone credit ran out after a call to his friend on 10 October.
42. The SO emailed the Foreign Nationals Officer asking him to see the man. Also on 7 October, the process of deciding what category of prison he would be sent to was started. According to form ICA1 in his custodial documents file, the documents on which that decision would be based (such as previous convictions and details of his offence) were requested on 7 October.
43. The Foreign Nationals Officer told my investigator that he met with the man the day after receiving the SO's email. The man said he wanted to be able to access the foreign national telephone call scheme because it was expensive for him to make calls otherwise. The Foreign Nationals Officer said he was looking to amend the system so that prisoners who did not fall strictly within it at the moment if they received the odd visit, could benefit on a discretionary basis. He told the man to send his telephone call application directly to him for it to be processed.
44. On 9 October, the man moved from B1-25 to B4-23 with the same cell mate as they found the lower landing too noisy and preferred to be on an upper level. As a result, another officer became his third personal officer on B wing (the system allocates prisoners according to their cell location). He went to the man's cell and introduced himself to him and his cell mate. The man's teacher observed that he appeared very subdued as he entered class that day. He told her that he had been sentenced to six years imprisonment and it was his understanding that because he did not have a Pre-Sentence Report he could not appeal against his sentence.
45. On 10 October, the Nurse Manager received a written application from the man who said he was suffering from lack of sleep. An appointment was made for him to see a Sister, a non-medical prescriber who is experienced in working with prisoners who are suffering from insomnia, on 13 October.
46. On the same day, the man went to the library in the Education Department, which he did two or three times a week, for the first time since he was sentenced. Two prisoners who work in the library told my investigator that he spoke of receiving a longer sentence than he was expecting. The first library prisoner described his demeanour: "He was really down, really depressed, he couldn't see the light at the end of the tunnel. And we were trying to buck him up and say 'Look, come and see us when it is quiet and we'll try and explore the options' ... I tried to tell him to stay positive ..." The first library prisoner said he was concerned that the Prison Service does not do enough to help

prisoners prepare for sentencing, doing a sentence or offer counselling to help prisoners to deal with their circumstances. He said that in his case after he was sentenced HMP Liverpool had a dedicated officer who spoke to him about the appeals process. He added that prisoners had been telling the man that he would have to serve both the custodial part and his release on licence in Britain and would not be able to return to his family. He told him not to listen to the “rumour mill” and that they would look at the legal literature in the library to work out what actually would be the case.

47. The second library prisoner said that the physical change in the man after returning from court was noticeable to him and his colleague. He had a “look”, not that he was contemplating self-harm but more of feeling let down and that the future was gloomy. As there were other people in the library, the second library prisoner apologised for not being able to spend much time with him but promised that the next time he visited, they would look at some law books so he should not take his current situation as final.
48. The Foreign Nationals Officer met with the man on 10 October at about 10am. The man told him that his application to make an international telephone call had been returned to him. He was reminded that he needed to send it to the Foreign Nationals Officer. He told the officer that he had been sentenced and was feeling stunned and a bit shocked. He asked whether he would have to spend his period of release on licence in the UK. The Foreign Nationals Officer told him that when he was allocated a probation officer, he should make them aware as soon as possible that he intended to return to Zimbabwe on release. This would mean that the issue of a special dispensation on his licence conditions could be explored. Whilst it was not an automatic right, it would be on the agenda from the outset.
49. At lunchtime when the Foreign Nationals Officer happened to be on B wing, the man gave him a copy of his turned down telephone application and a fresh one. The Officer told him that he would be going home shortly so he would deal with the forms when he returned to work on 13 October.
50. The second prisoner said that in the days after the man was sentenced, he did not see much of him on B wing. One day, he went into his cell next door to say hello but he was just sitting quietly on his bed. The man said that he was “pissed off” that international telephone calls were so costly. The money he had to make calls went in about two minutes and it left him annoyed. The second prisoner suggested that he ask the SO to assist. A third prisoner who was on B wing at the time of the man’s death, told my investigator that he complained to him about staff ignoring his queries concerning the cost of telephone calls to his wife. He was not sure exactly which officer the man had been talking about nor what day he had said this but thought it might have been 12 October.

The man's life with his cell mate

51. The cellmate told my investigator that he had first met the man on G wing during induction. He stayed for the full induction whereas the cellmate went through the fast-track process as he had been in Manchester before. Once on B wing, the man moved into his cell. Although they had moved cells twice because of the cold or noise on the wing, they had remained together since August and had got on very well. Once when the man was feeling down, the cellmate had bought him a bar of *Dairy Milk* chocolate which lifted his spirits. His main concern was his likely sentence and returning to Zimbabwe. He told his cellmate at first that he was hoping for three years and remained quite upbeat whilst he was on remand. The cellmate said the man was told by prisoners he had sounded out that he was likely to get four years for a first offence but the day he returned from court with a six year sentence, he was devastated.
52. The cellmate said that, once sentenced, the man talked about suicide and ending it all. He said he was at the end of his tether and he could not face the thought of being without his family for three years. Asked whether what he was saying surprised him, the cellmate replied "No, because I've heard it all before. It just went in one ear and out the other." He said that the man "kept repeating it in different ways, I kept trying to talk him out of it." Yet he also insisted that "it was no hardship for him being in a British jail" and said it was more comfortable in some respects than hotels where he had stayed in Africa. However, he missed his family terribly and there was a marked physical change in his appearance. The cellmate said the man "looked as if he was bottling it up, his eyes were welling up, going red and more or less every day, from his sentence, he looked older and older. He didn't look like the man that came in."
53. My investigator asked the cellmate whether he had spoken to any of the officers about the man saying that he could not handle imprisonment. He replied "I told the SO about a month before he actually did anything ... I went to the SO on purpose to get searched [before work] and I said 'You're going to have to sort him out because he's climbing the walls, he needs one of your chats' and he got him in the office and he spent about an hour in there and the SO gave him a few phone calls to Zimbabwe." The cellmate thought that the Healthy Prisons Co-ordinator had arranged for the man to have seven days worth of sleeping tablets. (In fact, these had been prescribed by the prison doctor, not the Co-ordinator.) They had worked but after seven days, the insomnia returned.

The day of the man's death

54. The cellmate told my investigator that he went to the gym. When he returned to his cell at about 10.30am, the man was sitting on his bed with an A4 pad, writing a letter. The cellmate saw this as a good sign. At lunchtime, the man collected his lunch but when they returned to their cell he said he did not want it and offered it to his cellmate, who ate the meat. The man then took three or four spoonfuls of the dessert but left the rest. He told his cellmate "I really am

at the end of my tether” but his cellmate reminded him of his children and told him to throw himself into his education classes.

55. At teatime at around 5pm, in contrast to the usual weekday routine, as it was a Sunday, prisoners on B wing would remain locked in their cells after collecting their evening meal until after breakfast the next morning. The cellmate told my investigator that normally when he passed the man on the stairs he would say “Hi” and they would have a little chat. That day, however, he walked past him with just “a bit of a nod” and kept walking. Once he was in his cell, he offered his cheese pie to his cellmate straightaway. The cellmate declined, telling the man that he might want to eat it himself later on.
56. The cellmate kept flicking through the television channels during the evening trying to find something that would cheer the man up. He recalled the man laughing at a programme featuring the comedian, Peter Kay. However, at about 9.20pm, there was a news item about political talks in Zimbabwe which had stalled. The man had commented “That’s not good, that’s not good at all.” It was at that point that the cellmate, who was also taking sleeping tablets, said he offered him his last sleeping pill. The man refused it, insisting that his cellmate should take it himself. About an hour later, he recalled the man, who was on the top bunk, looking down at him and asking “Are you watching this [television programme], are you still awake?”
57. The night officer who had been on night duty that week, looked into the man’s cell whilst doing his rounds after the comedy programme had finished. He told my investigator that the cellmate was in bed and the man was watching television and had a cup with a drink in his hands.
58. The cellmate fell asleep. When he woke up about two hours later, he realised that the television was still on and the sound had been turned up loud. He went into the bathroom area to use the toilet and as he turned around, he saw the man hanging from the window. This was at about 00:25 in the morning. The cellmate pressed his cell bell, banged on the cell door and shouted for help to the night officer.
59. The night officer had been patrolling B wing and was on the second landing when he heard a cell bell begin to ring at about 00.25. He could see cell B4-23 from where he was standing and as he went towards it, he heard its door being kicked. The officer ran up the stairs and radioed for assistance from a Principal Officer, the Night Orderly Officer, and an SO, the Assistant Night Orderly Officer. Breaking open the sealed cell key pouch which is used in emergencies, the night officer entered the man’s cell and was confronted by an ashen-looking cellmate who said “He’s in the toilet.” The night officer went to the toilet area and lifted the man up.
60. The Night Orderly Officer and Assistant Night Orderly Officer, who were nearby, entered almost immediately afterwards. The Night Orderly Officer guided the cellmate out of his cell and directed a second night officer to look after him away from where the man was being cared for. The Assistant Night Orderly Officer helped the night officer support the man whilst the Night

Orderly Officer cut the ligature (which consisted of two shoe laces tied together) from around his neck with his ligature-cutting tool that all frontline officers should carry on duty. He radioed for healthcare staff and an ambulance to attend at 00.27. The Assistant Night Orderly Officer carrying the radio call sign Oscar 2, transmitted that cardio-pulmonary resuscitation (CPR) was being carried out and that the man did not have an obvious pulse. A third night officer who was on night duty on C wing (which is next to B wing) arrived and helped place the man on to the floor. The first night officer said he had not been trained to carry out CPR whereas the Assistant Night Orderly Officer had, so it was she who began efforts to resuscitate the man until healthcare emergency response staff arrived.

61. A Registered General Nurse told my investigator that she was carrying the healthcare emergency response radio whilst on duty in HMP Manchester that night. She received a message over the radio that there was a medical emergency on B wing. The RGN left the healthcare centre with a Healthcare Officer (HCO) and they both ran to B wing, collecting the emergency bag and defibrillator from F wing on the way. She estimated that it took them five minutes to arrive at B wing but the records available do not note the actual time they arrived.
62. The RGN administered breaths to the man using a pocket face mask. She placed the pads of the defibrillator on his chest but the machine indicated that a shock should not be administered. The RGN told my investigator that the man did not show any reaction to the treatment he was receiving. She described his body as being cold but not stiff. His skin was mottled. The third night officer said that he had tried to feel his right wrist for a pulse but did not detect one. He described him as looking dead and he felt cold but the Assistant Night Orderly Officer and RGN continued with CPR until the ambulance arrived at 00.36. The third night officer remained in the cell to assist with CPR if he was needed. The Assistant Night Orderly Officer said at interview that despite CPR, the man was unconscious and there were no signs of life at all.
63. Paramedics arrived at the man's cell at 00.45 and requested a second ambulance to assist. They took over from the RGN, HCO and the Assistant Night Orderly Officer. The RGN returned to the healthcare centre to prepare a copy of the man's clinical record for the officers who were preparing to take him to hospital. The Assistant Night Orderly Officer went to the Security Department (where she normally works as a manager when on day shifts) to check whether there was any adverse security information about him. There was nothing of note. She signed the escort route order form carried by the officers taking him to hospital, that a single handcuff should be used. The Assistant Night Orderly Officer told my investigator that whilst she felt the man was dead, his death had not actually been pronounced. She recommended that an escorting chain with a lighter type of handcuff (known as ratchet handcuffs) rather than standard handcuffs should be used, although the final decision would be for the Night Orderly Officer to make (as the more senior member of staff). My investigator enquired why the man was not sent to hospital without restraints as he was not a high security prisoner. The

Assistant Night Orderly Officer said that Manchester was a high security prison and that prisoners on hospital escorts would normally be double cuffed unless they were paraplegic. Double cuffing is where a pair of heavier (standard) handcuffs are used to join both wrists of the prisoner together. One wrist is then attached to one end of another pair of handcuffs and the other handcuff is attached to an officer.

64. The Night Orderly Officer described the man as appearing “lifeless ... his eyes were closed, there were no pained expression, he looked to all intents and purposes as if he was asleep.” As the ambulance staff prepared to take him to hospital, the Night Orderly Officer arranged for two officers, the second night officer and a fourth night officer, to accompany him. The man was placed in a medical chair by the ambulance crew and carried down to an ambulance.
65. The Night Orderly Officer decided that the man would be handcuffed to the second night officer by an escort chain (a metal chain about six feet long with a handcuff at either end. One handcuff was placed around one of the man’s wrists and the other was attached to the second officer’s wrist. At interview, she said that it was “daft” to handcuff the man and that she did not really feel comfortable with the procedure. Nevertheless, she accepted the protocol that he had to be handcuffed because he had not been pronounced dead and she did not object.
66. My investigator asked the Night Orderly Officer why the man was handcuffed given that he did not appear to be conscious. The Night Orderly Officer had seen the man hanging and had cut off the ligature around his neck himself. Moreover, he described him as looking lifeless. The Night Orderly Officer replied “Nobody had stated to me that the man was dead; therefore until such time as he is pronounced dead he is a prisoner going out on hospital bedwatch and as such restraints have to be applied ... All prisoners who go out on escort will go out under Category B conditions, i.e handcuffed and with escorting officers.” He was asked whether he would still handcuff a prisoner that he himself had seen hanging and had cut down. He replied “Yes, absolutely. Nobody had officially stated to me that the man was dead and until such time that that is stated by somebody qualified to do so then he would leave the prison under normal hospital escort conditions.”
67. The ambulance carrying the man left Manchester at 1.17am with the fourth night officer and a paramedic at the front and the man at the rear with the second night officer. The fourth officer told my investigator that when they arrived at North Manchester General Hospital, the paramedics asked for the handcuffs to be removed so that they could manoeuvre the man out of the ambulance. The fourth night officer unlocked them as he was carrying the key. He recalled them being standard rather than ratchet design.
68. The man was taken straight to the resuscitation area but sadly he was pronounced dead at 1.30am.

Actions taken at Manchester after the man's death

69. A minister, who is a member of Manchester's chaplaincy team, telephoned the man's wife in Zimbabwe to break the news of his death. He also spoke to the man's brother-in-law who acted as a link between his family in Zimbabwe and the prison. The minister has remained in touch with the family. Once the necessary administrative procedures following the man's death were completed, a hot debrief, chaired by a governor was held at 6.00am. The purpose of a hot debrief is to bring together all staff who have been involved in the immediate aftermath of a serious event. It enabled the staff to discuss how the aftermath of the man's death had been handled and air any issues that had arisen as a result.
70. A Notice to Prisoners was displayed around the prison to tell them of the man's death. Prisoners were reminded that they could speak to a Listener if they were upset by what had occurred. The Samaritans visited Manchester the day after his death and made themselves available to prisoners and staff.
71. The cellmate spent two days in the healthcare centre for observation. His partner was allowed an additional visit to see him and the Samaritans visited him. When he felt ready to return to B wing, after discussion with staff, he moved back to another cell.
72. A Notice to Staff was also issued by the Governor expressing his condolences. A number of prisoners and staff wished to talk about their contact with the man. A teacher told my investigator that a Listener had told her that he had spoken to the man four or five times but he had not given any indication that he was intending to take his life. (I understand and respect the rules governing Listener confidentiality which mean that the Listener would not be able to divulge the contents of the conversation he had with the man (or any prisoner). As a result, my investigator did not seek to interview him.)
73. As noted in para 3 above, one of my Family Liaison Officers contacted the man's wife and brother-in-law to let them know of my investigation and to find out whether the family wished to contribute towards the investigation process.
74. A post mortem was conducted on the same day the man died. It gave his cause of death as hanging and described the ligature as consisting of two shoelaces.
75. Handwritten notes to individual members of the man's family were found in a locker in his cell. In addition, a note addressed "To whom it may concern" and signed by him read "I have decided to take my own life. I have taken this decision in an attempt to save my family the hardship that will face them if they move to the UK with me. I cannot carry on in the state I am in. I apologise for doing this as I was well treated here. Please ensure that my family receive the letters I have left in a sealed envelope ..."
76. An airmail letter from the man to his wife was found in B wing post box after his death. It was dated 13 October, but made reference to it being Saturday

afternoon (11 October). He wrote of wanting his family to move to Britain because he did not feel he could get through his sentence without seeing them regularly. He wrote:

“I am ok but I have hit a real low spot. I am terribly depressed and a bit worried about my state of mind but I am trying really hard to stay sane ...”

“I have now been given the awful news that for the following 3 years after I am released I will be under licence which means I may not leave the UK so I am stuck here. I have spoke to the Foreign Nationals Officer and he had told me that there is no way around it ... I simply can't face being without you for so long ... 6 years is just not an option”

77. The man's funeral was conducted by the minister. It was attended by his wife and representatives from the prison. His wife was offered and accepted the opportunity to visit Manchester to meet with staff and prisoners who knew him. Officers spoke of him as a “really genuine” man. One prisoner described him as “a fine, fine beautiful kindred spirit, he was a gentleman.” In accordance with the man's wish, his ashes were returned to Zimbabwe.

Clinical review

78. As noted, a clinical review into the healthcare the man received whilst he was at Manchester was conducted by a clinical reviewer from the local NHS Primary Care Trust. The clinical reviewer has found that he had received a level and standard of mental health and physical care at Manchester comparable to that he would have received if he had consulted a healthcare professional in the community. The man had been screened for mental health related issues on arrival at Manchester and had been assessed as low risk. No factors were found that might have increased his risk of self harm or suicide. His physical health issues had been addressed by the clinical team referring him to a physiotherapist, he had been given advice on improving his health and was vaccinated against the hepatitis B virus. The clinical reviewer judges that “the man's fatal attempt at self harm was not foreseeable and therefore not preventable.”
79. In assessing whether Manchester met adequate standards of record keeping, the clinical reviewer says that some entries in the man's computerised record fell short of the required standard. He gives the example of the entry on 6 October being made at 11.44pm with no explanation of why it was made at that time when the man returned from court at around 4pm. In addition, in the clinical record entry made by the RGN, there was no reference to the time when the healthcare team arrived nor to the man's vital signs. After seeing the draft version of this report, the Prison Service commented that part of the RGN's entry in the clinical record on attending to him said “on examination, he was cyanosed no pulse found ... Defibrillator pads attached 3 cycles of CPR continued, no shock advised CPR maintained until arrival of paramedics at approx 00:40” which it took as reference to his vital signs.

80. The clinical reviewer refers to the NHS *Standards for Better Health* in force from April 2005 which describe the level of quality that healthcare providers are expected to meet in order to drive up standards by identifying areas for improvement. He cannot find “convincing evidence” that Manchester’s healthcare standards had been assessed against *Standards for Better Health*. The clinical reviewer makes several recommendations to the PCT Board and the Prison Health Partnership Board:

That the Board together with the Head of Healthcare team ensures that all healthcare staff are aware of the standard they are required to attain when they make entries on the patient record. The Board should set minimum standards which it would expect all members of staff to achieve at all times.

That the Board together with the Head of Healthcare team ensures that there is an adequate record of all the observations made and interventions undertaken by members of the healthcare team when attending emergencies. The Head of Healthcare team should ensure that there is a standard format for recording the said observations and interventions. The head of Healthcare team should ensure that there is a regular audit of the record keeping in relation to emergencies.

That the Board together with the Head of Healthcare team give careful consideration to the capability of the health personnel who respond to Hotel 1 calls with particular reference to being able to gain intravenous access and to be able to administer cardiac stimulant drugs in appropriate circumstances.

That the Board and Head of Healthcare ensure that healthcare at Manchester is regularly assessed against Standards for Better Health.

That the Board and the Head of Healthcare ensure that assessment and effective management of risk of self harm and suicide is part of the mandatory training programme at HMP Manchester and that the said training takes place at least on an annual basis.

That the Board and the Head of Healthcare ensure that all staff receive an adequate and effective induction at the appropriate time in the course of their employment.

That the Board and Head of Healthcare ensure that there is a fit for purpose system for ensuring that staff are made aware of new NICE [National Institute for Clinical Excellence] guidance which may be relevant to patient care delivered at HMP Manchester.

That the PCT satisfies itself that its monitoring system for action plans in response to recommendations from a clinical review is fit for purpose – in that the system is capable of ensuring that fundamental issues identified in a particular review do not repeatedly arise in subsequent clinical reviews in relation to self harm and suicides.

81. My investigator discussed the promotion of self harm and suicide prevention issues at Manchester with the Safer Prisons Co-ordinator and the Deputy Safer Prisons Co-ordinator in October 2008. Following a recommendation in the most recent report from HM Chief Inspector of Prisons in 2007 that safer custody should be given a higher profile, it was decided to set up a full-time dedicated Safer Prisons Team with five staff. The team works to improve Manchester in suicide prevention, violence reduction and anti-bullying spheres. Both Deputy and Safer Prisons Co-ordinators said that all new staff received ACCT training so that suicide prevention and self harm issues should be regarded as important and multi-disciplinary rather than the responsibility of uniformed staff alone. Staff received regular refresher training and they were pleased that Manchester had 35 trained ACCT assessors. Setting up Listener suites, so that prisoners could see a Listener in more relaxed and private surroundings, still remained to be achieved but the Safer Prisons Co-ordinator said that funding had now been secured to take that recommendation forward. After seeing a draft version of this report, the Prison Service commented that two listener support suites were now in place, with a third due to be completed this year.
82. My investigator discussed the organisation of prisoner induction with the Acting Senior Officer. The Acting SO has worked on G wing, the Induction Unit, for three years. He said he recognised that his unit operated a system known as Triple A - Assisted Access and Advice - where staff would be trained to identify specific needs of prisoners and deliver a more tailored induction process for those newly received into Manchester. He emphasised that he took his duty of care to provide excellent induction seriously and feedback from prisoners on whether they found the induction process helpful or whether they needed more time to understand prison life was acted on.
83. My investigator asked the Acting SO what arrangements were in place for the induction of prisoners whose status had changed because of a court appearance from unconvicted to convicted or sentenced. Although he recognised that such a prisoner would have needs which meant that "he could be a totally different prisoner", G wing only dealt with prisoners new to Manchester. Existing prisoners would return to the wing they had left that morning and it was up to that wing to identify and speak to those prisoners about their needs. He acknowledged that there was not a systematic approach to picking up newly sentenced prisoners.
84. The first SO was asked about the induction arrangements for prisoners on B wing. He said that he operated an open-door policy where prisoners could feel comfortable to chat with him and vice versa. As a result, the SO and his staff knew most of the prisoners well. He encouraged officers to interact. He said he saw the man every day he was on duty and although the man had said he was shocked by his sentence they had discussed how he could progress through it. The SO had asked the Foreign Nationals Officer to see the man to provide him with more specialised advice. Asked whether he had considered opening an ACCT document on the man to provide support if he was thought to be at risk of self harm, the SO replied that he would not have

had any hesitation but it was not necessary. The man had expressed concerns for his family rather than for himself and he seemed to be considering his situation in a logical way. The SO was proud of B wing's record in successfully supporting prisoners who self harmed.

85. The Foreign Nationals Officer was interviewed by my investigator regarding facilities for foreign nationals. He said that he was the first link between prisoners and the Immigration Service (UK Border Agency) so that any urgent issues could be raised and resolved. He obtained details of foreign national prisoners by obtaining lists of the birth place and nationality of prisoners and new receptions from the computerised Local Inmate Data System (LIDS). The man did not appear on any list he held regarding Foreign National prisoners and he was not aware of him until the SO asked him to see the man.
86. The man had asked the Foreign Nationals Officer whether he would have to serve the whole six years of his sentence in Britain as this would put "stress and strain" on his relationship. The Officer told him that he should speak to his probation officer when he was allocated one to say that he wished to return to Zimbabwe at the earliest opportunity. He continued " ... at some point into his licence that they would possibly look into special dispensation of his licence being ceased and for him to be allowed to return. I did make him aware that it's not an automatic right... but it's not something that's impossible." The Officer said that this had cheered the man up as his wife had already said she would not come to Britain for the remaining period of his sentence.
87. After learning of the man's death, the Foreign Nationals Officer asked himself whether there had been any indication when they met that the man was at risk of harming himself but he had decided that there was not.
88. My investigator discussed the man's circumstances with a member of the Ministry of Justice's Release Policy Team at the Sentencing Policy and Penalties Unit. She asked whether the man would have had to serve his whole sentence in England. He described the general process a prisoner in the man's position would have to go through. He said that the offender manager (probation officer) in the Probation Area covering the prison the man was being held in would need to carry out an assessment to verify whether genuine ties existed in the country where he wished to reside (i.e Zimbabwe). A risk assessment would have to be carried out to make sure that allowing him to return would not pose an unacceptable risk. This would depend, for example, on his criminal and offence history and progress in custody. The criteria for considering whether to allow resettlement abroad during the licence period are set out in Probation Circular 52/1997. If these conditions were met, then the supervision requirements in his release licence could be suspended to allow him to settle outside the UK. There are no powers for licence provisions to be enforced outside the UK but the sentence would remain and could be activated if the prisoner returned to this country before the expiry of his sentence. There are no figures to indicate how many prisoners would have similar circumstances to the man but the member of the

Release Policy Team estimated that the number would be very small. Asked whether the process could only begin once a prisoner was released into the community, he said that it could be started whilst the prisoner was still in custody as part of his resettlement planning so that consideration could be given as to whether or not it would be appropriate to allow the prisoner to leave the country to live abroad as soon after release as practical.

ISSUES

89. The man was described by prisoners and staff who came across him as family-minded, positive, pleasant to talk to and level-headed. His death left those who knew him shocked and stunned. Even in retrospect, I have not been able to find anyone at Manchester who had an indication that he intended to harm himself. He spoke of his family with fondness. Any concern he displayed was for their safety rather than his own. Unlike many prisoners whose deaths I have investigated, his life had not been overshadowed by a history of drug misuse, mental health problems, sexual abuse, physical neglect or isolation.
90. The man was British by birth but had been resident in Zimbabwe for many years and regarded Zimbabwe as his home. It was where he met his wife and brought up his daughters. Even though it was his first time in custody and he was based abroad, he did not appear especially vulnerable. He had strong ties with his family. He telephoned his wife as often as his prison earnings and saved money would allow, he wrote letters to his family, received letters from his family and had visits from his brothers-in-law and two friends in the United Kingdom.
91. The Prison Service defines a foreign national as a person who is not a British citizen and who does not have the right of abode in Britain. Manchester's policy defines foreign nationals as prisoners who are not British citizens but says prisoners with dual nationality can be regarded as foreign nationals. Manchester allows Foreign National prisoners to spend up to £20 a week extra of their own money on making international calls from their residential wing. I do not know if the man had taken out Zimbabwean citizenship or whether he was simply a permanent resident. Nevertheless, it is beyond doubt that his links to Zimbabwe were solid, he spoke of Zimbabwe as his home country and both staff and other prisoners accepted him on those terms. Manchester's foreign nationals policy acknowledges that such prisoners may need help with immigration problems and are more likely to face communication problems or need information about how the criminal justice system works. The policy allows prisoners to apply for £10 telephone credit if they have not received a visit in the previous month or a weekly airmail letter in place of telephone credit. The policy states "International telephone calls may also be granted on compassionate grounds or for urgent legal reasons."
92. When the man's First Night Assessment and Induction booklet was completed by the officer on his arrival in prison, the foreign nationals section was not completed because although he lived abroad and spoke about Zimbabwe with the officer, he was British born, was a British national and had a family contact here. (The man also told the officer that he did not have any immediate concerns.) Whilst this was understandable, it meant that he was not identified quickly and assessed by the Foreign Nationals Officer as having some needs of a foreign national prisoner such as extra telephone credit or a lack of understanding of the criminal justice process. The SO allowed him to telephone Zimbabwe at Manchester's expense when he was worried about

his children but this was an exceptional rather than a regular arrangement, although in accordance with Manchester's Use of Telephones policy.

I recommend that where a prisoner is a British national but lives abroad, the foreign nationals section of the First Night Assessment and Induction booklet at Manchester should be completed and their details passed to the Foreign Nationals Officer.

93. The man fostered good relationships in prison with staff and prisoners. It was known that his family lived abroad, that he missed them and worried about their safety in Zimbabwe. Nevertheless, he was not isolated in prison. He attended education classes every day and built up supportive relationships with teachers. He also attended health education courses on B wing and spoke to the Healthy Prisons Co-ordinator about his concerns. The two prisoners who worked in the library spoke of their friendship with him. His cellmate and the two prisoners had frequent chats with him. The man was not socially isolated but clearly felt the loss of physical proximity to his family very keenly and feared the loss of emotional ties. Letters written to his family members concerning his death were open, tender and loving. They indicated what a wrench it was for him to be apart from them.
94. In the weeks leading up to his sentencing, the man asked various prisoners about their court experiences to gauge his likely sentence. It is possible that, as a consequence, he gained an over-optimistic picture. The consensus was around four years but the prisoners he asked were not expert and did not know of his particular circumstances. The second prisoner and a teacher had a more realistic idea based on published sentencing guidelines but the man did not appear to have seen them. Combined with his solicitor's view that the judge was known to be reasonable and the advice not to wait for a Pre-Sentence Report, it may be that his hopes were raised unrealistically.
95. On returning to HMP Manchester having been sentenced to six years, higher than the sentence he was expecting, the man passed through Reception. The reception nurse spoke to him briefly but he said he did not have any concerns. When he spoke to the SO the next day, however, he said he had been stunned by the sentence. It would seem that once he had been sentenced he entered an internal crisis period that he kept hidden. Whilst the SO discussed with him the progression of his sentence and on the surface he seemed to appreciate what was being said, in practice, he must have been becoming more distressed.
96. The man seems to have felt badly served by his legal team and thought, wrongly, that he was no longer able to appeal against his sentence because he did not have a Pre Sentence Report. Much of his uncertainty and frustration might have been alleviated if there was a more structured induction for newly sentenced prisoners which gave reliable, factual and up-to-date information on prisoners' concerns. Prison Service Order 0550 on Induction says in paragraph 4.7 "A change of status for example from unconvicted to convicted, will require an induction process relevant to their individual circumstances and to their previous experience and knowledge of custody."

97. Induction for prisoners new to Manchester seems to have been effective, and indeed, G wing recently won an award within the high security prison estate for the quality of its work. I have no doubt that the SO spoke with the man about the issues raised and that he has played a significant role in creating a positive ethos on B wing where staff are approachable and co-exist with prisoners in an atmosphere of mutual respect. However, in relying on each residential wing to provide its own informal induction on an ad hoc basis, there is the danger that Manchester's prisoners do not receive sufficiently robust information about their circumstances to make informed choices. Although the Foreign Nationals Officer told him that it was not impossible for his licence after release to be suspended so that he could return to Zimbabwe, in the unsent letter found in B wing's post box the man wrote to his wife that he would have to remain in Britain for the whole six years. The lack of written information given to him about his situation might have meant that he misunderstood or did not remember the details of what he was told.
98. The accuracy of the information given to the man about whether he would have to remain in England after his release from prison seems to have been at the crux of the matter. He was given conflicting advice from prisoners about whether he would have to remain here. Despite the library prisoner telling him not to listen to the "rumour mill", he did not take up both library prisoners' offer to look at his legal options by using the legal library's resources. Nor did he seem to give weight to the Foreign Nationals Officer's advice that he should make enquiries when he was allocated a probation officer (offender manager) instead of worrying about it at that time. The member of the Release Policy Team was clear about the process the National Probation Service would have to follow if the man wished to return to Zimbabwe after serving three years in custody and that his release was entirely possible. It would have been helpful (and might have made all the difference) to the man if Manchester could have provided him with a written fact sheet containing clear and unambiguous information to which he could have referred. It is important that staff are able to give prisoners sound policy-based advice so that uninformed "advice" from prisoners can be corrected.

I recommend that the Governor of Manchester creates a more formalised induction for convicted and sentenced prisoners which takes account of their legal and sentence planning needs and offers accurate and timely information.

99. The man had complained of being unable to sleep. He made an application to see a doctor concerning this and was due to attend an appointment on 13 October with a nurse-practitioner specialising in insomnia. According to his cell mate, he had been given seven days worth of sleeping tablets which ran out during the week of his death. He also made reference to the tablets in a letter to his wife. However, there is no evidence in his clinical record that he was prescribed any sleeping tablets.

100. The clinical reviewer, who examined the healthcare that the man received whilst in custody, judges that he had received a level of mental and physical healthcare comparable to that in the community.
101. As I have said earlier, in relation to the standard of clinical record keeping at Manchester, the clinical reviewer says that some of the entries in the man's clinical record fell short of the required standard. He notes that although the man had returned from court on 6 October at about 4pm, the entry in his record was made at 11.44pm and did not explain why it was entered out of normal working hours. Although the clinical reviewer was later given an explanation of the process for updating electronic clinical records, he says that the fact that he had to seek an explanation illustrates his point about ensuring the accuracy of the clinical record. Indeed, my investigator found differences on at least two occasions when clinical entries by named members of staff appeared to suggest that they had contact with the man, which turned out not to be the case.
102. The clinical reviewer has made several recommendations to the Primary Care Trust Board and the Prison Health Partnership Board that I have cited above in paragraph 80 and which I endorse.
103. In his interview with my investigator, the man's cell mate expressed the view that the man who died encouraged him to take a sleeping tablet in the hope that he would be able to harm himself in their shared cell without being discovered. As we now know, the man spent some time drafting letters to his family to explain his decision to take his life. He even wrote one to the prison apologising for his actions and leaving instructions concerning his belongings.
104. After the man was discovered unconscious and attempts were made to resuscitate him by healthcare staff and ambulance personnel, he was taken to hospital handcuffed. The Night Orderly Officer and Assistant Night Orderly Officer justified this on the grounds that Manchester is a high security prison, the man had not been declared dead and he was leaving the prison so mechanical restraint was required. Yet he had been seen hanging and unconscious by those staff. Indeed, the Assistant Night Orderly Officer was the first member of staff who attempted to resuscitate him by using CPR. Words used by staff to describe his appearance were "lifeless", "looking dead", "cold", "mottled skin". It is clear that the man's risk of escape was theoretical rather than actual. I have commented in several recent reports (although none of them have involved Manchester) about prisoners being handcuffed in circumstances that would be very difficult to justify and which seem inconsistent with the Prison Service's own 'decency' agenda. These were mostly cases where the prisoner was elderly, serving a long sentence and suffering from a chronic illness. I have never previously encountered a man who has harmed himself by hanging to the point where he is about to lose his life being handcuffed until his life has ended. I appreciate that he was not double-cuffed and that ratchet rather than standard handcuffs were used so some consideration of the circumstances was made. However, he was not a high security prisoner and he was demonstrably unconscious. Current policy in regard to escapes is extremely risk-averse. But even in the current

climate, I am dismayed that he was subject to physical restraint. The escort staff could simply have been told to re-apply restraints if he was successfully revived until his situation could be properly assessed.

I recommend that the Governor reviews the security procedures for escorting prisoners to hospital when they are found hanging and are unconscious.

105. The man's family wanted to know if he told anyone else apart from his cell mate that he was feeling low. Sadly, I have not found any evidence to suggest that he did. His sense of despair rose rapidly in the week between receiving his sentence and his death. It is striking and all the more poignant that such a short time elapsed between the two. His cell mate noticed that he had changed visually after sentencing, and was talking of being at the end of his tether and wanting to "end it all". But his cellmate did not take this too seriously as he had heard other prisoners say similar things in the past which had come to nothing. (He did ask the SO to chat with the man, however.) In retrospect, the first prisoner referred to his "lost look of desperation" and the second library prisoner said he had a look of "feeling let down". On the other hand, no member of staff recalled the man giving cause for concern. All the staff my investigator interviewed were knowledgeable about the actions to take if they suspected a prisoner was at risk of self harm or suicide. Nothing in his behaviour or conversations triggered their suspicions that he was at risk. As I know from all too many investigations, it is all too possible that even with a trained workforce with suicide prevention at the forefront of its mind – for a prisoner who wishes to take his life to conceal his intentions from those around him. All I can reasonably say is that his sense of despair seems to have risen rapidly in the week between receiving his sentence and his death.

RECOMMENDATIONS

I recommend that where a prisoner is a British national but lives abroad, the foreign nationals section of the First Night Assessment and Induction booklet should be completed and their details passed to the Foreign Nationals Officer.

After seeing the draft version of this report, the Prison Service accepted the recommendation and said "The First Night Assessment and Induction process will be reviewed by the Foreign Nationals Officer to advise on his input into prisoners who are British nationals that live abroad. It gave the target date for completion as 1 November 2009.

I recommend that the Governor of Manchester creates a more formalised induction for convicted and sentenced prisoners which takes account of their legal and sentence planning needs and offers accurate and timely information.

After considering the draft version of this report, the Prison Service said it partially accepted the recommendation. It commented "This recommendation will be reviewed by the Induction Wing manager to consider the implications and the advantages of introducing a more formalised induction for newly convicted and sentenced prisoners. The target date for completion was 1 November 2009.

I recommend that the Governor of Manchester reviews the security procedures for escorting prisoners to hospital when they are found hanging and are unconscious.

After considering the draft version of this report, the Prison Service accepted the recommendation and said it was already in place. It commented "An individual risk assessment will always take place at the time of an escort which takes into consideration the circumstances of the individual involved. An option at the time of the risk assessment could be an additional member of staff escorting the prisoner to hospital rather than the use of handcuffs. However, this will be on an individual risk assessment basis that is completed at the time of the escort."

I endorse the recommendations made to the Primary Care Trust and the Prison Health Partnership Board that:

- **That the Board together with the Head of Healthcare team ensures that all healthcare staff are aware of the standard they are required to attain when they make entries on the patient record. The Board should set minimum standards which it would expect all members of staff to achieve at all times.**
- The recommendation was accepted. "The PCT and the Head of Healthcare will undertake an audit using the essence of care audit tool and address any identified shortfalls."

- **That the Board together with the Head of Healthcare team ensures that there is an adequate record of all the observations made and interventions undertaken by members of the healthcare team when attending emergencies. The Head of Healthcare team should ensure that there is a standard format for recording the said observations and interventions. The Head of Healthcare team should ensure that there is a regular audit of the record keeping in relation to emergencies.**
- This recommendation was partially accepted. “The PCT and Head of Healthcare will ascertain whether it is possible to obtain tracing from defibrillator. The clinical observations were recorded on EMIS.”
- **That the Board together with the Head of Healthcare team give careful consideration to the capability of the health personnel who respond to Hotel 1 calls with particular reference to being able to gain intravenous access and to be able to administer cardiac stimulant drugs in appropriate circumstances.**
- This recommendation was partially accepted. “This is not in line with national guidance. NICE guidelines states first response should be ILS trained and not ALS. HMP Manchester will obtain Manchester PCT guidance on ILS training.”
- **That the Board and Head of Healthcare ensure that healthcare at Manchester is regularly assessed against Standards for Better Health.**
- This recommendation was accepted. “Standards for Better Health are reviewed annually and are assessed internally and reviewed externally.”
- **That the Board and the Head of Healthcare ensure that assessment and effective management of risk of self harm and suicide is part of the mandatory training programme for healthcare staff at HMP Manchester and that the said training takes place at least on an annual basis.**
- A response to this recommendation is not yet available.
- **That the Board and the Head of Healthcare ensure that all staff receive an adequate and effective induction at the appropriate time in the course of their employment.**
- “Already in place. All new employees at HMP Manchester are given a full induction programme before they commence employment. Locum GPs have written guidance and do not work alone.
- **That the Board and Head of Healthcare ensure that there is a fit for purpose system for ensuring that staff are made aware of new NICE [National Institute for Clinical Excellence] guidance which may be relevant to patient care delivered at HMP Manchester.**
- This recommendation was accepted. “The head of Healthcare sits on the Professional Advisory Group with the PCT and there is a system in place to

ensure that staff are made aware of new NICE guidelines that are relevant to HMP Manchester.”

- **That the PCT satisfies itself that its monitoring system for action plans in response to recommendations from a clinical review is fit for purpose – in that the system is capable of ensuring that fundamental issues identified in a particular review do not repeatedly arise in subsequent clinical reviews in relation to self harm and suicides.**
- “Already in place. The PCT Clinical Governance Committee reviewed the monitoring system and is satisfied it is fit for purpose.”