



Proposed Recommendation from the Inspector of Prisons investigation report on
Death in Custody of prisoner "I" 14 June 2018

The Recommendations submitted by the IOP have been review and considered. The table below is a summary of proposed actions based on the investigation of the IOP in respect of the Irish Prison Service. The table also suggest timelines and action owners for completing the necessary actions.

No	IOP Recommendations	Irish Prison Service Response	Action Required	Action Owner	Timeline
1.	1. The IPS should instruct all staff that their written records and verbal evidence in respect of Deaths in Custody and other significant incidents must be fully detailed and specific in relation to all factual aspects of the event including timings and job roles. (Preface)	Accepted	This recommendation was addressed in the Death in Custody Standard Operating Procedure. SOP included with action plan, this SOP was last updated on 20/8/19. In addition, the Irish Prison Service will remind all staff of their obligations to record all incidents and of the importance of recording incidents promptly and accurately on both the paper and electronic systems.	Operations Corporate Services	Complete Q2 2020



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2.	<p><i>The IPS should ensure that all its staff understand professional practice requires adequate recording. The principle “If it was not recorded, it was not done” may provide a useful basis for future training and assessment of practice in supervision and appraisals. (Para 2.41)</i></p>	Accepted	<p>The Irish Prison Service has brought to the attention of all Chief Nurse Officers the need to adhere to this recommendation at a meeting on 06/03/20</p>	Care and Rehabilitation	Complete
3.	<p><i>The IPS should satisfy itself about the competence of all staff involved in this failure to follow the doctor’s orders and take any action necessary to ensure there is no repeat in any prison establishment. (Para 2.43)</i></p>	Accepted	<p>The SOP for Referral to A/E was recirculated to all nursing staff on 06/12/19</p> <p>Informative sessions took place following the DIC as a learning exercise. Following this, an Email group was established for nursing staff to communicate referral to relevant disciplines. The “Referral to hospital form” was implemented as part of the policy and this is transmitted via email to the Detail office/Chiefs office.</p> <p>This email group system is to be replicated in all prisons</p>	Care and Rehabilitation Directorate	<p>Completed</p> <p>Complete</p> <p>end June 2020</p>



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4.	<i>In circumstances where urgent hospital referrals are deferred, the IPS should immediately apply increased frequency of nursing / medical checks until the transfer takes place.</i> (Para 2.47)	Accepted	<p>Nursing staff were advised on 06/12/19 that the SOP is to be adhered to and that any required checks or assessments are carried out until the prisoner is transferred to hospital.</p> <p>Communications have been improved between the Detail Office and Healthcare in relation to the expected timeframe for transfers which allows nursing staff to plan care</p>	Care and Rehabilitation Directorate	Complete
5.	<i>The IPS should review the application of its Compassionate Temporary Release Policy to ensure that prisoners who are terminally ill are appropriately released on licence in order to avoid the indignity of dying in prison.</i> (Para 2.55)	Part Accepted	<p>Decisions re Temporary Release are made on a case by case basis in accordance with the legislation and policies in place. The decision maker cannot be restricted to give medical options more significance over other factors i.e. security concerns when making a decision. When making a decision in relation to temporary release the factors to be considered are set out in law under the Criminal Justice Act 1960, as amended by the Criminal Justice (Temporary Release of Prisoners) Act, 2003. In addition, the Irish Prison Service operate a “Compassionate Temporary Release on grounds of health and health related humanitarian grounds Policy” which contains the criteria to be considered in such cases but which also states that “Consideration of the release of a prisoner will be subject to the provisions of section 2 of Criminal Justice Act 1960, as amended.”</p> <p>However, an agreement is now in place between Operations Directorate, the Care and Rehabilitation Directorate and the IPS Clinical Lead whereby any queries on a medical nature which Operations may have, will be referred to the Clinical Lead and they will guide the decision making process.</p>	Care and Rehabilitation Directorate/ Operations Directorate	Complete



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6	<p>6. The IPS Protocol for Chaplaincy and Next of Kin Notification dated 25/05/2017 at Section 2.3 makes provision for informing next of kin in cases of grave illness. The IPS should monitor implementation of the Protocol and take appropriate action if there is non-compliance. (Para 3.18)</p>	Accepted	<p>The Chaplaincy group met on 5th September 2019, reviewed the policy and recommended some changes. These recommendations will be addressed by the newly appointed the Head Chaplain to ensure that the policy is fully implemented.</p>	Care and Rehabilitation Directorate	Q2 2020
7.	<p>The IPS should apply the following rationale for Critical Incident Reviews: “The purpose is to provide staff and any prisoners who were involved with an opportunity to share views in relation to how the situation was managed, and identify any additional support or learning that could have assisted.” Critical Incident Reviews should therefore be arranged to facilitate the attendance of those who were centrally involved, including prisoners, carers and staff from support agencies</p>	Accepted	<p>Operations are in the process of developing a Critical Incident Procedures Manual, which will cover, inter alia, Critical Incident Planning, Production of Critical Plans, post incident procedures and investigations and debriefing.</p>	Operations Directorate	End June 2020



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8.	Critical Incident Review minutes should reflect action points and responsibilities so that all relevant personnel understand what is required. This is especially true when key players did not attend the Review. (Para 3.32)	Accepted	Operations are in the process of developing a Critical Incident Procedures Manual which will cover, inter alia, Critical Incident Planning, Production of Critical plans, post incident procedures and investigations and debriefing.	Operations Directorate	End June 2020
9.	The IPS should ensure all referrals to outside hospital are prioritised when a doctor designates them as "Urgent". (Para 3.35)	Accepted	<p>A reminder issued to prison operational staff and prison management staff on 06/12/19 re-emphasising the importance of prioritising Doctors referrals noted as "urgent"</p> <p>An email group has been established to ensure that all relevant disciplines are aware of the transfer and the timeframe that is recommended. Once an email has issued there is a follow up phone call to the Chief's Office and the Detail Office to relay the relevant information.</p> <p>This email group system will be replicated in all prisons</p>	Care and Rehabilitation Directorate	<p>Complete</p> <p>Complete</p> <p>End June 2020</p>



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10.	<p><i>The IPS should ensure that all staff are cared for after a critical incident, including those who are experienced and appear to cope well at the time.</i> (Para 3.39)</p>	Accepted	<p>The Irish Prison Service has committed in its Strategic Plan 2019 to 2022 to developing a Staff Wellbeing Strategy to raise awareness among staff of mental, emotional and physical health issues and to promote the positive physical and mental health of all employees.</p> <p>The Irish Prison Service aims to provide staff with the best possible supports, including a network of Staff Support Officers, the Employee Assistance Programme and access to a 24/7/365 confidential counselling service provided by Inspire Workplaces.</p> <p>The Irish Prison Service introduced the Critical Incident Stress Management (CISM) model of interventions for staff. CISM comprises vital, immediate support for staff in the aftermath of a serious or traumatic incident and a continuum of care which targets the response of individuals and groups of individuals to traumatic events rather than the incident itself. It aims to minimise the emotional impact of critical incidents on staff, increases the resistance and resilience of IPS staff to harmful stress and prevent harmful effects on staff by working and supporting IPS staff at the time of, and after, critical incidents.</p> <p>The CISM model has now become fully operational in all locations and efforts are continuing to increase the number of trained personnel.</p>	Human Resources Directorate	<p>On-going</p> <p>Complete</p>
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			In Addition, the Continuous Professional Development programme of training delivered by the IPS College aims to provide staff with the competencies and personal resilience required to carry out their duties as safely as possible. The college also provides staff with psychological well-being training since January 2018.		
11.	<i>The IPS should consider the introduction of a 'cold debrief' within 14 days of a critical incident to provide further opportunity for everyone involved, including prisoners where relevant. The purpose should be to identify learning, support everyone involved and assess progress in relation to actions that were identified at the 'hot debrief'. (Para 3.40)</i>	Accepted	Operations are in the process of developing a Critical Incident Procedures Manual which will cover, inter alia, Critical Incident Planning, Production of Critical plans, post incident procedures and investigations and debriefing	Operations Directorate	End June 2020