Response by the Director General of the Irish Prison Service to the

Report of the Commission of Investigation into the Death of Gary Douch

The Irish Prison Service notes and accepts the findings and recommendations of the Report of the Commission of Investigation into the Death of Gary Douch which was completed by Ms Gráinne McMorrow SC.

On behalf of the Irish Prison Service the Director General would like to extend his sympathies to the Douch family on the tragic death of Gary Douch and also to sincerely apologise for the failings which have been identified in the Report.

The Irish prison system in 2014 is very different from the system which operated at the time of this tragedy in 2006. Given the lapse of time many of the deficiencies highlighted in the Report have already been addressed. Significant improvements have been achieved in a number of areas including: reduction in overcrowding, prisoner accommodation, services to prisoners, prisoners requiring protection, committal assessment procedures and healthcare assessment and provision.

The Irish Prison Service is devising an action plan to put a timeframe on the implementation of any recommendations contained in the Report that have not yet been completed.

The Commission has endorsed the current Irish Prison Service Three Year Strategic Plan, which was published by the Minister for Justice and Equality in April 2012, as a means of achieving substantial improvement. Significant progress has been made by the Irish Prison Service in the implementation of this strategy specifically in the areas of prisoner numbers, prisoner programmes/regimes and committal and assessment procedures.

In addition the Joint Irish Prison Service/Probation Service Strategy 2013-2015 complements our Strategy and ensures structured coordination between the Services to create integrated offender management programmes with a view to improving the rehabilitation and reintegration of offenders.

Numbers in Custody

At the time in 2006 when Gary Douch was tragically killed many prisons, including Mountjoy Prison, were operating at levels far exceeding their bed capacity. During the period, the Irish Prison Service was faced with a large increase in the number in custody due to a dramatic increase in the number of sentenced prisoners.

The increase in numbers was the result of a number of external factors at the time including:

- Increased Garda resources
- Longer custodial sentences
- Increased Court sittings.

In 2006, committals to prison increased by 14.1% on 2005 and this trend continued to 2012 when the first year on year decrease was recorded.

As a result the average number of prisoners in custody in Ireland rose significantly, from 3,151 during 2005 to 4,318 during 2012, an increase of 37%.

On the 31st July 2006 there were 517 prisoners in custody in Mountjoy against a bed capacity of 445, an occupancy level of 116%. Due to the numbers in custody many prisoners were being accommodated in multi-occupancy cells at that time and temporary release was used as a necessary means of reducing numbers at times of significant overcrowding.

The Irish Prison Service has engaged in an extensive programme of investment in prisons infrastructure to modernise and expand our capacity. Since 2007 in excess of 900 additional prison spaces have been provided across the system including new accommodation blocks in Portlaoise, Castlerea, Wheatfield and the Midlands Prisons and in the Open Centres at Loughan House and Shelton Abbey.

Current Numbers

On 24 April 2014 there were 4,037 prisoners in custody against a bed capacity of 4,175,an occupancy rate of 97%. There were 596 prisoners in custody in Mountjoy against a bed capacity of 607, which has been agreed with the Inspector of Prisons, resulting in an occupancy level of 98%. With the exception of a relatively small number of prisoners in the Separation Unit, all prisoners in Mountjoy Prison now occupy single-cell accommodation.

On 1st April 2014 almost 50% of all prisoners were accommodated in single cell accommodation across the system. 37% were accommodated in double cells with the remaining 13% (or 531 prisoners) housed in cells with 3 persons or more. Of this, 56 were housed in dormitory accommodation in Shelton Abbey.

Developments in Prison Accommodation

As already stated, significant investment has been made in prisons infrastructure including the provision of new accommodation blocks aimed at addressing the twin problems of overcrowding and poor physical conditions in our prisons.

In 2011, the Irish Prison Service commenced a major redevelopment of Mountjoy Prison. Work was undertaken in 2011 and 2012 to modernise the C wing of the prison. The refurbishment project included the installation of in-cell sanitation in all cells on the wing. The C wing re-opened in March 2012. Similar refurbishment projects were then completed on the B wing in 2012 and the A wing in 2013.

Construction work on the final phase, the D wing, is due to commence in the near future. All refurbished cells have been returned to single occupancy in line with the Inspector of Prisons guidelines for cell occupancy.

Additional prison spaces have been provided across the system including new accommodation blocks, built to best international standards, in Portlaoise, Castlerea, Wheatfield and the Midlands Prisons and in the Open Centres at Loughan House and Shelton Abbey.

Included in the Irish Prison Service Three Year Strategic Plan was a 40 month capital plan to modernise the prison estate. This plan includes the completion of the Mountjoy refurbishment project. In addition, construction has commenced on a new prison in Cork to replace the existing outdated facility. Plans are also being advanced for a major redevelopment at Limerick prison including the demolition of the early 19th century A and B wings and their replacement with modern cellular accommodation on a site adjacent to the prison.

As a result of these developments the Irish Prison Service has now reached a stage where, as a result of the closure of D wing to facilitate the modernisation programme slopping out is consigned to history in Mountjoy prison. Every prisoner in Mountjoy now has access to in cell sanitation.

The number of prisoners slopping out across the system has decreased from approximately 1000 in 2010 to the current number of approximately 330. The developments in Cork, Limerick and Portlaoise will see the practice of slopping out finally ended in all prisons.

Committal Units

Since 2006 dedicated committal units/areas have been established in all committal prisons, including Mountjoy, and appropriate assessment procedures have been introduced to ensure that prisoners are accommodated according to their security status.

A Standard Operational Procedure is in place to ensure that upon committal, all offenders are assessed and accommodated appropriately according to their needs and specific security status. New committals are accommodated in these areas overnight (and for no more than 24 hours) whilst undergoing assessment. As part of the committal assessment the prisoner is seen by the Governor on duty, a Chief Officer, the Probation Service, Chaplain, Integrated Sentence Management Officer and Industrial Manager.

The assessments carried out determine whether the prisoner is a risk to himself/herself or others, whether he/she is at risk of attack from other prisoners and their health-care needs. Information received as part of this assessment is used by local management to decide where best to accommodate the prisoner. This may involve an immediate transfer of the prisoner to another prison.

A new 23 single cell Committal Unit opened in Mountjoy Prison in 2012.

Healthcare assessment

On committal all prisoners are given a full examination by the medical staff and are seen by the prison doctor within 24 hours of committal. The initial health screening is used as an opportunity to determine the medical needs of the prisoner, to identify the medication the prisoner has been prescribed and to offer advice on general health, hepatitis vaccination, sexually transmitted diseases, infectious diseases and carrying out of a mental health assessment, all of which can be used in devising a care plan. The primary care service strives to provide proactive healthcare with a focus on health awareness and preventative medicine.

The Care & Rehabilitation Directorate conduct an audit of 10% of all nursing committal assessments on a monthly basis, to measure compliance with agreed committal procedure. Standard compliance with the procedure is very high. Where deviations are identified this is investigated and explanatory note is made.

Enhanced Security Procedures

One of the continuing major challenges in prisons worldwide lies in preventing access to contraband items, primarily mobile phones and drugs, which for obvious reasons, are viewed as highly valuable commodities among elements of the prison population.

The Irish Prison Service has made significant progress in efforts to stem the flow of contraband into our prisons. In 2007 the Irish Prison Service secured the resources necessary to establish the Operational Support Group (OSG) which has been very successful in the prevention of the smuggling of contraband into prisons and seizure rates for contraband has dropped significantly in recent years.

It is clear from the seizure rates that due to improvements in security within our Prisons the number of seizures continues to fall. For example, the number of mobile phones being seized in the past 3 years has reduced from 1,368 in 2011 to 1,150 in 2012 to 805 in 2013. Similarly the number of drug seizures has also decreased from 1,417 in 2011, to 1,256 in 2012, to 1,019 in 2013

There are OSG units in operation in all closed prisons (excluding the Training Unit and Arbour Hill). They act as dedicated search teams, first responders to any alarm or incident, designated control and restraint team for cell removals and relocations and are the on call fire pickets.

In addition to the introduction of the OSG, further security enhancing measures have been introduced throughout the prison system.

- tighter control and monitoring of prison visits;
- airport style security screening of all staff and visitors coming into the prison;
- x-ray scanners to scan all coats and bags/briefcases;
- the establishment of the Canine Unit;
- increased random searches of prisoner accommodation and its occupants;
- stricter searching of those committed to custody and of those returning to the prison after temporary release, court and after visits.

The airport style walk through detectors are installed in all closed prisons and every visitor and member of staff is required to pass through the detector before being granted access to the prison. The x-ray scanners are also provided to each closed prison and all hand bags, briefcases, packages, coats, etc. are subject to screening. Security Screening is fully operational for all staff and visitors entering our closed prisons (excluding Training Unit and Arbour Hill).

Violence in Prison, Violent/Disruptive Prisoners

In 2006 the Irish Prison Service Disruptive Prisoner Group met regularly to consider the management of individual cases of violent prisoners. The policy at the time favoured the dispersal approach to this category of prisoner.

The Irish Prison Service Violently Disruptive Prisoner Policy was introduced in 2013 following consultation with prison governors, the Prison Officers Association and other interested parties. The Policy sets out a number of steps which Governors are obliged to follow in the event of a prisoner assaulting another person to such a serious extent as would warrant him/her being classified as violently disruptive.

The Policy requires a holistic approach to dealing with such prisoners, with input from Operations Directorate (security and good order emphasis) and Care and Rehabilitation (involvement of the Services in seeking to bring about attitudinal and behavioural changes).

The current approach involves (and requires) a multi-disciplinary approach with regular Case Reviews and Case Conferences with input from local management, Operations Directorate and Care and Rehabilitation Directorate.

Under the policy violent prisoners are detained in specific locations throughout the system including:

I. Castlerea Prison CBU
II. Mountjoy Prison CBU
III. Portlaoise Prison A Block
IV. Wheatfield Prison West 2
V. Cloverhill Prison D2.
VI. Cork Prison

Prisoners on Protection
It is at the committal stage that the majority of prisoners are identified as being in need of protection. In many instances, the prisoner will request protection and in other instances, either intelligence or the assessment of the Governor will identify a prisoner as requiring protection. In most cases prisoners classed as protection prisoners can be accommodated in areas whereby they have full out of cell time and access to services. However, there are a cohort of prisoners who cannot be accommodated in the general prison population and therefore have their regime and out of cell time restricted for security reasons.

In July 2013, the Director General of the Irish Prison Service established a high level group to look at measures which can be introduced to reduce the number of prisoners currently held on restricted regimes with a view to ensuring that all receive, as a minimum standard, out of cell time of 3 hours per day, to engage in exercise or activity.

Since then there has been a clear decrease in the number of prisoners on restricted regime across the system with the total number of prisoners decreasing from 339 in July 2013 to 228 in January 2014 (a decrease of 32.7%).

In January, the figure for those on a restricted regime for protection reasons (Rule 63 of the Prison Rules 2007) was 201, (of which 183 were there at their own request).

Since July 2013, the number of prisoners on 22/23 hour lock up has decreased by 161 or almost 76% from 211 to 50.

Transfer of prisoners between prisons

The transfer of a prisoner between prisons is approved by the Irish Prison Service Operations Directorate. The Operations Directorate can be required to make in excess of 200 decisions on inter-prison transfers per week.

In 2006 the management of prisoners was monitored using the Prisoner Record Information System or PRIS. This system contained all personal and custodial information of a prisoner including personal details, current and past location including prison, wing and cell details, warrant details including historic warrants, sentence management details, security information on the prisoner and the prisoner movement history.

All requests and decisions were required to be manually input into the system for recording and reference purposes but were also recorded on physical files held by Operations Directorate. Requests for transfers were not submitted in a standard format and could have been made in a number of different formats such as by telephone call, fax, email etc..

In 2012 the Irish Prison Service introduced a new Prisoner Information Management System or PIMS for the monitoring and management of prisoners. Similar to the PRIS system all aspects of a prisoners profile are contained within this system however the PIMS system contains enhanced information of each prisoner including engagement with services, prisoners behaviour in the prison to which they are proposed to transfer to, case notes (which would include the views of the Services given at Review Meetings etc).

Crucially, all sentence management requests including transfers are now submitted through the PIMS systems and the use of paper files has ceased. The PIMS system also flags to Operations Directorate ‘Pre-movement Medical Alerts’ which highlight risks of self-harm or suicide, medical conditions and whether or not the prisoner is being prescribed vital medication. The alerts also indicate whether the prisoner is unsuitable for transfer in a cellular vehicle.

Since the Introduction of the PIMS systems all decisions on inter prison transfers are made using all appropriate information.

Weekend/Out of Office Hours Transfers

Operations Directorate has introduced new procedures for the management of weekend/out of hours transfers. All Governors have been advised that only transfers for emergency or urgent reasons will be approved, for example, the need to transfer prisoners as a result of a serious disturbance etc or for safety and security reasons.

Deaths in Custody

All deaths in custody are the subject of a Garda investigation and an inquest held in a Coroner's Court. The cause of death is determined by a jury on the basis of the information presented to the Coroner's Court.

In addition the Minister for Justice and Equality announced in 2012 that all deaths in prison custody are to be subject of an independent investigation by the Inspector of Prisons. This applies to prisoners who are in the custody of the Irish Prison Service, whether or not the death actually occurs within the prison walls, and to prisoners who have recently been let out on temporary release.

The Irish Prison Service and the Inspector of Prisons have an agreed protocol in place in the aftermath of a death in custody. Under this protocol reports are prepared within agreed deadlines for the Inspector which assists him in his investigation.

Structured Temporary Release

The Irish Prison Service 3 Year Strategic Plan published by the Minister for Justice and Equality in 2012 includes a commitment to ensure that prisoners released early are released to structured release programme such as the Community Return Programme or Community Support Scheme.

The Community Return Programme, which initially commenced on a pilot basis in 2011, is applicable to suitably assessed prisoners who are serving sentences of between one and eight years. Those participating are granted renewable temporary release having served at least 50% of their sentence on condition they undertake supervised community service. Since the Scheme commenced 889 prisoners have participated with 643 prisoners completing the scheme. There are currently 131 prisoners engaging in Community Return

In addition, Community Support Schemes for prisoners released early from Mountjoy Prison, the Dochas Centre and Cork Prison were also introduced. The primary aim of this Scheme is to reduce the current recidivism rates of short term prisoners by arranging for additional support structures and provide for a more structured form of temporary release. There are currently 71 prisoners on temporary release to Community Support schemes.

Incentivised Regimes Policy

Significant progress has been made by the Irish Prison Service in recent years in the provision of services to prisoners. However, the challenge for the Irish Prison Service has been to increase the engagement level of prisoners in the many structured activities available and to give prisoners an incentive to participate.

The Irish Prison Service Incentivised Regimes policy was introduced across all prisons in 2012. This policy provides for a differentiation of privileges between prisoners according to their level of engagement with services and quality of behaviour. The objective is to provide tangible incentives to prisoners to participate in structured activities and to reinforce incentives for good behaviour, leading to a safer and more secure environment.

Three levels of privilege are provided for – basic, standard and enhanced.

Newly committed prisoners enter at the standard level. Progression to the enhanced level depends on meeting the criteria for that level, notably by exemplary behaviour and satisfactory engagement in structured activities, and, for those offenders eligible, participation in Integrated Sentence Management (ISM). Regression to the basic level results from failure to meet the criteria for the standard level, notably by failure to meet normal behaviour standards and/or consistent refusal to engage in structured activities.

Developments in Prisoner Healthcare including Mental Health

Treatment of Prisoner with Mental Health issues.

In-reach mental health services are available in the Dublin and Portlaoise prisons through collaboration with the Central Mental Hospital to provide forensic mental health session weekly in these prisons.

In other prisons, specialist in-reach services are in place for consultant led mental health sessions to provide appropriate services to prisoners in these prisons. All prisoners are medically assessed on committal to prison. This includes a mental health assessment, which can be employed to develop an individual care plan. Where clinically indicated, the prisoner is referred to a forensic clinician who, subject to his/her findings, may make certain recommendations to the Governor for the care of the prisoner.

Since 2006, a Psychiatric In-reach and Court Liaison Service (PICLS) has been delivered by the Health Services Executive at Cloverhill Prison. The diversion system ensures as far as possible that those people presenting before the courts, or indeed at an earlier stage of the criminal justice system, where the infraction is a reflection of an underlying mental illness, are referred and treated appropriately. This approach

has reduced the number of mentally ill people committed to prison. The number of diversions achieved has grown from 41 in 2006 to 111 in 2013. In total 750 diversions from prison have been made from 2006 to 2013.

In 2009, ten additional beds for prisoners were made available at the Central Mental Hospital (CMH). The availability of the additional beds has been of considerable assistance to prison management and healthcare staff in tackling waiting lists for prisoners who require admission to the CMH and in providing appropriate mental healthcare to treat acutely mentally ill prisoners.

Return to prison custody of prisoner from CMH

Agreed protocols are now in place between the CMH and the Irish Prison Service where an appropriate clinician is of the opinion that a prisoner detained in the Central Mental Hospital is no longer in need of in-patient care or treatment. The transfer is subject to consultation by the appropriate clinician and the Irish Prison Service Operations and Care and Rehabilitation Directorates.

When the Executive Clinical Director is recommending the transfer of a prisoner to an alternative prison, this is considered by the Director of Care and Rehabilitation, in consultation with senior Operations Directorate personnel to determine if there are any operational impediments to such a recommended transfer. Where the recommended transfer to an alternative prison is agreed by the IPS, it proceeds as soon as possible and the Director of Care and Rehabilitation advises the Executive Clinical Director accordingly. Where it is decided on operational/security grounds that the recommended transfer cannot proceed, the Director of Care and Rehabilitation discusses the matter with the Executive Clinical Director and seeks to agree transfer arrangements which satisfy the requirements of the Executive Clinical Director while not imposing any adverse impact on operational/ security considerations.

All proposed prisoner discharges from the CMH to prison are commenced via direct phone contact between the Executive Clinical Director and the Director of Care and Rehabilitation. Any particular requirements for the prisoner are notified to the Director of Care and Rehabilitation at that stage.

Appointment of Healthcare managers across prison system

Nursing care in the Prison Service was historically provided by staff referred to as medical orderlies (prison officers with some basic first aid training). The introduction of professional nursing services into the prison system in 1999 greatly improved the quality and standard of care. Nursing numbers now greatly exceed the number of medical orderlies and there is a broad skill mix among the nursing staff within the Prison Service.

A new nursing management structure was implemented in 2008. This development has significantly impacted on the coordination, organisation and quality of healthcare services in prisons. Our ability to create robust governance structures by increasing accountability and policy implementation processes was enhanced and strategic planning and development of healthcare; particularly in the nursing/medical orderly area was achievable for the first time.

The implementation of this management structure has assisted in developing effectiveness and efficiencies in the healthcare system in prison. In addition to developing accountability structures which are essential to ensure better healthcare risk management, consequently reduced litigation, it has enabled practice development initiatives such as nurse led vaccination, diabetic, phlebotomy, mental health, men's health, and viral screening clinics to evolve. In the past all patients requiring routine or urgent blood tests were sent to hospital, with all the attendant costs, it is now the case that this service is available through the nursing service in all but one prison,.

Clinical incident and near miss reporting is now embedded in the prison healthcare delivery system. There is a culture of learning from incidents, which was not possible prior to the implementation of the nurses management structure. Nurse prescribing is also a feature of the prison healthcare landscape, which allows for more timely response to prisoner needs.

High Support Units

Significant improvements in the management of mental illness have been implemented across the prison estate including the development of High Support Units and the designation of Safety Observation Cells.

High Support Units offer expert, supportive, short term input for those who are in an acutely disturbed phase of mental disorder or require increased observation for a physical illness, resulting in increased risks that require the prisoner to be housed in a more controlled environment for a brief period of time.

The Commission Report notes with approval the opening in 2010 of a ten bed High Support Unit in Mountjoy for vulnerable and mentally disordered prisoners.

The unit, which was developed by the HSE's National Forensic Mental Health Service in collaboration with the Irish Prison Service, received the 'WHO Health in Prison – Best Practice Award' under the category 'Health Care services provided to Prisoners'.

Mountjoy Prison's 10-bed High Support Unit, which opened in December 2010, provides a dedicated area within the prison where mentally ill and vulnerable prisoners, who present with a risk of harm to self or to others, can be separated from the general prison population and closely monitored in a safer environment.

The primary aim of the psychiatric in-reach team at the HSE National Forensic Mental Health Service in seeking to set up the HSU in Mountjoy was to reduce the frequency and duration of time spent by prisoners in Special Observation Cells (SOC) within Mountjoy Prison, through providing an alternative environment that is less restrictive and provides increased observation and interaction with staff.

The High Support Unit is staffed by trained prison officers who expressed an interest in working in this area. There is regular input by staff from the Central Mental Hospital, which includes a weekly multi-agency meeting between clinical and prison staff. Each prisoner's treatment plan, progress and future placement is reviewed on a weekly basis.

The IPS and the HSE have agreed a collaborative approach to development of three HSU's. The 2014 HSE Service Plan includes provision of additional staff to facilitate the opening of a new HSU in Midlands prisons.

Healthcare IT System Developments to safeguard patient care

The first IPS electronic patient record system, Prisoner Medical Record System (PMRS), was introduced in 2006, in an attempt to provide a single, electronic medical record for all prisoners, which reflected work practices at that time. In August 2008 a multi-diciplinary Project Board and Working Group were established to redevelop the system.

It was a requirement of this project to develop and deliver a centralised Prisoner Healthcare Management System, to function as the principal mechanism for:

- Recording of committal interviews
- Recording of all notes made by all clinicians
- Recording, sequencing, and tracking of individual requests, external referral appointments, prescriptions, interventions and progress reports
- Recording all aspects of medication management, including prescribing, administration recording, administration under protocol etc
- Recording of incidents/injuries and of special observations
- Sharing and transference of key relevant information between the different healthcare disciplines directly involved in the management of patient's care
- Avoiding duplication of record keeping and maximising efficiency gains

- Management tools to support and facilitate performance monitoring, reporting and analysis.

PHMS was successfully delivered in 2010 to all 14 prison locations and to IPS HQ, with all previous data successfully migrated from PMRS. This system supported the provision of a single healthcare record for each member of the public incarcerated in the Irish Prison Service.

It is a unique IT system which integrates into broader IPS information systems. PHMS provides a systematic, multi-disciplinary approach to managing an individual's healthcare from committal to release. PHMS strengthens the existing collaborative relationship between the prisoner and all relevant services which include Medical, Nursing, Psychiatry, Pharmacy, Dental and Addiction services. This is particularly important on release of the individual back into the community and thereby facilitates seamless transfer of essential healthcare information between the relevant agencies.

In 2011, to incorporate externally generated documents (e.g. lab results from hospitals etc) a scanning facility was introduced, so that PHMS now offers a single, unique, integrated healthcare record for all prisoners, which is easily accessible to all clinicians.

In Nov 2013, PHMS Phase 2 was launched. This now includes a pro-forma medical committal assessment, diagnosis recording, care pathway for each patient, facility for care planning and throughcare, in addition to many other changes to functionality as requested by users. Further work remains to be completed, in conjunction with the Prisoner Information Management System (PIMS), to ensure timely and accurate sharing of relevant information in relation to the healthcare needs of prisoners pre-release or pre-transfer, to assist in ensuring that the healthcare needs of prisoners are considered, and a record of same maintained, as part of the release planning process and it is planned that this will be completed in 2015.