

**A report by the Office of the Inspector of
Prisons into the circumstances surrounding
the death of Prisoner T
on 31 October 2015 in St Vincent's Hospital
while in the custody
of Cloverhill Prison**

***Please note that names have been removed to anonymise this Report**

Office of the Inspector of Prisons
24 Cecil Walk
Kenyon Street
Nenagh
Co. Tipperary

Tel: + 353 67 42210
E-mail: info@inspectorofprisons.gov.ie
Web: www.inspectorofprisons.gov.ie

Office Ref: 2015/T

**A report by the Office of the Inspector of Prisons into the
circumstances surrounding the death of Prisoner T on 31
October 2015 in St Vincent's Hospital while in the custody of
Cloverhill Prison**

Presented to the Tánaiste and Minister for Justice and Equality
pursuant to Part 5 of the Prisons Act 2007

Helen Casey
Office of the Inspector of Prisons

28 March 2017

Preface

The deceased was a 38 year old man from the Dublin area.

I wish to offer my condolences to the family of the deceased on their sad loss.

I would like to point out that the names have been removed to anonymise this report.

Helen Casey
Office of the Inspector of Prisons

28 March 2017

General Information

1. The deceased was 38 year old man from the Dublin area. He is survived by his parents, brother, sister, son and extended family.
2. The deceased was most recently committed to Cloverhill Prison on 11 January 2014 with a remission date of the 6 January 2017.
3. The deceased had a number of hospital appointments as a result of his serious medical condition. He was admitted to St James's Hospital on 14 September 2015 and transferred to St Vincent's Hospital on 18 October 2015.
4. The deceased died in St Vincent's hospital on the 31 October 2015.

Concerns of the family

5. In my meeting with the family of the deceased they provided me with some background information on the deceased. They visited the deceased every week while in prison and he phoned them regularly. They informed me that the deceased was admitted to St James's hospital and then later transferred to St Vincent's hospital where he died while awaiting a liver transplant.
6. The family informed me that the deceased had previous prison sentences. I was informed that he lost the sight in his left eye following an assault by another prisoner while in prison – they stated that this was an unprovoked attack. They informed me that the deceased had been in poor health and had been hospitalised on a number of occasions.
7. The family outlined their concerns as follows: -
 - (a) Why did the prison not issue medical records to the Hospital when authorisation was given by the deceased?
 - (b) Was the deceased discharged too quickly from hospital on a previous occasion and returned to the prison?

- (c) Why was the electronic monitoring tag still left on the deceased's leg after his death?
- (d) Why were prison officers at the deceased's bed side. He was tagged and too ill to go anywhere?
- (e) Why did the deceased not get temporary release due to his poor health?
- (f) Why were the family members treated badly on entering Cloverhill Prison at the invitation of the Governor?

Status of deceased in Prison

- 8. The deceased was on protection on the D1 Landing where he worked as a cleaner.
- 9. He was well behaved and had progressed himself to the enhanced level of the Incentivised Regime in the prison.

Contact with the medical and therapeutic services

- 10. I received permission from the next of kin to examine the deceased's medical records. I examined the medical records for the period 1 January 2015 to the date of his death. I also sought information on any contact the deceased may have had with the Psychology Service.
- 11. Between 1 January 2015 and the date of his death the deceased was seen by members of the medical team in Cloverhill Prison on a regular basis.
- 12. The deceased had a long history of liver problems and was awaiting a liver transplant at the time of his death.
- 13. On 30 December 2014 the deceased complained of feeling unwell and was transferred to St James's Hospital Hepatology Unit and received an appointment for 6 March 2015. On 13 February 2015 he again complained of feeling unwell

and was referred to St James's Accident and Emergency by Doctor A. He returned to Cloverhill Prison on 14 February 2015.

14. On 6 March 2015 the deceased attended his appointment in the Hepatology Unit in St James's hospital. On 10 March 2015 he was again referred to St James's Accident and Emergency by Doctor A.
15. On 11 March 2015 the deceased was seen by Doctor A on his return from St James's hospital.
16. On 24 April 2015 the deceased was attacked by another prisoner and sustained an eye injury. He was taken to Tallaght Accident and Emergency and subsequently to St Vincent's Hospital and the Eye and Ear hospital. He was discharged following eye surgery to Cloverhill Prison on 28 April 2015.
17. On 25 May 2015 the deceased was referred to St James's Hospital Accident and Emergency by Doctor B for abdominal swelling. He was admitted and kept as an inpatient until 9 June 2015 when he was transferred back to Cloverhill Prison.
18. The deceased had further appointments with the Eye and Ear Hospital during June and July 2015 which he attended. He also had appointments with the Hepatology Unit in July 2015. The Hepatology Nurse from St James's Hospital began attending Cloverhill Prison on a weekly basis to monitor the deceased. The medical records show that the deceased was monitored closely with weight and blood pressure readings recorded regularly.
19. The medical notes on 23 July 2015 state as follows:-

“Received a call from St James Hepatology informing..... that they wished to see (the deceased) today. Detail informed and apt booked for 14.00”.

The deceased was taken to St James's Hospital for his appointment on 23 July 2015 and was returned to Cloverhill Prison after the appointment.

20. On 3 August 2015 he was again referred St James's Accident and Emergency by Doctor C and returned to Cloverhill Prison that night.
21. On 5 August 2015 St James's Hepatology Unit contacted Cloverhill Prison and requested that the deceased be taken to St James's Hospital for admission. The deceased was admitted and he remained an inpatient until 10 August 2015 when he returned to Cloverhill Prison.
22. The deceased attended the Liver Transplant Clinic in St Vincent's Hospital on 12 August 2015. He was reviewed in Cloverhill Prison by the Hepatology Nurse on 13 August 2015 and attended St James's Hepatology Clinic the same day. He was reviewed again by the Hepatology Nurse in Cloverhill Prison on 19 August 2015, 26 August 2015, 2 September 2015 and 9 September 2015.
23. The deceased attended the Hepatology Unit on 14 September 2015 and was admitted as an inpatient that day.
24. The deceased signed a consent form on 8 October 2015 seeking the release of medical records from Cloverhill Prison as follows:-

"I (deceased) give permission for the Irish Prison Service and Doctor D to give a summary as to my stability while in custody and prior to my incarceration to the Hepatology Clinic at St James's Hospital for the purpose of supplying medical information to St Vincent's Hospital.

Signed: Deceased

Witnessed:

Date 8/10/15"

25. Doctor A replied to the above request on 9 October 2015 as follows:-

"To whom it may concern

The deceased has not been using illicit substances while in prison and is stable on his daily methadone dose of 60 mg. His most recent urine

toxicology screen obtained on 10/7/15 was positive for methadone metabolite only.

Yours sincerely

Doctor A”

26. I received confirmation from St James’s Hospital that they were not aware of any difficulty getting medical records from the healthcare team in Cloverhill Prison. I was informed that a Clinical Nurse Manager from St James’s provided an in-reach service into Cloverhill prison and saw the deceased on several occasions when he was discharged from hospital.
27. The deceased was treated by staff in St James’s Hospital from the date of his admission until 18 October 2015 when he was transferred to St Vincent’s Hospital with a view to receiving a liver transplant. His medical condition continued to deteriorate and he died on 31 October 2015 at approx. 6.05 pm with his family by his side. The Prison Chaplain was also present.
28. The deceased did not have contact with the Psychology Service during his time in Prison.

Other significant matters

29. The deceased had an electronic monitoring device fitted and activated from Friday 2 October 2015 until 31 October 2015 (the day he died). It was confirmed to me by the Irish Prison Service (IPS) that two prison officers were present with the deceased from the time the monitoring device was fitted until the time of his death. Our examination of Prison Records confirmed that the deceased was not on temporary release at this time but was on a Hospital Order under Section 17(6) of the Criminal Justice Act 1914.

30. Records show that Governor A had sought Temporary Release for the deceased to allow the removal of the Escort Officers. This request had been approved on the late afternoon of the 31 October 2015 but the deceased passed away before the Prison Officer Escort was removed.
31. The Service Level Agreement in place between the IPS and Company A requires the IPS to give the Company 48 hour notice to remove an electronic monitoring device. Official A was informed of the death at approx. 7pm on 31 October 2015 and contacted Company A to ascertain if the device could be removed at short notice. The monitoring device was removed from the deceased on Saturday 31 October at approx. 11.20 pm.
32. Security screening for all persons entering prisons was introduced by Ministerial Order in 2008. As a result all persons entering prisons must undergo the screening process similar to airport style security. Security Screening is standard practice and is the policy of the Irish Prison Service. All persons (staff, prisoners and visitors) must submit to screening on entering a prison.

Addressing the concerns of the family

33. In paragraph 7, I set out the concerns expressed by the family. For ease of reference, I address these issues hereunder using the same numbering sequence:-
 - (a) Having made direct contact with St. James hospital it has been confirmed that there was no delay on the part of Cloverhill prison on releasing medical records.
 - (b) The timing of Hospital discharges is a matter outside my remit.
 - (c) I have addressed this issue in Paragraph 31.
 - (d) I have addressed this issue in Paragraphs 29 and 30.
 - (e) The decision to award Temporary Release is an Operational matter having regard, *inter alia*, to whether imprisonment was negatively impacting on the medical treatment of the deceased.

Our enquires with IPS Management revealed that in their view, having consulted with Prison Healthcare Staff, the continued custody of the deceased was not negatively impacting on his treatment.

(f) I have addressed this issue in Paragraph 32.

Findings

34. The deceased was a protection prisoner on the enhanced incentivised regime while in prison.
35. The deceased had serious health issues. He required and received hospital treatment on an ongoing basis.
36. Having examined the Prison Medical Records, I am satisfied that comprehensive medical support was provided by the Prison Healthcare Team in conjunction with the In-Reach Nursing Staff from St James's Hospital.
37. The deceased periods of hospitalisation was sanctioned under Section 17 (6) of the Criminal Justice Administration Act 1914 and therefore he was deemed to be in legal custody.
38. The deceased was electronically tagged on 2 October 2015 and had a two person escort from 2 October until his death on 31 October 2015.
39. The Service Level Agreement with the Monitoring Company require 48 hour notice to remove a tag however, in the instant case the company removed the tag within four and half hours of notification.
40. The deceased passed away on 31 October 2015 at 6.05 pm with his family present.
41. The cause of death is a matter for the Coroner.

Recommendations

1. The benefit of using electronic tagging in conjunction with Prison Escort Personnel should be reviewed particularly having regard to the resource implication both financial and staff.
2. Consideration should be given to granting Reviewable Temporary Release in conjunction with the use of Electronic Tagging to seriously ill prisoners who require hospitalisation.
3. The 48 hour notice as agreed in the Service Level Agreement between the IPS and the Monitoring Company for the removal of electronic tags should be reviewed with a view to expediting the removal of the device in cases of death.