DISCLOSED COPY

Final Report of an Investigation under Article 2 of the European Convention on Human Rights into the circumstances surrounding the attempted suicide of Mr Quartz at HM Prison Doncaster on 2 December 2008.

Professor Jennifer Shaw,
University of Manchester

September 2013

Investigators
Jennifer Shaw
Howard Davidson
Andrew Barber

In order to ensure compliance with the Data Protection Act 1998, any information in this document relating to persons or events unconnected to the investigation, or to any sensitive material, has been removed. The document has therefore been redacted and sanitised and actual names have been replaced with pseudonyms or redacted, with the exception of the names of the Investigator and her team.

CONTENTS

Name		**Interview transcript number**
Mr Whitby	Assistant Director	1
Nurse Stockholm	Registered Mental Health Nurse (RMN)	2
PCO Harrogate	Prison Custody Officer (PCO)	3
Mrs Quartz	Mr Quartz's mother	4
Mr Yeovil	Unit Manager	5
Mr Newcastle	Unit Manager	6
RMN Cherwell	Registered Mental Health Nurse (RMN)	7
Ms Ambleside	Buddy Co-ordinator	8
PCO Hereford	Prison Custody Officer (PCO)	9
PCO Leeds	ACCT Case Facilitator	10
Dr Trent	General Practitioner (GP)	11
Reverend Lewes	Senior Chaplain	12

Annex 3

Paper 1 Importance of Information Exchange in 21st Century Health.
C Stevenson, S McDonnell, C Lennox, J Shaw and J Senior. Criminal Behaviour and Mental Health. 21:157 - 162 (2011)

Paper 2 Prison mental health services
Jenny Shaw, Naomi Humber. Psychiatry 3:11. 2004

Paper 3 Mental Health: challenges for a new Parliament
Sainsbury Centre for Mental Health. May 2010

Paper 4 Meeting complex health needs in prisons
M Rutherford, S Duggan. Public Health 123 (2009) 415 - 418

Paper 5 The mental health of prisoners
HM Inspectorate of Prisons. October 2007

Paper 6 Medication management and practices in prison for people with mental health problems: a qualitative study
Robert A Bowen, Anne Rogers, Jennifer Shaw. International Journal of Mental Health Systems. 20 October 2009, 3:24.

Paper 7 Continuity of supply of psychiatric medicines for newly received prisoners
Lamiece Hassan, Jane Senior, Dawn Edge and Jenny Shaw. The Psychiatrist 2011 35: 244-248.

Paper 8 Prisoners holding their own medications during imprisonment in England and Wales: A survey and qualitative exploration of staff and prisoners' views
Lamiece Hassan, Jade Weston, Jane Senior and Jenny Shaw. Criminal Behaviour and Mental Health (2011)

Paper 9 The Bradley Report. Executive Summary.
The Department of Health. April 2009

Annex 4

Example of guidance for complex case management forum in a young offender institution [This paper is an adaptation, for the purposes of this investigation, of an original paper co-written by Professor Jenny Shaw, Ms Solent and Ms Minch, at Lancashire NHS Foundation Trust.]

Annex 5

Serco Internal. HMP Doncaster. Director's Rule No. 18.1. Suicide and Self Harm Strategy. Issue date: 21 October 2009.

Annex 6

Serco. HMP & YOI Doncaster. Director's Rule No. 19.1. Release on Temporary Licence. Issue date: 30 January 2006. [HMP & YOI = Her Majesty's Prison and Young Offender Institution]

Executive summary

This report describes the Independent Investigation into the circumstances surrounding the attempted suicide of Mr Quartz at HM Prison Doncaster on 2 December 2008, to meet the State's investigative obligations under Article 2 of the European Convention on Human Rights (ECHR). It was conducted by Professor Jennifer Shaw, Mr Howard Davidson and Mr Andrew Barber.

Method

Copies of policy and process documents were provided by the Ministry of Justice (MoJ). Four days were spent at HMP Doncaster, visiting relevant parts of the establishment, examining documentation, and interviewing staff who had been involved in Mr Quartz's management from 2004. We also interviewed Mrs Quartz (Mr Quartz's mother) and reviewed CCTV footage from the wing for the hour prior to Mr Quartz's attempted suicide on 2 December 2008. Photocopies of the core Prison Service record (F2050)[1], medical records, General Practitioner records and Probation records for Mr Quartz were available to the investigators.

Chronology of main events

Mr Quartz was born on 22 December 1972. His schooling was unremarkable. He had a variety of manual jobs and was in the Army for a short period. There was evidence of alcohol misuse in the community. He had no previous contact with mental health services and no history of self-harm prior to being in prison. Mr Quartz had no previous offending history. He met Ms Turquoise, his eventual victim, in 2002, six years prior to his index offence[2]. They were married on 9 October 2003. [This is the date stated in OASys. It seems likely, however, that it is incorrect and that the marriage took place in May 2003. Mrs Quartz, in her second statement, said

[1] a Prisoner's Personal Record

[2] The index offence is the offence of which he was convicted and which led to his detention.

that Mr Quartz's marriage was "around May 2003". An entry in the Medical Records on 23/05/04 noted that Mr Quartz referred to his wedding anniversary on Saturday. The Pre-Sentence Report indicated that he had been violent to Ms Turquoise previously when drinking. Mr Quartz was originally charged with the attempted murder of Ms Turquoise but the charge was reduced to Grievous Bodily Harm (GBH) with Intent[3]. The offence occurred in the context of heavy drinking. Mr Quartz received a four-year sentence with an extended licence period of three years. He was remanded in custody on 7 January 2004. On 30 March 2004 he made a serious attempt at self-harm by hanging and was resuscitated. In the following months there were further episodes of self-harm and he had multiple epileptic fits. It was also noted that he was a poor coper, i.e. had difficulty dealing with stressful situations or problems. On 31 August 2006 Mr Quartz was released on licence under Probation supervision.

On licence, Mr Quartz started to drink alcohol virtually immediately, and regularly. On 7 October 2006 he was arrested for Actual Bodily Harm (ABH) but released. He eventually had his licence revoked because of his continuing use of alcohol. On 20 November 2006 he returned to HMP Doncaster. Back in prison he was investigated medically and found not to have epilepsy. He was treated by the mental health team for anxiety. On 21 February 2008 Mr Quartz was given a Conditional Release. He drank alcohol on the day of his release and thereafter minimised the amount he was drinking.

Mr Quartz was eventually returned to Doncaster Prison on 14 July 2008. An ACCT [Assessment, Care in Custody and Teamwork Plan][4] was opened at his reception into custody. He made frequent presentations to several members of staff with symptoms of anxiety, depression and difficulty coping with outside issues; these included his girlfriend, his grandfather's illness and his recall. There were several episodes of self-harm and on 2 December 2008 Mr Quartz made a serious attempt on his life by hanging. He was discovered by staff, cut down and resuscitated. He was transferred to Bassetlaw Hospital, where he remained in a persistent vegetative

[3] "with intent" refers to the specific intent required for this offence.

[4] the care planning system used to help identify and care for prisoners at risk of suicide or self-harm [replaced F205SH]

state until his eventual discharge to a nursing home on 12 February 2009.

Conclusions and recommendations

There was no evidence that Mr Quartz had severe and enduring mental illness, nor personality disorder, but it is probable that he misused alcohol and used maladaptive mechanisms for coping with stress in prison, including presenting with multiple medical symptoms and self-harm.

Mr Quartz received regular input, mainly from primary mental healthcare, which was the appropriate level of service provision. This input focused on his presentation in the 'here and now' and current symptoms and was somewhat reactive. There was no evidence of a full psychiatric and psychological analysis of his symptoms and their relationship to self-harm and no in-depth psychological formulation[5] of his case. Medication was used inappropriately to treat symptoms in the absence of a psychiatric diagnosis. He received no documented treatment for his alcohol misuse. The Report on an unannounced full follow-up inspection of HMP Doncaster, 11-15 February 2008, by HM Chief Inspector of Prisons around the same time made reference to deficiencies in healthcare. We concluded, however, that this quality of care was not dissimilar to that provided across the Prison Service Estate at that time.

In Mr Quartz's final period in custody (14 July 2008 to 12 February 2009), the quality of the ACCT entries was good, with appropriate adjustment of the level of care dependent on circumstances. The quality of the care-mapping process was simplistic and there was no consistency of attendance at ACCT reviews. In our view, however, there should have been a comprehensive suicide risk assessment, with indication of likely triggers, with relapse prevention and contingency planning. Staff generally wrote in the ACCT document following discussions with Mr Quartz. However, certain staff who had regular contact with Mr Quartz did not regularly write in the ACCT and all staff involved in his care did not regularly attend ACCT reviews.

There was insufficient exploration of issues potentially precipitating self-harm. The advantage of exploring triggers is that it enables a relapse prevention plan to be

[5] A formulation is a systematic analysis of a problem, a theory or a method of analysis in research.

drawn up and also allows identification of periods when risk may be higher. This should have been conducted as part of the ACCT process. In our view, the most important risk factors for self-harm in Mr Quartz's case were relationship difficulties and uncertainties, loss of contact with the healthcare team and possibly issues related to the uncertainty surrounding recall and release. In our view, the final act of self-harm was not predictable at that time.

The final incident of self-harm was well managed by staff in line with Prison Service policy. The debriefing was conducted in accordance with policy. The defibrillator[6] was found to be malfunctioning; it is essential that all such equipment is regularly tested. However, the malfunctioning equipment had no impact on outcome in this case.

At HMP Doncaster there is no family liaison policy with a protocol for liaising with relatives and friends in these circumstances. In our interview with the Chaplain, he raised this as an issue. He indicated that there was a clear policy for family liaison for deaths in custody, but not for other life-threatening situations, and he thought that a policy and guidelines for practice would be valuable. Similarly, there is no current policy for liaison between prison staff, family members and hospital staff regarding the consideration of issues concerning release from prison, ongoing handcuffing et cetera.

Mr Quartz remained handcuffed to an officer until 13 February 2009, the day after his final discharge from Bassetlaw Hospital on 12 February 2009. There was no mention in the case notes of any review of the use of handcuffs. The policy states that the use of handcuffs should be reviewed by a senior officer on a regular basis in these circumstances. In our view, consideration should have been given to the ongoing use of handcuffs and the rationale for decisions to continue with their use; this should have been clearly documented in the notes.

[6] A defibrillator delivers electric shock to the heart and senses heartbeat. Defibrillation is the administration of one or more brief electric shocks to the heart, in order to return a heart's rhythm to normal in some types of irregular or rapid heartbeat.

We recommend that across the Prison Service Estate nationally there is a review of psychological therapy provision and an audit of the use of antipsychotic medication for agitation, in the absence of a diagnosis of psychosis. There should be enhanced provision of psychological therapies nationally and cessation of inappropriate use of antipsychotic medication.

We recommend that across the Prison Service Estate nationally there is enhanced provision for the assessment and treatment of alcohol misuse and dependence disorders.

We recommend that across the Prison Service Estate there is more focus on conducting full psychiatric and psychological assessments of prisoners, particularly those with complex needs. This should include the gathering and assimilation of all relevant previous records. This process should be followed by a full psychological formulation with longitudinal, multidisciplinary care-planning. The model adopted at HMYOI redacted name (Annex 4) provides a vehicle for the development of such a multidisciplinary plan with subsequent care pathways.

We recommend that people presenting with multiple complex symptoms, in particular in the context of a serious episode of self-harm, should have a full diagnostic psychiatric and suicide/self-harm risk assessment, highlighting triggers for self-harm and likely high risk times, with contingency planning.

We recommend that there should be modifications to the ACCT process nationally. In particular, there should be a comprehensive suicide risk assessment for all prisoners and young offenders on ACCT, with recognition of risk factors, appropriate interventions and contingency planning. The triggers and risk factors should be reviewed utilising the CAREMAP process and the ACCT should not be closed until the risk issues have been addressed. Furthermore, it should be identified when a person is likely to be at heightened risk in the future, with an appropriate contingency plan in place.

We recommend that the ACCT process includes regular assessment of potential triggers for self-harm, with the subsequent establishment of relapse prevention and contingency plans and identification of when risk may be particularly high. In our view, the most important risk factors for self-harm in Mr Quartz's case were relationship difficulties and uncertainties, loss of contact with the healthcare team and possibly issues related to the uncertainty surrounding recall and release.

We recommend that, nationally, regarding prisoners on an ACCT, (a) all staff, whatever their profession, having contact with them should record this contact in the ACCT document and (b) that all staff, whatever their profession, involved in their care should attend ACCT reviews.

From a systems point of view, nationally, we further recommend that consideration should be given (a) to the development of a multidisciplinary record, in which Education staff and Chaplains document significant encounters with prisoners, including those not on an ACCT, and (b) to how information systems and care-planning can become better integrated across all professionals in the prison, including with Probation and Offender Managers.

We recommend that Doncaster Prison develops a robust system for testing and ensuring that all medical devices, including defibrillators, are in full working order.

Doncaster Prison should develop a policy for relative/next of kin liaison in circumstances other than deaths in custody, including life-threatening situations.

We recommend that in the Prison Service nationally, for prisoners with complex and serious medical conditions, the need for ongoing use of handcuffs should be regularly reviewed, with a full assessment of risk to the public and of absconding, and that this should be clearly documented in the case notes.

CHAPTER 1. THE INVESTIGATION

1. Commissioning and Terms of Reference of the Investigation

1.1 This Independent Investigation, to meet the State's investigative obligations under Article 2 of the European Convention on Human Rights (ECHR), was commissioned by the Secretary of State for Justice (SSJ) on 22 September 2010. The Investigation commenced in October 2010 and a draft report was submitted to the Ministry of Justice and to Mr Quartz's legal representatives in January 2013.

1.2 This final report is based on the original draft report, with amendments based on issues raised in the consultation.

1.3 The Terms of Reference for the Independent Investigation were:

- to examine the management of Mr Quartz by HMP Doncaster during his periods in custody at HMP Doncaster from 20 September 2007, with a particular focus on the period from 14 July 2008 until the date of his life-threatening attempted suicide on 2 December 2008, and in light of the policies and procedures applicable to Mr Quartz during these periods;

- to examine relevant health issues of Mr Quartz during his periods in custody at HMP Doncaster from 20 September 2007, with a particular focus on the period from 14 July 2008 until the date of his life-threatening attempted suicide on 2 December 2008, including a clinical review and mental health assessments and Mr Quartz's clinical care up to the point of his attempted suicide on 2 December 2008;

- to consider within the operational context of the Prison Service what lessons in respect of current policies and procedures can usefully be

learned and to make recommendations as to how such policies and procedures might be improved;

- to provide a draft and final report of findings including the relevant supporting documents as annexes;

- to provide views, as part of my draft report, on what is considered to be an appropriate element of public scrutiny in all the circumstances of this case. The SSJ [Secretary of State for Justice] will take these views into account and consider any recommendations made on this point when deciding what steps will be necessary to satisfy this aspect of the investigative obligation under Article 2 ECHR.

The Terms of Reference may be varied by the SSJ. The investigator may also make representations to the SSJ if it is considered that any of Mr Quartz's periods in custody outside the Terms of Reference (i.e. between Mr Quartz's reception into custody on 17 December 2003 and 20 September 2007) are relevant to this investigation. It is important to note that consideration of any civil or criminal liability falls outside the scope of the investigation.

2. Methods used in the Independent Investigation 2010 - 2011

2.1 The Investigation was conducted by Professor Jennifer Shaw, as Lead Investigator, with the support of Mr Howard Davidson, Assistant Investigator, and subsequently Mr Andy Barber who succeeded Mr Davidson as Assistant Investigator.

2.2 Copies of policy and process documents were provided by the Ministry of Justice. Four days were spent at HMP Doncaster, visiting relevant parts of the establishment, examining documentation, and interviewing staff who had been involved in Mr Quartz's management from 2004. We visited the

Healthcare Centre, Segregation Unit[7], Reception area and Mr Quartz's wing. We reviewed closed circuit television (CCTV) footage from the wing for the hour prior to Mr Quartz's attempted suicide on 2 December 2008.

2.3 Photocopies of the core Prison Service record (F2050) for Mr Quartz were available to the investigators, but the core record itself was retained at HMP Doncaster where it could be accessed by the investigation team, as necessary.

2.4 Photocopies of the medical records for Mr Quartz were available to the investigators, but the core record itself was retained at HMP Doncaster.

2.5 Copies of Probation records were provided which were examined by Professor Shaw.

2.6 Copies of general practitioner [GP] records for Mr Quartz were also provided and examined by Professor Shaw.

2.7 We were able to interview all of the people whom we felt were particularly pertinent to the investigation, apart from Ms Emerald, Mr Quartz's girlfriend. We attempted on several occasions to interview Ms Emerald, without success. Mr Davidson spoke to her on the telephone and she agreed to be interviewed at Mr Quartz's solicitor's office; however, she then subsequently retracted her agreement and indicated that she did not wish to be interviewed in person or on the telephone.

2.8 Numerous informal interviews were held with staff in Doncaster Prison as part of the information-gathering process, including with a senior Governor who provided valuable assistance to the Investigation, with staff on Mr Quartz's wing, and staff in Reception, Segregation and healthcare.

[7] A segregation unit is a dedicated unit within a prison where prisoners may be segregated in order to maintain order and discipline; to protect the safety of persons living, working or visiting the establishment; for their own protection; pending adjudication or as a punishment of cellular confinement following adjudication. Segregation policy, containing details of procedures and safeguards, is set out in PSO 1700.

2.9 We also interviewed Mrs Quartz at the office of Ms Alpha in Sheffield.

2.10 Interviews (tape-recorded and signed by interviewees) were obtained from witnesses **(Annex 2)**.

2.11 Documents reviewed but not annexed

The following documents relevant to the Investigation were examined:

1. Offender Assessment System (OASys)
2. Inmate Information System (IIS)
3. Wing file 2052
4. Core record F2050
5. Record of visits
6. Property card
7. Incidents involving Mr Quartz
8. Log of events involving Chaplain Reverend Lewes
9. Report of an internal investigation of the incident on 2 December 2008
10. Statements by staff as given to the internal investigation into the self-harm incident on 2 December 2008
11. Two statements from Mrs Quartz, dated 6 January 2011 and 23 February 2011
12. Hot debrief minutes[8]
13. Intelligence information
14. Radio operators monitoring log and incident log 02/12/08
15. Movement log/daily handover book (House block)
16. Reception register 02/12/08
17. Preservation of life. Suicide and Self-Harm Strategy. HMP Doncaster
18. Critical Incident De-brief DR/3.21
19. IEP [Incentives and Earned Privileges] Directors Rule
20. Initial incident information and checklists

[8] the debriefing of staff involved in an incident as soon as practical after the incident has occurred

21. Wing roll sheet
22. Counselling, Assessment, Referral, Advice and Throughcare (CARAT disclaimer)
23. Daily lock up sheet
24. Gate log movement sheet
25. Record of visits 05/06
26. Incident Report 081624 - Self-Harm 02/12/08
27. Staff involved in incident
28. Buddy support system
29. Prison Service Order [PSO] 2700. Suicide Prevention and Self-Harm Management[9]
30. Minutes of Safer Custody Meetings
31. Staff training records
32. Pin phone register
33. Death of a person contingency plans
34. Wing regime
35. F2055C Inmate Record of Training
36. F2055A Training records/education
37. Release on Temporary Licence (ROTL) Policies and procedures. HMP Doncaster
38. HMP and YOI Doncaster Prisoner Request and Complaints Procedure
39. Prison Service Order 2510 [PS0 2510]. Prisoners Requests and Complaints Procedures
40. Prisoner Complaints Log
41. Directors Rule 11.2.4
42. Mandatory Drug Test (MDT) Results, positives and negatives for periods requested
43. Independent Monitoring Board Report [IMB Report]
44. HMP Doncaster Action Plan to HMCIP report dated 3/10/2006

[9] A Prison Service Order is a set of instructions issued by HM Prison Service to those responsible for the management and care of prisoners. PSO 2700 has now been revoked and replaced by Prison Service Instruction [PSI] 64/2011].

45. Standards Audit and Action Plan
46. CARAT Directors Rule
47. Prison Service Order 3630. Counselling, Assessment, Referral, Advice and Throughcare Services
48. Prison Service Order 6700. Home Detention Curfew
49. Self-harm incidents, assaults incidents, suspicious injury Incidents
50. Adjudications for the periods requested
51. Telephone directory
52. Assessment, Care in Custody and Teamwork Plan [ACCT document]
53. Inmate Medical Record (IMR), including the Continuous Medical Record (CMR)[10]
54. Data Subject Access Report (CRAMS [Case Record and Management System][11] application) for Mr Quartz, 20 November 2010
55. OASys [Offender Assessment System] Two. Completed 1st April 2008.
56. Probation Service Case Record. Part C. Mr Quartz. (Covers period 23/08/2007 – 19/09/2007)
57. Probation Service Case Record. Part C. Mr Quartz. (Covers period 21/02/2008 - 29/02/2008)
58. Probation Service Case Record. Part C. Mr Quartz. (Covers period 01/03/2008 - 31/03/2008)
59. Probation Service Case Record. Part C. Mr Quartz. (Covers period 01/04/2008 - 30/04/2008)
60. Probation Service Case Record. Part C. Mr Quartz. (Covers period 01/05/2008 - 14/05/2008)
61. Letter dated 22 Feb. 2008 from Mr Poplar, Divisional Manager, [National Probation Service], to Mr Quartz entitled FINAL

[10] Inmate Medical Record. The Continuous Medical Record (CMR) forms part of the Inmate Medical Record. The CMR is available only to medical staff and is a contemporaneous medical record.

[11] a case study management system used by some Probation areas

WARNING

62. Telefax dated 4.9.07 to Police Prison Intelligence Unit. Entitled: RELEASE INFORMATION.
63. Letter dated 9 Feb. 2007 from Ms Mulberry [Probation Officer, National Probation Service, South Yorkshire Probation Trust] to Mr Quartz **redacted prison number**
64. Letter dated 17 April 2007 from Ms Mulberry, Probation Officer, to Mr Birch [National Probation Service] re: Mr Quartz, with enclosure (a consent signed by Mr Quartz on 21/02/07)
65. Letter dated 25 May 2007 from CPN[12] Windermere, Community Mental Health Nurse, Doncaster and South Humber Healthcare NHS Trust, to Ms Mulberry
66. Letter dated 15 August 2007 from CPN Windermere, Community Mental Health Nurse, Doncaster and South Humber Healthcare NHS Trust, to Mr Oak [Clinical Psychologist, National Probation Service] re Mr Quartz
67. Letter dated 28 August 2007 from Dr Poland, Adult Consultant Psychiatrist, Sheffield Care Trust, to CPN Windermere, Community Mental Health Nurse, HMP Lindholme, re Mr Quartz
68. Letter dated 06 September 2007 from Clinical Nurse Specialist, Substance Misuse Service, The Fitzwilliam Centre, to CPN Windermere, HMP Lindholme, re Mr Quartz.
69. Telefax dated 20/02/2008 from Ms Arsenal, Post Release Section, Public Protection Unit, Ministry of Justice, to Ms Mulberry, re Mr Quartz **redacted prisoner number**
70. The Parole Board's recommendation, undated, re Mr Quartz **redacted prisoner number**, entitled: ESP – Representations against Recall - 24 January 2008 - HMP Doncaster. [ESP = Extended Sentence Process]
71. Telefax dated 21/11/08 from Ms Marsham, Probation Department, HMP YOI Doncaster, to Ms Mulberry, entitled: Mr Quartz

[12] Community Psychiatric Nurse

72. Memo dated 8/11/08 from Ms Leicester/Ms Penrith, HMP Doncaster, to Mr Hornbeam, Probation Manager, [National Probation Service] re: Mr Quartz - **redacted prisoner number**
73. Telefax dated 18 Nov. 2008 from Ms Marsham, Offender Supervisor, HMP Doncaster, to Ms Mulberry, re Mr Quartz, number **redacted prisoner number**, enclosing request for a report for the Oral Hearing
74. HMP/YOI Doncaster Improving Confidence, Esteem and Behaviour Group [ICEBerG] Post programme report re course completed on 10 Oct 2008 by Mr Quartz, signed by Mr Quartz and **redacted name** (a Facilitator) on 10 November 2008
75. Home Office and National Probation Service. Appendix B. Report for the notification of breach of licence, request for recall and review by the Parole Board, dated 4 July 2008
76. Licence - Criminal Justice Act 2003 - HMP Doncaster, to Mr Quartz, signed 21 February 2008
77. Probation Service printout on 01/03/04 (for Pre-Sentence Report) of PNC [Police National Computer] Record NCIC: **redacted number**, re Mr Quartz.
78. National Probation Service South Yorkshire - Pre-Sentence Report signed 10.03.04 by Ms Larch, Probation Officer, re Mr Quartz
79. Letter dated 2 July 2008 from **redacted name**, Housing Support Worker, Target Housing, to Mr Quartz, with enclosure: Notice to Quit
80. Telefax dated 24 October 2007 from Ms Tottenham, Public Protection Team, Ministry of Justice, to Ms Mulberry and Mr Poplar, entitled: Recalled prisoner - recall review by the Parole Board
81. Telefax dated 5.11.07, from Ms Mulberry, National Probation Service, Pitsmoor Road Probation offices, to Ms Beta, **redacted name solicitors**

82. E-mail exchange on 26/10/2007 between Ms Mulberry, South Yorkshire/NPS [National Probation Service] and Ms Sycamore, South Yorkshire/NPS, re Mr Quartz
83. Telefax dated 16 January 2008 from Ms Mulberry, National Probation Service South Yorkshire, to Ms Beta, **redacted name solicitors**, attaching note dated 16 Jan 2008 from Ms Mulberry to the Chair of the Oral Hearing on 22 January 2008 for Mr Quartz, **redacted prisoner number**
84. Ms Mulberry, National Probation Service South Yorkshire, to **redacted name** at Parole Board, re Mr Quartz, **redacted prisoner number**
85. Home Office and National Probation Service. Appendix B. Report for the notification of breach of licence, request for recall and review by the Parole Board, dated 18.09.07
86. South Yorkshire Probation Service. Record of Contacts, Attendances and Occurrences, dated 30/10/07, re Mr Quartz. Entries from 18/09/07 to 30/10/07
87. Probation Service Case Record. Part C. Record of Contact. Re Mr Quartz. Entries from 23/08/07 to 19/09/2007
88. Letter dated 15 August 2007 from CPN Windermere, Community Mental Health Nurse, Doncaster and South Humber Healthcare NHS Trust, to Ms Copenhagen, East Glade Community Mental Health Team, Sheffield, re Mr Quartz
89. Parole Board Recommendation [for Mr Quartz]. Panel date: 22 May 2007. Pages 2 and 3 only of the original 5 pages
90. Parole Board Recommendation [for Mr Quartz]. Panel date: 22 October 2007. Page 2 only of the original four pages
91. Telefax dated 18.09.07 at 4.50 pm from Ms Hazel, National Probation Service, Pitsmoor Probation, to ERRS [Early Release and Recall Section]. Note: Cover page (1) only of original 26
92. Telefax dated 18.09.07 at 4.15 from Duty SPO/DM, West Bar, to Ms Hazel, National Probation Service, Pitsmoor

93. Home Officer's Parole Assessment Report dated 23.8.05, by Ms Pine, Probation Officer, Sheffield Division, re Mr Quartz, HMP/YOI Moorland (Closed). Note: Unsigned

94. Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme. Published 17 November 2009 by Offender Health, a partnership between the Ministry of Justice and the Department of Health.

3. Context of Mr Quartz's attempted suicide at HM Prison Doncaster on 2 December 2008

3.1 The Terms of Reference require that the management and clinical care of Mr Quartz is examined in the light of policies and practices applicable at the relevant time in 2008. We used independent documentary evidence available in relation to this period, supplemented by information from staff interviews.

3.2 HM Prison Doncaster opened as a core local prison in June 1994 and underwent security upgrading in March 1999. It was downgraded to a Category B prison in 2003.[13] The prison's operation is defined by a contract agreed between the contractor and the Ministry of Justice. The contract was for operations for ten years from 8 August 2000. 70 per cent of prisoners are convicted and sentenced and 20 per cent are on remand. The remaining 10 per cent of the people in custody are foreign nationals who are immigration detainees held under administrative powers and who have not been charged or convicted of criminal offences and/or foreign nationals on immigration detention warrants after the expiry of sentence.

The governor is referred to as the Director. Observation of the day to day running of the establishment is undertaken by a Crown Servant known as the Controller. A form of performance measurement exists. The prison has a CNA

[13] Category B is the category of prisoners for whom the very highest conditions of security are not necessary but for whom escape must be made very difficult.

[Certified Normal Accommodation][14] of 771, with an operational capacity of 1145. It has three house blocks, each having four separate two-level wings, a two-floor Healthcare Centre and a Segregation Unit.

3.3 HM Chief Inspector of Prisons' [HMCIP] report on an unannounced full follow-up inspection of HMP Doncaster (11-15 February 2008), published in May 2008, noted a deterioration in healthcare; there was no needs analysis, there was poor governance, poor access to a GP, poor medication management and the inpatient area was inadequate. It noted increased self-harm and violence rates. HMCIP commented that little progress had been made with increasing purposeful activity and that there were failures in bullying and suicide prevention. In HM Chief Inspector's Report in May 2008, it was noted that ACCTs [Assessment, Care in Custody and Teamwork Plans] were opened defensively, referrals of self-harmers to healthcare were inappropriate, ACCT care plans were variable, and some were superficial. Problems with healthcare governance were noted. HMCIP recommended greater use of release on temporary licence and a need for better alcohol treatments. **(Annex 1)**[15]

[14] Uncrowded capacity is the Prison Service's own measure of accommodation. CNA represents the good, decent standard of accommodation that the Service aspires to provide all prisoners.

[15] Annex 1. HM Chief Inspector of Prisons' Report on an unannounced full follow-up inspection of HMP Doncaster, 11-15 February 2008. Published in May 2008

CHAPTER 2. THE BACKGROUND AND EVENTS IN DETAIL

1. Background of Mr Quartz

1.1 Sources. The background was gathered from prison, Probation and health records, and from Mrs Quartz's two statements and her interview with us.

1.2 Birth and early development. Mr Quartz was born on 22 December 1972 by forceps delivery, four weeks premature. He remained in hospital for two months. At one month, he had an operation for a hernia and had no complications. (Source: Mrs Quartz, Second Statement).

1.3 Schooling. He attended Angram Bank infant and junior school and High Green Secondary School (Source: Mrs Quartz, Second Statement). He claimed to have been bullied, involving actual physical abuse. Mr Quartz achieved four GCSEs (Source: OASys [Offender Assessment System]). He is said to have truanted at secondary school (Source: Pre-Sentence Report) because he was terrified to attend.

1.4 Jobs. Mr Quartz had a variety of manual jobs, with several periods of unemployment. His first job was as a fork-lift truck driver at Bainbridge Silencers. He was training for two years and said he enjoyed this job. In September 1991 he joined the Army. Information relating to his period in the Army varies depending on the source. Mrs Quartz, his mother, indicated that he failed a medical after sixty days due to having flat feet (Source: Mrs Quartz, Second Statement). Another source says Mr Quartz bought himself out after being refused leave to see his grandfather. He told his victim he had flashbacks to events in the Army (Source: OASys). He told Probation that he was in the Army for six and a half years; he said that he did not serve abroad but maintains his record is a matter of official secrecy. (Source: Probation Records)

Mr Quartz then worked as a landscape gardener with his uncle. He did this for a year until he had an accident involving an injury to his shoulder. He then received disability living allowance and did limited work. In 1996, however, he started a job at a butcher's on a Saturday and then acquired a full-time job at Guardian Food. He did this job for a number of years. He developed a virus and had a number of problems with pains starting in his hips, which eventually affected his legs.

Mr Quartz left work and was unemployed for a while, but he started work for Trebor Bassetts in 2002. He worked on the production line initially, but was due to train to operate their fork-lift trucks. However he was then arrested for his index offence, i.e. the offence of which he was convicted and which led to his detention. He did not work again after this. (Source: Mrs Quartz, Second Statement)

In one of his periods out of prison under the supervision of probation on 03/09/07, he spoke of applying for various jobs but not getting any interviews (Source: OASys).

1.5 Alcohol. The Pre-Sentence Report describes that Mr Quartz drank heavily after leaving the Army. It also comments that he was not usually violent when he had been drinking. It was noted that latterly he had debts relating to alcohol. (Source: Pre-Sentence Report) Mrs Quartz did not indicate a problem with drinking. Probation Records note that on 13 April 2008 Mr Quartz had a new partner, Ms Emerald. (Source: Probation Records) In Mrs Quartz's second statement, however, she talked about violence (rather than drinking), saying that her son was not violent and had not been in trouble with the police before his marriage to Ms Turquoise in May 2003. She also said, regarding his assault on his wife, that it was completely out of character for him to use violence. Plus, she says that on the day of the assault they had both been drinking.

From OASys entries, it is indicated that there was problematic abuse over a period of time with multiple arguments and violence. (Source: OASys) From

the Probation records, there is evidence of heavy drinking with minimisation of amounts consumed whilst out on licence. For example, in the entries when Mr Quartz was under Probation supervision (03/09/07) there was evidence of heavy use (18/12/07), drinking investigation, huge consumption (02/02/08), drank on day of release, minimised amount drunk, blamed others, 01/04/08 drinks most days but says drinks none (Source: Probation Records).

Relationships. In Mrs Quartz's second statement she indicated that Mr Quartz was normal prior to his marriage to Ms Turquoise in about May 2003. He had friends, enjoyed computers and television and did not drink to excess. He met Ms Turquoise six years prior to his index offence although they did not begin a relationship until the end of 2002. Within a matter of months he was violent, but this was not reported to the police. (Pre-Sentence Report) Ms Turquoise was in a wheelchair. Mrs Quartz described her as domineering. She indicated that Ms Turquoise stabbed Mr Quartz on one occasion. On 27 May 2003 Mr Quartz was treated for a stab wound to the chest. (Source: GP handwritten notes)

They were married on 09/10/03. [The marriage probably took place in May 2003, as explained in the Executive Summary. JS] The Pre-Sentence Report indicated that Mr Quartz had been violent to Ms Turquoise previously when drinking. Ms Turquoise was the eventual victim of the index offence. On 04/09/06 the relationship with Ms Turquoise was said to be over; this was when he was in prison (Source: OASys).

Probation records said that he spoke of reuniting with former partner, Ms Sapphire from the Philippines. The detail around this relationship is unclear and not mentioned in Mrs Quartz's statement. They were said to have a seven-year-old son called Agate. Mr Quartz told Probation that they had split up before the child's birth when she returned to the Philippines. However, he also said that his father had seen the boy. On 16/08/05, there is an entry stating that he said he feels down over the child he has never seen. (Medical Records)

1.7 Mental health. Mrs Quartz said Mr Quartz was not previously violent and was never violent in the house. She said he was 'normal', with no mental health problems. OASys describes depression in his life not treated. Dr Humber noted depression in the Army (assessment 08/04/04). On 13/04/05 in the section on personal history, the entry in the medical records states mental illness with depression for nine years (Medical Records). There is no indication of previous history of mental health problems in the GP record apart from the entry below.

> 02/12/03 on bail for attempted murder of wife, not allowed to go to family home, therefore can't see own doctor. Psychiatric report being organised by solicitor. Long history (months) of irritable low mood, tearful, poor sleep, life not worth living but not actively suicidal. Violent outbursts culminating in attempted strangulation of wife, aware of actions, no evidence of psychosis[16]. To start Fluoxetine [antidepressant medication] (GP Handwritten notes)

1.8 Physical health. No history of physical health problems prior to prison apart from a shoulder injury with entries as follows:

> 31/08/95 Examination Under Anaesthetic right shoulder (GP Handwritten notes)
>
> 31/03/99 endoscopy[17], oesophagitis hiatus hernia[18], H pylori[19] positive, started on eradication therapy (GP Handwritten notes)
>
> 23/12/99 revision, stabilisation of right shoulder, (GP Handwritten notes)

[16] a severe mental disorder, with or without organic damage, in which the individual loses contact with reality. The main feature of psychotic illnesses is that they cause a person to have a distorted view of life.

[17] camera investigation of the gastrointestinal tract

[18] Hiatus hernia is a condition in which part of the stomach protrudes upwards into the chest through the opening in the diaphragm that is normally occupied by the oesophagus.

[19] H. pylori = the abbreviation for Helicobacter pylori. Bacteria found in stomach in association with ulceration

13/05/01 drainage and effusion of the right hip (GP Handwritten notes)

21/03/02 inferior capsular shift[20] right shoulder (GP Handwritten notes)

27/05/03 stab wound to left chest, A&E sutures, infected (GP Handwritten notes)

01/10/03 Sheffield Teaching Hospitals - Dr Oslo - Mr Quartz has a long history of numerous procedures to his shoulder after an accident ten years ago. A stone struck him directly on his shoulder and it dislocated. Following this it became unstable with repeated dislocations. Physiotherapy was recommended. (GP Handwritten notes)

He continued to present with shoulder problems in prison. Also, on 18/12/07, he said he had heart problems but this is believed not to be true (OASys). In prison, he also had 'fits' which were investigated and no abnormalities were found on MRI[21] and EEG[22] (27/04/07).

1.9 Drugs. No detailed history available. No evidence to suggest it was a major problem prior to prison. There is one reference in prison 12/12/07 to cannabis smoked. (Source: prison records)

1.10 Forensic history. On 17th December 2003 Mr Quartz was originally charged with attempted murder but the charge was reduced to GBH [Grievous Bodily Harm] with Intent. In February 2004 he received a four-year sentence with an extended licence period of three years. The victim was his wife, Ms Turquoise, who suffered from multiple sclerosis [MS] and was wheelchair-bound. The offence occurred against a background of domestic violence and

[20] In orthopaedic surgery, inferior capsular shift is the main procedure for managing multidirectional shoulder instability.

[21] MRI head scan: magnetic resonance imaging scan

[22] electroencephalography [the recording of electrical activity along the scalp]

alcohol misuse. The Pre-Sentence Report indicated that Mr Quartz drank 15 to 16 pints of lager on the night of the index offence. Mr Quartz indicated to the writer of that report that the violence began with verbal abuse and progressed to slapping, before escalating into the serious offence. The argument continued, Mr Quartz pushed his wife and, once they were in bed, he admitted to kneeling on his wife's chest when she was in bed, putting his hands over her throat, nose and mouth. Ms Turquoise sustained bleeding from blood vessels in her face and haemorrhaging from the left ear, as well as cuts and bruises to her body and face. Mr Quartz admitted to assaulting his wife over a period of time and that violence was escalating. The relationship was a volatile one with both parties reliant on alcohol and prone to violent outbursts. Mr Quartz had no previous convictions. (Source: OASys and Pre-Sentence Report, Ms Larch, Probation Officer 10/3/4). He said he did not wish to kill his wife. He expressed remorse and shame. (Source: Parole Board)

2. *Period from initial remand in custody (January 2004) to final recall (July 2008)*

2.1 Sources. This information is gathered from prison, healthcare and Probation records. The source of information is provided in brackets.

2.2 Period from initial reception to first release on licence

2.2a Initial period after remand into custody

HMP Doncaster (7 January 2004 - 1 April 2005)

07/01/04 He was remanded in custody. He was seen in healthcare, in tears. He described that his wife was having problems. He was upset. He described problems with his pad mate, buddy arranged (Medical Records)

26/02/04 He said his wife was attacked, phone call arranged,

diazepam[23] prescribed (Medical Records)

10/03/04 Pre-Sentence Report completed

2.2b Serious incident of attempted suicide (30 March 2004)

30/03/04 At 4.15pm, staff were made aware of a response on HB1C [House Block 1C]. Healthcare staff member arrived, PCO [Prison Custody Officer] Ludlow giving mouth to mouth and PCO Exeter giving chest compression. Mr Quartz cyanosed ++.[24] Took over from officers, pulse present, cyanosed, gave air via mouth to mouth, attended by the nurse. Ambulance crew arrived after 10 to 12 minutes (Medical Records)

8.30pm - Bassetlaw Hospital - Mr Quartz stable, ventilated and sedated (Medical Records)

31/03/04 Still intubated and ventilated. (Medical Records)

31/03/04 Interviewed by healthcare staff at Bassetlaw. He said that he can't remember the assault on his wife. He said that he found that his wife was having an affair with his best man although unsure about this. He said that he had contact with psychiatry whilst in Army around 1993/94 against a backdrop of intimidation from the IRA. No prior acts of DSH [deliberate self-harm], alcohol abuse nil. He said his wife has MS [multiple sclerosis]. Mood described as euthymic[25]. Impression not mentally ill (Medical Records)

01/04/04 Extubated[26], no sedation (Medical Records)

02/04/04 To remove to normal ward tomorrow (Medical Records)

[23] an anti-anxiety agent, muscle relaxant and anti-convulsant

[24] with a bluish coloration of the skin or mucus membranes [cyanosis] due to too much deoxygenated haemoglobin in the blood

[25] normal mood, not depressed

[26] To extubate is to remove [breathing] tube

04/04/04 Needs Haloperidol [antipsychotic medication] to quieten down (Medical Records)

05/04/04 Describing headache and memory loss, case to be discussed with consultant ?? needs CT scan[27] and referral to psychiatrist. Seen by psychiatrist, no mental illness. Memory function - not able to recall crime but recalls other episodes from the same time (Medical Records)

06/04/04 He was returned to prison and said he was happy to be alive. He said he couldn't recall anything prior to the incident. He was admitted to healthcare for observation (Medical Records).

2.2c Further period with repeat self-harm incidents (8 April 2004 - 31 May 2004)

08/04/04 Attempted hanging (Medical Records)

08/04/04 Dr Humber reviewed (psychiatrist). He said that he couldn't remember assault (on Ms Turquoise). Dr Humber said there was a risk of self-harm. (Medical Records)

15/04/04 He said he could remember little about his suicide attempt. With his consent, telephone call to his wife to get some background information. To remain on upper healthcare (Medical Records)

19/04/04 He said that he attempted to hang himself because of other prisoners' attitudes. Since then he described problems with his memory and that he was still suicidal (Medical Records)

29/04/04 Dr Welland reviewed him and reported that his memory deficits were inconsistent, he suspected they are

[27] computerized axial tomographic scan. (CAT scan is the more formal acronym.) A diagnostic technique in which the combined use of a computer and X-rays produces cross-sectional images of tissues. It may be used in the diagnosis and treatment of tumours, haemorrhages et cetera in the brain, as well as head injuries and strokes, and to locate tumours and investigate diseases.

somewhat exaggerated. He was able to remember that Dr Humber had told him he would give him a tablet to calm and relax him last week but could not remember about his convictions. He said he likes being in healthcare. 'I am a patient with an illness and not an inmate, that's nice' He commented that he was clearly feeling more comfortable with the mental illness label following the alleged assault on his wife. He describes a great fear of returning to the wing. He was thought to be not suffering from severe and enduring mental illness; however, his serious act of hanging remains poorly understood. Dr Humber plans to contact his wife regarding the question mark over marital issues. Advised he remains in healthcare. (Dr Welland. (Medical Records))

30/04/04 Ongoing memory deficits, cannot remember the hanging incident or much of yesterday. Depressed and suicidal. He stated that he mixes (with others) but that apparently this is merely a front. He says he thinks a Watch (suicide watch) is necessary at present. He wasn't keen on moving back to H block. Psychiatrist didn't give diagnosis but did introduce the word 'flashback' to Mr Quartz? (Medical Records)

03/05/04 He was said to be harboring suicidal ideas; tried to strangle himself last night but another prisoner managed to talk sense to him. He was having continuous arguments with his wife over the phone about money. 30 min observations agreed; agreed to talk to staff instead of hurting himself, close to tears saying that he was arguing with his wife. Support offered (Medical Records)

04/05/04 Another attempted self strangulation. Doesn't remember ?? selective memory (Medical Records)

04/05/04 Psychological Services report - Ms Lisbon. He said he had not coped particularly well with his sentence. He told

staff on Sunday night ?? that he felt suicidal and admitted he has experienced suicidal thoughts today. Explained serious memory loss and that he cannot remember further back than this morning. He knows he takes Prozac[28]. Said he suffered with memory loss when in the Army. He said he was unsure why he was on healthcare. Eating but not sleeping, mixing in the dorms. (Medical Records)

06/05/04 Attempted strangulation in response to an argument, ambivalent as to further DSH [deliberate self-harm]. Complaining of insomnia. Not obviously depressed but brittle, the ambivalence coupled with episodes of DSH is of concern. Would not advise his return to HB [House Block], Chlorpromazine [antipsychotic medication] nocte [at night] [Cannot read signature. (JS)] (Medical Records)

09/05/04 Very confrontational after phone call to wife, given him time out (Medical Records)

09/05/04 Psychosocial Services Report

He said that he never self-harmed previously but has made threats; no current self-harm thoughts. No further bullying problems, no drug/alcohol issues, gets visits. Eye contact good (Medical Records)

10/05/04 Staff told (by another prisoner) that Mr Quartz had been put on an injunction restricting contact with his wife. This was after he made a phone call to his wife and had become very aggressive. Staff unaware of any restrictions (Security Dept Information)

13/05/04 He decided not to contact wife via telephone as this leads to confrontation but to do it through mail. He was still scared about hanging, not currently depressed but impulsive and unpredictable in terms of the future acts of deliberate self-harm (Medical Records)

[28] a trade name for fluoxetine, an antidepressant medication

15/05/04 Claims wing cleaner bullying him. Does not appear suicidal, poor coper, however requested a watch. Watch opened, unclear reason, claims he is being intimidated by another prisoner and says he will string up, appears well. Claims cleaner is bullying him, threatened to self-harm, reassurance given and that the bullying would be investigated (Medical Records)

16/05/04 Threatening to hang himself. Regarding the previous hanging - cannot remember the incident. No memory of his wife. Not depressed. Admit healthcare, level 3 obs [observation]. Carry on with Fluoxetine [antidepressant medication] (Medical Records)

16/05/04 No substance to the allegation of bullying, 'some banter that got out of hand', all parties spoken to (Medical Records)

16/05/04 Said he had done a stupid mistake, made a noose on Tuesday as he got a bad letter from his wife. Now realises he gets a lot of support from other patients and parents and hurting himself won't help. Has good days and bad days (Medical Records)

18/05/04 Watch raised after Mr Quartz placed a noose round his neck last night, argument with wife but cannot remember anything, upset and embarrassed. Brought to healthcare following making noose (Medical Records)

19/05/04 On F2052SH [Self-Harm at Risk Form][29], inadequate, immature, impulsive, reactive. For permanent watch (Medical Records)

23/05/04 Psychological Services Report

Presented as quiet, but responsive with excellent eye contact. Taunted by other prisoners but now resolved. He believes his memory is getting worse and this has upset him. Also wedding anniversary on Saturday.

[29] the care planning system used to identify and care for prisoners at risk of suicide or self-harm prior to the introduction of the ACCT Plan

Epileptic fit in the week which stressed him further. Takes Prozac, thinks it helps a little. (Medical Records)

24/05/04 Reported that wife wants divorce and has moved in with his best friend. Quite positive, no thoughts of self-harm. (Medical Records)

25/05/04 Psychological Services report - Bad news from wife yesterday but no self-harm thoughts. Said that the Watch was not needed and he would like it closing. (Medical Records)

27/05/04 Dr Humber, visiting forensic psychiatrist - saw him on healthcare centre, very bright. In a dormitory. A noose was discovered on 17/05/04, this was in response to his wife telling him she planned to divorce him. His wife had been having a difficult time from friends who wish for her to have nothing to do with Mr Quartz. He said he was still scared and trying to work out what he did, i.e. deliberate self-harm. His mood was neither elated or depressed. Planned to see him in a month. Could see no immediate mental health need but suggested he required input on the health centre. It is likely that on transfer to normal location[30], he would act in an impulsive manner. Perhaps transfer to vulnerable prisoner unit? (Medical Records)

27/05/04 Dr Humber - visiting consultant - [Difficult to read the entry. (JS)] Concerned he may have brain damage after he tried to hang himself. Wife said they will get divorced and will get back together when he gets out of here in two years. Still scared, 'still trying to work it out in my head'. (Medical Records)

27/05/04 Brought to Healthcare, highly agitated state of mind, not coping on 2C, thoughts of self-harm, very impulsive, may try to hurt himself again. Due to agitation, admitted back to Healthcare inpatient, cell 3, watch. (Medical Records)

[30] Normal location is a prisoner's location in main wing/accommodation area of prison.

29/05/04 Very agitated, states he will not self-harm if he can talk about his problems despite alluding to self-harm earlier. Wants to be located on healthcare not in single cell or Watch, prefers a dorm for support. Placed on single cell and Watch, level 3. (Medical Records)

30/05/04 Denies ideas of self-harm. (Medical Records)

30/05/04 Seen. Mood lifted but unpredictable. (Medical Records)

30/05/04 Dr Humber, visiting consultant forensic psychiatrist. His mood has lifted, he is settled, however his impulsivity renders him unpredictable in terms of future acts of deliberate self-harm. To see him in two weeks. (Medical Records)

30/05/04 Another attempt at self-strangulation in direct response to an argument with his wife on the telephone. Complained of initial insomnia. Concern about his ambivalence about future episodes of deliberate self-harm and therefore would not advise return to house block. Will see him in a week; prescribed Chlorpromazine to help him sleep. (Medical Records)

31/05/04 letter from Mr Quartz's wife stating she wanted no further contact with him (Security Dept Information)

2.2d Periods of loss of consciousness and investigations for epilepsy (May 2004 - March 2006)

May 2004 Throughout May 2004 there is reference to an increasing number of fits. There is also reference to memory loss being selective, arguing with his wife, threats to hang himself, reported bullying, and he was noted to be a poor coper. (Medical Records)

01/06/04 close watch (Medical Records)

03/06/04 typed letter, Dr Welland, visiting specialist registrar in forensic psychiatry - reviewed on healthcare, he had been transferred back to the wing last week but said he was

being threatened about his offence. Said he couldn't remember what his offence was, he said 'I've made an improvement, I didn't hang myself on the wing'. Transferred from the wing to healthcare and been in a single cell but wants to be in a dorm. Said he feels safer on healthcare. Euthymic, no ideas of self-harm. 'I am able to work through it'.

Mental state is stable, no evidence of mental illness, transfer to a dorm, no contraindications, transfer to wing would increase risk of self-harm as he would find difficulty coping as he finds the environment stressful. This is not due to mental illness. (Medical Records)

01/07/04 See MO [Medical Officer] for returning to house block (Medical Records)

25/07/04 No thoughts of self-harm, says verbally threatened by someone, could not remember name. A little weepy initially. (Nurse Tyne) (Medical Records)

25/07/04 Watch raised because expressed thoughts of self-harm on wing as being bullied. Prepared to point out who it is (Medical Records)

26/07/04 Watch closed (Medical Records)

27/07/04 Worried that people are holding a kangaroo court about his charge, is convinced that they will hurt him. Not suicidal. Says people are intimidating, will contact anti-bullying people at the unit. 4.20 - superficially cut left wrist, threatened by other prisoners, no current ideas of self-harm or suicide. One of the bullies (alleged) has been relocated but this has worsened the situation. Self-harmed because not coping. (Nurse Tyne) (Medical Records)

27/07/04 Self inflicted cuts F213SH[31] completed (Medical Records)

28/07/04 Worried about being bullied by the friends of the bully,

[31] a form for recording self-harm or attempted suicide

wants to go back to healthcare (Medical Records)

02/08/04 Intermittent memory loss. Told him that it was probably his subconscious mind protecting him from certain issues regarding the hanging. Said it may or may not come back but there was no medication that would help. (Nurse Tyne) (Medical Records)

04/08/04 Called to wing, said to be unresponsive on arrival, stood at doorway sweating and breathing erratically describing symptoms of panic attacks, pad mate said staring into space and not responsive

20.15 - called to cell, Mr Quartz lying on top bunk arms twitching, eyes open staring at the ceiling, appeared flushed. After 5 to 10 mins, he began to take notice of his surroundings. (Medical Records)

05/08/04 ??epilepsy, family history of epilepsy, Epilim [anti-epileptic medication] commenced. [Can't read signature (JS)] (Medical Records)

06/08/04 Called to wing, alleged fit, not witnessed, hot and bothered, no post ictal symptoms [symptoms present after epileptic fit], review Monday (Medical Records)

07/08/04 Called to see Mr Quartz. Referred MO [Medical Officer] to assess - urgent. (Medical Records). Epileptic fit today, passed out, bump on head, increase sodium Valproate [anti-epileptic medication]. For EEG). Called to block, patient having status epilepticus[32], generalized Valium[33] pr [per rectum], no effect. Paramedics - IV cannula[34] [intravenous cannula], no effect. Total time of fitting 1½ hours. Brought back saying nothing found, admit healthcare. On return he said he felt fine. (Medical

[32] prolonged or repeated epileptic seizures without recovery of consciousness between attacks

[33] a trademark for diazepam, an anti-anxiety agent, muscle relaxant and anti-convulsant

[34] A smooth, blunt-ended tube
To cannulate: to insert a cannula [a smooth, blunt-ended tube] into a bodily cavity, duct, or vessel, as for the drainage of fluid or the administration of medication.

Records)

08/08/04 Mr Quartz fitting on arrival lay on floor in recovery position. Reacted to painful stimuli, recovered quickly and fully. (Medical Records)

11/08/04 Awaiting neurology, continue Epilim (Medical Records)

19/08/04 F213SH superficial cut to left inner forearm (Medical Records)

19/08/04 Mental Health In-reach - he has self referred for previously reported problems. I can see no reason for further assessment from in-reach. (Medical Records)

20/08/04 Self-harmed last evening, said he is being taunted by other prisoners, no further thoughts of self-harm (Medical Records)

29/08/04 Seen following fight, red mark to neck, segregation unit, fit for adjudication. (Medical Records)

31/03/05 Low in mood following visit from parents, discussed relationship with wife, weepy, negative in mood. Discussed future, became positive, now feels better. Advised to speak to solicitor re divorce. (Medical Records)

01/04/05 Increase Epilim (Medical Records)

01/04/05 Psychological Services Report

Said he received news which made him feel angry/suicidal. Situation has passed and no longer feels like that now. Memory problems due to hanging, due for release 09/06. Maintaining contacts by telephone, unable to write letters, illiterate. (Medical Records)

05/04/05 Mr Quartz and Ms Turquoise divorced. [Source: Mrs Quartz, Second Statement]

HMP Moorland (13 April 2005 - 25 October 2005)

13/04/05 Transferred to Moorland [HMP/YOI Moorland] for physical investigations relating to epilepsy and poor memory.

Blood taken for Epilim levels. Now getting frequent fits. Increase sodium Valproate. (Medical Records)

13/04/05 Medical officer's remarks - epilepsy following hanging 2003 [8 April 2004], on Epilim. Anxiety, depression, he denied feeling suicidal. In the section on personal history, it said mental illness depression for nine years (Medical Records)

03/06/05 Getting more fits recently, last fit Sunday night, otherwise alright (Medical Records)

22/06/05 [Unable to read all entry. (JS)]. Still gets fits on and off (Medical Records)

03/08/05 Full of cold, epilepsy controlled. (Medical Records)

16/08/05 Feels down over the child he has never seen, poor coper, no follow up. (Medical Records)

21/08/05 Fitting, twitching of limbs, responding verbally. Had missed a dose of Epilim. (Medical Records)

12/09/05 Seizures more under control after medication. Fighting pad mate, to be placed in single cell, concerns about seizures and hanging. No longer feels suicidal. (Medical Records)

15/09/05 Said he was involved in a fight, no specific injuries. (Medical Records)

26/09/05 Letter - Mr Quartz refused parole. (Probation Records)

29/09/05 Allegedly taken overdose of Epilim, went to A&E. (Medical Records)

30/09/05 No fits for 3 weeks (Medical Records)

HMP Lindholme (26 October 2005 - 31 August 2006)

26/10/05 Mr Quartz transferred to Lindholme. Noted harassment of ex-wife in Doncaster and Moorlands [Moorland] and, if given leave, need an exclusion zone around Stannington. (Probation Records)

07/11/05 Said problems now sorted, did not feel like harming

himself, to return to J Wing, remain on F2052SH [Self-Harm at Risk Form]. Said if needed to talk, would contact staff. (Medical Records)

16/11/05 Mr Quartz will not be released on parole licence. Information passed to the victim. (Probation Records)

29/11/05 Letter - on two separate occasions we have had to contact the prison as he has been threatening his wife from custody via letters and phone calls. All of his mail and phone calls are monitored; he has been refused parole. Release date 04/09/06. He has done no offending behaviour work and accepts responsibility for his offending only due to provocation. He feels the victim is 50% to blame. I have discussed the case and been asked to contact you to see if it is a MAPPA [Multi Agency Public Protection Assessment] case. Alcohol and financial worries were the trigger. (Probation Records)

31/11/05 Seen on wing, complains of feeling low, anniversary of friend's death in December, requested Chlorpromazine [antipsychotic medication] ?? whether appropriate. No psychosis. Referred to In reach team[35] and advised to speak to Chaplaincy. (Medical Records)

02/12/05 Epilim increased, add Chlorpromazine (Medical Records)

05/12/05 He is a MAPPA [Multi Agency Public Protection Assessment] offender by virtue of his sentence, identified some risk issues in this case so it puts it in our arena – (Mr Cedar) (Probation Records)

08/12/05 Small fit early this morning. (Medical Records)

16/12/05 Valproate [an anti-epileptic medication] levels high, still fitting, reduce levels, Add Tegretol [anti-epileptic medication] (Medical Records)

[35] Department/medical staff responsible for healthcare of prisoners suffering from mental health problems. This forms secondary mental health care in which prisoners are treated by specialists referred by primary care providers.

19/12/05 Called to J Wing, apparently had two fits, observations normal, 10mg diazepam [an anti-anxiety agent, muscle relaxant and anti-convulsant] (Medical Records)

28/12/05 Had fits this morning, Gabapentin [anti-epileptic medication]. (Medical Records)

05/01/06 Had petit mal fit[36] last evening, observed by officers, lasting about 20 mins. Epilim and Gabapentin. Test for Valproate levels. (Medical Records)

08/01/06 Thought he might harm himself, staff said he was upset at level of visiting privileges. He said he no longer feels like harming himself (Medical Records)

09/01/06 Healthcare staff approached by PO [Principal Officer] about the possibility of transferring to 24 hour care because of increasing number of fits (Medical Records)

13/01/06 10 superficial scratches to his upper chest which he said he did this morning. (F2052SH). Said he does not feel suicidal. (Medical Records)

18/01/06 Prison community mental health team assessed him, given him leaflets on depression and anger management. (Medical Records)

25/01/06 Officer from wing rang to say inmate had a fit before lunch, seems ok (Medical Records)

30/01/06 Prison community mental health team - information given about epilepsy and drinking. (Medical Records)

06/02/06 States having problems, no longer prescribed diazepam. Thinks he is having more seizures and feels worse when coming out of seizure. No one can substantiate. (Medical Records)

22/02/06 CPN [Community Psychiatric Nurse] said he should go back on diazepam for his own wellbeing. Said not

[36] a type of generalized seizure that occurs in epilepsy. Petit mal attacks may take place many times a day, and they may last as long as 30 seconds each. The signs include a momentary loss of awareness, occasionally with drooping eyelids. Treatment for petit mal attacks is with an anticonvulsant drug.

sleeping, feels anxious, reduced appetite, grandmother very ill, sometimes cannot phone as run out of money, not being bullied. CPN said this information contradicts what he told her. Refer for MO [Medical Officer] opinion (Medical Records)

23/02/06 [Cannot read this entry. (JS). Something to do with diazepam (JS)] Arrange next EEG[37]. (Medical Records)

24/02/06 disobeying lawful order, guilty proven (OASys) [Offender Assessment System]

15/03/06 Discharged from Community Mental Health Team. (Medical Records)

18/03/06 Listeners[38] were concerned and advised that he should be in a care suite, looks low in mood, states worried about his nan who has Alzheimer's. Put in for ROTL [Release on Temporary Licence], told this could take 6 weeks, said staff could verify nan's state of health and that the Governor could grant supported compassionate leave. Seemed happier in mood, re-referral to mental health in reach. (Medical Records)

19/03/06 Depressed, suicidal thoughts (Medical Records)

20/03/06 Low as his grandmother is ill. (Medical Records)

21/03/06 Seen in care suite, no problems (Medical Records)

29/03/06 Said he needed someone from healthcare, can't wait, said had a fit last night. (Medical Records)

Period before first release on licence (April 2006 - August 2006)

10/04/06 Looked like he was attempting an act of self-harm, razor held above wrist. (Medical Records)

[37] electroencephalography [the recording of electrical activity along the scalp]

[38] prisoner volunteers who are selected, trained and supported by the Samaritans to listen in confidence to fellow prisoners who may be experiencing distress or despair

18/05/06 Prison community mental health team - seen, complaining, unsettled, anniversary of mate's death who died in his arms in Armed Forces. Thinks Paroxetine [an antidepressant] no longer effective, said did not think a change in anti depressants was appropriate. He said he needed something to take him through the next couple of weeks, discuss with healthcare. (Medical Records)

16/06/06 Settled, not suicidal (Medical Records)

24/07/06 No thoughts of suicide or self-harm Chaplain contacted last week re bereavement counseling to follow up (Medical Records)

29/07/06 Disobeying lawful order guilty proven (OASys)

21/08/06 Checked his understanding of his licence (Probation Records)

25/08/06 Visit in custody to discuss release plans. Mr Quartz is not too happy about the hostel. He is hopeful of obtaining work contracting. Speaks of reuniting with former partner, Ms Sapphire from the Philippines. They have a 7 year old son whom he thinks is called Agate. They split up before the child's birth when she returned to the Philippines. However, he also said that his father had seen the boy so I am not clear about the chronology. He said he was in the Army for six and a half years, he did not serve abroad but maintains his record is a matter of official secrecy. (Probation Records)

29/08/06 Telephone contact to Ms Beech, Adult Protection. (Probation Records)

29/08/06 Discharge screen completed, GP letter issued (Medical Records)

31/08/06 Released under probation supervision. (Parole Board Recs)

2.2e First period on licence (31 August 2006 - 19 November 2006)

Probation hostel (31 August 2006 - 19 November 2006)

03/09/06 Mr Quartz bumped into a friend who said, 'your wife is a good fuck.' He wanted to hit the friend. He said this several times and said he really wanted to hurt him. He told staff at the hostel of the incident, he had obviously been drinking (Probation Records)

04/09/06 Appointments with job centre, housing and doctor, going to Asda and Penny Black to inquire about work (Probation Records)

04/09/06 Reported that the relationship with Ms Turquoise over. Probation Records)

04/09/06 Reported moderate drinking since his release (OASys)

04/09/06 Out of prison, needs various meds [medications], diagnosis of depression and epilepsy following serious assault, need information to confirm doses of meds (GP Handwritten notes)

18/09/06 Job interview at Asda, he reported limited drinking. Then read hostel log entries - Mr Quartz is drinking more than he reported, spending time in pubs, meeting with ex-partner's new partner and having to deal with conflict. Concern about medication, another resident found with three of his tablets. (Probation Records)

18/09/06 Seen, said his week had been fine, minimised the amount he is drinking, set his own goal of not drinking at all this coming week, also giving up smoking. He is easily talked round, too easily, which worries me. Identified which were safe and which were risky pubs. Told if he was evicted he would be recalled, asked about an engagement he mentioned to hostel staff. Said she was called Ms Garnet. (Probation Records)

20/09/06 Still occasional fits, epilepsy triggered by assault, attempted hanging, does not drive. Last fit 19/09/06. Depression in prison seems to have resolved. Has already cut down Amitriptyline[39] and Chlorpromazine. To wean off (GP Handwritten note)

20/09/06 Did not attend probation, warning given. On ASRO [Addressing Substance-Related Offending] pre-course. Failed to attend appointment with keyworker and was issued warning letter. (Parole Board Recs)

25/09/06 Dealt with his missed key worker appt. Told him that unless he produces evidence of a doctor's appt (he now said he had), it will be judged as inadmissible. We discussed his rent, he acknowledged he had lied and agreed this was unnecessary and unhelpful. He agreed to be referred to a psychologist. He identified his own problem as a slowness in processing information which he said dates from the time he 'died' in Doncaster Prison. Discussed his present anxiety chiefly about meeting his grandmother for the first time since prison. Discussed writing to say he was sorry to Ms Turquoise and possibly going home for Christmas. (Probation Records)

25/09/06 Said he had reduced his drinking and was pleased with himself (Probation Records)

30/09/06 He came back to the hostel, his pupils were very dilated, he said he had been approached by an old man who recognised him from the newspaper and said he should be back in prison. He said it had shaken him up and he asked for another Paroxetine [an anti-depressant] (Probation Records)

02/10/06 Did not attend MAPPA [Multi Agency Public Protection Assessment], doing well with drinking and likes hostel. (Probation Records)

[39] an antidepressant drug with a sedative effect

07/10/06 Arrested for ABH [Actual Bodily Harm]. (Parole Board Recs)

09/10/06 Returned to the hostel with a bleeding swollen lip, claimed he had been assaulted by friends of his ex partner. Declined option of formal complaint to the police. His account of events when given twice were never quite the same. Did some good work on the pros and cons of drinking. (Probation Records)

12/10/06 Counts his family as his parents and sister. He said that they noticed the change in his attitude. Said he was drunk on release but had settled down. Change in his mental ability since self-harm. Mother said she was also epileptic but he was screened as a child when it was clear. Did not get job at Asda. (Probation Records)

18/10/06 Discussed home leave to his parents which was brilliant. Cut back on his alcohol use, discussed his epilepsy - since he has been taking his mediation [medication] as prescribed, there have been no more incidents of fitting (Probation Records)

19/10/06 Parents confirmed that overnight went well and were willing to do it again (Probation Records)

24/10/06 Reviewed drink diary, 55 units in five days. Did map about close relationship, introduced the idea of everyone having positives and negatives, Ms Garnet now just a friend (Probation Records)

24/10/06 Mr Quartz undertook basic skills training (Probation Records)

30/10/06 Panic alarm sounded. Mr Quartz said he had had a panic attack, he had urinated on his duvet. Found a 1.125 litre bottle of extra strong cider. He expressed concern about his ill grandma. Explained that heavy drinking was not the right way of going about it and would not help his diabetes. (Probation Records)

30/10/06 Charged with ABH, not proceeded with. Found with bottle of cider in hostel (Parole Board Recs)

31/10/06 Brought drinking diary showing greatly reduced consumption, 15 units. He spoke proudly of this which demonstrates his capacity for lying when set against the hostel entries. Wanted to go home but in view of the drinking episode, permission was withheld. Permission for future home leaves will be linked to demonstrable honesty (Probation Records)

02/11/06 Failed to attend basic skills course (Parole Board Recs)

03/11/06 Still describes occasional fits, one to two per month, triggered by anxiety, metallic taste in mouth, nausea, has to lie down, no loss of consciousness. Remains on Gabapentin [anti-epileptic medication] and Epilim [anti-epileptic medication]. Mood ok, agreed to neurology referral (GP Handwritten notes)

09/11/06 Checking police database, found he had been arrested for ABH on 30/10/06, not being proceeded with as insufficient evidence. (Probation Records)

09/11/06 Further jobs applied for. Appeared very excited and smelt of alcohol. Discussed how close he was to recall, asked about the incident when he was arrested, denied he hit complainant **redacted name**, admitted drink played a part. Emphasised need for honesty. He said change was proving difficult. Prompted brief discussion of recent self-harm, he said it was ‘a release’ (Probation Records)

12/11/06 He led hostel staff to believe he was fitting, they reminded him how close he was sailing to going back to prison and he made a miraculous recovery. Later he said he had been petrified by flashbacks, he said he had nearly died in prison. He said eight inmates had forced their way into his cell, strung him up and hung him. He said this happened whilst prison officers looked on and failed to

take any action. Staff told him he was wasting their time and to go to sleep (Probation Records)

12/11/06 Came back to the hostel and asked for Epilim [anti-epileptic medication], it was clear he had been drinking to excess and his body language suggested that he was about to fake a fit yet again. Bottle of extra strong white cider was spotted, concealed under his jacket, it was confiscated. (Probation Records)

13/11/06 Clear evidence of more excessive drinking. He did not attend residents meeting. Found with full bottle of cider obviously drunk (Probation Records)

14/11/06 told him he was recalled, took it was with customary smile, tried to investigate his feelings as I find his responses unreal. He acknowledged butterflies. Said he was bullied to take drink into the hostel, denied drinking was a big problem. (Probation Records)

16/11/06 Drinking escalating (Probation Records)

16/11/06 Licence revoked. Breach Report stating that his state of mind was worrying as he continued to drink and spend time in the vicinity of others who supported this or with associates of his ex wife. Reported speaking that his emotions are about to explode. (Parole Board Recs)

2.2f Recalled to prison

HMP Doncaster (20 November 2006 - 1 May 2007)

20/11/06 Returned to prison (Parole Board Recs)

20/11/06 HMP Doncaster Reception. last fit two months ago (Medical Records). Said he drank five cans of Fosters a day. Seen a psychiatrist for depression, denied having current self-harm/suicidal thought. (Medical Records)

Suffering with depression for a few months, on Prozac [an antidepressant medication] 20mg, appeared frightened

and shell-shocked, does not know if he will self-harm or not. When asked if he felt like hurting or killing himself, he replied yes. (Medical Records)

Watch commenced. Diazepam [an anti-anxiety agent, muscle relaxant and anti-convulsant] given (Medical Records)

28/11/06 Refused to be interviewed by psychiatry (Medical Records)

09/12/06 Fit witnessed by PCO [Prison Custody Officer], complains of stress, may be trigger, last fitted five months ago (Medical Records)

13/12/06 ?? seizure in cell (Medical Records)

28/12/06 Suspected bullying (Security Dept Information)

10/01/07 Said he realised he was putting barriers up, now wants to work towards changing. Pleased he was recalled. Has a recall pack but no date for review. Content with proposed risk management plan (Probation Records)

15/01/07 Reception medical information received from Moorland (Medical Records) and HMP Lindholme, health screen completed, epileptic and personality disorder, on medication, some medication in possession, some not. Past history of overdose (Medical Records)

17/01/07 Parole board. The matter was deferred by the panel for the following to be provided:

Details of index offence
Confirmation of sentence imposed
Copy of sentencing remarks
Details of the recall assault together with witness statements and outcome
Copy of psychiatric report provided at trial
Outcome of psychological assessment by In reach team

Addendum HPO [Home Probation Officer] report with regard to risk management plan
Short SPO [Senior Probation Officer] report
(Parole Board Recommendations)

22/01/07 ACCT review. Issues resolved, his mum was not speaking to him as he did not attend his grandma's funeral, this is now resolved. Recalled due to violent behaviour, does not know what is happening with his licence, said this has been resolved and solicitor is sorting it out. With past experience with Mr Quartz, too soon to close his ACCT as already claiming his current medication is not maintaining him and requesting top up of diazepam.

To be reviewed by Dr Medway at first opportunity (Medical Records)

25/01/07 Complains of hearing voices and seeing his dead friend. On medication for epilepsy and personality disorder. He wants Diazepam as he hears voices and sees his dead friend. He ran out of Gabapentin [anti-epileptic medication]. Rational, agitated, no evidence of acute psychosis, refer visiting psychiatrist (Medical Records)

25/01/07 ETS [Enhanced Thinking Skills] post-programme progress review

Mr Quartz appears to have understood the programme and is aware he had a problem with alcohol and temper. He said he was under pressure at the time of his recall as he was trying to get employment and struggling to cope. He relapsed into alcohol use which led to things spiraling out of control. He said he had approached the CARATS [Counselling, Assessment, Referral, Advice and Throughcare Services] team at Doncaster Prison and they gave him some information about AA [Alcoholics Anonymous] in Sheffield. Thought AA was useful as the

group would help his confidence. Discussed that he should be more flexible. Relationships are a major issue. Mrs Quartz said they will get Mr Quartz assessed for IDAP [Integrated Domestic Abuse Programme] after he has done ASRO [Addressing Substance-Relating Offending]. (Evidence for Parole Hearing)

23/02/07 In-reach team said they had assessed Mr Quartz in March last year and discharged him. He did not fulfill their criteria. They felt his depression was not severe. Threatened self-harm but doesn't ring any alarm bells. Agreed to try and see him before release and my guess is they will say personality disorder which is probably correct and therefore nothing to be done. (In-reach Team Evidence for Parole Heating)

01/03/07 Prison community mental health team - not mentally ill, described low mood and stress, have recommended a change in anti depressants, maybe Citalopram [an antidepressant] and our support worker will drop in and check effects of tablets. (Medical Records)

09/03/07 Seen after report of seizure. Lasted 5 mins, good recovery, some description from staff of possible tonic type seizure. (Medical Records)

16/03/07 Attended textiles, report of epileptic fits. In recovery position, disorientated. (Medical Records)

23/03/07 Seen CPN [Community Psychiatric Nurse], no benefit from Paroxetine [an antidepressant], prescribed Citalopram [an antidepressant] (Medical Records)

18/04/07 Small epileptic fit, recovered now. (Medical Records)

21/04/07 Seen after seizure, states he fell and hit his mouth on the bed, swelling apparent and deep laceration. To attend A&E. (Medical Records)

23/04/07 Called to wing ?? fitting, laid in recovery position. He was orientated but disclosed he had no feeling down right hand side and could not see out of right eye. Said he has

had numbness after the last few fits. Ambulance called. (Medical Records)

24/04/07 Querying whether he has epileptic fits, requesting a transfer to Sheffield for CT and EEG. (Medical Records)

27/04/07 had CT, MRI on Monday. (Medical Records)

01/05/07 Psychiatry reviewed, Doncaster and Bassetlaw. No suicidal ideas.

01/05/07 To discuss with Dr Spain, psychiatric SHO [Senior house officer][40], regarding suicidal ideas. Dr Spain said that patient did not mention any suicidal ideas during his assessment. (Medical Records)

Doncaster and Bassetlaw Hospital (3 May 2007 - 8 May 2007)

03/05/07 Doncaster & Bassetlaw Hospital, admitted for assessment of epilepsy. (Medical Records)

03/05/07 Ward Round - Medical team Doncaster and Bassettlaw
Psychiatric review appreciated, no active psychiatric intervention required but for referral to psychology in future. Patient said he is having suicidal ideas and feels that people want to harm him. Medically fit for discharge.

08/05/07 Assessment of epilepsy- pseudo seizures ?? dissociative disorder. Patient still having memory problems but no new issues this week. Try and organise psychiatric care and follow up at prison for him. Liaise with healthcare team in prison. (Medical Records)

08/05/07 Case facilitator - spoken to Staff Nurse at prison. Happy to accept back, updated on medical input, psychiatric assessment. Returned to prison. (Medical Records)

[40] a junior doctor undergoing training within a certain speciality

HMP Doncaster (8 May 2007 - 10 May 2007)

10/05/07 Assault on inmate not guilty, outcome proved (OASys)

HMP Moorland (11 May 2007 - 12 May 2007)

11/05/07 HMP Moorland Admission Report. Admitted to Moorland with anxiety, chest pains, right sided weakness, past history pseudo fits recently ?? not epilepsy related. Awaiting psychiatric assessment. States chest pains travel down right side, investigate at DRI [Doncaster Royal Infirmary]. ACCT status low (Medical Records)

HMP Lindholme (13 May 2007 - 31 August 2007)

13/05/07 Back to Lindholme. Reception HMP Lindholme. Transferred from Moorland on a recall. No current ideas of self-harm but history of self-harm in prison. Described having depression, personality disorder. Paroxetine [an anti-depressant], Amitriptyline [an anti-depressant with a sedative effect] and Chlorpromazine [antipsychotic medication] (Medical Records)

14/05/07 Moorland Healthcare discharge summary
Admitted to Moorland for 48 hour observations after chest pain. Stable over weekend, pain improved (Medical Records)

15/05/07 Main problem is he hasn't got a release date (Medical Records)

17/05/07 Began anxiety management. (Medical Records)

22/05/07 Parole Board Panel, concerns that he is associated with two women with drink problems on previous release, thought to be an unacceptable risk, therefore not released. (Probation Records)

23/05/07 Completed week 2 of anxiety management (Medical Records)

26/05/07 Parole board decision - want further information about the incident for which he was arrested but not charged. Also want information about his relationship with the woman he was befriending. (Probation Records)

31/05/07 Completed homework, putting new coping skills into place, has asked Chaplaincy for counseling, wants to go back to Textiles, mood improved (Medical Records)

31/05/07 Discussed index offences, said found wife in bed with a man, threw him out, wife stabbed him. He put hand over her throat. (Medical Records)

??? date Recall - missed appointment with workers and taking alcohol into hostel, alleged fight. He told the psychiatrist about the index offence. Said he was going to take his wife out for a meal but went home to find her in bed with a friend. He threw the man out of the house. Argument with wife who stabbed him in the chest twice. He hit her in the face, threw her on the bed, put his hands over her throat, nose and mouth. Father came to aid, he had had 15 pints of lager, no previous offending, no previous psychiatric history. Alcohol fuelled anger and rage. Thinks suffered with depression, alcohol problems. Mother had epilepsy and father heart condition. (Medical Records)

04/06/07 Note from CPN Windermere, CPN at Lindholme. He had an MRI and other scans which have shown he does not have epilepsy or heart trouble. He has faked heart attacks whilst in custody too. He has been taken off some of his medication. Attending AA and having counselling from Chaplaincy. I told her what I knew of his Army career - his story to her is different again. (Probation Records)

08/06/07 Three weeks of anxiety management, putting new coping skills into practice (Medical Records)

21/06/07 CPN - Mr Quartz doing very well on anxiety and stress management. No more incidents of 'pretend heart attacks/epilepsy'. (Probation Records)

21/06/07 Doing well, passed his cleaning course, to do NVQ 2 [National Vocational Qualification Level 2] next. (Medical Records)

28/06/07 Seen in epilepsy clinic, knows he is not epileptic and will no longer be seen for this (Medical Records)

10/08/07 Mr Quartz is to be released on 31 August 2007 with conditions to attend appointments with CMHT [Community Mental Health Team] and psychiatrist, not to consume alcohol without permission from supervising officer, not to communicate with Ms Turquoise, comply with requirements to address alcohol, anger and offending behaviour problems and to notify of emerging relationships with women. (Probation Records)

15/08/07 CPN Windermere, community mental health nurse, referred Mr Quartz, currently at Lindholme to Mr Oak, Clinical Psychologist/ Probation Service in Sheffield. She described a history of presenting with psychosomatic symptoms which have resulted in regular ambulance and A&E involvement and prescription of medication. Has worked well on his anxiety at HMP Moorland but this purely involved learning skills to manage his emotions. For lifelong benefit the underlying unresolved complex issues need to be addressed. (Referrals to Community Teams)

22/08/07 Telephone call from CPN Windermere - she has referred Mr Quartz to South Sheffield Mental Health Team. (Probation Records)

22/08/07 Seen in J Wing, prior to release, remains settled and preparing for release (Medical Records)

23/08/07 I have made an appt for Mr Quartz to meet an alcohol worker. (Probation Records)

23/08/07 Transferred to Lindholme 2006, prescribed Gabapentin, Epilim, Amitriptyline, Paroxetine and Chlorpromazine to treat psychosomatic illnesses. In April had EEG, ECG[41], CT Scan and MRI - all normal. Not believed to be epileptic. Settled down and completed various one to one programmes on stress and anxiety. Regularly attends psychiatrist appointments. Now on Citalopram [an antidepressant] and small dose of Gabapentin. Attends weekly AA [Alcoholics Anonymous]. (Probation Case Record)

23/08/07 made appt for him to meet on site alcohol worker, offender manager is Ms Mulberry. (Probation Case Record)

25/08/07 4pm seen in J Wing, Mr Quartz claimed to have taken 20 Gabapentin and 20 Citalopram, sweating and clammy, sent to DRI [Doncaster Royal Infirmary] A&E. completed F213SH. (Medical Records)

31/08/07 Discharged on licence.

2.2g Second period on licence (31 August 2007 - 20 September 2007)

Probation hostel (31 August 2007 - 20 September 2007)

31/08/07 Admitted he had had a drink, used this to demonstrate how difficult abstinence might be. Little change in his manner, CV shows five years Army service, pointed out we were going to have no lies. Said he was going to the

[41] electrocardiogram, a method of recording the electrical activity of the heart muscle. Useful for diagnosing heart disorders

job centre and meet his former Filipino partner with their son and his father there for support. (Probation Records)

03/09/07 Intimidated by old friend pressuring him to drink. He has been in pubs. Said he drank soft drinks. Further challenged his CV which he now blames on the tutor in prison making errors. Emphasised the need to stop fantasising (Probation Records)

03/09/07 Evidence from hostel, drinking heavily. (hostel records, Probation)

04/09/07 Warning to Mr Quartz for breaching the no drinking condition of his licence. (Probation Records)

07/09/07 Letter from Substance Misuse Services - he did not attend. Advised that he needed to be straight, he had been caught lying about why he had not stayed to see the alcohol worker, encouraged to do so. (Probation Records)

07/09/07 Low mood, see letter from prison, all scans normal, mood fine now. (GP Handwritten notes)

12/09/07 Said he had a mouth full of lager whilst walking with friends from the hostel but spat it out and contacted AA (Probation Records)

13/09/07 Pressed the panic alarm - said he had had one drink but felt disappointed with himself. He was allowed to phone AA. (Probation Records)

18/09/07 Discussed circumstances of missed appt today at the hostel. Given he had a warning within days of release and has not been complying with hostel rules, appointments or licence conditions, the risk cannot be effectively managed so emergency recall is appropriate. (Probation Records)

18/09/07 Setting off fire alarms in his room, wanting to speak to AA

19/09/07 Picked up on an emergency recall due to series of breaches of licence condition and returned to the hostel early in the morning. (OASys)

19/09/07 Pseudo seizures, discharged A&E. (GP Handwritten notes)

20/09/07 A&E - atypical chest pain, no treatment, discharged home. (GP Handwritten notes)

2.2h Recalled to prison (20 September 2007)

HMP Doncaster (20 September 2007 - 21 February 2008)

20/09/07 Said he was a recovering alcoholic and had seen psychiatrist for depression, previous self-harm and hanging attempt in 2003. Also 9 to 10 months ago, threw himself downstairs (Reception Health Screen)

22/09/07 Alcoholic, dislocated shoulder, not suicidal and not depressed. (Medical handwritten notes)

26/09/07 Pain left side of chest since last night, history of heart murmur, ECG [electrocardiogram]. (Medical handwritten notes)

28/09/07 Sharp stabbing pain, no cardiac history, ECG normal, given Gaviscon ? acidity. (Medical Handwritten notes)

28/09/07 [difficult to read this entry. (JS)]. History of chest pain mentions right shoulder, no sweating but nausea, no shortness of breath, did some bloods, ECG normal. (Medical handwritten notes)

02/10/07 Blood test, liver function tests were normal. (Medical Records)

05/10/07 Muscular chest pain on co-codomol[42], Advised to relax. (Medical handwritten notes)

17/10/07 23.10 - shortness of breath, chest pain ?? indigestion. (Medical handwritten notes)

17/10/07 Fellow prisoner said Mr Quartz finding it hard to breathe, seen by a nurse, diagnosed anxiety attack. (Security

[42] an analgesic drug, i.e. a drug used to relieve pain.

Dept Information)

24/10/07 RMN [Registered Mental Health Nurse] - has had past psychiatric input due to anxiety levels and symptoms of depression. Had anxiety management from mental health in reach at Lindholme. Upon release was referred to East Glade CMHT [Community Mental Health Team] and psychologist Mr Oak. Currently complaining of anxiety, more intense during the morning, on awakening. Trying to adapt his coping and keep himself occupied with Toe to Toe [a prisoner-led reading scheme] course. He describes flashbacks awakening him from sleep, describes trauma he experienced whilst in the Army. Bright and animated, no overt signs of anxiety. Would like to see the MO [Medical Officer] to discuss medication, currently on Citalopram [an antidepressant] 40mg, says he has been on diazepam [an anti-anxiety agent, muscle relaxant and anti-convulsant] to alleviate anxiety with good effect. Advised we did not use Diazepam. Refer to MO to discuss medication, MHIT and psychology. (RMN Cherwell) (Medical handwritten notes)

26/10/07 Agreed the above, explained treatment and that he cannot be an in-patient. (Medical handwritten notes)

31/10/07 Mental health prison in reach one-off assessment

Says he is stressed, says he is recalled due to DNA [did not attend] psychology appt which was part of his probation. Has previously benefited from anxiety management/relaxation. Worried about bullying, tends to isolate himself. Says he is depressed but there seems little evidence that his mood is significantly low. Eye contact good and speech rate normal, no thoughts of self-harm, no evidence of thought disorder. Outcome – mild depression and anxiety, will reintroduce relaxation for two sessions then discharge from in reach. Increased anti depressants, informed him of the decision and will have to

apply for this. I will inform probation officer of interview and plan. (Medical Records)

01/11/07 Mental health in reach, follow up, seen for anxiety, conduct relaxation. (Medical handwritten notes)

12/11/07 Mental health in reach, follow up and discharge, seen to conduct last session of relaxation, no concerns voiced. (Medical handwritten notes)

18/11/07 Seen on special sick, requested to have anti depressant, informed not possible, stated he was suicidal and said had self-harmed before and tried to hang himself in 2003. ACCT opened, refer to MO [Medical Officer] for review of anti depressants. (Medical handwritten notes)

18/11/07 ACCT opened a week ago, feels very stressed with recent events outside, grandparents burgled. Increase Citalopram to 20mg mane [morning], 40mg nocte [at night]. [??? signature (JS)] (Medical handwritten notes)

20/11/07 sentence planning meeting to make use of alcohol services, working at improving reading and writing, continue with maintaining good behaviour, using relaxation, name down to see psychiatrist, to discuss with Dr Denmark about Antabuse[43]. (Probation Records)

12/12/07 Smell of cannabis from Mr Quartz and **redacted name's** cell. (Security Dept Information)

14/12/07 Drugs found in incoming mail, placed on closed visits. (Security Dept Information)

15/12/07 Called to see on the wing, chest pain, pins and needles in the left arm and facial palsy. Able to speak and has full use of left arm. Ibuprofen[44] and paracetamol (Medical handwritten notes)

18/12/07 Supposed to be doing alcohol awareness in custody but did not. Has done a drinking investigation showing huge

[43] Antabuse is the brand name of the drug disulfiram, used in the treatment of alcoholism. It is used to help alcohol misusers abstain from alcohol. It does not cure alcoholism but it provides a powerful deterrent to drinking alcohol.

[44] an anti-inflammatory drug which reduces pain, stiffness and inflammation

consumption. (OASys)

18/12/07 Described himself as an alcoholic, dishonesty means it's difficult to assess the level of the problem. (OASys)

24/12/07 Complains of chest pain, observations normal, told if it worsens to call staff. (Medical handwritten notes)

16/01/08 Mr Whitehall informed that he discovered information from security - cannabis sent in and smoked on 12/12, fights with other prisoners, lots of self-harm. (Probation Records)

31/01/08 Dislocated shoulder, MO [Medical Officer] said to send to A&E. Went to A&E, shoulder repositioned, co-codomol. (Medical handwritten notes)

24/01/08 Representations against recall HMP Doncaster

In Section 5 it stated that in 2004 Mr Quartz was in a coma for a period at HMP Doncaster, self-harm precipitated by him being subject to bullying. He now suffers from epilepsy and an impaired ability to read and write. He was in the community on licence for nine months prior to his recall on 20 November 2006. This recall was precipitated by two failures to keep appointments with hostel key worker, was found with a bottle of cider in his room, failed to inform his supervisor of being arrested for ABH [Actual Bodily Harm] and had lacked honesty in supervision. His drink diaries under-record his alcohol consumption. The panel declined to release him in May 2007 but he was released in September 2007. He was recalled for the second time when he attended his first supervision session after re-release having had alcohol, missed two appointments with his key worker and set off a panic alarm in his room having had a drink and then missed a further appt with his key worker. The panel concluded that his recall had been justified even though Mr Quartz gave evidence to explain the incidents.

His Offender Manager supported his re-release. He was assessed as providing a medium risk of reconviction, a medium risk of harm to the public, a high risk of harm to a known adult. His Offender Manager said in prison he made a commitment to remain alcohol-free and had been honest and forthcoming.

Probation Report presented for consideration of recall in front of the parole board considering re-release.

The risk of serious harm is currently assessed as medium. His thinking skills are deficient. He received therapy for anxiety and depression in custody; previously he self-harmed or had psychosomatic symptoms. An early diagnosis of epilepsy has been overturned. He said he had a heart condition but his medical records revealed no health problems. He fantasises about his army career telling his wife he was trained by the SAS to kill with his bare hands.

The second probation officer had more concerns about his apparent untruthfulness concerning his partner and theft of two teabags in prison. The panel concluded that Mr Quartz would comply with the requirements of supervision and they said he should be released to Norfolk Park approved premises. (Parole Board)

01/02/08 Feeling increasingly stressed due to social stresses, lots of family problems, using relaxation techniques taught to him by mental health in reach team. He states he benefits from them. Support from PCOs [Prison Custody Officers] on the wing, currently 60mg Citalopram. Sees psychology on a weekly basis. (RMN Cherwell) (Medical

handwritten notes)

12/02/08 Seen on healthcare, feeling increasingly stressed, given time in the Snoozalum [sensory-focused therapy room], concerns about grandfather, currently in hospital. Symptoms of anxiety which he states he is currently managing, using breathing techniques and those used during anger management. Said he benefits from time in the Snoozalum, plan to see in a month. (RMN Cherwell) (Medical handwritten notes)

20/02/08 Parole clerk was awaiting confirmation from parole board that he can be released immediately. Informed prison of bed at MPH and reported instructions to report to hostel staff (Probation Records)

21/02/08 Conditional Release

2.2i Third period of release on licence (21 February 2008 - 13 July 2008)

Probation hostel (21 February 2008 - 12 May 2008)

21/02/08 Drank on the day of release, minimised the amount drunk and then blamed others so little sign of motivation (OASys)

22/02/08 Mr Quartz returned to the hostel drunk last night, he had had a can, recall because of no alcohol on licence conditions (Probation Records)

22/02/08 (Ms Maple) - at 10.45 Mr Quartz fallen as a result of intoxication, caused a nose bleed. Cleaned up the blood and proceeded to vomit. Advised that behaviour was unacceptable (Probation Case Record)

23/02/08 Said he had been to the pub with friends, drinking coca cola, was shocked at their drinking behaviour. Staff wondered if he had been drinking (Probation Case Record)

25/02/08 Been in prison again, last had fit on 19/09/07, discharged from prison four days ago, broke licence conditions by having alcohol, hence readmitted. Wants to go on Antabuse, told that prison could not afford it so to see GP on discharge. No communication from prison (GP Handwritten notes)

26/02/08 (Ms Alder) - did not know why he missed his appt with Ms Mulberry, said he did not know he had one, had been to his doctor and had discussed Antabuse. Said his Friday drinking session was due to being spiked by a friend. Said he was visiting his grandfather who was ill and did not know how long he had to live. Quite tearful, offered support. (Probation Case Record)

27/02/08 Dr France, letter to Director of Doncaster Prison, Mr Winchester. This man was released from your prison last week. He came to the surgery this evening asking for medication. He brought no communication whatsoever; he said he was on Gabapentin [anti-epileptic medication] and Citalopram [an antidepressant], both in quite high doses and no documentation to either support or refute this. I have taken his word for this and given him a short supply today. He went on to say he would like to be referred for Antabuse to try and stop him drinking as this was the first thing he did when he came out of prison. Last week went to the pub and then claimed that his drink was spiked with six vodkas and he did not notice and ended up drunk afterwards. I don't know what the terms of the latest release from prison are, but clearly the last time he was under licence to avoid alcohol and that was why he was readmitted he tells me. I am not sure whether this story is correct or whether he was given any documentation to bring to his GP. He did ask about going onto the Antabuse programme in prison but was told there

was no funding for this. I would be surprised if this was the case. (GP Records)

28/02/08 Said his decision making skills are poor, agreed to attend with **redacted name,** the alcohol worker, AA and NACRO [National Association for the Care and Resettlement of Offenders]. (Probation Case Record)

28/02/08 Received a warning letter. He then missed an appointment with Mrs Quartz, he said he had seen his doctor and discussed Antabuse. He said his drinking session on Friday was the result of him being spiked by a friend, seems more likely he succumbed to temptation, said when things go badly in his life or he is angry, he turns to drink. (Probation Records)

28/02/08 Warning letter for getting drunk on the day of his release, supposed to be going to AA [Alcoholics Anonymous]. (OASys)

29/02/08 Made a good decision today - a friend asked him to go to the pub and he turned it down. He said his marriage was happy but that attacking Ms Turquoise was very bad. Another bad decision was when he went out on the first day of release and got very drunk. Later in the day he appeared to be under the influence of alcohol and had discussed going to the pub. (Probation Case Record)

03/03/08 Mr Quartz seen with fellow resident **redacted name** under the influence of alcohol, in our opinion they had left the premises to consume more alcohol. Mr Quartz returned and excused himself by saying that he needed a chat about AA. Spoke to Mr Quartz about his alcohol consumption and reiterated that he must work with staff at the hostel; if he fails to do so, his bed will be withdrawn and he will be recalled. (Probation Records)

04/03/08 Spoke to Mrs Quartz who felt he was doing better than last time, listening to them calming down with drinking, don't want him to live at home but would offer weekends.

Reviewed incidents of drunkenness, none were his fault as friends spiked his drinks. Noted scepticism, focused on strategies to avoid, i.e. friends and pubs, limit money taken out etcetera. (Probation Records)

04/03/08 Mr Quartz said another resident offered him some cider, he said he said no but it was thought that he smelt of alcohol. She felt he was using other residents as scape-goats for his own behaviour. Said he was sailing close to the wind and at risk of losing his liberty. (Probation Case Record)

07/03/08 Said he felt more positive, visiting granddad, attending NACRO [National Association for the Care and Resettlement of Offenders] where he is practising for a fork lift truck driver's licence. (Probation Case Record)

08/03/08 **Redacted name** - said not taking his medication on a daily basis. (Probation Case Record)

10/03/08 Feels better for not drinking, looking after granddad. Seizure in response to acute events ?? (GP Handwritten notes)

11/03/08 Session: reviewed drinking incidents, devised some ground rules, attend AA, not to mix with drinkers, limited money (Probation Records)

12/03/08 Discussed work including changing his CV which makes no reference to sewer work, outlined difficulties of lying. One night home leave (Probation Records)

17/03/08 Discussed easy and difficult situations in terms of drinking (Probation Records)

20/03/08 Going to AA and NACRO, permission for overnight leaves to parents (Probation Records)

21/03/08 (Ms Alder) - things going well with Mr Quartz at the moment, been to NACRO and they helped him with is CV. Identified possible job as a cleaner in a pub – she said that might not be his best place of work. Looked at risky situations with respect to drinking. Said he did not drink

when seeing his grandparents. Said he was worried because a friend told him that there were rumours that he had been in prison for child abuse. (Probation Case Record)

25/03/08 Depression first diagnosed in 2004, no suicidal episodes since 2006. Used to get aggressive before, missed two days treatment last week, was worse then fine again after two days (GP Handwritten notes)

28/03/08 Dr France, Health Centre, Thompson Hill, High Green, Sheffield and Ms Avon, Healthcare Manager. He was given conditional release on 21/02/08, however they were not made aware of this release and had not been able to put discharge plans into place. Arrange for him to commence Antabuse, been given notice of his release date. He was in contact with CARATS [Counselling, Assessment, Referral, Advice and Throughcare Services] team to deal with his alcohol issues. Please find enclosed a copy of his prescription. (Referrals to Community Teams, Prison Health)

28/03/08 Looked tired, eyes were bloodshot, had not slept worrying about his dad. Phoned the hospital, identified triggers for drinking, his dad being in hospital is one of them so he just prays for not drinking. (Probation Case Record)

31/03/08 Appears to be spending time in pubs with friends, he understands concerns and agreed to look at alternative ways to spend time. Enjoyed his home leave, attending NACRO to re-write CV. (Probation Records)

01/04/08 Says not drinking (OASys)

04/04/08 No drink all week, been busy, enjoyed home leave. (Probation Records)

04/04/08 (Ms Alder) - not had a drink all week, doing well. (Probation Case Record)

06/04/08 ASRO [Addressing Substance-Related Offending] programme, motivated to change substance misuse

behaviour. (Probation Records)

13/04/08 Arrived at ASRO and told staff that his granddad had Parkinson's and that he would have to leave early. Discussed the risk of having a drink, he was honest and said he did not want to leave too early as he might be tempted. (Probation Case Record)

13/04/08 Registered with Sheffield Council to identify properties. Has a new partner, Ms Emerald. Said he was taking things slowly. (Probation Records)

14/04/08 News that his granddad may have Parkinson's disease, upset by this. Discussed the risk of him having a drink and he was aware of this and did not want to. Informed hostel staff. (Probation Records)

15/04/08 Emotional this morning as grandfather diagnosed with Parkinson's. Although upset he seemed to be handling it well. ASRO tutor said he behaved in a mature fashion. Feels optimistic as there are a few drug treatment programmes available for Parkinson's sufferers. Excuse about rent and told that if he did not pay, he risked his home leave. (Probation Case Record)

15/04/08 ASRO session, looking at stages of change, alcohol and crime. Said he did not want to commit crimes as it would upset his family, happy to monitor any thoughts or cravings for alcohol. (Probation Records)

15/04/08 Problem with rent, said it was to do with renewing his dad's car tax which it was believed he had conjured up. Living at the hostel was a condition of his licence so would be recalled (if no rent). Home leave suspended. (Probation Records)

16/04/08 (Ms Linden) - discussed rent and he blatantly lied – he claimed that he had spent the money on car tax. (Probation Case Record)

22/04/08 (Ms Willow) - in flat saying his grandfather was worse and needed to have some leave to be with him. Spoke to his

mother and it was clear that she had contacted him on the way back to the hostel but that Mr Quartz would not be able to stay at grandparent's address as they cannot cope with him there. Told Mr Quartz he could not go (Probation Case Record)

22/04/08 Seen by probation psychiatrist two weeks ago, told they would see him in three months, stay on current treatment, no booze, feels 100% better. (GP Handwritten notes)

23/04/08 Asked for more home leave, not granted. (Probation Case Record)

24/04/08 Paid his rent, granddad back in hospital. Said yesterday he had been about to buy some alcohol but put it back. On scale of 1 to 10 his desire to get drunk was 7. Relationship with girlfriend going well. (Probation Case Record)

24/04/08 Case work session went well, coping (Probation Records)

26/04/08 Said he wanted another Citalopram [an antidepressant] as his head was in a mess. Rang the GP who said he could have one but said he needed to take the Gabapentin [anti-epileptic medication]. (Probation Records)

27/04/08 Missed ASRO [Addressing Substance-Related Offending] because of diarrhoea (Probation Case Record)

27/04/08 Failed to attend sessions 7 and 8 of ASRO (Probation Records)

27/04/08 Contacted, said he had diarrhoea and would catch up sessions. (Probation Records)

29/04/08 Been to Action Housing, may offer him a property sharing agreement. (Probation Records)

29/04/08 Completed assessment with Target Housing, looked promising, discussed care package that would need to be in place. (Probation Records)

29/04/08 (Ms Alder) - casework session held at Target Housing, interviewed, talked about support available. Aware that

independent living could pose a risk to the likelihood of drinking again, agreed to work with alcohol worker and use avoidance strategies. Agreed he could move into Target Housing. (Probation Case Record)

08/05/08 Noted he was moving (Probation Records)

09/05/08 (Ms Willow) - Mr Quartz rang claiming his girlfriend was sexually molested by a couple of Pakistani lads and was in no fit state to be left on her own. Asked when he was moving into his new accommodation and he said Monday. Told he must return to the hostel. (Probation Case Record)

12/05/08 Signed out and took his belongings (Probation Case Record)

Target Housing (12 May 2008 - 13 July 2008)

13/05/08 Attended sessions 7 and 8, excellent piece of work on stress, attended 9 and 10 on relaxation. (Probation Records)

14/05/08 Attended Mr Quartz at his new address, good progress with ASRO. (Probation Records)

23/05/08 Excellent engagement from Mr Quartz, good understanding of lapse and relapse and high risk situations. Identified his own risk situations internally and externally (Probation Records)

??/06/08 Sessions 13 and 14 of ASRO, going to AA, not touched a drop, admitted tempted to drink but uses self talk 'what's the point?', good understanding of why important to solve problems rather than ignore them. Considers new accommodation 'brill', getting on with other tenants. Grandfather okay, coming out of hospital. (Probation Records)

15/06/08 ASRO sessions 15 and 16 positive, said he had a seizure yesterday. Discussed getting into problems that will lead

to going back to prison. (Probation Records)

17/06/08 No alcohol now for 2½ months, feels tonnes better, see again 8 wks. (GP Handwritten notes)

19/06/08 ASRO lifestyle modification module, strong engagement. (Probation Records)

22/06/08 ASRO 19 and 20, good engagement, understood the importance of close relationships, pleasure to work with (Probation Records)

03/07/08 Everything going well. (Probation Records)

3. *Detailed chronology of period in custody prior to the incident of life-threatening attempted suicide on 2 December 2008*

HMP Doncaster (14 July 2008 - 2 December 2008)

14/07/08 Recalled to HMP Doncaster because he failed to inform Probation that he had returned from holiday.

14/07/08 Mental health issues, no alcohol. Said had seen psychiatrist since 1992 and CPN [Community Psychiatric Nurse] in Sheffield. Head all over place due to not knowing how long in prison. (Reception Health Screen)

14/07/08 In Doncaster, ACCT opened in reception. He reported that his head was all over the place. He was worried that if he gets greater than 28 days, what would happen to his relationship with his girlfriend. 30min observations (ACCT)

14/07/08 Seen in reception, Mr Quartz states that head all over the place, can't cope not knowing how many days he has in prison. Feels if he's got more than 28 days his girlfriend will not wait for him. Feels angry with himself for not informing Probation that he was back off holiday and if he had, he wouldn't be in prison.

Immediate action plan - shared accommodation, 30 minute obs [observations], suffers from epilepsy (Care of

Prisoners ACCT plan) (Nurse Eden))

14/07/08 20.35 - feeling fine already settled down, had meal

14/07/08 open ACCT, located on 3D, conforming to basic regime[45] (Induction File)

15/07/08 ACCT assessment - Mr Quartz was very open and talkative throughout. ACCT closed at his request. (ACCT)

15/07/08 ?? [Dr Trent (JS)], returned, problem recurrent dislocation right shoulder, treated, mental health, depression on high dose Citalopram. Action - GP check, refer orthopaedics (Medical handwritten notes)

15/07/08 Saw Dr, came back looking sullen faced, said would like a one to one, confirmed meds [medications] (RMN Cherwell) (Medical handwritten notes)

21/07/08 ACCT entries begin again. Came to Education for induction and had a visit, no problem and no issues (ACCT)

21/07/08 Mr Quartz has stated that he feels like hanging himself as his head is all over the place as he says he should be out in 28 days but then he has two years and does not know what to do as this is messing his head up making him want to kill himself. Has specified that he has done this type of suicide attempt in 2003, very low in mood, not coming out on association[46], eating and drinking little.

Immediate action plan – twice hourly observations, access to phones, girlfriend visiting, requests to speak to a probation officer about the length of his recall, would like medication reviewed, would like to speak to his fiancée

[45] All prisons have a system in place for granting privileges to prisoners in addition to the minimum entitlements under the Prison Rules 1999 subject to their reaching and maintaining specified standards of conduct and performance. The system is known as Incentives and Earned Privileges and it operates on three levels: basic, standard and enhanced. Prisoners are placed on basic level because they have failed to meet local criteria for admission to standard and enhanced levels. Basic level provides access to the minimum statutory and decent requirements of a regime on normal location

[46] prisoners' recreation and association time/time out of cell

and would like his ACCT closed. (Care of Prisoners ACCT plan)

Action - assessment. He was recalled because he failed to inform probation that he had returned from holiday. He settled out of prison, he had a girlfriend and his own flat. Has not self-harmed since 2003 and no intentions of self-harm. Asked for ACCT to be closed, all staff agreed (15/07/08) (Care of Prisoners ACCT plan)

22/07/08 He was reviewed and said that he won't self-harm as he has a reason for living. He said he was worried about sentence and probation mistake. Thoughts about suicide by starvation. Said he was not taking medication. He was informed that probation were due to discuss with him. (ACCT)

22/07/08 Made appt requesting referral to psychiatric services, referred to mental health liaison. (Medical handwritten notes)

22/07/08 ACCT review - thoughts of hanging himself, handed a shoe lace into the PCOs. Said he has several motivations to prevent himself from self-harming. RMN Cherwell to arrange assessment in the week. (Medical handwritten notes)

22/07/08 Said he will not self-harm and has realised what he has to lose. Open and talkative throughout, had visit yesterday, all agreed twice hourly obs [observations]. Reasons for living - girlfriend writes to him.

Any other areas of discussion - about seeing buddies and PCOs for any problems. At interview, he said he had a problem with not knowing what's happening with his sentence, he nearly lost his girlfriend due to probation making a mistake. Said he had been refusing meds. He said he attempted to hang himself in 2004, 'staff caught me'. In 2006 he tried to hang himself and tried to slit his throat. Said his head had gone and he had no idea what

	he was doing. Current thoughts of suicide? Yes by overdose or starvation Care map [CAREMAP][47] – wants to hear from probation, telephoned, coming to see him. (Care of Prisoners ACCT plan)
23-25/07/08	On basic regime. (ACCT)
26/07/08	Reported to be laughing and joking, in good spirits (ACCT)
27/07/08	He said he was a bit stressed that his visitor has not turned up, gave him a phone call to find out why. She had been turned away because he was on basic. (ACCT)
28/07/08	Called to attend session but on visit (Medical handwritten notes)
28/07/08	He was worried that he is passing blood, called nurse to put in a medical application. (Medical Records)
28/07/08	Still has self-harm thoughts, says it's worse now on basic, more time to think about it, good cell mate, talks with him, plenty of friends on wing. Eating and sleeping normal. Fed up about job in stores, gets regular visits from girlfriend, said he would talk with staff or buddy. (Care of Prisoners ACCT plan)
29/07/08	Escorted to health care, chatty, talking about his girlfriend, happy she came to visit yesterday. (ACCT)
29/07/08	Seen in RMN clinic, follow up arranged in one week. (Medical records)
29/07/08	At 14.45 he said he needed to talk. Staff sat down with him. He said his head had gone because he is stuck behind his door all day basic regime. He said he was scared of what he might do. When asked if he would self-harm, he said he didn't know. He said he was just stressed and said couldn't speak to other people other than cell mate. (ACCT)

[47] Care and Management Plan, a part of the ACCT Plan

29/07/08 Said he would like to stay on the ACCT until his head is sorted. States his current stresses are girlfriend and her safety. Attempted rape two months ago, fears the attacker may attempt again. He is on basic regime as he refused to locate to Lindholme. Said he feels angry and frustrated but is ventilating these feelings appropriately. Requested one to one in Snoozalum as it helps reduce the need to self-harm. This to be facilitated where possible. Follow up in a week. (Medical handwritten notes)

30/07/08 Bleeding per rectum, psychological distress, girlfriend harassed by drug dealer, wanted diazepam [an anti-anxiety agent, muscle relaxant and anti-convulsant] but refused. ?? gastroenteritis, increase Tramadol[48] for shoulder, try Chlorpromazine [antipsychotic medication] for distress, Anusol. (Medical handwritten notes)

31/07/08 Ms Emerald meeting - she is a learning disabilities co-ordinator having previously qualified as a nurse. Confirmed that she and Mr Quartz are engaged. She believes the no drinking condition should remain. Happy for him to live with her. He appears to have been honest with her apart from telling her he saw a comrade's head blown off - this discrepancy concerned her. (Probation Records)

01/08/08 Bad day, said he felt suicidal, conforming to basic regimes apart from occasionally trying to get extra phone calls. (Induction File)

01/08/08 Staff reported that prisoner had said that Mr Quartz has let him know that he is going to do something to himself today. Asked **redacted name** what he meant by that and he replied he thinks he is going to 'top himself'. Staff informed healthcare, they said there is not anyone who

[48] an opioid, i.e. narcotic, drug used to relieve severe pain following a heart attack, surgery or serious illness

can see Mr Quartz. Mr Lancaster informed. (11.45) (ACCT)

At 14.30 staff spoke with Mr Quartz, appears low in mood, missing girlfriend and also confused about what's happening with probation officer and recall. Spoke with Mr Rowan from probation who said he would come and update Mr Quartz. He received some positive feedback from field probation officer, his case will go before the board on 05/08/08. His mood lifted after this meeting. He had a chat with girlfriend, talking about getting married, looking forward to the future. (Mr Lancaster, ACCT)

01/08/08 Wants enhanced status and to remain in contact with girlfriend ongoing. Unable to relax, attends relaxation classes, on waiting list. (Care of Prisoners ACCT plan)

03/08/08 He had a phone call, no problems (ACCT)

04/08/08 Described agitation, still trying to get out of his cell every time his door is opened. (ACCT)

05/08/08 He said his head was in bits. Said that his granddad was really ill and rushed to hospital and he asked if he could have an extra phone call. This was agreed. Also got comms [communications] to check his calls, they said he had made several to his solicitor, his dad and his girlfriend. The conversation with his dad asked about his granddad. Notified healthcare about Mr Quartz but suspect he was mainly trying for extra phone call and time out of cell. (ACCT)

05/08/08 Said to be laughing with roommate. (ACCT)

05/08/08 DNA [Did not attend] RMN [Registered Mental Health Nurse] clinic. (Medical handwritten notes)

06/08/08 (RMN Cherwell) - current stresses are girlfriend harassed, grandfather physically unwell, coping mechanisms are relaxation techniques, talking to peers, phone calls to girlfriend and family, medication (Chlorpromazine 50mg

twice a day with good effect), Writing letters and having visits. Complains of thoughts of harming himself when his stress levels become very high, hanging himself and food refusal. Feels safer on ACCT. (Medical handwritten notes)

06/08/08 14.45 in a good mood. (ACCT)

21.30 said he doesn't like being behind a locked door. He described depressed mood. He said his girlfriend's uncle had died and he was allowed a quick telephone call. (ACCT)

07/08/08 He said he feels better than yesterday and feels better after phone call. (ACCT)

07/08/08 Reported that probation recommend living with girlfriend on discharge. He had an ACCT review. It was noted that Mr Quartz was happy. (ACCT)

07/08/08 Case Review - no thoughts of self-harm, in contact with girlfriend by phone and letter, good reports from field probation officer, recommending he goes to live with his girlfriend, Mr Quartz very happy. Should hear news of (parole) hearing any time. (Care of Prisoners ACCT plan)

08/08/08 He was laughing and joking. It was agreed to review basic regime on 23 August. A lot better in mood, talkative with cell mate, having a joke. (ACCT)

09/08/08 Said to be chatty with good eye contact. (ACCT)

10/08/08 No problems (ACCT)

1600 a bit on edge but better mood. (ACCT)

12/08/08 Discussed girlfriend, no new information as to who is harassing her, appears stable and good eye contact. (ACCT)

13/08/08 RMN clinic - mood euthymic, utilising adaptive coping, stress positives. (Medical handwritten notes)

14/08/08 brought to healthcare,?? dislocated shoulder, arranged GP to see. GP refused, sent to A&E (Medical handwritten notes)

14/08/08 Normal happy self, playing cards with cell mate, gone to healthcare with dislocated shoulder, went to outside hospital and returned. (ACCT)

15/08/08 Went to Education, then received a letter from his girlfriend, allowed out of cell to use the phone. (ACCT)

15/08/08 1.45am, sick of waiting in A&E so put own shoulder into place and self discharged. (Medical handwritten notes)

16/08/08 No concerns

15.40 Told he is not eligible for parole, no other concerns. (ACCT)

19/08/08 Staff described that the only conversation they get out of Mr Quartz is 'mickey-taker' and humour, nothing negative, no thoughts of self-harm. (ACCT)

19/08/08 Bought to healthcare, dislocated shoulder, informed he would have to wait, put shoulder back into place and returned to wing. (Medical Records)

21/08/08 Attended healthcare RMN clinic. Very negative speech content, very incongruent. Complained of social stresses which increase his thoughts of deliberate self-harm, says thinks of cutting himself. Stressed positive coping. Reading ACCT booklet indicates he is positive, engages well with peers, takes diet and exercise. Basic regime now reassessed and placed on standard regime[49]. Sleeping well. He however said he is not coping well and wanted to be maintained on ACCT as he likes the attention. Discussed ways of working towards coming off ACCT, he appeared reluctant. States he benefits from one to one sessions with the writer as he can talk about things. However the writer questions the benefits. (RMN Cherwell)

[49] All prisons have a system in place for granting privileges to prisoners in addition to the minimum entitlements under the Prison Rules 1999, subject to their reaching and maintaining specified standards of conduct and performance. The system is known as Incentives and Earned Privileges and it operates on three levels: basic, standard and enhanced. Prisoners on standard level will be provided with a greater volume of the allowances and facilities at basic level, plus such additional privileges as are available locally.

13.25 - attempted to hang himself due to external stresses, his wife being harassed and threatened by his past acquaintances. One to one time given with good effect. Regrets his actions and states he will approach staff, no treatment required. Nurse Stockholm. (Medical handwritten notes)

21/08/08 10.45 - he attended RMN clinic, states he is more relaxed and positive (ACCT)

21/08/08 ACCT review. He said he feels like hanging himself, low mood, not out of cell. Discussed attempt to hang himself, he said girlfriend had issues and he feels useless about girlfriend. 60min obs reduced to 30 min obs. To speak to girlfriend on the phone and to have a medication review. (ACCT)

21/08/08 Mr Quartz attempted to hang himself, medical response called, placed back onto ACCT, 30 min observations from 60 mins (Induction File). Whilst patrolling the wing, PCO Harwich was advised to attend cell 250. He saw Mr Quartz laid on his bed, he had attached a shoelace to the top bunk. His hands were on the underside of the lace. He cut down the lace and called a medical response. Nurses arrived, Mr Quartz said his girlfriend had issues and he can't help her, he feels useless. He said he would talk to staff and prisoners if he felt stressed again. ACCT observation levels increased to 30 minutes. (Security Dept Information)

21/08/08 Case Review 4 - problems with girlfriend, feels useless, said he can't help her. Still has a good relationship with her. 30 min observations. (Care of Prisoners ACCT plan)

22/08/08 Hiding medication under his tongue, tried spitting it into a cup, he reluctantly took the medication. (Induction File)

22/08/08 Noted to be hiding meds under tongue. (ACCT)

22/08/08 13.30 - he was retrieved from the art room by staff, unable to concentrate. He was talking about parole board and

how they have affected his life, he was quite animated. (ACCT)

22/08/08 18.00 - described as extremely talkative. (ACCT)

23/08/08 8.45 - he is messing about with medication. He has been told by prison and nursing staff numerous times to take them. He kept trying to walk away and was hiding them under his tongue, making out he had taken them and then spitting them in a cup.

17.00 He was seen about messing about with meds. He said he has been an idiot. (ACCT)

25/08/08 He came back from visits in a good mood. (ACCT)

26/08/08 He talked to girlfriend on the phone, seemed quite stressed. He was 'very verbal', using quite offensive language. Later on described to be in good spirits. (ACCT)

28/08/08 He has been helping out with odd jobs, not as jokey but normal, straight conversation. In the afternoon he was in art room and very positive. (ACCT)

28/08/08 ACCT review, found out five days ago he had been rejected for parole. He is off basic. He has girlfriend problems and some thoughts of self-harm. On 60min obs. (ACCT)

28/08/08 found out five days ago that his parole had been rejected, next hearing 2009, has taken the news well, some thoughts of self-harm. Girlfriend has domestic problems. Has been taken off basic today. ACCT to remain open, 60 minute obs. (Care of Prisoners ACCT Plan)

28/08/08 DNA [Did not attend] clinic due to staff shortages, later escorted. Reflected on past week, confronted about the impact attempted hanging would have on his family, he said the reason was he heard his father's heart condition had deteriorated. Stressed the positive but he appeared to be seeking to be negative again. This is not consistent with the documents in his ACCT review. Plan to review in

a week. (RMN Cherwell) (Medical handwritten notes)

29/08/08 19.14 - seen in healthcare, made a noose with cord from fan? but had placed cord around wrist, no injuries. (Medical handwritten notes)

29/08/08 He threatened to jump off landing and threatened people with an iron. He said he was worried about relationship with girlfriend. Staff spoke to her and said no problems (ACCT)

29/08/08 18.30 - Mr Quartz attempted to jump off the upper landing this evening. He was threatening. (ACCT)

19.45 - went to healthcare, spoke about his relationship with girlfriend, to remain on 30 min obs. (ACCT)

29/08/08 He appears in a better frame of mind than yesterday. (ACCT)

29/08/08 He said he was going to jump off the top landing, he held an iron in his hand threatening to hit anyone who approached him. He would not talk or put the iron down. Called first response, walked towards the stairs and was tackled by the writer and PCO Harwich who wrestled the iron from his hand. Taken to healthcare. (Induction File)

01/09/08 He is happy and upbeat. (ACCT)

01/09/08 He stayed in his cell, medication altered, says he feels better. (ACCT)

03/09/08 In good spirits, laughing and joking. (ACCT)

04/09/08 He attended healthcare for one to one session. (ACCT)

04/09/08 ACCT no problem. Working with Ms Lundy. Has, mild thoughts of self-harm. (ACCT)

04/09/08 No self-harm or suicidal thoughts, problems with girlfriend sorted out, started to work as a cleaner, told he will be doing a Toe by Toe DVD to help others, has a coping plan to manage problems. ACCT open, obs 60 mins

Case Review 5 - girlfriend having problems. Seeing RMN Cherwell for relaxation, mild thoughts of self-harm, good relationship with girlfriend. Several thoughts of self-harm,

work he is doing with RMN Cherwell is working, relationship with girlfriend ok. (Care of Prisoners ACCT Plan)

04/09/08 Attended one to one Snoozalum room [sensory-focused therapy room] session. Subjectively mood okay, objectively euthymic. States he is positive in outlook, would like to have his ACCT closed due to review today. Encouraged to think about putting a plan in place if a crisis occurred. He agreed to bring this with him in a week. (RMN Cherwell)

06/09/08 He has received his category and location today from OCA [Observation, Classification and Allocation][50], shows no cause for concern. (ACCT)

07/09/08 Upbeat in mood. (ACCT)

08/09/08 17.00 - whist escorting Mr Quartz to Education, he said his head had gone. He said things on the out were bothering him, his girlfriend was having some trouble and he felt helpless. He did his job and attended Education but did not participate in afternoon association. (ACCT)

09/09/08 Seen regarding shoulder, recommended physio. (Medical handwritten notes)

09/09/08 He was low in mood today, very morose, finding working difficult. He did not want to talk about what was bothering him

17.40 - Spoke to RMN Cherwell at healthcare, has appt to see her on Thursday, feeling better. (ACCT)

10/09/08 He was happy this morning

13.30 - good telephone conversation with girlfriend. (ACCT)

11/09/08 One to one session in the Snoozalum room. He has identified positive ways of coping with crises. Discussed this and long term goals. Very positive, calm and relaxed,

[50] the department in a prison that processes initial categorisation/recategorisation of prisoners and allocates prisoners to various locations

denied any thoughts of self-harm. Would like to identify why his mood is labile. Given a mood diary to complete. Encourage to focus on working towards closing his ACCT. Plan - follow up by primary mental health. (RMN Cherwell) (Medical handwritten notes)

11/09/08 Very positive attitude today, positive short and long term goals, adaptive coping mechanisms, no thoughts of self-harm, RMN Cherwell. (ACCT)

13/09/08 Concealing medication. (ACCT)

13/09/08 At morning medication, took his tablets with two lots of water, walked away, coughed as if trying to fetch them back then put his hand and cup up to his mouth. Shouted to him to come back which he did reluctantly. In his mouth and his cup there were numerous tablets. Made him stand in front of officer to take the tablets. (Induction File)

15/09/08 He said he was not his usual self, a little bit quieter. Stayed to watch him because he did not feel right but couldn't explain what was wrong. (ACCT)

16/09/08 19.00 - still not back to his own jovial self. He said he gets like this every so often until he sees a psychiatrist but he requested to be watched and is happy on ACCT. (ACCT)

18/09/08 12.00 - He said he enjoys working in the servery, it helps him get through his time in jail. He said he hasn't felt down since starting his job. (ACCT)

19/09/08 He has been out to Education, took his medication (ACCT)

20/09/08 15.00 - Said he is feeling tired. (ACCT)

23/09/08 He was very talkative, granddad taken ill, granddad has problems due to being 91. (ACCT)

25/09/08 He was very talkative with good eye contact. (ACCT)

28/09/08 He was not up for medication, spent time in bed. (ACCT)

14.05 - asked him if he was okay as he appeared to be in

a quiet mood. He said his medication isn't working. (ACCT)

28/09/08 He was spoken to because of staff concerns about him being quiet. Asked to speak to a nurse about medication. He will put him down on the list to see healthcare on Monday. Mr Quartz happy with that. Said his dad and grandfather were both ill which was on his mind. He described a good relationship with girlfriend. He said he still has thoughts of self-harm. (Mr Lancaster) (ACCT)

29/09/08 He attended ICEBerG [Improving Confidence, Esteem and Behaviour Group] programme, lots of input in sessions, interacted well. (ACCT)

30/09/08 ACCT review, wanted more support, obs 30mins. (ACCT)

30/09/08 Case Review 8 - asked to have his ACCT reviewed because he felt he needed more support. Issues not changed, need to change level of observations to no greater than 30 mins. (Care of Prisoners ACCT Plan)

01/10/08 Asked talk to **redacted name**, a servery worker as he would feel better. Granted ten minutes and then told to go back in his cell. He showed a childlike attitude of pulling faces and then started using the phone. I believe this behaviour is because he is not taking his medication properly. Noted in ACCT file. (Induction File)

01/10/08 Asked to talk to someone, childish. (ACCT)

03/10/08 Four tablets recovered. (ACCT)

03/10/08 Attended ICEBerG despite having delay when setting off, participated well. Said he has been having thoughts of self-harm last night and this morning, managed to prevent himself from acting. Quite chatty but also subdued. Encouraged to take his meds. (ACCT)

03/10/08 PCO [Prison Custody Officer] Stow found four white tablets, no ownership proven (Security Dept Information)

03/10/08 4 tablets recovered (Security Dept Information)

06/10/08 In a good mood since coming back from visit. (ACCT)

06/10/08 Spoke to manager Mr Lancaster. He states that he spoke to a nurse two weeks ago with concerns regarding Mr Quartz's health. Mr Quartz has stated he does not feel mentally well. He requested a referral to GP, referral activated. (Medical handwritten notes)

07/10/08 [?? who the entry is by (JS)]. Continue RMN review, on Citalopram [an antidepressant]. Discussed stopping/changing. Reduce Tramodol (Medical handwritten notes)

07/10/08 He returned from healthcare, does not appear to be in a low mood. (ACCT)

08/10/08 [?? Author. (JS)]. Regarding shoulder, physio. (Medical handwritten notes)

08/10/08 He was almost impossible to rouse, spent just about all day sleeping. (ACCT)

08/10/08 He reported not having a good week, feeling down, did not specify what was making him feel low. He provided good level of input into sessions. No immediate concerns.

18.00 earlier Mr Quartz said he was having thoughts of self-harm and every now and again was looking for sharp objects with which to carry this out. He had thoughts about what would happen if he did and what he would lose. Whilst talking, made very poor eye contact

21.45 said thoughts were still there. (ACCT)

09/10/08 He was chatty, laughing. (ACCT)

10/10/08 He attended ICEBerG [Improving Confidence, Esteem and Behaviour Group]. Said he had not had a good night, experiencing thoughts of self-harm but he was pleased he did not act on it. Informed by wing officer he had not taken medication his morning. He said this was due to not getting up in time, quite chatty

13.00 came in from his work in servery cheerful and talkative. (ACCT)

11/10/08 He missed his morning medication, he said he didn't want them. He stayed in his room. He had lunchtime medication, no thoughts of self-harm

5pm very quiet through the morning but picked up this afternoon. (ACCT)

12/10/08 Mr Quartz's cell mate put a cell call to tell him that Mr Quartz was saying it was time to die and that he was going to kill himself on entering the cell. (ACCT)

12/10/08 Neglect of servery duties. (ACCT)

12/10/08 Job warning, neglect of servery duties. (Induction File)

13/10/08 Refused morning meds as he was just tired, later good mood after visit from partner. (ACCT)

13/10/08 He attempted to hang himself and was very tearful. He said that apparently wife [(girlfriend) (JS)] being harassed about things in the past, he is very concerned and feels useless and that he cannot help. One to one time given with good effect. He stated that he will not do anything silly and will think about the consequences first. No treatment required. (Nurse Stockholm)

19.45 - Staff sat down with him on association. He said he had no intent to self-harm. He said other prisoners are a great support, feels a lot more stable, spoke with fiancée, said conversation went well. (ACCT)

14/10/08 Morning good mood although missed his morning medication. (ACCT)

15/10/08 He did not have his medication. (ACCT)

16/10/08 In good spirits laughing and joking. (ACCT)

17/10/08 He did his servery job. He said he has had thoughts of self-harm. He thinks it's because it's his partner's birthday and he can't see her. He put in to see RMN Thames but had not heard anything. Two hours later he was talkative and in good spirits. (ACCT)

19/10/08 A conversation with partner did not go well, he said he would speak to her on Tuesday. Two hours later spoke

about the phone call but was in good spirits. (ACCT)

21/10/08 He went to Diversity. He said he had a brilliant visit yesterday and things are getting much better. He is still not getting up for morning medication. (ACCT)

21/10/08 He is doing video reading. He said he was missing mental health support. He had problems with girlfriend, suicidal ideas, not known if she will visit. ACCT review 10 good. (ACCT)

21/10/08 Case Review 9 - doing a video reading and writing, missing his mental health support from primary care, takes about an hour, helps him to stop self-harm. Admits to having problem with girlfriend outside, worries, felt suicidal due to not knowing if she was due to visit. Leave open

Case Review 10 - things are spot on, work through care map [CAREMAP], all issues dealt with. Report from staff - Mr Quartz was palming meds, he admitted this, says he takes them later, he promised he would take them when issued. Feels things are better and we should work towards closing ACCT. (Care of Prisoners ACCT Plan)

23/10/08 In good spirits (ACCT)

23/10/08 [?? Author. (JS)]. Note history of right shoulder dislocation, a need for follow up post discharge. Discharged from physio. ?? need for further input (Medical handwritten notes)

27/10/08 14.10 happy in mood, 18.40 working in servery, didn't have visit from partner, said she had flu, no problems noted. 19.31 said he was low in mood and may harm himself. He spoke to staff and said he would not harm himself and appeared happy. (ACCT)

29/10/08 Did not take his morning medication. (ACCT)

30/10/08 14.15 He said he was making an extra effort to keep his area clean, he said it helps him get on in prison. (ACCT)

31/10/08 Not up for morning meds. (ACCT)

31/10/08 Non compliant during medication round, concealing medication. (Induction File)

01/11/08 Had medication, in good spirits. (ACCT)

02/11/08 Good visit from partner. (ACCT)

03/11/08 Did not take medication, in high spirits. (ACCT)

04/11/08 In good spirits. (ACCT)

06/11/08 Writing a speech about prison life to be filmed. (ACCT)

07/11/08 Very good spirits. (ACCT)

08/11/08 PCO Evesham and PCO Harrogate carried out a search of his cell and found two tablets, he claimed they were his. (Security Dept Information)

08/11/08 2 tablets recovered, placed on closed visits. (Security Dept Information)

08/11/08 Tablets found, closed visits, Gabapentin [anti-epileptic medication]

08/11/08 Placed on report, 3 tablets found concealed in a flask. (Induction File)

Period in Segregation (10 - 13 November 2008)

10/11/08 Segregation, fit for adjudication, states mental health currently stable, no current suicidal / self-harm intent (Medical handwritten notes)

10/11/08 9.20 - in segregation pending adjudication. (ACCT)

15.50 - mental health assessment carried out in segregation, currently well, no thoughts of suicide or self-harm, mental health stable. To continue to see in RMN clinic. (Health)

16.35 - reviewed parole board, not happy with conclusion, said if he is not to live with his partner on release would be putting pressure on their relationship. No concerns re: self-harm, (Ms Marsham, Probation)

11/11/08 ACCT review held in segregation. Reduced to 15 min obs (Medical handwritten notes)

11/11/08	Case Review 11 - recently had his medication changed, feels low at present, is coping since speaking to RMN Cherwell and nursing staff and feels much better. Said he likes it on HB1 [House Block 1] as he has support from other prisoners. Looking forward to making his disc. (Care of Prisoners ACCT Plan)
11/11/08	in good spirits 14.45 - visit with mother and sister, in high spirits. (ACCT)
11/11/08	ACCT review
12/11/08	18.25 - when he had breakfast feeling low and it helped to write thoughts down. (ACCT)
12/11/08	Request to impose closed visits, possession of illegal substance Gabapentin [anti-epileptic medication]. Letter was written to him to tell him of closed visits on 12/11/08. (Induction File)
14/11/08	Returned to normal location, medical application received, request to see mental health nurse. No follow up in RMN clinic. (Medical handwritten notes)
14/11/08	Case Review 12 - case review prior to relocation to normal location. States he still has suicidal thoughts but uses techniques learned to suppress them. Seems happy in himself, looking forward to returning to where he has support. Licence recall, has outside support from girlfriend, currently involved in producing a video. (Care of Prisoners ACCT Plan)
14/11/08	After a spell downstairs he is now back on the wing. (Induction File)
14/11/08	Missed his medication, took him to healthcare, on way back spoke to me about doing duet for Toe to Toe [a prisoner-led reading scheme]. (ACCT)
14/11/08	ACCT, meds changed, low, relocated to normal. (ACCT)
15/11/08	Writing to partner, jokey. (ACCT)

17/11/08 On the phone, partner attacked again, he is stressed about this. He was allowed to chat to somebody, now settled. (ACCT)

18/11/08 11.30 - thoughts of self-harm and hanging himself but says he's not going to act on them at the moment. (ACCT)

17.15 - in a good mood. (ACCT)

18/11/08 Possession of an unauthorized item, found guilty. (OASys)

19/11/08 ACCT review, only just back from segregation, low due to family letter, thoughts of self-harm but not acted upon. (ACCT)

19/11/08 Case Review 13 - still having thoughts of self-harm, states he can talk to staff, states he will not act on thoughts. Has only just returned to wing from segregation, appears to be low in mood but states due to letter from family. All agreed to reduce observation to 60 mins and three quality entries per shift. (Care of Prisoners ACCT Plan)

20/11/08 Usual happy self, had a closed visit with girlfriend, very upset being in closed conditions, explained to him and his girlfriend why, girlfriend asked for complaints form

Entries for the rest of the day report him to be happy (ACCT)

21/11/08 Been on bottom bunk due to shoulder dislocation whilst he was getting into bed and he has epilepsy. (Induction File)

21/11/08 Four calls from Ms Emerald, suspicions she might be drunk in the first, in the second it was obvious but she was concerned that Mr Quartz was being forgotten. She said she would come and see him but then said she would not. Her condition causes grave concerns about her welfare should Mr Quartz live with her. (Probation Records)

23/11/08 14.00 - said he had thoughts of doing something. With further questioning, it was felt that he was angling for a free phone call, asking to be placed in healthcare overnight. (Mr Lancaster). Had thoughts of self-harm, not suicide, feeling low in mood. Did not do anything because of feelings towards his partner. Feels settled, due to see someone from mental health in reach Mon or Tues, not seen anyone for five weeks. Looking forward to Toe to Toe DVD. (ACCT)

24/11/08 Dislocated right shoulder, recurrent problem, refer A&E. (Medical handwritten notes)

24/11/08 23.30 - A&E examination and x ray, confirm no dislocation. (Medical handwritten notes)

24/11/08 Dislocated his shoulder, taken to DRI [Doncaster Royal Infirmary]. Not dislocated, relocated to HMP [Her Majesty's Prison], nothing wrong with him, nursing staff suggested fabrication. (ACCT)

24/11/08 Letter from Mr Banbury, Assistant Director, to Mr Quartz indicating that open visits would be reinstated as he had improved his attitude and behaviour with respect to illicit substances. (Induction File)

24/11/08 Reported that he had dislocated his shoulder getting to the top bunk, healthcare informed. Hospital visit, shoulder not dislocated. Nursing staff considered he was putting on the pain. (Security Dept Information)

25/11/08 Ms Emerald did not attend interview (Probation Records)

25/11/08 ACCT review, granddad terminal

25/11/08 16.00 - his grandfather has gone into respite, explained what that was, (to give mother a rest). (ACCT)

25/11/08 Case Review 14 - informed grandfather terminally ill, upsetting him as not able to be there for them. Informed rights for possible visits. He feels his low moods and dark thoughts are due to medication problems. Not seen mental health primary care for six weeks, girlfriend visits.

Suicide thoughts are around every day, not attending relaxation, looking forward to making DVD. (Care of Prisoners ACCT Plan)

26/11/08 9.20 - been out for medication this morning (ACCT)

26/11/08 Intel [intelligence] Mr Quartz bullied (Security Information)

27/11/08 15.00 - Seen in RMN clinic, states he is having five to six thoughts of suicide daily, says it's getting harder to resist, states girlfriend is the only thing stopping him from committing suicide, spoke of circumstances that are causing problems, relaxation techniques discussed, states he benefits from being on 60 obs, wouldn't like these increasing, speaks of futuristic thoughts and plans. Plan - to see GP for med review, to use Snoozalum [?? Signature) (JS)] (Medical handwritten notes)

27/11/08 First response - Mr Quartz attempted jumping off the top landing. 15 min obs (Medical handwritten notes)

27/11/08 Ready to jump off landing, ACCT 15mins obs (ACCT)

27/11/08 Seen in RMN clinic, states he feels he found it harder to resist suicide, been having 5 or 6 thoughts a day but thoughts of partner keeps him going. Encouraged to seek out staff when he gets these thoughts

16.55 - standing on top railings and was going to jump, had to be restrained and put in handcuffs. Moved to unit manager's officer [office], said he had been bullied for his meds (ACCT)

27/11/08 PCO Harwich was alerted by another prisoner that Mr Quartz was getting ready to jump off the upper landing. A first response was called and with the aid of PCO Cambridge and PCO Harwich, they removed Mr Quartz from the danger area. He tried to climb back on the railings and C & R [Control and Restraint] was used to prevent any further injury. He was located in healthcare, he is currently on ACCT increased to 15 minutes for a period of assessment (Induction File)

27/11/08 Case Review 15 - Mr Quartz climbed onto the top of the railings on the top landing and told staff he would jump off. Very upset, low in mood, in tears, had TV removed by force. Had to be removed from the wing handcuffed. Said he's getting bullied for his medication, obs raised to 15 mins. Said he was serious about the attempt. (Care of Prisoners ACCT Plan)

28/11/08 Requested to go to normal location, feels a lot better after chat to [Nurse Stockholm??? (JS)] Fit for normal location (Medical handwritten notes)

5.15pm - returned back to normal location, very happy to do so, no further problems noted. (Nurse Stockholm) (Medical handwritten notes)

28/11/08 18.30 - tearful, states he couldn't take it anymore, had been located back into ID. Became upset when writing a letter to girlfriend. Didn't want recurrence of 27/11, taken off wing where he soon calmed down, gave promise he would do nothing over weekend (ACCT)

28/11/08 Intell [intelligence] indicates Mr Quartz made out being bullied (Security Dept Information)

28/11/08 Case Review 16 - felt a bit down yesterday, didn't believe he would jump but felt low at the time. Had some one to one with RMN yesterday, feels much happier with himself. Has fiancée and plans for the future. To reduce to 30 mins and return to ID. (Care of Prisoners ACCT Plan)

29/11/08 Came for his medication, coughing along the landing and appeared to throw something in the bin, a bit later on a lot more cheerful and coping (ACCT)

29/11/08 Palming meds (ACCT)

29/11/08 Took his medication, whilst walking away coughed, put his hand to his mouth, he appeared to throw something in the bin. I believe this was his medication (Induction File)

30/11/08 Been out for his medication, told me that he was having dark thoughts of killing himself last night but he thought

about what he would leave behind. Said he was fine at present (1pm)

18.40 - appears happier in himself thinking about visit with partner tomorrow, taking meds no problems (ACCT)

01/12/08 17.55 - really good visit and feels much better. (ACCT)

4. *The incident of attempted suicide and events of 2 December 2008*

02/12/08

01.30 - appears to be watching TV (ACCT)

04.00 - appears to have been asleep since 0200 and is currently asleep, no problems raised (ACCT)

06.00 - appears to be asleep (ACCT)

07.50 - ACCT book checked (ACCT)

At 11.40 hours, Mr Quartz asked to speak to PCO Hereford after receiving his medication. He locked other prisoners away and sat down with Mr Quartz who said he was a bit stressed due to not getting any phone credit on the canteen. PCO Hereford said he assured him that he would get it sorted. He seemed calmer.

PCO Hereford saw Mr Quartz at the servery; he did not take his lunch but was talking to other servery workers at 12.20. After, went to the bubble and heard response called at 12.29. As he got to the wing and got to the cell, could see PCO Harrogate giving CPR [cardiopulmonary resuscitation][51]. Told prisoners to get behind their doors. (Statement of PCO Hereford)

At 11.40am Mr Quartz approached PCO Harwich saying he was not feeling well. Said he would leave his door

[51] the administration of life-saving measures to a person who has suffered a cardiac arrest. A person in cardiac arrest is not breathing and has no detectable pulse or heartbeat.

unlocked so he could come and speak to him. At 12.05 he began to unlock for lunch. Mr Quartz approached the servery but declined his meal; he went back to the cell. At 12.29 PCO Harwich and PCO Harrogate were alerted by prisoners shouting. They ran to cell 2.43 where found Mr Quartz hanging from the bottom bunk. PCO Harwich immediately called for medical response code red[52] and all available staff to attend. PCO Harrogate was the first in the cell. He removed his cut down knife and removed the ligature from Mr Quartz and started CPR [cardiopulmonary resuscitation] with chest compression whilst Mr **redacted name** tried mouth to mouth. Medical staff arrived and took over. (Statement of PCO Harwich)

At 12.29 PCO Harrogate was shouted by a group of prisoners to cell 2.43. He was first in and saw Mr Quartz hanging from the end of the bed. PCO Harwich called a medical response code red, PCO Harrogate took out his cut down knife and cut Mr Quartz down and removed the ligature from around his neck. He started CPR with prisoner Mr **redacted name** doing mouth to mouth. He did it for several minutes checking for Mr Quartz's pulse. Healthcare staff arrived and took over. (Statement of PCO Harrogate)

At 12.29 PCO Norwich responded to medical response. He went to cell 243, he saw PCO Harrogate and prisoner **redacted name** doing CPR. He asked Mr **redacted name** to vacate the cell and started doing mouth to mouth. A short time later healthcare staff arrived. PCO Harrogate left the cell and PCO Norwich continued to do mouth to mouth for another five minutes. He then took

[52] a hospital emergency code. The meaning of code red is an emergency medical condition requiring immediate attention.

over from a nurse to do compressions for five minutes. He was then removed by nursing staff to start defibrillation. (Statement of PCO Norwich)

At 12.29 on 2 December 2008 there was a first response called and then a medical code red. PCO Chester arrived and saw PCO Harrogate giving CPR. Knowing the background to Mr Quartz and being on an open ACCT she ran to the unit manager's office where the defibrillator[53] orange box is located on the wing for the nurses. (Statement of PCO Chester, Acting-up Unit Manager)

12.29 - medical response red. Mr Quartz attempted suicide by hanging. When arrived on the scene, PCO [Prison Custody Officer] had commenced CPR. Nurse Windrush went in and commenced compressions. She did 30 compressions followed by two breaths on each go. Oxygen cylinder was bought in. He remained unconscious, the defibrillator was attached and they analysed the rhythm. He remained unconscious, pupils dilated, looked very cyanosed[54]. Paramedic arrived whilst Nurse Windrush and RMN Thames continued CPR. Paramedic advised to continue CPR, took the defib [defibrillator] off, he also informed us that Mr Quartz had a pulse. (Statement of Nurse Windrush)

At approximately 12.30 Mr Newcastle responded to code red medical. Arrived as PCO Harrogate administering

[53] A defibrillator delivers electric shock to the heart and senses heartbeat. Defibrillation is the administration of one or more brief electric shocks to the heart, in order to return a heart's rhythm to normal in some types of irregular or rapid heartbeat.

[54] with a bluish coloration of the skin or mucus membranes [cyanosis] due to too much deoxygenated haemoglobin in the blood.

CPR, immediately called an ambulance. Staff from Healthcare arrived shortly afterwards and the CPR paramedic and the ambulance at 12.51. The ambulance left at 13.12. (Statement of Mr Newcastle, Oscar One[55])

At 12.30 medical response code red, Nurse Tees remained in Healthcare as members of the healthcare team had responded as per procedure. Nurse Solway and Nurse Tees went to offer support to the team members on the scene. On arrival, RMN Thames, Nurse Windrush and SN [Staff Nurse] Tamar were actively attempting CPR. Mr Quartz appeared to show no signs of life. A message was received that a paramedic had arrived. There was a change over of equipment in preparation for transfer to hospital. Nurse Tees took over from the healthcare team member, Nurse Windrush who said that CPR had established a cardiac rhythm. Mr Quartz was making an attempt to breathe. Paramedic continued to manage the airway. Nurse Tees made an attempt to obtain intravenous access by cannulating[56] a vein to the patient's left lower arm. This was not successful and a further attempt was not made because the ambulance had arrived. (Statement of Nurse Tees)

12.40. Several nurses attended the medical response code red. Nurse Solway stayed in Healthcare department and tried to find out which prisoner was requiring medical attention. On receiving the news that Mr Quartz was requiring CPR, she attended to support the nursing staff. She arrived at 12.40 at the same time as the paramedic. She relieved RMN Thames and Nurse Windrush, Mr

[55] radio call of the senior officer responsible for ensuring the prison regime is running correctly. Responsible for the management of incidents

[56] To cannulate is to insert a cannula [a smooth, blunt-ended tube] into a bodily cavity, duct or vessel, as for the drainage of fluid or the administration of medication.

Quartz had commenced independent circulation and breathing. (Statement of Nurse Solway, Senior Nurse)

No Time responded to a code red medical response. On arrival, RMN Thames observed Nurse Windrush and PCO Norwich carrying out CPR. Also in the room was RGN [Registered General Nurse] Helford, who was assisting with breaths and medical equipment. RMN Thames became directly involved taking over from Nurse Windrush who was exhausted from giving CPR. RMN Thames gave a number of cycles. The defibrillator had been attached but would not shock Mr Quartz, CPR continued by RMN Thames who was relieved by SN Tamar who continued CPR and RMN Thames became involved with giving breathes with Nurse Windrush. The paramedic arrived, attached his own defibrillator. RMN Thames was instructed to continue giving CPR. RMN Thames was relieved by Nurse Tees (Statement of RMN Thames)

No Time medical response code red, SN Tamar and RMN Kennet attended. Prisoner was on the floor with a defibrillator attached, Nurses Windrush and Derwent, RMN Thames and PCO Norwich were in attendance and performing CPR. Asked RMN Thames and Nurse Derwent if they wanted her to take over performing chest compression. SN Tamar, PCO Norwich and Nurse Derwent took it in turns to alternate between performing chest compressions and using ambi bag [Ambu bag][57]. (Statement of SN Tamar)

[57] the proprietary name of a bag valve mask, a hand-held device used to provide positive pressure ventilation to a patient who is not breathing or who is breathing inadequately

No Time RGN Helford arrived on the scene just after Nurse Windrush to find Mr Quartz on the floor. His face was cyanosed, his pupils dilated. She opened the oxygen box and connected it to the ambi bag [Ambu bag] and passed it to her colleagues. The defib machine was attached and had completed a number of cycles without shocking. Paramedics arrived and she left the room to make room for them. (Statement of RGN Helford)

No Time on arrival, Mr Quartz was laid on the floor, he was cyanosed, unconscious, no breathing, pupils fixed and dilated. The officers were there and had already [can't read next part of entry]. Gave two breaths of resuscitation and changed the resuc and ambi bag [Ambu bag] which was connected to oxygen cylinder. Applied the defib which was on throughout the CPR. Took turns to do compressions, during the CPR, noticed Mr Quartz taking a breath and that his chest was moving. [Difficult to read the name]

No Time on arrival, saw Nurse Windrush, RGN Derwent, RMN Thames, PCO Norwich and RGN Helford carrying out CPR. SN Tamar asked after five or ten minutes if RMN Kennet was required to take over which she did. The others in attendance also swapped roles at times. CPR was carried out until paramedics attended. (Statement of RMN Kennet)

No Time attended due to hearing medical response on the radio. He never entered the cell, informed that prisoner **redacted name** has been involved in initial resuscitation so went and had a word with him. He was aware that two other prisoners were on an ACCT so he

had a chat with them. Supported some staff nurses and PCOs [Prison Custody Officers] involved as part of care team. He had seen Mr Quartz on four occasions on review. He always stated he had suicidal thoughts. He believed his spell in seg [Segregation] and Healthcare turned his world upside down due to getting meds [medications] in early evening – would cough them back up to take later, but got a cell search, I guess and these were found. On return to the wing he had no job or work and was awaiting unemployment pay. Was in a relationship with a lady who visited regularly but did worry about her and was due to make a DVD with reference to improved skills in reading due to attending Toe to Toe. Always suicidal thoughts, spells in Segregation and Healthcare turning world upside down, no job, worried about relationship. (Statement of PCO Leeds)

13.30 - made a serious attempt to self-harm by hanging, received emergency attention by nursing staff and paramedics before being transferred by ambulance to DRI [Doncaster Royal Infirmary] (ACCT)
13.32 - escorting staff dispatched Mr Quartz to DRI without any information concerning medication, previous state of mind or any other medication that he may have taken that day (ACCT)

Doncaster Royal Infirmary (2 December 2008 continued)

02/12/08 continued

13.35 - contact healthcare centre, ascertained previously on Gabapentin [anti-epileptic medication] 600 three times a day, Citalopram [an antidepressant] 20mg, to ITU [Intensive Therapy Unit] Bassetlaw Hospital, unconscious.

(ACCT)

Bassetlaw Hospital (2 December 2008 continued)

02/12/08 Entries in Chaplain's log of events:

12.50 talked to nurse RGN Helford, upset.
13.45 Attempted to contact family and left messages for Ms Emerald and mother
15.50 Attended Ms Emerald home and informed family of course of action.
17.00 Drove Ms Emerald to hospital (Chaplain's log of events)

02/12/08 14.10 - at 12.30 medical response – Mr Quartz had attempted to hang himself, cut down and commenced CPR. CPR continued until paramedic arrived on the scene. (Medical handwritten notes)

02/12/08 at 12.29 on 2 December, staff were summoned by some prisoners to attend cell 2.43 and found Mr Quartz hanging by a ligature from the end of his bed, he was cut down and the ligature removed and medical response was called. PCO Harrogate and Mr **redacted name** commenced CPR until medical staff arrived, they then took over. Paramedic arrived at 12.39 and an ambulance at 12.51. He was transferred to Bassetlaw Hospital (Security Dept Information)

The CCTV footage confirmed the timings given in the statements above.

5. *Management of Mr Quartz in Bassetlaw Hospital until his eventual release*

(2 December 2008 - 12 February 2009)

03/12/08 (Nurse Solway) - some brain cell reduction compared with the scanning 2004. The outcome overall looks generally grim. Family continue to visit daily and are aware of the prognosis (Medical Notes)

04/12/08 Dr from the hospital inquiring what medication he was on. He believed Mr Quartz may have taken an overdose of medication which he believes may be hindering his reaction to come off the ventilator. RMN Thames informed the doctor that he had a history of palming medication but to the best of their knowledge, none had been found in cell. Said he was allergic to penicillin (Medical Notes)

04/12/08 Mr Quartz made a serious suicide attempt. On a ventilator in intensive care, Ms Emerald taken to see him by a Chaplain (Probation Records)

15/12/08 Occasionally breathing without ventilator, prognosis poor, Ms Emerald is dealing with everything as next of kin (Probation Records)

20/12/08 Moved to general ward (Induction File)

22/12/08 No longer requiring ventilation but likely to have a permanent tracheotomy[58]. He is MRSA positive[59], not currently medically fit for release from hospital (Medical Notes)

22/12/08 Prison taking forward compassionate release, Mr Quartz now breathing unaided but in a vegetative state, Mr

[58] an operation in which an opening is made in the trachea (air passage, air pipe) and a tube is inserted to maintain an effective airway

[59] MRSA is the abbreviation for methicillin-resistant staphylococcus aureus, a bacterium resistant to methicillin and many other antibiotic drugs.

Quartz has MRSA and Do Not Resuscitate order, parents now next of kin. Ms Emerald not visiting much now but parents are. Ms Marsham completing form for compassionate release (Probation Records)

23/12/08 Dr Italy, Clinical Director, Dept of Anaesthetics and Critical Care - Mr Quartz has suffered significant hypoxic[60] brain damage following his attempted suicide. Although he is well enough to be discharged to a medical ward, he remains unaware of his situation. He is unresponsive to most stimulation and is unlikely to make a significant recovery (Induction File)

23/12/08 Will be fit to be discharged to a 24 hour care facility in a few days. He has an NG [nasogastric] tube[61], plans to change this to a gastric peg[62]. Continues on IV [intravenous] antibiotics for pneumonia. Hopeful that a compassionate release can be organised so that his care can be continued in a nursing home (Medical Notes)

24/12/08 Security manager's visit. Discussed safer custody meeting, only one entry needed in ACCT book per shift.

24/12/08 Email from Mr Lincoln, Deputy Director, HMP Doncaster – after his attempted hanging, he is in a permanent vegetative state. The email is not a sufficient basis on which to consider release on compassionate grounds. His third leave recall was considered by a panel in August 2008 and it was recommended that he stay in custody for a further 12 months with an annual review in August 2009. Recommended no action as an application for release on compassionate grounds is in train

Email from Mr Lincoln to Mr Yew - incident took place on

[60] due to hypoxia, an inadequate supply of oxygen to the tissues

[61] a tube that is passed through the nose, down the oesophagus, and into the stomach

[62] A PEG (percutaneous endoscopic gastronomy) tube can be used in providing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. (See entry for PEG feed, PEG tube et cetera.)

2/12/08, an attempted hanging. He was revived after 10 minutes by nursing staff. He was transferred to Bassetlaw General Hospital intensive care unit. He is unconscious. The ward suggests that he would be fit for discharge to a 24 hour nursing facility. He needs permanent tracheotomy and care. He is fed through an NG [nasogastric] tube. The prognosis is that he will not improve in his current medical state (Induction File)

28/12/08 No change in condition

29/12/08 Continues to breathe spontaneously, no change in level of consciousness (Medical Notes)

30/12/08 Email from Ms Durham, reply from the Home Office which says 'I recommend that no action is taken at present on the basis that an application for release on compassionate grounds is in train. Mr Banbury has been asked to fill in the paper work to submit the application once we have the medical report from hospital (Induction File)

01/01/09 Still non responsive

02/01/09 Gastroscopy[63], continued observation under ACCT with no change in presentation

06/01/09 Ms Mulberry - invited to Bassetlaw Hospital, hospital wishes to discharge Mr Quartz, his parents cannot offer care. Now breathing unaided but has permanent tracheotomy and peg [PEG] in his stomach for feeding. He will require 24 hour nursing care, need a care plan to develop with Sheffield PCT [Primary Care Trust] and social services. Ms Mulberry rang Sheffield Adult Services who said care plan should originate from hospital social work department. **Redacted name**, social worker said he would investigate. (Probation Records)

[63] examination of the stomach using a type of tube-like viewing instrument inserted through the mouth. Used to examine the stomach, the oesophagus and the duodenum (the first part of the small intestine)

??/01/09 Sheffield PCT need consent on behalf of Mr Quartz to clear funding for **redacted name of care home** (Probation Records)

14/01/09 case conference - Mr Quartz is considered to be disabled requiring 24 hour nursing care. Care of tracheotomy PEG feed and catheter care. Unable to communicate verbally or non verbally. Assessed as blind with some evidence of deafness. Deemed unsuitable for him to return to prison. A nursing home will assess him tomorrow. (Medical Notes)

15/01/09 Mr Quartz is currently assessed as failing the mental capacity criteria, his psychological and emotional needs are high, medication needs high, mobility needs severe, nutritional needs high, no ability to communicate, tracheotomy in place makes him more susceptible to MRSA, nurses are unsure as to whether he is blind and deaf, displays involuntary movement, requires specialist seating, doubly incontinent and on nebuliser[64] (Probation Records)

15/01/09 Mr Elm, hospital hopeful that he is suitable for **redacted name of care home**, decision not likely for one or two weeks, Mr Quartz's mother, uncle and possibly sister not happy about Mr Quartz being a patient at **redacted name of care home** as too far away. OM Operations [Offender Manager, Operations] explained to the hospital and family that a release on compassionate grounds will be considered and that applications would be made to the Parole Board. Asked for detailed medical reports from consultant. I am under the understanding that with or without a release from prison, Mr Quartz can be located in **redacted name of care home** as he is medically fit to be

[64] an aerosol device used to administer a drug in the form of a fine mist inhaled through a face mouthpiece

discharged from Bassetlaw Hospital. The family are aware that until he is released from prison, a prison officer will need to be present at all times. The family asked for the reasons and circumstances of his recall, they explained they knew little of this and so little information was given to them. They questioned whether he should have been recalled at all. Mr Quartz's uncle said that prior to recall, he had been staying with his fiancée. Mother said she was entitled to some money to fund Mr Quartz's care. Mother was quite emotional regarding a letter she claims had been sent to Mr Quartz by his offender manager apologising for the fact that he was in custody and stating he should not be there. (Probation Records)

18/01/09 No change in Mr Quartz's condition, however he is becoming more aware and able to move his arms. He reacts to loud sounds

Security managers check, continue with entries indicating no change in condition.

21/01/09 An INCA [IMCA = Independent Mental Capacity Advocate] has now been appointed, she is unable to represent Mr Quartz in clinical issues, therefore his mother will be given power of attorney to take forward his plan of care and give permission to release information to the probation office to aid medical/compassionate release. Mr Quartz continues to pull out his tracheotomy, medical team considering sedation. **Redacted name** nursing home have assessed Mr Quartz and accepted him as a suitable patient. (Medical Notes)

22/01/09 Agreed that Mr Quartz's family can act as advocates and can sign consent on his behalf for medical information to be shared with **redacted name of care home** and the Parole Board. (Probation Records)

27/01/09 (Mr Elm) - informed by the ROTL [Release on Temporary Licence] clerk that Sheffield PCT [Primary Care Trust] will make a decision on funding today. Mother is visiting **redacted name of care home** on Saturday to give agreement. (Probation Records)

12/02/09 Discharge letter from Doncaster and Bassetlaw Hospital, Dr Sweden. Mr Quartz was admitted on 2 December 2008 following attempted suicide in prison. He was ventilated and transferred to ITU [Intensive Therapy Unit]. CT scans suggestive of hypoxic brain injury. He developed ventilation associated pneumonia, he grew MRSA in sputum, a tracheotomy tube was inserted, he had a PEG tube inserted for long term feeding. He was bed-bound and needed 24 hour nursing care. He has a long term urinary catheter. He was reviewed by a consultant neurologist who was of the opinion that Mr Quartz was unlikely to make any meaningful recovery from his brain damage. He was discharged to a nursing home. (GP Records)

Nursing home (12 February 2009 - ongoing. Entries to 4 June 2009)

12/02/09 transferred to **redacted name of care home** (Medical Notes)

13/02/09 compassionate release granted, therefore released from prison custody. (Nurse Solway) (Medical Notes)

25/02/09 compassionately discharge to **redacted name of care home** Hospital (Probation Records)

04/06/09 email from Ms Durham, Serco, to Mr Marlow saying that Mr Quartz was located at **redacted name of care home**. I have spoken to Nurse Madrid who works on Mr Quartz's ward. He has lost some weight and has been measured

up for a wheelchair. (Ms Durham)

6. *Themes from staff interviews* (See Annex 2)

Mr Whitby noted that Mr Quartz was different after his first (suicide) attempt back in 2004 [30 March 2004]. His speech was different. He said that for as long as he had known Mr Quartz he would 'blow hot and cold'. At times he would be low in mood, lasting up to three days. Mr Whitby wondered if, after the first hanging, Mr Quartz had brain damage.

Mr Whitby did not feel that Mr Quartz's recall [in July 2008] played a tremendous part in events leading to the final hanging [on 2 December 2008]. Mr Quartz said he was happier in prison. He did not feel he had been bullied.

Nurse Stockholm commented that Mr Quartz's partner was having hassle outside.

PCO Harrogate commented on Mr Quartz's brain injury resulting from the previous serious attempt. He felt Mr Quartz was worried about others finding out about his crimes.

Mrs Quartz commented that she thought her son, Mr Quartz, was worried about his recall [in July 2008] in that he did not know how long he would be in prison. He thought it was only 28 days in the first instance. She was also concerned about him being handcuffed via a chain to prison officers whilst in Bassetlaw Hospital when there was no prospect of him being able to move. She also indicated that relationships were strained between the family and Ms Emerald.

Mr Yeovil described the procedure of transferring someone to hospital, including that if someone is Category B, they will be double-cuffed and, if Category C, single-cuffed.[65] This can be varied to take account of medical conditions, being in an ambulance et cetera. A single cuff can also be considered with a two-metre chain if the crew need to work on the prisoner. The security manager is responsible. When

[65] Category C is the category of prisoners who cannot be trusted in open conditions but who are unlikely to escape.

out at hospital, the risk is reassessed and the Deputy Director would assess the ongoing need for cuffs. The Director of Security would make the final decision. He visits weekly. There is no formal procedure for having contact with treating medical and nursing teams to guide risk assessment. Relatives not routinely involved in discussions about removal of cuffs.

Mr Newcastle described the role of Oscar One.

RMN Cherwell – contact from return to prison in 2008[66] via the ACCT process. She said that Mr Quartz would say he was feeling anxious or depressed but had no symptoms to back this up. She said he had mild anxiety symptoms. The Snoozalum was useful for him. Mr Quartz was seen in primary care and referred to In-Reach for a couple of sessions and back to primary care. He had weekly appointments for a while, then 'as and when'. RMN Cherwell said Mr Quartz always had suicidal ideas, but also positive plans for the future. His mood and presentation was not congruent at times; he said he felt like killing himself but was animated. The main issues of concern were his girlfriend and people hassling her and also his grandfather in hospital. Sometimes his ideas of self-harm were related to these concerns and sometimes not. RMN Cherwell felt that Mr Quartz expressed ideas sometimes because he thought that this was the only way to get people to listen to him. She said this improved over time and he would just come and say, "I feel stressed." She said he was seeing Psychology about post-traumatic stress symptoms related to the Army and that he discussed that once with her.

RMN Cherwell said she was involved in the ACCT process a few times with Mr Quartz. She said that a multi-disciplinary approach was essential but it was his responsibility to ask for help when he needed it. Regarding prisoners who are not on an ACCT, she discussed the topic of there being no way to document anything other than in the medical records. If someone was on an ACCT, she would document in the ACCT but not in detail - just factual information, not opinions. RMN Cherwell said that if someone was on an ACCT and staff were worried about that person's mental health, the particular person would be referred to mental health and a decision would be made at a meeting (two per week) as to whether they should be

[66] Mr Quartz returned to prison on 14 July 2008 [JS]

seen by primary or secondary care. Prisoners could also self-refer. It would vary as to how long it would take to see a self-referral; they would be advised on urgency by the house block nurse; could be seven to ten days but, if urgent, much quicker. RMN Cherwell commented that the usual composition of attendees at ACCT reviews was unit manager, PCO, prisoner and nurse. Chaplaincy rarely attended; she said Chaplaincy did not attend at all as far as she could remember in Mr Quartz's case.

At the time of Mr Quartz's life-threatening attempted suicide on 2 December 2008 Ms Ambleside was Buddy Co-ordinator and worked in Resettlement. Ms Ambleside ran the Toe to Toe scheme to which Mr Quartz was referred. Toe to Toe is a prisoner-led reading scheme and Mr Quartz worked with the mentor, Mr **redacted name**. Ms Ambleside co-ordinated the mentors and had daily contact with Mr Quartz. She said that he was troubled and could not regulate his mood. Minor things like a poor visit would affect him dramatically; he would stay in his cell and not come to Toe to Toe. Ms Ambleside described one incident when Mr Quartz fell out with his fiancée. He had a good relationship with the officers and Toe to Toe made him much more confident. He only mentioned recall to prison in relation to its effect on him getting married.

Ms Ambleside described the buddy system and the limits of confidentiality. The buddies kept an eye on Mr Quartz. Ms Ambleside said that latterly Mr Quartz was more up and down because of fiancée issues et cetera. She said that she would document in the ACCT where appropriate, but that she did not attend meetings. Ms Ambleside said that she would not necessarily read through previous ACCT entries. Mr Quartz was on Toe to Toe for a prolonged period.

PCO Hereford said he knew Mr Quartz for several months on the wing and had frequent dealings with him. Mr Quartz was up and down but the slightest problem could trigger him to self-harm. It could be as small as not having phone credit. It would be sudden and Mr Quartz would say, 'I might do something stupid', and he would be better after talking. PCO Hereford described the day of Mr Quartz's attempted suicide on 2 December 2008. Mr Quartz said, 'my head's going, I feel I'm going to do something stupid' (at 11.30 am). PCO Hereford sat down with him. He said that normally they don't let prisoners out in this period but they did with Mr

Quartz. The unit manager told Mr Quartz that his phone credit was all sorted out. Mr Quartz said he had been bothered about the phone credit earlier that morning. They then got the acting unit manager to ring up and sort it out and Mr Quartz was told it would be fine after 1 pm. Mr Quartz then seemed fine. PCO Hereford said Mr Quartz got dinner and had a laugh and a joke with the lads. PCO Hereford saw Mr Quartz at the servery and he was cheerful. PCO Hereford then went to the office (bubble) and was not involved in the resuscitation.

PCO Hereford said too many people were on an ACCT, but he said that it was appropriate for Mr Quartz because of his previous attempts.

PCO Hereford described the regime at the time and that prisoners had plenty of opportunity to use the phones. He said at the time they could buy phone credit twice a week and there was a limit to how much they could purchase depending on which regime they were on. He said they got him out of cell frequently to help others in their jobs. He described ACCT training and how they were informed of changes to the process.

PCO Leeds said Mr Quartz was a well-known character. He was an ACCT case facilitator from September [2008], although he had known Mr Quartz in passing previously. He saw him in ACCT reviews. PCO Leeds said Mr Quartz was up and down and unpredictable, with some positives like making the Toe to Toe DVD. He said they asked everyone about ideas of self-harm, eating and sleeping, family and relationships. He said Mr Quartz's relationship was an issue. He said recall was an issue and that Mr Quartz was insecure about his relationship with Ms Turquoise and that she would make him feel insecure. Sometimes Mr Quartz would say he was suicidal. He said the reviews were multi-disciplinary, always with a nurse or written contribution from a nurse. He said ACCT was better than F2052SH, [the Self-Harm at Risk Form used prior to the introduction of the ACCT Plan], because of continuity; and that he went to 85 per cent of reviews.

PCO Leeds works in Safer Custody; there are four of them covering self-harm and also victims of violence. He said the process has improved with checklists but sometimes it is hard to get a nurse to attend. He said that Mr Quartz's speech

deteriorated after the first attempt in 2004 [attempted suicide on 30 March 2004]. He described doing a bed watch[67] in Bassetlaw and there were no handcuffs.

Dr Trent described contact with Mr Quartz. He saw him on 30 July [2008] with rectal bleeding. Mr Quartz said his girlfriend was harassed by a drug dealer. Dr Trent then saw him on 24 November [2008] with a dislocated shoulder. Dr Trent described the system of triage, [the action of sorting patients according to priority], and that there was an atmosphere of mistrust between doctors and nurses when he arrived which is now fixed.

Reverend Lewes said that Mr Quartz was vulnerable in terms of forming relationships. He described his Family Liaison role. He said that after an incident like Mr Quartz's attempt [on 2 December 2008] he would contact next of kin as noted in the core record. He rang Mr Quartz's girlfriend and went to collect her and take her to Bassetlaw. Staff said she was quite aggressive and uncooperative. He did not see her after that. The Family Liaison role is more significant after a death.

Reverend Lewes said that it was right to keep the Chaplaincy and Family Liaison roles separate. He was part of the Safer Custody team, meeting every two weeks. They made changes to ACCT after the HMIP [Her Majesty's Inspectorate of Prisons] report; discussed confidentiality and how ACCT improvements were positive, with people accountable for actions.

[67] a hospital admission of at least one night in length, during which the prisoner requires constant observation for security purposes

CHAPTER 3

CRITICAL APPRAISAL OF THE EVIDENCE AND RECOMMENDATIONS

1. *What was the nature of Mr Quartz's symptoms and did he have a psychiatric diagnosis?*

From the information available, there was no evidence of severe and enduring mental illness at any point during Mr Quartz's presentation, either in prison, prior to prison or when out on licence. Specifically, there was no evidence of schizophrenia and, in particular, no evidence of sustained clinical depression. Mr Quartz periodically stated that he felt low in mood but, from the records and from accounts by staff and Mrs Quartz, he did not suffer sustained low mood with biological features of depression, including sleep and appetite disturbance, weight loss, loss of concentration and attention.

From the records, it is probable that Mr Quartz had a reasonably long history of alcohol misuse. There was insufficient evidence from the case records to indicate a definite diagnosis of alcohol dependence syndrome, but he certainly fulfilled the criteria for alcohol misuse.

Periodically, there was reference within the notes to personality disorder, with little to indicate the criteria used to make the diagnosis. Mr Quartz had some personality traits which caused him difficulty; including impulsivity, suggested by his pattern of self-harm, violence and alcohol misuse; difficulties forming and sustaining intimate relationships, intense mood fluctuations and apparent fabrication and inability to tell the truth. His impulsivity was apparent in prison and also when he was out on licence. He would often act, in particular with reference to drinking, without thinking through the consequences. His difficulties in forming and sustaining intimate relationships were suggested from Probation records, with reference to volatility and violence in his relationship with Ms Turquoise, the rapid move to become engaged to a woman called Ms Garnet whilst out on licence, the unclear relationship with a previous partner and mother of his son, Ms Sapphire, and his fluctuating relationship

with Ms Emerald. There are several references to Mr Quartz's fabrication and failure to be truthful, including in relation to his index offence of Grievous Bodily Harm with Intent in 2003 (multiple different accounts to different people), his diabetes (reference in Probation records), his time in the Army and his level of drinking. There is insufficient evidence in the records to establish whether his personality traits were indicative of a personality **disorder** per se. Mrs Quartz maintains that prior to Mr Quartz going into prison [in January 2004 on remand], he had no medical problems or indeed social problems and, on balance, we would conclude that he probably did not have a significant personality disorder.

There was some mention in the records and by some staff that Mr Quartz experienced a decline in cognitive function following his 30 March 2004 suicide attempt. There is no strong evidence in the records to confirm or refute this.

There was, however, an indication that Mr Quartz had problems coping, particularly with relationships and also aspects of prison life. In our opinion, his self-harm was at times an expression of maladaptive coping in prison. In the community, it is likely that Mr Quartz used alcohol as a coping strategy. We believe he also used medical symptoms as a means of attracting attention and as a further coping mechanism in prison. This seemed to be linked to his personality structure, in that he was dependent on others, he experienced fluctuations in his mood, at times feeling low or angry, and required immediate relief from these symptoms. In our view, some of Mr Quartz's self-harming behaviour and his presentation with epilepsy et cetera were a means of seeking help with the way he was feeling. This was recognized by the nursing staff and it is documented in the case notes that they worked with him on presenting with how he was truly feeling instead of expressing ideas of self-harm and presenting with exaggerated medical symptoms.

We agree that there was no evidence of severe and enduring mental illness, nor of personality disorder, but it is probable that Mr Quartz misused alcohol and used maladaptive mechanisms for coping with stress in prison, including presenting with exaggerated medical symptoms and self-harm.

2. *What was the nature and quality of the clinical care provided to Mr Quartz in prison?*

Mr Quartz had regular contact with several members of staff including medical and nursing staff; staff involved with the ACCT process, Education and resettlement; Probation staff; the Chaplain and officers. From the interviews, it was apparent that staff had a caring attitude towards Mr Quartz and, from the interviews and also from the records, it appeared that they afforded him time to talk through issues and even at times allowed him to talk when, according to the regime, he was supposed to be locked up.

Considering the quality of care for Mr Quartz, we were concerned that given his serious attempt on his life on 30 March 2004, there was no detailed assessment of his symptoms, patterns of behaviour and coping strategies and no psychiatric and psychological formulation of his case anywhere to be found in the records. Indeed, at no point was a full history taken, including a history of symptoms and mental health problems. It would have been useful to have a full diagnostic assessment in order to plan a strategy of care, thus avoiding the reactive care provided. There is no evidence that Mr Quartz had a history of mental health problems in the community. Nevertheless, following his serious attempted suicide on 30 March 2004 and his subsequent attempts, there was no evidence that staff tried to gather records from his General Practitioner, nor was there any evidence of an attempt to obtain the psychiatric report prepared for court. This practice of inadequate information-sharing is not specific to Doncaster Prison and is an issue across the criminal justice system **(Annex 3, Paper 1)**[68].

At several times during Mr Quartz's stay in prison he received a psychiatric assessment. These assessments were not comprehensive; for example, they did not include a full history from childhood or a family history. The psychiatrists concluded that Mr Quartz did have a psychiatric diagnosis and, from the evidence

[68] Importance of Information Exchange in 21st Century Health.
C Stevenson, S McDonnell, C Lennox, J Shaw and J Senior. Criminal Behaviour and Mental Health. 21:157 - 162 (2011)

available, we would concur. However, at several times during Mr Quartz's prison term it was referenced that he was at high risk of self-harm and, in our opinion, it would have been helpful to analyse the patterns of self-harm and develop a multidisciplinary plan of action for managing his threats and actual self-harm in prison.

Also, such a psychological formulation would have helped make sense of Mr Quartz's medically-unexplained symptoms such as pseudo-epilepsy. An ensuing strategy about how to manage these symptoms would have been useful. Instead, his care was reactive, based on a day to day assessment of his current mental state and symptoms. Whilst his care was appropriate most of the time, it was without the context of having a diagnostic psychological formulation and a longitudinal plan of input required.

In spite of there being no definite psychiatric diagnosis, Mr Quartz was on a variety of medication throughout his prison term. He was on various antidepressants and also on antipsychotics. There is one reference in the records to him hearing voices, but no other evidence of psychosis. This symptom was not explored and the rationale for the prescription of antipsychotics was not clear, although, on balance, it was probably to treat agitation, which is inappropriate. Similarly, whilst Mr Quartz periodically presented with depressive symptoms, there was no evidence at any stage of sustained low mood. Therefore, in my view, his antidepressant medication was also unnecessary.

The prescription of inappropriate antidepressants and antipsychotics in prison is not uncommon **(Annex 3)**. Often, with a relative shortage of provision of psychological therapies, treating staff are left with few treatment options and may have a lower threshold for prescribing. This is particularly the case with the prescription of antipsychotics for agitation, as was the situation in Mr Quartz's case. It is, however, inappropriate and not without risk of side effects. This is a Prison Service-wide issue requiring attention across the Estate.

We recommend that across the Prison Service Estate nationally there is a review of psychological therapy provision and an audit of the use of

antipsychotic medication for agitation, in the absence of a diagnosis of psychosis. There should be enhanced provision of psychological therapies nationally and cessation of inappropriate use of antipsychotic medication.

In terms of suicide risk assessment, there was no detailed assessment of Mr Quartz's intent, either following his serious attempted suicide on 30 March 2004 or after subsequent incidents of self-harm. His attempted suicide on 30 March 2004 was very serious and it would have been important to know what his intention was at the time, in other words whether he meant to kill himself. From an analysis of that attempt, and from his subsequent attempts, it should have been possible to draw up a profile of Mr Quartz's self-harming behaviour, with some indication of likely triggers, and a relapse prevention and contingency plan. This is the essence of suicide prevention, attempting to better predict the circumstances when someone may be at greater risk, with strategies in place to deal with these risks. It is, however, not an exact science, and even with these prevention strategies in place, some acts of self-harm remain unpredictable.

In Mr Quartz's case, there was evidence from the records and staff interviews of a rapid change in presentation from expressing thoughts of self-harm to making positive plans for the future, in the same interview. This rapid fluctuation makes accurate prediction difficult.

There was no assessment at any stage of Mr Quartz's alcohol misuse and, in particular, whether he had features of the alcohol dependence syndrome. This would have been an important prerequisite to any treatment of his alcohol problem. Mr Quartz did not appear to receive any intervention for his alcohol problem (reference 18/12/07 to him not attending alcohol awareness), although there is occasional reference to him attending AA [Alcoholics Anonymous] and CARATS [Counselling, Assessment, Referral, Advice, Throughcare Services] (26/03/08). At no point was there a plan between CARATS and healthcare teams about the management of Mr Quartz's alcohol misuse. Given that it was an important causal factor in his index offence in 2003 and also subsequently a major problem when he was on licence [in periods in 2006, 2007 and 2008], this should have been

addressed in prison.

This treatment gap is not confined to Doncaster Prison. Whilst considerable government funding has been allocated for the treatment of drug dependence in prison through the Integrated Drug Treatment System, provision for the treatment of alcohol misuse and dependence remains generally inadequate across the Prison Service Estate.

We recommend that across the Prison Service Estate nationally there is enhanced provision for the assessment and treatment of alcohol misuse and dependence disorders.

Mr Quartz's mental healthcare provision was mainly by primary care services, with periodic input from the visiting psychiatrist and an occasional assessment by mental health In-Reach. Given that Mr Quartz was not suffering from a severe and enduring mental illness, the services were provided at the appropriate level.

An important consideration is whether the healthcare received by Mr Quartz was significantly inferior to 'standard care' within the Prison Service system at that time. The above recommendation for a full psychiatric assessment, including an assessment of his drinking and self-harm, with subsequent psychiatric and psychological formulation and a related multidisciplinary management plan, would be the gold standard. HM Chief Inspector of Prisons' report in 2008 made reference to deficiencies in healthcare at Doncaster Prison. The report dated 11 to 15 February 2008 **(Annex 1)** noted a deterioration in healthcare: there was no needs analysis; there was poor governance, poor access to a GP and poor medication management; the inpatient area was inadequate and alcohol treatment was poor. This was a cause for concern. However, from our experience of working in prisons, including clinically, and also from research findings **(Annex 3)**, the assessment Mr Quartz received was not unusual and the cross-sectional 'here and now' approach to his care would also not be uncommon. The research papers show that mental illness in prison is often undetected and, even when detected, is often not assessed and

treated **(Annex 3, Paper 2)**[69]. In fact, Mr Quartz had considerable input from nursing staff, particularly after his last recall, working on his coping and problem-solving strategies. Therefore, the level of care provided by the prison in terms of assessment, diagnosis and care-planning was not significantly different to the level of care provided in prisons in general at the time.

There is, however, a need for the Prison Service to move towards a psychological formulation approach, with a multidisciplinary management plan, in complex cases such as these **(Annex 3, Papers 3 and 4)**[70]. Certain prisons have very recently developed this model: for example, complex care fora at HMP **redacted name**, HMP **redacted name**, HMYOI **redacted name** and HMYOI **redacted name (Annex 4)**[71].

We conclude that Mr Quartz received regular input mainly from primary mental healthcare, which was the appropriate level of service provision. This input focused on his presentation in the 'here and now' and his current symptoms and was somewhat reactive. There was no evidence of a full psychiatric and psychological analysis of his symptoms and of their relationship to self-harm. Medication was used inappropriately to treat symptoms in the absence of a psychiatric diagnosis. Mr Quartz received no documented treatment for his alcohol misuse. HMCIP's report on Doncaster Prison around the same time made reference to deficiencies in healthcare. We concluded that this quality of care was not dissimilar to that provided across the Prison Service Estate at that time.

We recommend that across the Prison Service Estate there is more focus on conducting full psychiatric and psychological assessments of prisoners, particularly those with complex needs. This should include the gathering and

[69] Prison mental health services. Jenny Shaw, Naomi Humber. Psychiatry 3:11. 2004

[70] Paper 3: Mental Health: challenges for a new Parliament. Sainsbury Centre for Mental Health. May 2010
Paper 4; Meeting complex health needs in prisons. M Rutherford, S Duggan. Public Health 123 (2009) 415 – 418

[71] Annex 4: Example of guidance for complex case management forum in a young offender institution. [This paper is an adaptation, for the purposes of this investigation, of an original paper co-written by Professor Jenny Shaw, Ms Solent and Ms Minch, at Lancashire NHS Foundation Trust.]

assimilation of all relevant previous records. This process should be followed by a full psychological formulation with longitudinal, multidisciplinary care-planning. The model adopted at HMYOI redacted name (Annex 4) provides a vehicle for the development of such a multidisciplinary plan with subsequent care pathways.

We recommend that prisoners presenting with multiple complex symptoms, in particular in the context of a serious episode of self-harm, should have a full diagnostic psychiatric and suicide/self-harm risk assessment, highlighting triggers to self-harm and likely high-risk times, with contingency planning.

3. *What was the quality of the self-harm monitoring process (ACCT)?*

ACCT is the care-planning system used to help to identify and care for prisoners at risk of suicide or self-harm. It superseded the F2052SH [Self-Harm at Risk Form], which is now obsolete. Mr Quartz was on an ACCT [Assessment, Care in Custody and Teamwork Plan] for a considerable period, particularly following his final recall to prison on 14 July 2008. Regarding dates prior to that period, it was sometimes difficult to establish the full chronology of dates when he was on or off F2052SH [Self-Harm at Risk Form] or ACCT.

In his first period in custody (7 January 2004 to 31 August 2006), the documentation and rationale for opening and, in particular, closing the F2052SH were not very clear and there was little linkage between the medical entries and the entries in the F2052SH. By Mr Quartz's final period in custody, from 14 July 2008 to 12 February 2009 (in which the ACCT was closed on 2 February 2008)**,** the ACCT entries were generally of a better quality, although still somewhat simplistic. The process was generally reactive to circumstances, with the observation levels increasing or decreasing proportional to need, such as whether he had made an attempt at self-harm or was expressing difficulties within his relationships. The rationale for reduction of observations and its relationship to risk was not clear. For example, following the incident on 27 November 2008, Mr Quartz's observations were increased but subsequently decreased with no explanation of the decision-making processes and rationale for this, based on a review of the risk assessment.

Following that incident, he was reviewed by healthcare staff the next day. The entry states that he was fit for the wing and that he was happy with that. It was short, with no analysis of the incident on the 27th November when he had attempted to jump off the top landing railings and had to be restrained and put in handcuffs, and no indication of either suicidal intent and current suicidal ideation or of mental state. The review appeared to take a cross-sectional view and did not consider the incident in the light of either previous incidents or of Mr Quartz's recent progress. No rationale was given for his return to the wing. In the absence of a clear formulation and risk management plan, and with the lack of the above detail in the entry on 28th November, it is unclear whether this decision to either reduce the level of observations or move him to the wing was justified.

The CAREMAP process was simplistic and did not comprehensively cover all areas outlined in the HMP Doncaster's suicide and self-harm policy **(Annex 5)**[72]. There was inconsistency of attendance at ACCT reviews, with good attendance by ACCT staff but limited attendance by healthcare staff; no attendance by the Chaplain and variable attendance by officers and Education staff. All of these professionals, when interviewed, had a good relationship with Mr Quartz and had formulated views on the aetiology[73] of his self-harm; it would have been useful for them to share views and draw up a cohesive management plan. The policy in relation to ACCT also indicates that consistency of attendance is important. **(Annex 5)**

In our view, the ACCT process in relation to Mr Quartz was reactive. There was no comprehensive suicide risk assessment at any point. The level of his suicidal intent in relation to the various incidents of self-harm was not clear as this level of analysis of his behaviour did not take place after each attempt. There are some references in Mr Quartz's notes of him being at high risk of self-harm, but not clear descriptions of when risk might be particularly heightened and what the contingency plans would be under these circumstances. His attempted suicide on 30 March 2004 was very serious and it would have been important to know what his intention was at the time,

[72] Serco Internal. HMP Doncaster. Director's Rule No. 18.1. Suicide and Self Harm Strategy. Issue date: 21 October 2009

[73] the cause of a disease or the study of the various factors involved in causing a disease

in other words whether he meant to kill himself. From then, and from Mr Quartz's subsequent attempts, it should have been possible to draw up a profile of his self-harm attempts, with some indications of likely triggers, and to draw up a relapse-prevention and contingency plan. From the information available in the notes, it is clear that some of Mr Quartz's attempts were apparently triggered by external or internal events, but others appeared more 'out of the blue'. There was no evidence of a comprehensive review of his self-harm and no evidence that staff understood these behaviours in Mr Quartz's case.

In HM Chief Inspector of Prisons' (HMCIP) report dated 11 - 15 February 2008 **(Annex 1)** a deterioration in suicide prevention was noted. The report concluded that ACCTs were opened defensively, referrals of self-harmers to healthcare were inappropriate, ACCT care plans were variable, and some were superficial. In our opinon, in Mr Quartz's case it was appropriate for him to be on an ACCT but the care plan was superficial.

In our opinion, in Mr Quartz's final period of custody, from 14 July 2008 to 12 February 2009 (in which the ACCT was closed on 2 February 2008), the quality of the care-mapping process was simplistic and there was no consistency of attendance at ACCT reviews. There were inconsistencies in entries and decisions to change levels of observations were not based on a full assessment of risk. In our view, there should have been a comprehensive suicide risk assessment, with indication of likely triggers, and relapse prevention and contingency planning. This risk assessment should have been fully considered at all points when care was changed, including changes to observation status and discharge from ACCT.

From our experience in other prisons at this time, the practice in Doncaster would not have been unusual.

We recommend that there should be modifications to the ACCT process nationally. In particular, there should be a comprehensive suicide risk assessment for all prisoners and young offenders on ACCT, with recognition of risk factors, appropriate interventions and contingency planning. The

triggers and risk factors should be reviewed utilising the CAREMAP process and the ACCT should not be closed until the risk issues have been addressed. Furthermore, it should be identified when a person is likely to be at heightened risk in the future, with an appropriate contingency plan in place.

4. *What were the triggers for self-harm?*

In terms of triggers of Mr Quartz's self-harm, it appears from staff accounts and from the notes that his presentation fluctuated. At times, he would appear happy, with no problems and, at other times, he would get distressed by various factors such as relationship problems and his grandfather's ill health. His mood could switch over the period of a few hours.

We are of the view that this fluctuation in Mr Quartz's presentation, particularly in the last month before his life-threatening attempted suicide on 2 December 2008, was related to fluctuations in his relationship with Ms Emerald. This relationship was important to him as he was keen for it to continue, but, at times, the relationship was quite troubled and several staff commented on this. These relationship problems were, in our opinion, the main precipitants for his self-harm in the period following his last recall on 14 July 2008. Staff were, however, very accommodating in allowing Mr Quartz to speak to Ms Emerald even at times when all other prisoners were locked up. Nevertheless, there was little exploration of his relationship and how this related to his distress and self-harm. From the information in the notes, it appears that at times Mr Quartz worried about Ms Emerald being attacked in the community, and probably felt frustrated and helpless, but there was little exploration of this. In our view, as it was such a significant trigger to his distress, this should have been explored as part of the ACCT review process.

There were other potential precipitants which must be considered. There was periodic reference to bullying, although, from my reading of the records, none was substantiated. There was, however, reference to Mr Quartz being bullied for his medication on 27 November 2008 and this did not appear to have been fully explored. It is unclear whether this was a significant issue for Mr Quartz.

Another potential precipitant was the circumstances of Mr Quartz's final recall to prison on 14 July 2008. Mrs Quartz and members of staff indicated that Mr Quartz's recall may have been a problem for him, but there is little reference in records about his feelings in relation to the recall. On 14 July, 21 July, 22 July and 1 August 2008 Mr Quartz was said to be confused and upset about his recall to prison, regarding how it would affect his girlfriend and their relationship. Also, the circumstances and process of his final recall are not documented clearly in the records. In general terms, Mr Quartz appeared to have been making good progress and the sequence of events leading to this final recall is not very clear. When back in prison, there was little contact between Mr Quartz and Probation regarding the likely length of his recall and his release date. This, in turn, must have had an influence on the uncertainty within his relationship with Ms Emerald. Again, this issue was not explored fully by any of the professionals involved and should have been a line of inquiry as part of the ACCT process. The documentation by the Probation Service should have been clearer concerning the reasons for Mr Quartz's recall and his Probation Officer should have indicated to him the likely length of stay. Mr Quartz was finally told that he was not eligible for parole on 16 August 2008; he was noted in the ACCT record to be "fine" and the matter was not explored further. As documentation is limited on this, it is not clear how significant the recall issues were to Mr Quartz; however, from Mrs Quartz's account, we concluded that the uncertainty about his release date was a significant factor leading to Mr Quartz's distress.

Another issue which appeared distressing to Mr Quartz was his grandfather's illness. It is not clear, however, whether concern about this was a precipitant for self-harm and, again, this should have been explored as part of the ACCT process. In the ACCT review on 25 November 2008, Mr Quartz's grandfather's terminal illness was raised as an important issue but his feelings surrounding this were not explored.

A further issue raised as a problem in the records was Mr Quartz being on Basic Regime. Mr Quartz had been placed on Basic in July 2008 as he had refused to locate to HMP Lindholme. He was subsequently returned to Standard Regime in August 2008 and this was therefore not an issue at the time of his final act of life-threatening attempted suicide on 2 December 2008.

On reviewing the records, we formed the view that Mr Quartz was presenting to staff more frequently in the period leading up to his life-threatening attempted suicide on 2 December 2008, with feeling low, suicidal ideas and various concerns mainly about issues external to the prison. In the period leading up to his final act he was placed in Segregation for a period for adjudication (10 – 13 November 2008); he was also placed on Healthcare on 27 November 2008 after he had tried to jump off the top landing railings, having to be restrained; and he returned on 28 November to the wing. PCO Leeds indicated in his statement that one of the most significant precipitants was Mr Quartz's movement between Healthcare, Segregation and the wing, which turned his world upside down as his medication times were changed. The apparent escalation in Mr Quartz's distress, and the part played by these movements between prison areas, is unclear as this was not explored through the ACCT process.

In Mr Quartz's ACCT review on 25 November 2008 it was noted that significant factors related to risk included the fact that he had not been reviewed by Healthcare for a month. On checking the records, it transpired that Mr Quartz had last seen a healthcare professional on 11 September 2008. There was no entry at that point stating that he had been discharged. Regular contact with mental healthcare staff was clearly important for Mr Quartz and the fact that he was not being seen should have been addressed through the ACCT process.

Finally, in the last month prior to his attempted suicide on 2 December 2008, there was evidence that Mr Quartz was not fully compliant with medication and that, on several occasions, he either did not get up for his medication or accepted it from staff but did not take it. It is our opinion that this probably had little impact as a trigger for Mr Quartz's self-harm as, in our view, he should not have been prescribed this medication (see above). We consider that his non-compliance was probably more a sign of his distress than a cause.

In summary, there was insufficient exploration of issues potentially precipitating self-harm. The advantage of exploring triggers is that it enables a relapse prevention plan to be drawn up and also allows identification of

periods when risk may be higher. This should have been conducted as part of the ACCT process.

We recommend that the ACCT process includes regular assessment of potential triggers for self-harm, with the subsequent establishment of relapse prevention and contingency plans and identification of when risk may be particularly high. In our view, the most important risk factors for self-harm in Mr Quartz's case were relationship difficulties and uncertainties, loss of contact with the healthcare team and possibly issues related to the uncertainty surrounding recall and release.

5. ***What was the quality of documentation and information exchange between professionals?***

Mr Quartz was seen regularly by a number of different professionals. The nursing staff documented their entries in the medical records and also the ACCT document. ACCT personnel and officers documented entries in the ACCT document. Education staff made brief notes in the ACCT records. The Chaplain saw Mr Quartz regularly but indicated that this was in an 'in passing' way, although, at times, Mr Quartz discussed important issues, particularly regarding his relationships. The Chaplain had a good understanding of the issues concerning Mr Quartz, in particular regarding his relationship with Ms Emerald. The Chaplaincy has no regular log of interactions with prisoners and most of the Chaplain's encounters with Mr Quartz were undocumented. The Chaplain would at times come to the ACCT reviews.

There were few meetings where all of the professionals involved met together. The ACCT policy document **(Annex 5)** indicates that all people involved with the person should write in the ACCT document and should attend meetings **(Annex 5)**. This did not happen in Mr Quartz's case and there was great variability in attendees at ACCT reviews.

In our view, it is problematic that the Chaplain has no way of comprehensively documenting discussions with prisoners and no systematic way of passing information on to other professionals. Again, this is not an issue peculiar to HMP

Doncaster, but applies across the Prison Service Estate.

The other professionals involved with Mr Quartz included Probation, as part of the sentence-planning process. There was no evidence in the records of comprehensive sentence-planning involving all professionals concerned. As mentioned previously, the Parole Board recognized that alcohol misuse and relationship issues were significant risk factors in Mr Quartz's case, but there is no evidence from the records that these issues were comprehensively assessed or addressed. Nor was there any indication of attempts by all professionals involved to join up and formulate a comprehensive care plan incorporating all health, social care, criminological and risk issues.

Again, this is not specific to HMP Doncaster. The lack of comprehensive care-planning, with professionals working within silos in prisons, has been noted in the research literature, the Bradley Report **(Annex 3)** and the Offender Health Strategy[74]. This issue needs addressing across the Prison Service Estate.

Staff generally wrote in the ACCT review following discussions with Mr Quartz. However, certain staff who had regular contact with Mr Quartz did not regularly write in the ACCT and all staff involved in his care did not regularly attend ACCT reviews.

We recommend that, nationally, regarding prisoners on an ACCT, (a) all staff, whatever their profession, having contact with them should record this contact in the ACCT document and (b) that all staff, whatever their profession, involved in their care should attend ACCT reviews.

From a systems point of view, nationally, we further recommend that consideration should be given (a) to the development of a multidisciplinary record, in which Education staff and Chaplains document significant encounters with prisoners, including those not on an ACCT, and (b) to how information systems and care-planning can become better integrated across

[74] Improving Health, Supporting Justice: The national delivery plan of the Health and Criminal Justice Programme. Published 17 November 2009 by Offender Health, a partnership between the Ministry of Justice and the Department of Health.

all professionals in the prison, including with Probation and Offender Managers.

6. *What were the precipitants of the final act of self-harm, namely Mr Quartz's life-threatening attempted suicide on 2 December 2008, and was it predictable and/or preventable?*

In the period leading up to Mr Quartz's final act, namely his life-threatening attempted suicide by hanging on 2 December 2008, Mr Quartz had become increasingly concerned about aspects of his relationship and there had been evidence of increasing distress and acts of, or attempts at, self-harm. On the day of his final act, Mr Quartz had been agitated about his lack of telephone credit. This presumably related to his desire to communicate with Ms Emerald because of ongoing issues in their relationship. We watched the CCTV footage of the last hour prior to Mr Quartz's life-threatening attempted suicide; we observed that he was clearly agitated after trying to use the telephone. Staff responded to his distress and talked to him whilst the other prisoners were locked up. They arranged for him to have credit on his telephone that afternoon and staff reported that he visibly relaxed and seemed less distressed. Mr Quartz did not eat any lunch and shortly afterwards returned to his cell. He was subsequently found hanging at 12.29. In our view, there was nothing unusual about his final encounter with staff. The staff had taken time to work with Mr Quartz on his problem, namely lack of telephone credit. They were satisfied that they had helped him find a solution and that he was less distressed.

The hanging occurred in the context of Mr Quartz's high risk of self-harm. In these circumstances there are two potential ways of managing this long-term risk. Firstly, a person can be treated as if they are high-risk all of the time. They would be on constant observations so as to directly prevent self-harm. The alternative is, as discussed above, to conduct a suicide risk assessment and draw up a care plan, indicating trigger points or periods of increased risk where care needs to be more intense. The former strategy for risk management is unfeasible and intrusive and does not encourage the person to take responsibility for their self-harming behaviour. The second is the preferred option. However, even with such a plan, not all self-harm episodes are predictable or preventable. In Mr Quartz's case, neither

plan was in operation. However, given the actions of staff in the hours leading up to the incident of attempted suicide on 2 December 2008, it is our view that Mr Quartz's final act was probably impulsive and not predictable at that particular time on that particular day.

The final act of self-harm was not predictable in this case.

7. *How was the incident of life-threatening attempted suicide on 2 December 2008 managed by staff?*

Mr Quartz was discovered hanging by a fellow prisoner and staff were called. They acted immediately to cut him down and began cardiopulmonary resuscitation. The resuscitation process appeared to progress smoothly, with all processes occurring in accordance with Prison Service policies. The nursing staff arrived quickly, the ambulance was called and Mr Quartz was moved to the local hospital.

The only area of concern was that staff (RMN Thames, RGN Helford) in their interview transcripts reported a problem with the defibrillator, in that it appeared to malfunction. In this case, it was documented that Mr Quartz spontaneously regained a pulse following cardiopulmonary resuscitation. It is therefore unlikely that the malfunctioning defibrillator had any impact on the outcome. Nevertheless, it is essential that equipment used infrequently, such as the defibrillator, is regularly checked and is in full working order.

The staff received a debriefing following the incident in accordance with policy.

The incident of life-threatening attempted suicide was well managed by staff in line with Prison Service policy. The debriefing was conducted in accordance with policy. The defibrillator was found to be malfunctioning and it is essential that all such equipment is regularly tested. The malfunctioning equipment had no impact on outcome in this case.

We recommend that Doncaster Prison develops a robust system for testing and ensuring that all medical devices, including defibrillators, are in full

working order.

8. *How was Mr Quartz's time in Bassetlaw Hospital managed with specific reference to relative and staff liaison?*

At the time of his transfer to Bassetlaw Hospital on 2 December 2008, Mr Quartz's next of kin was Ms Emerald. Therefore, initial contact was made by the Chaplain with Ms Emerald and he escorted her to the hospital. Thereafter, contact between Prison Service staff and Mr Quartz's relatives and Ms Emerald was on an informal basis. There is no family liaison policy at HMP Doncaster with a protocol for dealing with relatives and friends in these circumstances. In our interview with the Chaplain, he raised this as an issue. He indicated that there was a clear policy for family liaison following deaths in custody but not for other life-threatening situations and he thought that a policy and guidelines for practice would be valuable. Similarly, there is no current policy at HMP Doncaster for liaison between prison staff, family members and hospital staff regarding the consideration of issues concerning release from prison **(Annex 6)**[75], ongoing handcuffing et cetera. The Prison Service were in regular contact with treating medical staff regarding Mr Quartz's condition and were giving consideration to the above issues. Similarly, the next of kin were in contact with the medical staff but there was no mechanism for all parties to discuss issues in a co-ordinated manner. This was a major issue for Mrs Quartz and the other family members.

Doncaster Prison should develop a policy for relative/next of kin liaison in circumstances other than deaths in custody, including life-threatening situations.

9. *How was Mr Quartz's time in Bassetlaw Hospital managed with specific reference to the use of handcuffs?*

Mrs Quartz indicated in her first statement that one of the most distressing aspects of this case was that Mr Quartz remained handcuffed via a chain to an officer from 2

[75] Serco. HMP & YOI Doncaster. Director's Rule No. 19.1. Release on Temporary Licence. Issue date: 30 January 2006. [HMP & YOI = Her Majesty's Prison and Young Offender Institution]

December 2008 up until his final discharge from prison custody on 13 February 2009. He had been transferred from Bassetlaw Hospital to the nursing home on the previous day. There is no mention of review of handcuff usage in the case notes. The policy at HMP Doncaster states that the use of handcuffs should be reviewed by a senior officer on a regular basis in these circumstances. The issue under consideration is the prevention of absconding. The medical entry on the 23 December 2008 states that Mr Quartz was unresponsive, unaware of his situation and unlikely to recover. Therefore, it would be reasonable to conclude that the risk of him absconding was low or nil even at this stage. There should have been documentation in the records at that point about a risk assessment to consider whether ongoing handcuffs were required. There was no such documentation. It is possible that consideration of this was made and a decision made to continue with the handcuffs, but the rationale for this decision is not documented in the case notes.

Mr Yeovil described the procedure of transferring a prisoner to hospital, including that if the person is Category B, they will be double-cuffed, and if they are Category C, they will be single-cuffed. This can be varied according to medical conditions, whether the patient is in an ambulance et cetera. A single cuff can also be considered with a two-metre chain if the ambulance crew need to work on the prisoner.

The prison's security manager is responsible for reviewing the ongoing need for handcuffs on a weekly basis and, if removal is considered, this would be reviewed by the Deputy Director. In Mr Quartz's case, the entry on the 23 December 2008 should have stimulated a review. He was assessed by the Deputy Director and noted to be in a permanent vegetative state, but there was no mention of a review of his handcuffing. The opinion from the medical staff on 23rd December that Mr Quartz was unresponsive and unlikely to recover should have led to a risk assessment, considering the likelihood of risk to the public and of absconding. In our view, consideration should then have been given to the ongoing use of handcuffs and the rationale for decisions made should have been clearly documented in the notes. In our opinion, from the information available, there was sufficient evidence to indicate that risk to the public and risk of absconding was minimal from 23rd December and that it would have been reasonable to remove the handcuffs.

We recommend that in the Prison Service nationally, for prisoners with complex and serious medical conditions, the need for ongoing use of handcuffs should be regularly reviewed, with a full assessment of risk to the public and of absconding, and that this should be clearly documented in the case notes.

GLOSSARY

ACRONYM OR TERM	MEANING
A	
AA	Alcoholics Anonymous
ABH	Actual Bodily Harm
ACCT [ACCT Plan]	Assessment, Care in Custody and Teamwork Plan: The care planning system used to help identify and care for prisoners at risk of suicide or self-harm [replaced F205SH]
aetiology	the cause of a disease or the study of the various factors involved in causing a disease
ambi bag [Correct spelling is Ambu bag.]	the proprietary name of a bag valve mask, a hand-held device used to provide positive pressure ventilation to a patient who is not breathing or who is breathing inadequately
amitriptyline	an antidepressant drug with a sedative effect
Antabuse	Antabuse is the brand name of the drug disulfiram, used in the treatment of alcoholism. It is used to help alcohol misusers abstain from alcohol. It does not cure alcoholism but it provides a powerful deterrent to drinking alcohol.
ASRO	Addressing Substance-Related Offending [Programme]
Association	prisoners' recreation and association time/time out of cell
B	
Basic Regime	All prisons have a system in place for granting privileges to prisoners in addition to the minimum entitlements under the Prison Rules 1999 subject to their reaching and maintaining specified standards of conduct and performance. The system is known as Incentives and Earned Privileges and it operates on three levels: basic, standard and enhanced. Prisoners are placed on basic level because they have failed to meet local criteria for admission to standard and enhanced levels. Basic level provides access to the minimum statutory and decent requirements of a regime on normal location
bed watch	a hospital admission of at least one night in length, during which the prisoner requires constant observation for security purposes

C	
C & R	Control and Restraint
cannula	a smooth, blunt-ended tube [See entry for cannulate below]
cannulate	insert a cannula [a smooth, blunt-ended tube] into a bodily cavity, duct, or vessel, as for the drainage of fluid or the administration of medication.
CARAT	Counselling, Assessment, Referral, Advice and Throughcare. Also see entry below for CARATS.
CARATS	Counselling, Assessment, Referral, Advice and Throughcare Services
cardiopulmonary resuscitation	the administration of life-saving measures to a person who has suffered a cardiac arrest. A person in cardiac arrest is not breathing and has no detectable pulse or heartbeat.
CAREMAP	Care and Management Plan, a part of the ACCT Plan. (Also see ACCT Plan entry)
Category B	the category of prisoners for whom the very highest conditions of security are not necessary but for whom escape must be made very difficult
Category C	the category of prisoners who cannot be trusted in open conditions but who are unlikely to escape
CCTV	closed circuit television
chlorpromazine	antipsychotic medication
citalopram	an antidepressant
CMHT	Community Mental Health Team
CMR	Continuous Medical Record forms part of the Inmate Medical Record (IMR). The CMR is available only to medical staff. It is a contemporaneous medical record.
CNA	Certified Normal Accommodation. Uncrowded capacity is the Prison Service's own measure of accommodation. CNA represents the good, decent standard of accommodation that the Service aspires to provide all prisoners.

co-codomol	an analgesic drug, i.e. a drug used to relieve pain
code red	a hospital emergency code. The meaning of code red is an emergency medical condition requiring immediate attention.
CPN	Community Psychiatric Nurse
CPR	cardiopulmonary resuscitation. the administration of life-saving measures to a person who has suffered a cardiac arrest. A person in cardiac arrest is not breathing and has no detectable pulse or heartbeat.
CRAMS	Case Record and Management System, a case study management system used by some Probation areas
CT scan	computerized axial tomographic scan. (CAT scan is the more formal acronym) a diagnostic technique in which the combined use of a computer and X-rays produces cross-sectional images of tissues. It may be used in the diagnosis and treatment of tumours, haemorrhages et cetera in the brain, as well as head injuries and strokes, and to locate tumours and investigate diseases.
cyanosed	with a bluish coloration of the skin or mucus membranes [cyanosis] due to too much deoxygenated haemoglobin in the blood.
D	
defibrillator [defib: abbreviation] *and* defibrillation	A defibrillator delivers electric shock to the heart and senses heartbeat. Defibrillation is the administration of one or more brief electric shocks to the heart, in order to return a heart's rhythm to normal in some types of irregular or rapid heartbeat.
Diazepam	an anti-anxiety agent, muscle relaxant and anti-convulsant
DM	District Manager
DNA	did not attend
DRI	Doncaster Royal Infirmary
DSH	deliberate self-harm

E	
ECG	electrocardiogram, a method of recording the electrical activity of the heart muscle. Useful for diagnosing heart disorders
ECHR	European Convention on Human Rights
EEG	electroencephalography. [The recording of electrical activity along the scalp.]
endoscopy	camera investigation of the gastrointestinal tract
Epilim	anti-epileptic medication
ERRS	Early Release and Recall Section
ESP	Extended Sentence Process
ETS	Enhanced Thinking Skills
euthymic	normal mood, not depressed
extubate	remove [breathing] tube
F	
F2050	A Prisoner's Personal Record
F2052SH	Self-Harm at Risk Form. The monitoring system used prior to the introduction of the ACCT Plan.
F213SH	a form for recording self-harm or attempted suicide
fluoxetine	anti-depressant medication
formulation	a systematic analysis of a problem, a theory or a method of analysis in research
G	
gabapentin	anti-epileptic medication
gastric peg	A PEG (percutaneous endoscopic gastronomy) tube can be used in providing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. (See entry for PEG feed, PEG tube et cetera.)

gastroscopy	examination of the stomach using a type of tube-like viewing instrument inserted through the mouth. Used to examine the stomach, the oesophagus and the duodenum (the first part of the small intestine)
GBH with Intent	Grievous Bodily Harm with Intent. "with Intent" refers to the specific intent required for this offence.
H	
haloperidol	antipsychotic medication
HB	House Block
hiatus hernia	a condition in which part of the stomach protrudes upwards into the chest through the opening in the diaphragm that is normally occupied by the oesophagus
HMCIP	Her Majesty's Chief Inspector of Prisons
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
HMP & YOI HMP/YOI HMP YOI	Her Majesty's Prison and Young Offender Institution
hot debrief	the debriefing of staff involved in an incident as soon as practical after the incident has occurred
H. pylori = the abbreviation for Helicobacter pylori	bacteria found in stomach in association with ulceration
HPO	Home Probation Officer
hypoxic	due to hypoxia, an inadequate supply of oxygen to the tissues
I	
ibuprofen	an anti-inflammatory drug which reduces pain, stiffness and inflammation
ICEBerG	Improving Confidence, Esteem and Behaviour Group [a course]
IDAP	Integrated Domestic Abuse Programme
IEP	Incentives and Earned Privileges Scheme

IIS	Inmate Information System
IMB	Independent Monitoring Board (formerly Board of Visitors) A group of members of the public. IMB members are independent and unpaid. They monitor the day-to-day life in their local prison and ensure that proper standards of care and decency are maintained.
IMR	Inmate Medical Record The Continuous Medical Record (CMR) forms part of the Inmate Medical Record. The CMR is available only to medical staff. It is a contemporaneous medical record.
index offence	the offence of which the person is convicted and which has led to their current detention or conditional discharge
inferior capsular shift	in orthopaedic surgery, the main procedure for managing multidirectional shoulder instability
In-Reach Abbreviation for: In-Reach Team	Department/medical staff responsible for healthcare of prisoners suffering from mental health problems. This forms secondary mental health care in which prisoners are treated by specialists referred by primary care providers.
Intel, Intell	Intelligence
ITU	Intensive Therapy Unit
IV	intravenous
L	
Listener	prisoner volunteer who is selected, trained and supported by the Samaritans to listen in confidence to fellow prisoners who may be experiencing distress or despair.
M	
mane	morning
MAPPA	Multi Agency Public Protection Assessment
MDT	Mandatory Drug Test
meds	medications
MO	Medical Officer

MPH	An acronym for the name of a probation hostel
MRI	MRI head scan: magnetic resonance imaging scan
MRSA	the abbreviation for methicillin-resistant staphylococcus aureus, a bacterium resistant to methicillin and many other antibiotic drugs
MS	multiple sclerosis
N	
NACRO	National Association for the Care and Resettlement of Offenders
nebuliser	an aerosol device used to administer a drug in the form of a fine mist inhaled through a face mouthpiece
NG tube	nasogastric tube. A tube that is passed through the nose, down the oesophagus, and into the stomach
nocte	at night
normal location	Prisoner's location in main wing/accommodation area of prison
NVQ 2	National Vocational Qualification Level 2
O	
OASys	Offender Assessment System
obs	abbreviation for observation [or] observations [depending on the context]
OCA	Observation, Classification & Allocation. The department in a prison that processes initial categorisation/recategorisation of prisoners and allocates prisoners to various locations
OM Operations	Offender Manager, Operations
Oscar One	radio call of the senior officer responsible for ensuring the prison regime is running correctly [the Orderly Officer]. Responsible for the management of incidents
P	
paroxetine	an anti-depressant
PCO	Prison Custody Officer

PCT	Primary Care Trust
PEG feed PEG tube peg [in the stomach] Also see entry for "gastric peg"	A PEG (percutaneous endoscopic gastronomy) tube can be used in providing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.
petit mal fit	a type of generalized seizure that occurs in epilepsy. Petit mal attacks may take place many times a day, and they may last as long as 30 seconds each. The signs include a momentary loss of awareness, occasionally with drooping eyelids. Treatment for petit mal attacks is with an anticonvulsant drug.
PNC	Police National Computer
PO	Principal Officer
post-ictal symptoms	symptoms present after epileptic fit
pr	per rectum, rectally
Prozac	a trade name for fluoxetine, an antidepressant medication
PSI	Prison Service Instruction
PSO	Prison Service Order. A set of instructions issued by HM Prison Service to those responsible for the management and care of prisoners. See entries below for individual PSOs.
PSO 2510	Prison Service Order 2510. Prisoners Requests and Complaints Procedures
PSO 2700	Prison Service Order 2700. Suicide Prevention and Self-Harm Management. **Note**: Now revoked and replaced by PSI 64/2011.
psychosis	a severe mental disorder, with or without organic damage, in which the individual loses contact with reality. The main feature of psychotic illnesses is that they cause a person to have a distorted view of life.
R	
RGN	Registered General Nurse

RMN	Registered Mental Health Nurse
ROTL	Release on Temporary Licence
S	
seg	An abbreviation for Segregation. See entry below for Segregation
Segregation	A segregation unit is a dedicated unit within a prison where prisoners may be segregated in order to maintain order and discipline; to protect the safety of persons living, working or visiting the establishment; for their own protection; pending adjudication or as a punishment of cellular confinement following adjudication. Segregation policy, containing details of procedures and safeguards, is set out in PSO 1700.
SHO	Senior house officer. A junior doctor undergoing training within a certain speciality.
SN	Staff Nurse
Snoozalum	A sensory-focused therapy room
sodium valproate	anti-epileptic medication
SPO	Senior Probation Officer
SSJ	Secretary of State for Justice
Standard Regime	All prisons have a system in place for granting privileges to prisoners in addition to the minimum entitlements under the Prison Rules 1999, subject to their reaching and maintaining specified standards of conduct and performance. The system is known as Incentives and Earned Privileges and it operates on three levels: basic, standard and enhanced. Prisoners on standard level will be provided with a greater volume of the allowances and facilities at basic level, plus such additional privileges as are available locally.
status epilepticus	prolonged or repeated epileptic seizures without recovery of consciousness between attacks
T	
Tegretol	anti-epileptic medication
Toe to Toe scheme	a prisoner-led reading scheme

tracheotomy	an operation in which an opening is made in the trachea (air passage, air pipe) and a tube is inserted to maintain an effective airway
tramadol	an opioid, i.e. narcotic, drug used to relieve severe pain following a heart attack, surgery or serious illness
triage	the action of sorting patients according to priority
V	
Valium	a trademark for diazepam, an anti-anxiety agent, muscle relaxant and anti-convulsant

APPENDIX

The appropriate level of public scrutiny

The Commission to conduct the Article 2 Investigation requires consideration about the appropriate element of public scrutiny in all the circumstances of the case. Public scrutiny forms an important aspect of the investigative obligation under Article 2 of the European Convention on Human Rights. We have considered this carefully and concluded that the publication will suffice and that a public hearing is not needed in this case.

In reaching this view I have considered two questions. The first is whether there are serious conflicts in the evidence which require the questioning of witnesses in a public setting to test the credibility of what they say. There were some inconsistencies in the evidence given to us, for example about the exact timings and sequences of events. The inconsistencies in the evidence were, however, more in the written records than in details given by witnesses. The inconsistencies did not affect the main findings of the investigation.

The second question is whether the investigation has uncovered convincing evidence of widespread or serious systemic failures, such that a public hearing might be warranted to maintain public confidence. It is our opinion that this was not the case.

We therefore do not consider that any further element of public scrutiny is required in this particular case.